Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

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Тахрау	ver's name	Social security number								
SUN	IEELA YARKAREDDY	860-43	860-43-3904							
Spouse	o's name	Spouse's so	cial secu	rity number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2020 (Ente	er year you a	are aut	horizing.)						
Enter	whole dollars only on lines 1 through 5.									
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income		1	66,615.						
2	Total tax		2	7,720.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,828.						
4	Amount you want refunded to you		4	2,908.						
5	Amount you owe		5	•						
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN	

3 Ent	3 er fiv	9 Ia di	0 aite	4	as my
dor					

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

pouse's signature 🕨							 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8	 	 	6 all zer	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨									
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Dependence Reduction Act Nation and your to	roturn instructions	DEV/ 02/12/21 DBO	Earm 8879 (Pay 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/13/21 PRO

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying midow(er) (QW) Your finite name and middle initial Last name Your social security number SUNEELA YaRARAEDDY 860-43-3904 Home address (number and street). If you have a Dreign address, also complete spaces below. Apt. no. 12 City, town, or poot office. If you have a toreign address, also complete spaces below. State 21P code the ref you, or your City, town, or poot office. If you have a toreign address, also complete spaces below. State 12 Check here if you, or your Foreign country name Foreign province/state/county Foreign postul code your as or refund. You is below will not chenge your as or refund. Dependents, see instructions: (1) First name You so use as a dependent You Spouse Age/Blindness Your. You was a stapendent mode. Your spouse as a dependent You Spouse No Standard Oppendents, see instructions; (2) Social security was a dreign adminuteres; Not is you 1 66,	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 154	5-0074	IRS Use	Only	—Do not w	vrite or staple	in this space.
SUNEELA YARKAREDDY 860-43-3904 I'joint return, spouse's first name and middle initial Last name Spouse's social security number Joint address furnible and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below. State I/2 Once Attender if you, roy our spouse of filing Jointy, went 33 Foreign country name Foreign province/state/county Foreign postal code you tax or refund. You Spouse itemizes on a separate return or you were a dual-status alien Dependents No Standard Someone can claim: You as a dependent You gouese: Was born before January 2, 1956 Is blind Dependents (9) First name Last name You were a dual-status alien Image: Check the dependent If more ting foreign country (9) First name Last name You were a dual-status alien Image: Check the dependent Attach Sae Image: Check the dependent Image: Check the dependent Image: Check the dependent If more ting foreign posting the dual-status alien Image: Check the dependent Image: Check the dependent Image: Check the dependent Image: Check the dependent	Check only	lf yc	ou checked the MFS box, enter the n	ame of	-		. ,				·		, 0	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 12 Chry, town, or post office. If you have a foreign address, also complete spaces below. IIL 617/01 BLOOMINTON IIL 617/01 code will not change box will not change box will not change box below. IIL 617/01 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Pedigin province/state/county Someone can claim: You as a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You is spouse: Was born before January 2, 1956 Is blind Dependents, see instructions; (1) First name Last name (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions); (a credit for other dependents here structions; b Taxable interest 2b Standard a Qualified dividends a b Tai cock map in the structions; (b chr dualifies of (see instructions); (if) First name Last name b Tai cock map in therest b cach	Your first name	e and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address fnumber and street). If you have a P.O. box, see instructions. Apt. no. 12 2 WILLEDOB RD 12 Check here if you, or your spouse if filing jointly, want S3 BLOONINGTON IL 61.701 Foreign country name Foreign province/state/country Foreign postal code Foreign country name Foreign province/state/country Foreign postal code Standard Someone can claim: You as dependent You province/state/country At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You province/state/country (a) Relationship Deduction Spouse itemizes on a separate return or you were a dual-status allen	SUNEELA			YARF	KAREDI	ΣY						860-	43-390	4
2 WILLEDOB RD 12 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. III 61701 BLOOMINGTON III 61701 foreign country name Foreign province/state/country Foreign postal code op to this fund. Checking a box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent You repouse as a dependent Our spouse as a dependent Age/Blindness You: Were bom before January 2, 1956 Are blind Spouse: Was bom before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) 4/ if qualifies for (see instructions): foreign control is a control is control is control is a control is a control is a contr	lf joint return, s	spouse's	s first name and middle initial	Last na	ime							Spouse	's social sec	curity number
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BLOMINGTON IL 61701 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents See instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' I qualifies for (see instructions): Gene instructions): if more (1) First name Last name I 66, 655. Sch. B I Salard Check I Id 66, 865. 2a Tax-exempt Interest 2a Sa Dordinary dividends 3b <	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate refum or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) I ' if qualifies for (see instructions): If more than four (1) Is an ane Immber	BLOOMIN	GTON					11	L	617	701		0		•
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	7,7	720.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	7,7	720.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	7,7	720.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	7,7	720.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	8	,828	.		
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	8,8	328.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable	29	American opportunity credit	from Form 8863	8. line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See		·			30	1	,800			
	31	Amount from Schedule 3, lir					31			-		
	32	Add lines 27 through 31. The					ble cr	edits	. 🕨	32	1,8	300.
	33	Add lines 25d, 26, and 32. T								-	10,6	
	34	If line 33 is more than line 24								34		908.
Refund	35a	Amount of line 34 you want					-	-				908.
Direct deposit?	►b	Routing number 0 7 1			► c Ty		Chec		Saving			
See instructions.	►d	Account number 4 6 9							ouving			
	36	Amount of line 34 you want a			ed tax	• •	36	T				
Amount	37	Subtract line 33 from line 24								37		
You Owe	57			•								
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								r		
how to pay, see instructions.	38	Estimated tax penalty (see in					38					
Third Party		you want to allow another										
Designee		tructions	•					Yes. Co	omplete	e below.	× No	
200191100		signee's		Phone					•	ntification		
		me ►		no. 🕨					ber (PIN)			
Sign		der penalties of perjury, I declare t										
Here		ief, they are true, correct, and com	plete. Declaration of				ased on	all information				
	Yo	ur signature		Date	Your occ	cupation					nt you an Identii IN, enter it here	
Joint return?					SOFTI		ាករបក្ស	LOPER.		e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign	Date		s occupati		LOI DI C.	· ·	,	nt your spouse a	an
Keep a copy for			our maar olgn.	Duto		oooupun					ection PIN, ente	
your records.									(se	e inst.) 🕨		
		one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure			Date		PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	03/	19/2021	P020	82703	Self-emp	loyed
Preparer	Firi	m's name ► GLOBAL TA	XES LLC						Ph	one no. (678)965-9	9522
Use Only	Fin	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fir	m's EIN 🕨	30-1017	7196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA		REV	/ 03/13/21 PRC)		Form 104	0 (2020)

BAA

Illinois Department of Revenue 2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

860-43-3904	ЯШ.
SUNEELA YARKAREDDY	
2 WILLEDOB RD 12	XIII
BLOOMINGTON IL 61701 MCLEAN	
 B Filing status: Single Married filing jointly Married filing separately Widowed Head of household C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR 	
Step 2: Income (Whole dollars onl	
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 1 66,62	
 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. 	<u>00.</u>
4 Total income. Add Lines 1 through 3.	
Step 3: Base Income	
5 Social Security benefits and certain retirement plan income	
 received if included in Line 1. Attach Page 1 of federal return. 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, 	
Schedule 1, Ln. 1. 6 .00	
7 Other subtractions. Attach Schedule M. 7	
Check if Line 7 includes any amount from Schedule 1299-C.	
 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4. 9 66, 61 	.00
	. 5.00
Step 4: Exemptions	
10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2,325.00 b Check if 65 or older: You + I Spouse # of checkboxes X \$1,000 = b .00	
c Check if legally blind: \Box You + \Box Spouse # of checkboxes X \$1,000 = b0	

 in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. 	đ١.	Ste	p 3: Base Income			
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 in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. 	2	-			19	3,102.00
 in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) 	le Ie					
 in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. 	ap	20	Household employment tax. See instructions.		20	.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 22 .00 23 Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. 23 3, 182.00	S	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT	Table		
23 Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required.	-		in the instructions. Do not leave blank.		21	0.00
IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required.		22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licens	ee surcharges.	22	
come Tax Act. Disclosure of this information is required.		23		-	23	3,182.00
	_					_
			come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.			

ID: 3WM REV 03/02/21 PRO



24	Total tax from Page 1, Line 23.					24	3,182.00			
Ste	p 8: Payments and Refundabl	e Credit								
25	Illinois Income Tax withheld. Attack	n Schedule II -W	ІТ		25 3,2	210.00				
-	Estimated payments from Forms IL					.00				
	including any overpayment applied		,		26	.00				
27	Pass-through withholding. Attach S				27	.00				
	Earned Income Credit from Schedu			ttach Schedule II - E/EIC	-	.00				
	Total payments and refundable of					29	3,210.00			
	p 9: Total									
	If Line 29 is greater than Line 24, sul	otract Line 24 from	n l ine 29			30	28.00			
	If Line 24 is greater than Line 29, su					31	.00			
	p 10: Underpayment of Estima			ations - Only com	nloto Stop 10 fo					
	underpayment of estimated ta		•			i late-payin	ent penany			
	Late-payment penalty for underpay				32	.00				
32	a Check if at least two-thirds of			from forming	52	.00				
	b Check if you or your spouse a			-	n home					
	c Check if your income was not		-			Form II -221	0			
	Attach Form IL-2210.	received evenily	during the y				0.			
	d Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax v	ear				
33	Voluntary charitable donations. Att				33	.00				
	Total penalty and donations. Add					34	.00			
	p 11: Refund									
	•				in a O.4 fue we him a f					
35	If you have an amount on Line 30 a	and this amount	is greater the	an Line 34, subtract l	Line 34 from Line 3		29.00			
26	This is your overpayment .		a al cama hav	an Line 07. Cas inst		35	<u>28.00</u> 28.00			
	Amount from Line 35 you want refu	inded to you. Of	IECK ONE DOX	t on Line 37. See inst	ructions.	36	20.00			
37	I choose to receive my refund by									
	a 🛛 direct deposit - Complete th	e information be	low if you ch	eck this box.						
	Routing numbe	r 0 7 1 9	2 1 8	91 × Ch	ecking or 📃 Savi	ngs				
	Account numbe	r 4 6 9 7	644	3 5 6						
		" 4 0 9 7	0 4 4	3 3 0						
	b 🗌 Illinois Individual Income Ta	ax refund debit	card. I ackn	owledge I have revie	wed the card inforr	mation found a	at			
	http://tax.illinois.gov/Debit	Card prior to ma	king this elee	ction.						
00	c paper check.		1. 05 (~ · · ·		00	0.0			
	Amount to be credited forward. Su	btract Line 36 fro	om Line 35. S	See instructions.		38	.00			
Ste	p 12: Amount You Owe									
39	If you have an amount on Line 31,	add Lines 31 an	d 34. - or -							
	If you have an amount on Line 30 a	and this amount	is less than I	Line 34,						
	subtract Line 30 from Line 34. This	is the amount y	ou owe . Se	e instructions.		39	.00			
Ste	p 13: If this is a joint return, both yo	u and your spous	e must sian l	pelow.						
	Under penalties of perjury, I s	• •	-		t of my knowledge,	it is true, corre	ct, and complete.			
Sign					, <u> </u>		-			
Here		-				(309) 444				
	Your signature	Date (mm/dd/yyyy)	Spouse's sigr	nature	Date (mm/dd/yyyy)	Daytime phone	e number			
Paid	SYAM PRIYA RAM SAGAR GUPTA TAI	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/19/2021		P02082703			
Prepa	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)					self-employed Paid Preparer's PTIN				
Use C	Eirm's name									
	Firm's address > 2530 Pebble Creek LnCumming GA 30041 Firm's phone >						▶ (678) 965-9522			
Third							e Department may			
Party						discuss this return with the third				
Desig	nee Designee's name (please print)	Designee's name (please print) Designee's phone number party designee shown in this step.								

Refer to the 2020 IL-1040 Instructions for the address to mail your return.

ID

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. DR_____ AP_____ RR DC IR

REV 03/02/21 PRO



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use th	Use the reference for Column A shown in the chart below.											
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A									
W-2	W	1099-DIV	D									
W-2G	WG	1099-INT	I									
1099-R	R	1042-S	S									
1099-G	G	1099-B	В									
1099-MISC M		1099-K	K									
1099-OID	0	1099-NEC	Ν									

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SUNEELA YA	RKAREDDY hown on Form IL-1040	8 Your S		0 ecurity numl	4 <u>3</u>	3	9	0	4	
Column / Form type	Federal Wa	Column C ges, Winnings s, Compensat			Column D Vages, Winnings, ons, Compensati		Column E Illinois Income Tax Withheld			
1₩	222575929 000 5	\$	66,865	00	\$	66,865 . 0	<u>o</u> s	\$	3,21	.0 <u>•00</u>
2		\$		00	\$	•0	<u>o</u> \$	\$		<u>•00</u>
3		\$		00	\$	•0	<u>o</u> \$	§		<u>•00</u>
4		\$		00	\$	•0	<u>o</u> \$	\$		•00
5		\$		00	\$	•0	<u>0</u> \$	\$		• <u>00</u>

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld	
6		- \$	•00	\$	•00	\$	•00
7		- \$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		- \$	•00	\$	•00	\$	•00
10		- \$	•00	\$	•00	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 3,210**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←

Illinois Department of Revenue Submission ID 2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration (Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.) Step 1: Provide taxpayer information SUNEELA YARKAREDDY 8 6 0 4 3 _ 3 9 0 First name and middle initial Spouse's first name (and last name if different) Last name Social Security number Print 2 WILLEDOB RD 12 or type Mailing address Spouse's Social Security number (309) 444-6930 BLOOMINGTON IL 61701 Citv State 7IP Davtime phone number Step 2: Complete information from tax return 64,290**|00** 1 Net income from Form IL-1040. Line 11 1 3,182|00 2 Tax from Form IL-1040, Line 14 3,210|00 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 28 **00** 4 Overpayment from Form IL-1040, Line 35 4 5 5 00 Total amount due from Form IL-1040, Line 39 6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 7 1 9 2 1 8 9 1 7 Account no. (AN): 4 6 9 7 6 4 4 3 5 6 8 Type of account: \times Checking Savings 9 **10** Date the payment is to be electronically withdrawn: / 11 Electronic funds withdrawal amount: ____ 00_1 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign					
here	Your signature	Date	Spouse's signature (if joint return, both must sign)	Date	
Step	5: Electronic return origi	nator (ERO) and paid preparer de	claration and signature		
	-		-		

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

			03/19/2021	Check if paid preparer: 🔀 (See instructions.)
ERO use only	ERO's signature		Date	(,
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
	Firm's name or your name if self-employed			Your PTIN
	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

