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)

Taxpayer's name Social security number SWATHI MOOLY 869-57-1774 Spouse's name Spouse's social security number 973-98-6402 MALLAMPETA SWADEEP KUMAR Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Part I 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. 62,456. 1 1 2 2 4,126. 3 3 9,922. 4 4 5,796. 5 5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

			FBO firm name	5 ,	E
X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	

7	1	7	7	4	as						
Enter five digits, but don't enter all zeros											

0 2

4

Enter five digits, but don't enter all zeros

8 6

my

as mv

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 🕨

#### Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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.

Spouse's signature	Date							
Practitioner PIN Method Returns Only—continu	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	89	9

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 ►
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Date

to enter or generate my PIN

Filing Status       Check only       Single       Married filing jointy       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 on hou.       Pour social security number         SNATHI       MOOLY       86.9–57-1774         MALLAMPETA       SNADEEP KUMAR       973-98-6402         Phore address from and address, also complete spaces below.       Pat. no.       Pat. no.         City, com, or post office. If you have a foreign address, also complete spaces below.       State       21P code         City, com, or post office. If you have a foreign address, also complete spaces below.       State       21P code       box bolow Will not chenge         Foreign country name       Foreign province/attate/country       Foreign postal code       your as or relund.       You       Spouse item/action chenge         Decleuction       Spouse item/action on you were a dual-status allen       Spouse item/action chenge       You       Spouse       No         Standard       Spouse item/action on you were a dual-status allen       Child tax credit or differ dual-status allen       You       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse       Spouse	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Use O	)nly–	-Do not w	rite or staple	in this space.
Your first name and middle initial       Last name       Your social security number         SNATHI       MOCLY       869-57-1774         MALLAMPETA       SWADESP KUMAR       973-98-6402         MALLAMPETA       SWADESP KUMAR       973-98-6402         Presidential Election Campaign       7744       LUCENNE DR       Presidential Election Campaign         MIDDLEBURG HEIGHTS       Dig ot bifs.       10H       44130       box dot your social security number         Foreign poot office. If you have a foreign address, also complete spaces below.       State       2/P code       spouse if filing jointly, want S3 to go to this func. Checking a your tax or refund.         Standard       Someone can claim:       Ova as a dependent       Your social security number       your tax or refund.       your tax or refund. <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the n</td> <td>ame of g</td> <td>0</td> <td></td> <td>,</td> <td></td> <td></td> <td>· · ·</td> <td>, <u> </u></td> <td></td> <td>, ,</td> <td>. , . ,</td>	Check only	lf yo	u checked the MFS box, enter the n	ame of g	0		,			· · ·	, <u> </u>		, ,	. , . ,
SWATHI     MODLY     869-57-1774       If join return, spouse's first name and middle initial     Last name     Spouse's social security number       MAILLAMPETA     SWADEEP KUMAR     973-98-6402       7744     LUCERNE DR     Pasidemital Election Campaign       67000     Pasidemital Election Campaign     Pasidemital Election Campaign       7744     LUCERNE DR     Pasidemital Election Campaign       67000     Social scurity name     Foreign province/state/county     Foreign province/state/county     Pasidemital Election Campaign       70000     Spouse temizes on a separate return or you were a dual-status alien     Pasidemital Election Campaign     Pasidemital Election Campaign       70000     Spouse temizes on a separate return or you were a dual-status alien     Pasidemital Election Campaign       70000     Intername <td>Your first name</td> <td>•</td> <td>, ,</td> <td></td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securi</td> <td>tv number</td>	Your first name	•	, ,		me							Your so	cial securi	tv number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         MLLLAMPETA       SWADEEP KUMAR       973-98-6402         Mome address fumber and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         7744       LUCERNE DR       Pa3       Presidential Election Campaign         Giby, town, or post office. If you have a foreign address, also complete spaces below.       State       2P code         MIDDLEBENTGG HEIGHTS       OH       44130       box below will not change or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You repower a dual-status alien       Qel Virtual Spouse       No         Standard       Someone can claim:       You as a dependent       You province/state/county       (3) Relationship       (4) V if qualifies for (see instructions);       (a) social security       (3) Relationship       (b) V'i qualifies for (see instructions);         If ore than four       dependents, see instructions       2a       b       b       Draw box before damange, or otherwise acquire any financial interest       2b         Attach       Sa       Outle see instructions;       (3) Relationship       (d) V'i qualified for (see instructions);       (d) If qualified for (see instructions); <td></td> <td>-</td>														-
MALLAMPETA       SWADEEP KUMAR       973-98-6402         Home address (number and street). If you have a P.O. box, see instructions.       P36       P36         T744       LUCERTE DR       P36         City, town, or post office. If you have a foreign address, also complete spaces below.       State       21P code       Check here if you, or your spouse if filing jointly, want S3         Foreign country name       Foreign province/state/country       Foreign postal code       your cacky 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       Someone can claim:       You as a dependent       You so your spouse as a dependent       Yes       No         Deduction       Spouse:       Was born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (a) Frist name       Last name       number       Chick have able able able able able able able abl													-	
Home address (number and street). If you have a P.0. box, see instructions.       Apt. no.       Presidential Election Campaign         7744       LUCERRLE DR       Presidential Election Campaign       Check hare if you, or your         Chy. town, or poor diffice. If you have a foreign address, also complete spaces below.       State       ZIP code         MIDDLEBURG HEIGHTS       Foreign country name       Foreign province/state/county       Foreign postal code       You is you have a foreign address, also complete spaces below.       Yet address         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       Soncence can claim:       You as dependent       You roy use as a dependent       You spouse as a dependent         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 number       (9) Pelationship to you       Child tax credit       Ched for othe dependents;         ac outlified dividends       3a       Yes       Xad       Add lines 12, b, b, b, b, b, b, c, b, c, and a this is your total income       b Taxable innount.       4b         Standard       Sa       Derelinets;       Sa	-	-		SWAT	лар ки	IMAR						973-	98-640	2
7744 LUCERNE DR       P36       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/P code         MIDDLEBURG HEIGHTS       0H       44130       box below will not change box below will will not change box below will be box below will with the demond			er and street). If you have a P.O. box, see						A	Apt. no.				
Cuty, form, of pace bines, in your have a bring in address, also complete spaces below.       State       24" dode       to go to this fund, Checking a box below into change your tax or refund.         MIDDLEBURG HEIGHTS       Foreign province/state/county       Foreign postal code       You       Spouse 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       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse         If more       (i) First name       (2) Social security       (9) Feationship       (4) V' if qualifies for (see instructions):       (4) V' if qualifies for (see instructions):       (1) Credit for other dependents         If explicit of the standard device does														
MIDDLEBURG HEIGHTS       OH       44130       to go to this fund, Checking a box below within change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       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 Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Yes       No         Adge/Bindness       Someone can claim:       You as a dependent       Your spouse as a dependent       You       Spouse         Age/Bindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (i) First name       (ii) Aelationship       (ii) 4/4' if qualifies for (see instructions):       Is bind         if more       (i) First name       Last name       number       iiii       iiiiiii       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	-			mplete s	paces belov	w.	Sta	te	ZIP co	ode				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Your tax or refund.       \overlap or or therwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your say as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       A te blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more       (1) First name       Last name       Immeer					•		O	H	441	.30		0		0
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       You       Spouse         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You       Spouse itemizes on a separate return 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         Opendents       (see instructions):       (1) First name       number       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions):         If more       (1) First name       Last name       number       Child tar credit       Credit for other dependents         see instructions       and check       and       and check       a				1	Foreign pro	vince/state/	count	ty						0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Credit for other dependents         If more than four       (1) First name       Last name       number       to you       Credit for other dependents         see instructions:       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):       Credit for other dependents         and check	0	,			0 1			,				You Spous		
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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) V / It qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V / It qualifies for (see instructions):         See instructions and check       Image		-		-		-	-							
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see instructions       Image: Constructions and check here											]			
and check   here b   Attach   Sch. B if   required.   4a   BA distributions   4a   BA distributions   4a   Ba Social security benefits   6a   Other income from Schedule 1, line 9   9   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10a   10a   10b   11   62, 456.   11   Subtract line 10c from line 9. This is your adjusted gross income   11   62, 456.   11   12   13   0ualified business income deductions (from Schedule A)   14    24, 800.   15   36   16   17   18    19    10a   10a   10b	•	s									]			
Attach       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       68, 056.         Attach       2a       Tax-exempt interest       2a       b       b Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       0       0         Attach       3a       Qualified dividends       3a       b       0       0         Attach       4a       IRA distributions       4a       b       0       0         Standard       4a       IRA distributions       5a       b       0       0         Standard       6a       Social security benefits       6a       b       0       0         Standard       6a       Social security benefits       6a       b       0       0       0         Standard       6a       Social security benefits       6a       b       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<											]			
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here            7           9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income             8          -5,600.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income                10       Adjustments to income:            10b             10       Adjustments on income:                   10	here 🕨 🗌										]			
Sch. B if 2a 1ax-beterinft interest 2b   required. 4a 3a 0ualified dividends 3b   a IRA distributions 4a b   b 7 3a b   b 7 5a   b 5a b   b 7 5a   b 5a 5a   b 5a 5a   b 5a 5a   b 5a 5a   capital gain or (loss). Attach Schedule D if required. If not required, check here 5b   6a 5b, 6b, 7, and 8. This is your total income 7   Single or 8 Other income from Schedule 1, line 9 5a   a Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7   9 62, 456. 9   9 Add lines 10a and 10b. These are your total adjustments to income 10c   10 Add lines 10a and 10b. These are your adjusted gross income 10c   11 62, 456. 11   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13   14 24, 800. 14   24 24, 800. 14		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							1		68,056.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       7       8       -5, 600         9       62, 456.       9       62, 456.       9       62, 456.         *12,400       +       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       10b       10c         •       Add lines 10a and 10b. These are your total adjustments to income       10b       10c       10c         •       Head of household, sit8,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       62, 456.         •       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A		<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interes	t.			2b		
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7       6b         8       Other income from Schedule 1, line 9       10       Adjustments to income:       8       -5,600.         9       62,456.       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       62,456.         10       Adjustments to income:       a       From Schedule 1, line 22       10a       10b         9       62,456.       10       Add lines 10a and 10b. These are your total adjustments to income       10b       10c         11       Subtract line 10c from line 9. This is your adjusted gross income       11       62,456.       11       62,456.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       12       24,800.         14       Add lines 12 and 13       13       14       24,800.       14       24,800.         14		3a	Qualified dividends	3a			b C	Ordinary divide	nds .			3b		
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         * Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       >         • Married filing jointly or Qualifying widow(er), \$24,800       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10a       9       62,456.         • Married filing jointly or Qualifying widow(er), \$24,800       •       From Schedule 1, line 22       10a       10b       10b         • Head of household, \$18,650       •       •       10b       10c       10c         • Household, \$18,650       •       11       62,456.       10c         • If you checked any box under Standard Deduction or itemized deductions (from Schedule A)       12       24,800.       12       24,800.         • If you checked any box under Standard Deduction, see instructions       •       11       62,456.       12       24,800.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.       13       14       24,800.       15       37,656.		4a	IRA distributions	4a			bΤ	axable amoun	t			4b		
Deduction for -       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -5,600.         • Married filing jointly or Qualifying widow(er), \$24,800       9       62,456.       9       62,456.         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       11       62,456.         • If you checked any box under Standard deduction or itemized deductions (from Schedule A)       •       12       24,800.         • If you checked in business income deduction. Attach Form 8995 or Form 8995-A       •       13       14       24,800.         • Add lines 12 and 13       •       •       •       14       24,800.       13       37,656.		5a	Pensions and annuities	5a			bΤ	axable amoun	t			5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Ida</li> <li>Ida<td></td><td>6a</td><td>Social security benefits</td><td>6a</td><td></td><td></td><td>bΤ</td><td>axable amoun</td><td>t</td><td></td><td></td><td>6b</td><td></td><td></td></li></ul>		6a	Social security benefits	6a			bΤ	axable amoun	t			6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6       6       6       7       6       0         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       9       62, 456       10       10a       11a       10a       11a       10a       11a       10a       11a       11a       12       24, 800       12       24, 800       13       13       1		7	Capital gain or (loss). Attach Schee	dule D if	f required.	If not req	uired	, check here		Þ	•	] 7		
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       62,456.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         • Married a filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b         • Head of household, \$11       Subtract line 10c from line 9. This is your adjusted gross income       10c       11       62,456.         • If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0       15       37,656.	Married filing	8	Other income from Schedule 1, line	e9.								8		-5,600.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income</li> <li>If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Add lines 14 from line 11. If zero or less, enter -0-</li> <li>If source come.</li> <li>If source come</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is you	r <b>total inc</b>	ome					9		62,456.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22	<ul> <li>Married filing</li> </ul>	10	Adjustments to income:											
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       62,456.         • If you checked any box under Standard deduction, see instructions, se		а	From Schedule 1, line 22					10	а					
<ul> <li>Head of household, \$11</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>If you checked any box under Standard Deductions.</li> <li>If you checked any box under Standard Deduction.</li> <li>If you checkecked any box under Stand</li></ul>	widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard dedu	uction. See	e inst	ructions 10	b					
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       62,456.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       24,800.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       37,656.		с	Add lines 10a and 10b. These are	your <b>to</b> l	al adjustr	ments to	ncor	me				► 10c	;	
<ul> <li>If you checked any box under Standard deduction or itemized deductions (from Schedule A)</li> <li>Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A</li> <li>Ia Add lines 12 and 13</li> <li>Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</li> <li>Ib Standard deduction or itemized deductions (from Schedule A)</li> <li>Ic 24,800.</li> </ul>		11	Subtract line 10c from line 9. This	is your a	adjusted g	gross inc	ome					11		62,456.
Standard Deduction, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       24,800.         15       Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       37,656.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (from	Schedule	e A)					12		24,800.
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800.           15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0         15         37,656.		13	Qualified business income deducti	on. Atta	ach Form 8	3995 or Fo	orm 8	995-A				13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13									14		24,800.
		15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ro or less,	ente	er-0		<u> </u>		15		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	))											Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2 49	972	3			. 16	4,1	126.
	17	Amount from Schedule 2, lir	ne3							. 17		
	18	Add lines 16 and 17								. 18	4,1	126.
	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	4,1	126.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					. 23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>							▶ 24	4,1	126.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	9	,92	2.		
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								. 25d	9,9	922.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .					. 26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and re	fundal	ble cre	edits		▶ 32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments						▶ 33	9,9	922.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the a	amoun	it you (	overpaid		. 34	5,	796.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attached	l, chec	k here		▶ [	35a	5,	796.
Direct deposit?	►b	Routing number 0 4 4	0 0 0 0	3 7	► c Type:	×	Check	king	Savin	gs		
See instructions.	►d	Account number 1 2 6	0 8 5 5	7 7								
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax	۲	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now					▶ 37		
You Owe		Note: Schedule H and Sch		-						for		
For details on		2020. See Schedule 3, line 1										
how to pay, see instructions.	38	Estimated tax penalty (see in					38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the	IRS?	See					
Designee	ins	structions	· · · · ·					Yes. Co	omple	ete below.	🗙 No	
		signee's		Phone						entification		
		me 🕨		no. 🕨					ber (Pl	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occupa	,					nt you an Ident	•
	. 10	ur signature		Date	rour occupa	ation					IN, enter it here	
Joint return?					SYSTEM	S AN	ALYS	ST	(	see inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's oc	cupatio	on				nt your spouse	
Keep a copy for your records.	•										ection PIN, ent	er it here
your rocordo.					HOME M	AKER			(	see inst.) 🕨		
		one no.	Dura and 1 1	Email address			D		אידם	1	Observed of the	
Paid		eparer's name	Preparer's signat		a		Date		PTIN		Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TAI	LLAM	04/0	06/2021		082703	Self-emp	
Use Only		m's name GLOBAL TA									678)965-	
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 300	041			F	Firm's EIN 🕨		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA		REV	03/25/21 PRC	)		Form <b>10</b> 4	<b>40</b> (2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	1
(Form 1040)	

### Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

c	ial security number
	Attachment Sequence No. <b>01</b>
	2020

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social									
SWATHI MOOLY &	MALLAMPETA SWADEEP KUMAR	869-57	-1774						
Part I Additio	onal Income								

I ai	Additional income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,600.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		F (00
Par	line 8       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <th>9</th> <th>-5,600.</th>	9	-5,600.
10		10	
11	Educator expenses		
••	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO		e 1 (Form 1040) 2020

SCHE	DULE E		Supplemental Income and Loss										No. 1545-0074	
(Form 1	040)	(From r	renta	l real estate, roya	lties, partners	hips, S	corpor	ations, e	estates,	trusts, REM	ICs, etc.)	2020		
Departm	ent of the Treasury			► Attac	h to Form 1040	), 1040	-SR, 10	40-NR, a	or 1041.				hment	
Internal F	Revenue Service (99)			Go to <i>www.irs.go</i>	v/ScheduleE f	or inst	ructions	and the	atest	information.		Sequ	ence No. <b>13</b>	
( )	shown on return												ty number	
				ETA SWADEEP							869-5			
Part				n Rental Real E		-		-			• •			
				ctions. If you are an										
				2020 that would										
<u>1</u> a	if "Yes," did you or will you file required Form(s) 1099?											• 🗆		
A														
B		DIIIII				1010			10100,	11/11/11/11/11		02107		
C														
1b	Type of Prop	perty	2	For each rental r	eal estate pror	oertv I	isted		Fair	Rental	Persona	l Use	0.11/	
	(from list be			above report the	e number of fa	ir rent	al and		0	Days	Day	S	QJV	
Α	3			personal use day if you meet the r	equirements to	o file a	s a	Α		365		0		
В				qualified joint ve	nture. See inst	tructio	ns.	В						
С								С						
Туре о	of Property:													
1 Sing	gle Family Resid	dence	3	Vacation/Short-	Term Rental	5 La	nd	7	7 Self-	Rental				
2 Mul	ti-Family Reside	ence	4	Commercial		6 Ro	yalties	8	8 Othe	r (describe)				
Incom	e:				Properties:			Α		B			С	
3						3			400.					
4		ived.				4								
Expen												r		
5						5								
6		-		ctions)		6								
7	-					7			900.					
8						8								
9						9								
10	-	-		al fees		10								
11	•			· · · · ·		11								
12 13		-		banks, etc. (see i		12 13								
13						13		1	700					
14						14			700. 550.					
16						16		±,	550.					
17						17		1	850.					
18				epletion		18		±,	050.					
19	Other (list) ►	xponoo ·		•		19								
20		s. Add lir	nes {	5 through 19 .		20		б,	000.					
21	-			(rents) and/or 4										
21				ctions to find ou	• •									
					•	21		-5,	600.					
22	Deductible ren	ntal real of	esta	te loss after limit	tation, if any,									
				tions)		22	(	-5,6	00.)	(	)	(	)	
23a	Total of all amo	ounts rej	porte	ed on line 3 for a	ll rental prope	rties			23a		400.			
b	Total of all amo	ounts rej	porte	ed on line 4 for a	ll royalty prop	erties			23b					
С			•	ed on line 12 for					23c					
d			•	ed on line 18 for					23d					
е			•	ed on line 20 for					23e		6,000.			
24		-		ounts shown on I			-				. 24			
25				rom line 21 and re								(	5,600.)	
26				nd royalty incor										
				d line 40 on pa										
	Schedule 1 (Fo	orm 1040	U), lir	ne 5. Otherwise,	include this ar	mount	in the	total on	line 41	on page 2	. 26		-5,600.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Do not staple o	or paper clip. <sub>00</sub> Department of Taxation		2020 Ohio dividual Income						
04 06 21		Use	only black ink/UPF	PERCAS	SE letters.		20000198 Se	equenc	e No. <b>1</b>
	is an <u>amended</u> ret		Dhio IT RE.	Che	ck here if clain	ning an NOL carry	back. Include Sche	edule IT	NOL.
Do <u>NOT</u> include a Primary taxpayer's SSN 869 57 177		<ul><li>If deceased</li></ul>	Spouse's SSN (if 973 98		ntly)	If deceased	School district (see instructior		
First name SWATHI		check box	M.I. Last name MOOLY			check box	<b>SD# ▶▶</b> 1	804	
Spouse's first name (on MALLAMPE'TA	ly if married filing joi	ntly)	M.I. Last name SWADEE1	PKU	MAR				
Address line 1 (number 7744 LUCERN		Зох							
Address line 2 (apartme APT P36	nt number, suite nu	mber, etc.)							
City				State	ZIP code	Ohio co	unty (first four letters	5)	
MIDDLEBURG	HEIGHTS			OH	44130	CUY	A		
Foreign country (if the m	nailing address is ou	itside the U.S.)		Foreig	n postal code				
Residency Status	- Check only one f	or primary		Filin	ig Status - C	Check one (as repo	rted on federal inco	me tax	return)
× Resident	Part-year resident	Nonresident Indicate state	••		Single, head o	f household or qua	alifying widow(er)		
Check only one for spot X Resident	use (if married filing Part-year resident	jointly) Nonresident Indicate state	••		Married filing jo Married filing s	-	Spouse's SS	ŝN	
Ohio Nonresident	<b>Statement</b> – Se	e instructions for	required criteria						
Primary meets the	five criteria for irrebu	ttable presumption	n as nonresident.		Check here if y	ou filed the federal	extension form 486	68.	
Spouse meets the	five criteria for irrebu	ttable presumptior	n as nonresident.		Check here if so joint return) as a		e to claim you (or ye	our spo	use if
<ol> <li>Federal adjusted gr of your federal return if the amount is less</li> </ol>	n if the amount is ze	ro or negative. Pl	lace a "-" in the box	at the ri	ght		62	456	00
2a. Additions - Ohio Sch	nedule A, line 10 ( <b>IN</b>		ULE)		2a.				00
2b. Deductions – Ohio S	chedule A, line 39 (	INCLUDE SCHE	DULE)		2b.				00
3. Ohio adjusted gross the right if the amour	income (line 1 plus	line 2a minus line	e 2b). Place a "-" in	the box	at		62	456	00
4. Exemption amount ( Number of exemptior					4.		4	300	00
5. Ohio income tax bas				2	5.		58	156	00
6. Taxable business inc	come – Ohio Sched	ule IT BUS, line 1	3 (INCLUDE SCHE	EDULE)	6.				00
7. Line 5 minus line 6 (i	if less than zero, en	ter zero)			7.		58	156	00
<b>                                     </b>	t or a state of the second	ENGERSARIA MARKA	(). Eksterningen († 1915) Eksterningen († 1915)						
					REV 03/26/21		M-DD-YY <b>). IT 1040 – page</b> 1	Code 1 of 2	

Do not staple or paper clip.

SSN 869 57 1774

### 2020 Ohio IT 1040



Individual Income Tax Return

SSN 869 57 1774	20000298 Sequence	e No. <b>2</b>
7a. Amount from line 7 on page 17a.	58156	00
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)8a.	1409	00
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)8c.	1409	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE)9.	1052	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)10.	357	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.		00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	357	00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)14.	584	00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)16.		00
17. Amended return only – amount previously paid with original and/or amended return		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)18.	584	00
19. Amended return only – overpayment previously requested on original and/or amended return		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	584	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.           21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13		00
22. Interest due on late payment of tax (see instructions)22.		00
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.		00
	227	
24. Overpayment (line 20 minus line 13)24.	227	00
<ul> <li>25. <u>Original return only</u> – amount of line 24 to be credited toward next year's income tax liability25.</li> <li>26. <u>Original return only</u> – amount of line 24 to be donated: <ul> <li>a. Ohio History Fund</li> <li>b. State nature preserves</li> <li>c. Breast/Cervical Cancer</li> </ul> </li> </ul>		00
00 00 00		
d. Wishes for Sick Children e. Wildlife species f. Military injury relief		00
00 00 00		
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFUND ▶ 27.	227	00
and belief, the return and all enclosures are true, correct and complete.	our refund is \$1.00 or less, no refund will be f you owe \$1.00 or less, no payment is nece	
Primary signature       Phone number       (440) 454-4797         Spouse's signature       Date (MM/DD/YY)	NO Payment Included – Mail to Ohio Department of Taxation	<b>b</b> :
pouse's signature Date (MM/DD/YY)	P.O. Box 2679 Columbus, OH 43270-2679	
Check here to authorize your preparer to discuss this return with the Department. Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUP</u> Phone number (678)965–9522	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057	
Preparer's TIN (PTIN) P02082703	Columbus, OH 43270-2057	_



### 2020 Schedule of Ohio Withholding



20350198

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

Sequence No. 11

#### 869 57 1774

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

#### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 584 00 Part B - W-2s 1. P/S Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld Box b - EIN 68056 00 9922 00 Ρ 133924155 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 584 00 52432251 21429 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 17 - Ohio income tax Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00 Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation 00 00 Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN 00 00 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 00 00 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 7. P/S Box b - EIN 00 00 Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. 00 00



Pres. 8/25/20. Schedule of Withholding – page 1 of 2



Pa	rt C	<u>- 1099-Rs</u>
1.	P/S	Payer's TIN

Box 15 - Payer's Ohio number

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Payer's TIN 3. P/S

Box 15 - Payer's Ohio number

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

#### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Part E - 1099-NECs 1. P/S Payer's TIN

Box 6 - Payer's Ohio number

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

### 2020 Schedule of Ohio Withholding

Primary taxpayer's SSN 869 57 1774

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Gross distribution 00

Box 4 - Federal income tax withheld 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Reportable winnings 00

Box 14 - Ohio state winnings 00

Box 1 - Nonemployee compensation 00

Box 7 - State income 00 Box 1 - Nonemployee compensation

Box 7 - State income



00



20350298

Sequence No. 12

Box 7 -Distribution code distribution Box 14 - Ohio tax withheld

00

Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

> Box 7 -Distribution code

Box 14 - Ohio tax withheld 00

Box 7 -

Total distribution

Total

Total

Total

distribution

distribution

Box 14 - Ohio tax withheld 00

Distribution code

Box 4 - Federal income tax withheld

00

Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00

> Box 15 - Ohio income tax withheld 00

Box 4 - Federal income tax withheld 00 Box 5 - Ohio tax withheld

00 Box 4 - Federal income tax withheld 00

Box 5 - Ohio tax withheld 00

Pres. 8/25/20. Schedule of Withholding - page 2 of 2 REV 03/26/21 PRO



0098



**2020 Ohio Schedule of Credits** Primary taxpayer's SSN



04	06 21 <u>Nonrefundable Credits</u>	869 57 1774		20280198 Seque	ence No.
1.	Tax liability before credits (from Ohio IT 1040, line 8c)		1.	1409	00
2.	Retirement income credit (see instructions for table; include	e 1099-R forms)	2.		00
3.	Lump sum retirement credit (see instructions for worksheet	et; include a copy)	3.		00
4.	Senior citizen credit (must be 65 or older to claim this credit	lit)	4.		00
5.	Lump sum distribution credit (see instructions for workshee	et; include a copy)	5.		00
6.	Child care & dependent care credit (see instructions for wo	orksheet; <b>include a copy</b> )	6.		00
7.	Displaced worker training credit (see instructions for all requ	quired documentation; include copies)	7.		00
7a.	Campaign contribution credit for Ohio statewide office or Ge	General Assembly	.7a.	0	00
8.	Income-based exemption credit (\$20 times the number of e	exemptions)	8.	0	00
9.	Total (add lines 2 through 8)		9.	0	00
10.	Tax less credits (line 1 minus line 9; if less than zero, enter	r zero)	10.	1409	00
11.	Joint filing credit (see instructions for table). % times line	ne 10, up to \$650	. 11.	0	00
12.	Earned income credit		12.		00
13.	Ohio adoption credit		13.		00
14.	Nonrefundable job retention credit (include a copy of the o	credit certificate)	14.		00
15.	Credit for eligible new employees in an enterprise zone (ind	nclude a copy of the credit certificate)	15.		00
16.	Credit for purchases of grape production property		16.		00
17.	InvestOhio credit (include a copy of the credit certificate	e)	17.		00
18.	Lead abatement credit (include a copy of the credit certif	ificate)	18.		00
19.	Opportunity zone investment credit (include a copy of the	e credit certificate)	19.		00
20.	Technology investment credit carryforward (include a copy	y of the credit certificate)	20.		00
21.	Enterprise zone day care & training credits (include a copy	by of the credit certificate)	21.		00
22.	Research & development credit (include a copy of the cre	redit certificate)	22.		00
23.	Nonrefundable Ohio historic preservation credit (include a	a copy of the credit certificate)	23.		00
24.	Total (add lines 11 through 23)		24.	0	00
25.	Tax less additional credits (line 10 minus line 24; if less than	,	25.	1409	00
	에는 이번 것이 가는 것 같아요. 이번 것이 있는				





### 2020 Ohio Schedule of Credits

Primary taxpayer's SSN

20280298

869 57 1774

		869 57 1774		20280298 Seque	nce No. 8
Nonresident Credit				00400	
Date of nonresidency	to	State of residence	су		
	Ohio adjusted gross income - line 18 (include a copy)	.26.	00		
27. Ohio adjusted gross inc	ome (Ohio IT 1040, line 3)	27.	00		
-	and enter the result here (four dig e 25 to calculate your nonresid	gits; do not round). lent credit			00
Resident Credit					
state or the District of C	l gross income taxed by anothe olumbia while an Ohio resident lude a copy)	-	7 00		
30. Ohio adjusted gross inc	ome (Ohio IT 1040, line 3)	.30. 62456	5 00		
	nd enter the result here (four dig e 25 and enter the result				
here		.31. 1052	2 00		
32. 2020 income tax liability another state or the Dis Ohio IT RC, line 1b (incl	-	.32. 2136	5 00		
		resident tax credit. Enter the two-letter which income was subject to tax		1052	00
IL				1052	0.0
34. Total nonrefundable c	redits (add lines 9, 24, 28 and	33; enter here and on Ohio IT 1040, line	9) 34.	1052	00
	<u>Refundable C</u>	<u>redits</u>			
35. Refundable Ohio histori	c preservation credit ( <b>include</b> a	a copy of the credit certificate)			00
36. Refundable job creation	credit & job retention credit (inc	lude a copy of the credit certificate)			00
37. Pass-through entity cred	dit ( <b>include a copy of the Ohi</b> d	o IT K-1s)			00
38. Motion picture & Broadv	vay theatrical production credit	(include a copy of the credit certificat	<b>te</b> )38.		00
39. Venture capital credit (ir	nclude a copy of the credit ce	ertificate)			00

40. Total refundable credits (add lines 35 through 39; enter here and on Ohio IT 1040, line 16).............40.

00



0098









IT RC Pres. 9/25/20

# IT RC – Ohio Resident Credit Calculation

#### Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name	SSN
SWATHI MOOLY	869 57 1774

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

Ir	(A) acome Taxed	(B) Tax Paid			(A) Income Taxed	(B) Tax Paid	
AL	00		00	MN _	00		00
AR	00		00	MO _	00		00
AZ	00		00	MS _	00		00
CA	00		00	MT _	00		00
со	00		00	NC _	00		00
ст	00		00	ND _	00		00
DC	00		00	NE _	00		00
DE	00		00	NH _	00		00
GA	00		00	NJ _	00		00
ні	00		00	NM _	00		00
IA	00		00	NY _	00		00
ID	00		00	OK _	00		00
IL	46 627 00 00	2 136 00	00	OR _	00		00
IN	00		00	PA _	00		00
KS	00		00	RI _	00		00
кү	00		00	SC _	00		00
LA	00		00	TN _	00		00
MA	00		00	UT _	00		00
MD	00		00	VA _	00		00
ME	00		00	VT _	00		00
MI	00		00	WI _	00		00
				WV _	00		00
all Co	,	ere and on the corres	sponding line c	of the Ohio	o Schedule of Credits1a	a. <u>46 627 00</u>	00
	aid to Other States and t and on the corresponding				n B amounts). Enter 1b	2 136 00	00



### Regional Income Tax Agency RITA Individual Income Tax Return 2020

Do not use staples, tape or glue



800.860.7482 TDD: 440.526.5332 ritaohio.com

Your social security number	Spouse's social security numb	er	Filing Status:
869571774	973986402		Single of Married Filing Separately
Your first name and middle initial	Last name		
SWATHI	MOOLY		If you have an EXTENSION check here and attach a
If a joint return, spouse's first name and middle initial	Last name		copy: EXTENSION
MALLAMPETA	SWADEEP KUMAR		If this is an AMENDED return, check here:
CURRENT MAILING address (number and street)		Apt #	In the space provided below, state why you are filing an
7744 LUCERNE DR		P36	AMENDED return. Attach an explanation if you require additional space.
City, state, and ZIP code			
MIDDLEBURG HEIGHTS	OH	44130	
Daytime phone number	Evening phone number		Residency Status in RITA Municipalities:
440 454 4797			Kesidency Status in Rit A municipalities.     K Full-Year Part-Year Non-Resident

#### City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2020 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2020, list the effective date of the move into the city/village/township, city/village/township and address in the appropriate boxes. **Why?** Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date	City/ Village/ Tow nship	Address	
01/01/2020	BROOKLYN	7744 LUCERNE DR	MIDDLEBURG HEIGHTSOH 44130

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2020 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 **ONLY** (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

		Column 1	Column 2	Column 3	Column 4	Column 5		Column 6	
		W-2/W-2 G Income	Local/City Tax Withheld for		Workplace/ Winning	Resident Municipality	Dates Were I	Date of winnings	
of W-2/W-2G	r Here r glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
	y Order tape or	21429		536	BROOKLYN	MIDDLEBURG HEIGHTS	010120	123120	
y copy Forms	or Money staples, t								
al/Cit	sti								
p Loc	d Check ( ) not use								
Paperclip Local/City F	and Do r								
Ра					For Full or Part Column 1 Total on			•	
Tot	als	21429		536	enter Column 3 To w orkplace w ages				
	$\lambda$		, ,	15, 2021. Submitt	ting an incomplete	form could subje	ct you to penalt	y and interest if	a tax balance is
	<u>· \</u>	,		te your taxes, ple	ease use the online	e eFile system at	ritaohio.com. It	is easy to use, s	secure and will
Cau	ition	ion calculate vour taxes immediately.							

Under penalties of perjury, I declare that I have examined this return, and to the best of my know ledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

May RITA discuss this return with the	preparer shown above	e? Yes	× No	o Prej	parer	Phone	<b>#:</b> <u>678</u>	965	9522	
Spouse's Signature if a joint return	Date		Prepar	er's Sigr	nature				ID N	umber
			CUMM CUMM	INGG	Å 30	1041 <sup>~</sup>	LIN		30-1	017196
Your Signature	Date	Date		Preparer's Name (Please Print) 2530 PEBBLE CREEK LN CUMMING GA 30041					Da	te
			SYAM	PRIYA	RAM	SAGAR	GUPTA	TALLA	M 04/0	6/2021

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

Section		
For NON	1 aTotal W-2/W-2G income from Page 1, Section A, Column 1.1a21429	
W-2/ Schedule income	bTotal self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 3, Schedule J, Line 29, Column 7. If less than zero, enter -01b	
see Pages		
3-5 before starting	2     10tal taxable income. Add Lines 1a and 1b.     2     21429       3     Multiply Line 2 by the tax rate of your resident municipality from the tax table.	
Section B.	Enter the tax rate of your resident municipality here: <u>0.02500</u>	<b>3</b> 536
Withheld	4 a Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments.4a	
taxes shown on your W-2	bDirect payments from Page 3, Schedule K, Line 37.Do not enter taxwithheld from your wages and/or estimated tax payments on this line.4b	
forms are	5 a Add Lines 4a and 4b. 5a	
reported on either Line 4a or 7a.	b       Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 0.0500 5b	
	c   Enter the smaller of Line 5a or Line 5b.   5c	
lf your resident city/village	6       Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: 1.0000       6	
has a Credit	7 a Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).7a536	
Rate of 0%; enter -0- on	b Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality(from Worksheet R) 7b	
Line 5b, 5c and Line 6	8 Total credits allowable. (Add Lines 6, 7a, and 7b.)	8 536
and go to	9 Subtract Line 8 from Line 3. 9 0	<b>U</b> 330
Line 7a. You do not need	10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. 10	
to complete the Credit	11   Tax on Schedule J Income from Page 3, Line 33, Column 7.   11   0	
Rate Worksheet.	12 TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than	<b>12</b> 0
Refunds: To avoid delays in	13       2020 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2020 tax year.         13       13	
processing your refund,	14 Credit carried forward from 2019. 14	
mail your return to the		15
PO BOX address listed in the		16
lower right hand corner		<b>17</b> 0
of this page.	18Amount you want credited to your 2021 estimated tax.18	
Refunds of tax withheld from your wages must	<b>19</b> Amount to be <b>refunded.</b> You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund. <b>19</b>	
be applied for on Form 10A.	20 a Enter 2021 estimated tax in full (see instructions). Estimates are due 4/15/21, 6/15/21, 9/15/21 and 1/15/22. ▶ 20a	
Download Form 10A at	b Enter first quarter estimate (1/4 of Line 20a). 20b	
ritaohio.com		21
	22 TOTAL DUE by April 15, 2021. Add Lines 16 and 21.	22

Estimated Taxes (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 2 in the instructions to calculate your estimate. Note: If Line 20a is left blank, RITA will calculate your estimate. Use Form 32 EST-EXT to pay 6/15/21, 9/15/21 and 1/15/22 estimates.

#### Credit Rate Worksheet (enter each wage separately):

A Wages/Income earned outside of resident municipality		C Maximum credit (multiply Column A by Column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of Columns C or D			
Enter amount fro							
Total Tentative (	Total Tentative Credit: Enter on Section B, Line 5b, above.						

Mail your return with W-2s and a copy of your federal schedules to: <u>With payment</u> made payable to RITA: Regional Income Tax Agency PO Box 6600 Cleveland, OH 44101-2004 <u>Without payment:</u> Regional Income Tax Agency PO Box 94801 Cleveland, OH 44101-4801 <u>Refund</u> with an **amount on Line 19:** Regional Income Tax Agency PO Box 89409 Cleveland, OH 44101-6409

# 2020

### Form 37, Page 2, Line 5b and 6 Smart Worksheet

City	NR Sch J	Income earned outside resi. city	Credit limit rate	<b>A</b> Maximum tax subject to credit limit	<b>B</b> City tax	C Lower of col <b>A</b> or <b>B</b>	<b>D</b> Tax Credit Factor	E Col <b>C</b> times col <b>D</b>
ROOKLYN:								

2020

# Form 37, Page 2, City Income Allocation Worksheet

Resident City #1: BROOKLYN

From: 01/01/20 To: 12/31/20

City	W2 Employer, W-2 G Payee or Schedule J	NR Sch J	Non-Rita Wages	From	То	Resident Percent	Income	Resident Total
BROOKLYN	COGNIZANT TECHNOLOGY			01/01/20	12/31/20	100.00	21429	21429
Total allocated to resident	period							21429



**Illinois Department of Revenue** 2020 Form IL-1040

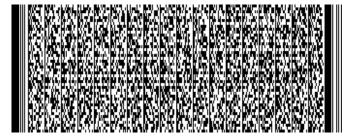
Individual Income Tax Return or for fiscal year ending \_\_\_/\_

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

\_

#### **Step 1: Personal Information**

		1987	
869-57-1774	973-98-6402	1986	
SWATHI	MOOLY		
MALLAMPETA	SWADEEP	KUMAR	
7744 LUCERNE DF	R		P36
MIDDLEBURG HEIG	HTS OH 44130		



	в	Filing status: Single Married filing jointly Married filing separately Widowed Head		bld
	С	<b>Check</b> If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
	D	Check the box if this applies to you during 2020: X Nonresident - Attach Sch. NR Art-year resider		
		p 2: Income	(vvno	le dollars only) $62, 456_{00}$
	1 2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 2	
L	23	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions, <b>Attach</b> Schedule M.	3	<u> </u>
	4	Total income. Add Lines 1 through 3.	4	62,456.00
	Ste	p 3: Base Income		
Staple W-2 and 1099 forms here	5	Social Security benefits and certain retirement plan income		
ž		received if included in Line 1. Attach Page 1 of federal return. 5	.00	
ms	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
0L		Schedule 1, Ln. 1. 6	.00	
6	7	Other subtractions. Attach Schedule M. 7	.00	
103	~	Check if Line 7 includes any amount from Schedule 1299-C.	0	0.0
g	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions.	8 9	.00 62,456,00
an		Illinois base income. Subtract Line 8 from Line 4.	9	02,450.00
-7		p 4: Exemptions	-0.00	
Š	10	<b>a</b> Enter the exemption amount for yourself and your spouse. See instructions. <b>a</b> $4, 65$		
đ		b Check if 65 or older:       You +       Spouse       # of checkboxes X \$1,000 = b         c Check if legally blind:       You +       Spouse       # of checkboxes X \$1,000 = c	<u>00.</u> 00.	
Sta		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
•,		Attach Schedule IL-E/EIC.	0.00	
		Exemption allowance. Add Lines a through d.	10	4,650.00
Т	Ste	p 5: Net Income and Tax		
-		<b>Residents:</b> Net income. Subtract Line 10 from Line 9.		
		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	43,153.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
5		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	2,136.00
04	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
5	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	2,136.00
your check and IL-1040-V	Ste	p 6: Tax After Nonrefundable Credits		
nc	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
k å	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
Sec		Attach Schedule ICR. 16	.00	
C S	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	0.00
'n	18	······································	18 19	0.00
		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	2,130.00
ple		p 7: Other Taxes	00	00
Stap	20 21	Household employment tax. See instructions.	20	.00
()	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0.00
	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21	0.0
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	2,136.00
_	-			
		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. Failure to provide information could result in a penalty.		



24       Chall tax from Reg 1, Line 23.       24       2, 136(0)         Step 8: Payments and Refundable Credit       25       2, 208(0)         25       Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a profy war return.       26												
25       Illinois income Tax withheid. Attach Schedule IL-WIT.       25       2,308,00         26       Estimated payments from Forms IL-1040-ES and IL-505-1, including any overpayment applied from	24	Tot	al tax from Page 1, Line 23.					24	2,136.00			
26 Estimated payments from Forms IL-1040-ES and IL-050-1, including any overpayment agelied from a prior year return.       27         27 Pas-tinough withholding, Attach Schedule IL-EEC, Step 4, Line 8, Attach Schedule L-EEC, 28       00         27 Total payments and retundable credit. Add Lines 25 through 26.       29       2, 308,00         30 If Line 29 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         32 Late-payment of estimated tax or to make a voluntary charitable donation.       32	Ste	ep 8:	Payments and Refundable	e Credit								
26 Estimated payments from Forms IL-1040-ES and IL-050-1, including any overpayment agelied from a prior year return.       27         27 Pas-tinough withholding, Attach Schedule IL-EEC, Step 4, Line 8, Attach Schedule L-EEC, 28       00         27 Total payments and retundable credit. Add Lines 25 through 26.       29       2, 308,00         30 If Line 29 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         31 If Line 24 is greater than Line 24, subtract Line 26 from Line 25.       30       172.200         32 Late-payment of estimated tax or to make a voluntary charitable donation.       32	25	Illinc	ois Income Tax withheld. Attach	Schedule IL-W	IT.		<b>25</b> 2,1	308.00				
including any overpayment applied from a prior year return.       2600         27       Pass-through withholding. Attach Schedule K-1-P or K-1.       2700         28       Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.       292. 308_00         29       Total payments and refundable credit. Add Lines 25 through 28.       292. 308_00         30       IT-12.00       30172_00         31       It Line 24 is greater than Line 24, subtract Line 24 from Line 29.       30172_00         31       It Line 24 is greater than Line 24, subtract Line 24 from Line 29.       3000         32       Line 29, subtract Line 24 from Line 29.       3000         31       It Line 24 is greater than Line 24, subtract Line 24 from Line 20.       3000         32       Labe, payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.       32							-					
27       Pass-through withholding. Attach Schedule K-1-P or K-1-T.       27	-						26	.00				
28 Earned Income Credit Trom Schedule IL-EFIC, Step 4, Line 8, Attach Schedule IL-EFIC.       28	27						27	.00				
29       2,308,00         Step 9: Total       30       172,00         30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29.       31       172,00         31 If Line 29 is greater than Line 29, subtract Line 24 from Line 29.       31       172,00         31 If Line 29 is greater than Line 29, subtract Line 29 from Line 24.       31       .00         Step 10: Underpayment of estimated tax or to make a voluntary charitable donation.       32       .00         32 Late-payment ponalty for underpayment of estimated tax.       32       .00         34 □ Check if you or your spouse are 65 or older and permanently living in a nursing home.       0       Check if you rome was not received evenly during the year and you annualized your income on Form IL-2210.         4 □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.       30       30         30 Voluntary charitable donations. Atds Exclude 6.       33       .00         34       Total penalty and donations. Atds Exclude 6.       34       .00         35       172,00       172,00       36       .172,00         36       Amount form Line 35 you want refunded to you. Check one box on Line 37. See instructions.       35       .172,00         37       Ichoese to receive my refund by       a       S docount number 1 2 6 0 0 5 5 7 7 7       .00						ttach Schedule IL-E/EIC.	•	.00				
30       If Une 29 is greater than Line 24, subtract Line 24 from Line 29.       30       172.00         31       If Line 24 is greater than Line 29, subtract Line 29 from Line 24.       31       .00         32       Late-payment of Estimated Tax Penalty and Donations - Only complete Step 10 for Late-payment penalty for underpayment of Estimated tax or to make a voluntary charitable donation.       32       .00         32       Late-payment penalty for underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for Late-payment penalty for underpayment of Estimated Tax or to make a voluntary charitable donation.       32       .00         34       Check if you rine was not received evenly during the year and you annualized your income on Form IL-2210.       .00         4       Check if you rine was not received evenly during the year and you annualized your income on Form IL-2210.       .00         34       Total penalty and donations. Attach Schedule G.       33       .00         35       If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.       .00         35       If you have an amount on Line 30 and this amount is greater than Line 34. subtract Line 34 from Line 30.       .00         36       Amount from Line 35 you waint refunded to you. Check one box on Line 37. See instructions.       .01         36       All oo 0 0 0 1 3 7       Ye checking or finowaits         4       0 0 0 0				-				29	2,308.00			
31       If Line 24 is greater than Line 29, subtract Line 29 from Line 24.       31	Ste	ep 9:	Total									
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax.       32         32       Late-payment penalty for underpayment of estimated tax.       32	30	lf Lir	ne 29 is greater than Line 24, sub	tract Line 24 fror	n Line 29.			30	172.00			
for underpayment of estimated tax or to make a voluntary charitable donation.       32	31	lf Lir	ne 24 is greater than Line 29, sub	tract Line 29 fror	n Line 24.			31	.00			
32       Late-payment penalty for underpayment of estimated tax.       3200         a _ Check if at least two-thirds of your federal gross income is from farming.       b _ Check if you row row spouse are 65 or older and permanently living in a nursing home.       c _ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.         Attach Form IL-2210.       d _ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.         33       Voluntary charitable donations. Attach Schedule G.       3300         34       Total penalty and donations. Attach Schedule G.       3300         35       172.00       35172.00         36       Amount for Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.       35172.00         36       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36172.00         37       I choose to receive my refund by       a @ direct deposit - Complete the information below if you check this box.       Routing number 1 2 6 0 8 5 5 7 7 7 1       Checking or	Ste	ep 10										
a _ Check if at least two-thirds of your federal gross income is from farming. b _ Check if you or your spouse are 65 or older and permanently living in a nursing home. c _ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. Attach Form IL-2210. Attach Form IL-2210. Attach Some Line 30 and this annullinois Individual Income Tax return in the previous tax year. 30 Voluntary charitable donations. Attach Schedule G. 31 Control Permits and donations. Attach Schedule G. 32 Control Permits and donations. Attach Schedule G. 33 Control Permits and donations. Attach Schedule G. 34 Control Permits and donations. Attach Schedule G. 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 Line 30 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 Amount from Line 35 you want refunded to you check this box. Routing number 0 4 4 0 0 0 0 3 7 X Checking or Savings Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 4 Checking or Savings 4 Control to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 39 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions. 39 More than a anount on Line 30 and this amount is less than Line 34. 30 Autor penalties of perjury. I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete	for	und	erpayment of estimated ta	x or to make	a voluntar	y charitable donat	tion.					
b _ Check if you ryour spouse are 65 or older and permanently living in a nursing home. c _ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. d _ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 33 Voluntary charitable donations. Attach Schedule G. 34 Total penalty and donations. Attach Schedule G. 35 _ 0.00 Step 11: Refund 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 _ 172.00 36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 _ 172.00 37 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. Routing number 0 4 4 0 0 0 0 3 7 X Checking or Savings Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 38 Amount to be credited forward. Subtract Line 36. See instructions. 38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 39 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30 and this amount is less than Li	32	Late	-payment penalty for underpay	ment of estimate	ed tax.		32	.00				
c       Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.         d       Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.         33       Yoluntary charitable donations. Attach Schedule G.       3300         34       Total penalty and donations. Add Lines 32 and 33.       3400         Step 11: Refund       35172.00         36       Total penalty and donations. Add Lines 32 and 33.       35172.00         37       I choose to receive my refund by       35172.00         38       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36172.00         37       I choose to receive my refund by       a       ⊠ direct deposit - Complete the information below if you check this box.         Routing number       0       4       0       0       0       3       7         4       a Gine dividual Income Tax refund debit card, 1 acknowledge I have reviewed the card information found at the the//tax.illinois.gov/DebitCard prior to making this election.       38		a 🗆	Check if at least two-thirds of	your federal gro	ss income is	from farming.						
Attach Form IL-2210.       d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.         33 Voluntary charitable donations. Attach Schedule G.       33		p 🗆	Check if you or your spouse a	re 65 or older a	nd permane	ntly living in a nursing	g home.					
d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.         33       Jointary charitable donations. Attach Schedule G.       33		сĽ	Check if your income was not	received evenly	during the y	ear and you annualiz	ed your income or	n Form IL-221	0.			
33       Voluntary charitable donations. Attach Schedule G.       3300         34       Total penaity and donations. Add Lines 32 and 33.       3400         35       If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment.       35172.00         36       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36172.00         37       Ichoose to receive my refund by       a       a         a       Idirect deposit - Complete the information below if you check this box.       Bouting number       12 6 0 8 5 5 7 7 7         Account number       12 6 0 8 5 5 7 7 7       Savings       account number       account number         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       3800         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       3800         Step 12: Amount You Owe       39       If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30. This is the amount you owe. See instructions.       39			Attach Form IL-2210.									
34       Total penalty and donations. Add Lines 32 and 33.       3400         Step 11: Refund       35       If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment.       35172.00         36       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36172.00         37       I choose to receive my refund by a S direct deposit - Complete the information below if you check this box.       36172.00         b       Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://ax.illinois.gov/DebitCard prior to making this election.       5800         c       paper check.       3800         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       3800         Step 12: Amount You Owe       39       if you have an amount on Line 31, add Lines 31 and 34 or -         if you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 30.4.       3900         Step 13: If this is a joint return, both you and your spouse must sign below.       Under penalties of perjury. I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.         Sign       Your signature       Date (mm/add/yyyy)       Date (mm/add/yyyy)       Date (mm/add/yyyy)         Paid<		d 🗌	Check if you were not require	d to file an Illinoi	is Individual	Income Tax return in	the previous tax y	ear.				
Step 11: Refund         35       If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment.       35       172.00         36       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36       172.00         37       I choose to receive my refund by       a a direct deposit. Complete the information below if you check this box.       36       172.00         b       Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.       c       paper check.         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38	33	Volu	ntary charitable donations. Atta	ach Schedule G			33	.00				
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This is your overpayment.       35       172,00         36       Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.       36       172,00         37       I choose to receive my refund by       a       a       a       direct deposit - Complete the information below if you check this box.         Routing number       0       4       4       0       0       3       7       X Checking or       Savings         Account number       1       2       6       0       3       7       X Checking or       Savings         b       Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.       c       paper check.         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38       .00         Step 12: Amount You Owe       39       If you have an amount on Line 31, add Lines 31 and 34 or -       If you have an amount on Line 30 and this amount you owe. See instructions.       39       .00         Step 13: If this is a joint return, both you and your spouse must sign below.       Under penalties of perjury. I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.         Sign       Here       Your signature       Date (mm/dd/yyyy) <t< th=""><th>Ste</th><th>ep 11</th><th>: Refund</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Ste	ep 11	: Refund									
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37 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box. Routing number 0 4 4 0 0 0 0 3 7 X Checking or Savings Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 1 2 6 0 8 5 5 7 7 7 Account number 2 6 7 7 7 Account number 3 8 Account number Account number Account number Account number 3 8 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 3 8 <u>Amount You Owe</u> 3 9 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31,		-			C C				172.00			
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a      A direct deposit - Complete the information below if you check this box.     Routing number     0 4 4 0 0 0 0 3 7     X Checking or Savings     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     Account number     1 2 6 0 8 5 5 7 7     Account number     1 2 6 0 8 5 5 7 7     Account number     Step 13: If this is a joint return, both you and your spouse must sign below.     Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.     Sign     Here     Your signature     Date (mm/dd/yyyy)     Spouse's signature     Date (mm/dd/yyyy)     Daytime phonen number     YAM PRIYA RAM SAGAR GUPTA TALLAM     SYAM PRIY	37	I cho	oose to receive my refund by									
Routing number       0       4       4       0       0       0       3       7       X       Checking or       Savings         Account number       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       2       6       0       8       5       5       7       7       1       1       1       1       2       6       0       8       5       7       7       1       1       1       0       0       3       1       0       1       1       1       1       0       1       1       1 <td< th=""><th>-</th><th></th><th></th><th>e information be</th><th>low if vou ch</th><th>eck this box.</th><th></th><th></th><th></th></td<>	-			e information be	low if vou ch	eck this box.						
Account number       1       2       6       0       8       5       5       7       7       7         b       Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://dx.illinois.gov/DebitCard prior to making this election.       c       paper check.         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38												
b       Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.         c       paper check.         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38			Routing number				ecking or Savi	ngs				
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http://tax.illinois.gov/DebitCard prior to making this election.         c       □ paper check.         38       Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38		ЬΓ	Illinois Individual Income Ta	x refund debit	card. I ackn	owledge I have reviev	wed the card inforr	nation found a	at			
38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.       38			http://tax.illinois.gov/DebitC	card prior to ma	king this elec	ction.						
Step 12: Amount You Owe         39 If you have an amount on Line 31, add Lines 31 and 34 or -         If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions.       3900         Step 13: If this is a joint return, both you and your spouse must sign below.         Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.         Sign         Here       Your signature       Date (mm/dd/yyyy)       Date (mm/dd/yyyy)       Daytime phone number         Vour signature       Date (mm/dd/yyyy)       Spouse's signature       Date (mm/dd/yyyy)       Daytime phone number         Paid       Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)       Delte (mm/dd/yyyy)         Vas Only       GLOBAL TAXES LLC       Firm's FEIN       301017196         Find:         Check if the Department may discuss this return with the third												
39 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions. 39	38	Amc	ount to be credited forward. Sub	otract Line 36 fro	om Line 35. S	See instructions.		38	.00			
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions. <b>39</b> 00 Step 13: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. Sign Here Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Vour signature Paid preparer's name Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Soluce's signature Date (mm/dd/yyyy) Date (mm/dd/yyyy) Daytime phone number Paid preparer's signature Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Soluce's signature Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Soluce's signature Date (mm/dd/yyy) Soluce's signature Date (mm/dd/yyyy) Soluce's signature Date (mm/dd/yyy) Soluce's signature Date (mm/dd/yyyy) Soluce's signature Date (mm/dd/yyy) Soluce's signature Date (mm/dd/yyy) Soluce's signature Date (mm/dd/yyyy) Soluce's signature Date (mm/dd/yyyy) Soluce's signature Soluce's signature Soluce's signature Soluce's signature Soluce's signature Soluce's signature's signature Soluce's signature's signature'	Ste	ep 12	2: Amount You Owe									
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions. <b>39</b> 00 Step 13: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. Sign Here Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Firm's FEIN 301017196 Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's phone (678) 965-9522 Third Party ()	39	lf yo	u have an amount on Line 31, a	add Lines 31 an	d 34. <b>- or -</b>							
subtract Line 30 from Line 34. This is the <b>amount you owe</b> . See instructions.		-				Line 34,						
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.          Sign       (440) 454-4797         Here       Your signature       Date (mm/dd/yyyy)         Your signature       Date (mm/dd/yyyy)         SyAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM         Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)         Firm's name       GLOBAL TAXES LLC       Firm's FEIN       301017196         Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678) 965-9522         Third       ()       Check if the Department may discuss this return with the third								39	.00			
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.          Sign       (440) 454-4797         Your signature       Date (mm/dd/yyyy)         Syam PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM         Print/Type paid preparer's name       Paid preparer's signature         Paid Preparer       GLOBAL TAXES LLC         Firm's name       GLOBAL TAXES LLC         Firm's address       2530 Pebble Creek LnCumming         GA 30041       Firm's phone         ()       Check if the Department may discuss this return with the third	Ste	en 13	<b>B</b> • If this is a joint return both you	and your spous	e must sian l	pelow						
Sign Here       Image: Constraint of the second secon	0.0			• •	-		t of mv knowledae.	it is true. corre	ct. and complete.			
Here       Your signature       Date (mm/dd/yyyy)       Spouse's signature       Date (mm/dd/yyyy)       Daytime phone number         Paid       SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM       O4/06/2021       Check if       P02082703         Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)       Self-employed       Paid Preparer's PTIN         Vise Only       Firm's name       GLOBAL TAXES LLC       Firm's FEIN       301017196         Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678) 965-9522         Third       Party       ()       Check if the Department may discuss this return with the third	Sign		F F- J- <i>J</i> ,				,		•			
Paid       SYAM PRIYA RAM SAGAR GUPTA TALLAM       SYAM PRIYA RAM SAGAR GUPTA TALLAM       04/06/2021       Check if       P02082703         Preparer       Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)       Paid Preparer's PTIN         Vse Only       Firm's name       GLOBAL TAXES LLC       Firm's FEIN       301017196         Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678)       965-9522         Third       Party       ()       Check if the Department may discuss this return with the third			Vour eigneture		Chausa'a aigu	a a tura		· · ·				
Paid     Print/Type paid preparer's name     Paid preparer's signature     Date (mm/dd/yyyy)     self-employed     Paid Preparer's PTIN       Use Only     Firm's name     GLOBAL TAXES LLC     Firm's FEIN     301017196       Firm's address     2530 Pebble Creek LnCumming     GA 30041     Firm's phone     (678) 965-9522       Third     Check if the Department may discuss this return with the third			, i i i i i i i i i i i i i i i i i i i		. 0							
Firm's name       GLOBAL TAXES LLC       Firm's FEIN       301017196         Use Only       Firm's address       2530 Pebble Creek LnCumming GA 30041       Firm's phone       (678) 965-9522         Third       Party       ()       Check if the Department may discuss this return with the third	Paid			LAM				Self-employed	PUZU82703			
Use Only       Firm's name       GLOBAL TAXES LLC       Firm's FEIN       301017196         Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678) 965-9522         Third       ()       Check if the Department may discuss this return with the third		Print/Type paid preparer's name			Paid preparei							
Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678) 965-9522         Third       ()       Check if the Department may discuss this return with the third							Firm's FEIN					
Party discuss this return with the third			Firm's address	ole Creek LnC	umming	GA 30041	Firm's phone	(678) 965	-9522			
						()						
Designee's name (please print) Designee's phone number party designee shown in this step.							h a 1					
	Desig	gnee	Designee's name (please print) Designee's phone number					party designed	e 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 03/17/21 PRO



	Illinois Department of Revenue
Į	2020 Schedule NR
4	Attach to your Form IL-1040

### Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	S MOOLY & M SWADEEP KUMAR	8 6 9 5 7 1 7 7 4
	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resident	t of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	u cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2020.
	a I lived in Illinois from// 2 0 to// 2 0 I Month Day Year Month Day Year	lived in from/ / 2 0 to/ / 2 0 State Month Day Year Month Day Year
	<b>b</b> My spouse lived in <b>Illinois</b> from/ / <u>2</u> <u>0</u> to / / <u>2</u> <u>0</u> to / / <u>2</u> <u>9</u> Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	year, if you were in Illinois only to accompany your spouse who use's state of residence for tax purposes, check the appropriate box.
4	Iowa       Kentucky       Michigan         List any state other than Illinois or any states already indicated on Li         Enter the two-letter abbreviation of that state.	Wisconsin Military Spouse ine 2 or 3 above, that you claimed residency for tax purposes in 2020.

### Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

### Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	68,056 <sub>.00</sub>	46,627 <sub>.00</sub>
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2	a) <b>9</b> _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1,	Line 3) 10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Lin	ne 4) <b>12</b> _	.00	.00
	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
<u></u>		Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
<b>≤</b>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-5,600 <u>.00</u>	0.00
- 1	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Lin	e 6) 16 _	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line	6b) <b>18</b> _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Sche	, ,		
		Include winnings from the Illinois State Lottery as Illinois income in 0	Column B. 19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your f	ederal total income	. 20	46,627.00
		Continue with Step 3			
				ined under the Illinois Income Tax ailure to provide information could	



### Schedule NR – Page 2

### Step 3: Continued

St	ер	3: Continued		Column A ederal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	46,627.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00	.00
Ð	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
5		Schedule 1, Line 13)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00	.00
	27		~7		
5				.00	.00
Its		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)			.00
ē	29		29	.00	.00
đ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00	.00
N.	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00	.00
djustments	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00	.00
٩	33	Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00	.00
	34	RESERVED	34		
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37		37	62,456 <sub>.00</sub>	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss incor	me. <b>38</b>	46,627.00

## Step 4: Figure your Illinois additions and subtractions

In the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
lĕ	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
let m	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	46,627.00
<del>;</del>	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
1.9	3	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

### Step 5: Figure your Illinois income and tax

Γ	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	46,627.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
Ŝ	47	Enter the base income from Form IL-1040, Line 9.	47	62,456 <sub>.00</sub>	
lati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
13		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 747	
12	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	4,650.00	
S	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
×	I 1	allowance.		50	3,474.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
	I 1	Enter the amount here and on your Form IL-1040, Line 11.	$\rightarrow$	51	43,153.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your <b>tax.</b>		52	2,136.00



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 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	М	1099-K	K				
1099-OID	0	1099-NEC	N				

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

SWATHI MOOLY Your name as shown on Form IL-1040					9 ecurity num	5 7 ber		7	7	4
Column A Form type	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.			<b>Column D</b> Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1 <u>W</u>	13-3924155 000 4	- \$	68,056	<u>00</u>	\$	46,62	27 <b>•00</b>	\$	2,30	0 <u>0,800</u>
2		\$	•	00	\$		•00	\$		•00
3		- \$	•	00	\$		<u>•00</u>	\$		•00
4		\$	•	00	\$		• <u>00</u>	\$		•00
5		_ \$	•	<u>00</u>	\$		<u>•00</u>	\$		•00

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

MALLAMPETA SWADEEP KUMAR	9 7 3 _ 9 8 _ 6 4 0 2
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	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Co Illinois Wage Distributions,	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 \$** 2,308**.00** 

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

33	Illinois Department of Reve	enue				-					
X	2020 IL-8453 Illinois I			Submission		lina [		ara	tia	n	
Ł	(Do not mail Form IL-8453 to the					-					
Ste	p 1: Provide taxpayer information				requ			, 10 10	•)		
310	SWATHI MALLAMPETA SWADER	EP KUMAR MOOLY		8	69	_ 5	7	_	1 7	77	4
		nd last name if different)	Last name	Social	Securit	y number					
or	nt 7744 LUCERNE DR P36				7_3		8		6_4	10	2
typ	e Mailing address	011	44120			ial Security 54–479		er			
	MIDDLEBURG HEIGHTS City	OH State	44130 ZIP		/	e number	1				
Cto			LII	Daytin							
	p 2: Complete information from tax ret	urn					-	4	131	<u>.53</u>	00
1 2	Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14						2			361	
3	Illinois Income Tax withheld from Form IL-104	0. Line 25 <b>only</b> (ent	ter " <b>0</b> " if none)				3			308	
4	Overpayment from Form IL-1040, Line 35	,, <b>,</b> (					4 _		1	72	00
5	Total amount due from Form IL-1040, Line 39	)					5 _			I.	00
6	Filing status: Single X Married filing jo	ointly Married fi	ling separately V	Vidowed _	He	ad of ho	useho	ld			
Ste	p 3: Complete direct deposit of refund	or electronic fun	ds withdrawal info	ormation	(Opti	onal)					
	nitiate a payment or refund transaction, the										
	s not support international ACH transactions. IE										
witr	in the United States or those not funded by inte Routing no. (RN): $\begin{array}{c} 0 \\ 4 \\ 4 \\ \end{array}$	0 3 7	ctronic payments will r	not be acce	epted a	ina retun	as wii	i de v	ia pa	per ci	песк.
	Account no. (AN): $1 2 6 0 8 5$										
8											
9	Type of account: X Checking Savi										
10	Date the payment is to be electronically withd										
11	Electronic funds withdrawal amount:	1_00									
	Name on account:										
Ste	p 4: Taxpayer declaration and signature	(Sign only after of	completing Step 2	and, if ap	plica	ble, Ste	р З.)				
[	I consent that my refund may be directly d correct. If I have filed a joint return, this is									is	
[	I authorize the Illinois Department of Reve withdrawal as designated in the electronic involved in the processing of an electronic	portion of my 2020 overpayment of tax	Illinois Individual Inco	ome Tax ret	urn. I a	authorize	e the f	inanc	ial in		ons
г	and resolve issues related to the payment I do not want direct deposit of my refund, of		le withdrawal (direct d	lobit) of my	balan						
Lind	ler penalties of perjury, I declare the information							tronic	rotur	'n	
orig	inator (ERO) are identical. To the best of my known	owledge, my return i	s true, correct, and co	mplete. I c	onsen	t that my	returr	n, this	decla	aratio	
	accompanying information may be sent to IDO n accepted or rejected. If rejected, I authorize II										
				rinay be co	medie		liansn	niteu	n pos	551010	•
Sig	In Your signature	Date	Spouse's signatur	re (if ioint retur	n. both	must sian)		Da	te		
_	p 5: Electronic return originator (ERO)										
l de	clare that I have examined this taxpayer's elec	tronic Form IL-1040	, the information on th	his Form IL	-8453						
	e followed all requirements of this program and accompanying information are true, correct, a		nalties of perjury, that	to the best	of my	knowled	dge th	e taxp	bayer	's ret	urn
ano	accompanying information are true, correct, a	ina complete.									
			04/06/2021	Chec	k if pa	id prepai	er: 🗵	(See	instr	uction	is.)
	ERO's signature		Date	_	0	0 0	~	~		~	2
ER	O GLOBAL TAXES LLC Firm's name or your name if self-employed			_ <u>P</u> Your F	U	2 0	8	2	1	0	3
use	2530 Pebble Creek In				0 –	1 0	1	7	1	96	5
onl	y <u>Asiling address</u>				-	 oyer identifi					<u>,</u>

#### 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.

GA

State

Cumming

City

30041

ZIP



(678) 965-9522

Daytime phone number