

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



**Illinois Department of Revenue**  
**2020 IL-1040-V** ID: 3WM  
**Payment Voucher for Individual Income Tax**

REV 03/17/21 PRO

727-34-8561

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2021.

\$ \_\_\_\_\_ 99.00  
Payment amount

FNU SHIVKUMAR NARAYANAN  
1216, CEDAR RD A  
AMBLER PA 19002

Make your check payable to and mail to  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62726-0001**

*Write your Social Security number(s) on your check.*



104081220 1 2 727348561 0 19080922 1 000009900



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](http://tax.illinois.gov).

**Step 1: Personal Information**

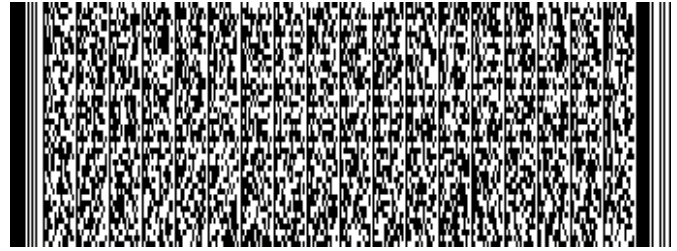
1982

727-34-8561

FNU SHIVKUMAR NARAYANAN

1216, CEDAR RD A

AMBLER PA 19002



- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2020:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

|   |                     |
|---|---------------------|
| <b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> 126,484.00 |
| <b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> .00        |
| <b>3</b> Other additions. Attach Schedule M.  | <b>3</b> .00        |
| <b>4</b> Total income. Add Lines 1 through 3.   | <b>4</b> 126,484.00 |

**Step 3: Base Income**

|   |                     |
|---|---------------------|
| <b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | <b>5</b> .00        |
| <b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.                                 | <b>6</b> .00        |
| <b>7</b> Other subtractions. Attach Schedule M.<br>Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | <b>7</b> .00        |
| <b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.   | <b>8</b> .00        |
| <b>9</b> Illinois base income. Subtract Line 8 from Line 4.   | <b>9</b> 126,484.00 |

**Step 4: Exemptions**

|   |                    |
|---|--------------------|
| <b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.                                      | <b>a</b> 2,325.00  |
| <b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =   | <b>b</b> .00       |
| <b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | <b>c</b> .00       |
| <b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | <b>d</b> 0.00      |
| <b>Exemption allowance.</b> Add Lines a through d.  | <b>10</b> 2,325.00 |

**Step 5: Net Income and Tax**

|  |                      |
|--|----------------------|
| <b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.   | <b>11</b> 124,159.00 |
| <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR. |                      |
| <b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.                                | <b>12</b> 6,146.00   |
| <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.                                     |                      |
| <b>13</b> Recapture of investment tax credits. Attach Schedule 4255.   | <b>13</b> .00        |
| <b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.   | <b>14</b> 6,146.00   |

**Step 6: Tax After Nonrefundable Credits**

|   |                    |
|---|--------------------|
| <b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.                      | <b>15</b> 823.00   |
| <b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.         | <b>16</b> .00      |
| <b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.   | <b>17</b> .00      |
| <b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> 823.00   |
| <b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.                                       | <b>19</b> 5,323.00 |

**Step 7: Other Taxes**

|   |                    |
|---|--------------------|
| <b>20</b> Household employment tax. See instructions.   | <b>20</b> .00      |
| <b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | <b>21</b> 0.00     |
| <b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.                                     | <b>22</b> .00      |
| <b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.  | <b>23</b> 5,323.00 |

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 5,323.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 5,224.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I,  
including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00

29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 5,224.00

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 .00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 99.00

**Step 10: 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 Late-payment penalty for underpayment of estimated tax. 32 .00

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.

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 .00

34 **Total penalty and donations.** Add Lines 32 and 33. 34 .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 .00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 .00

37 I choose to receive my refund by

a  **direct deposit** - Complete the information below if you check this box.

|                |                      |                                      |                                  |
|----------------|----------------------|--------------------------------------|----------------------------------|
| Routing number | <input type="text"/> | <input type="checkbox"/> Checking or | <input type="checkbox"/> Savings |
| Account number | <input type="text"/> |                                      |                                  |

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 is less than Line 34,  
subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 99.00

**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.

|                               |  |                   |                                   |                   |  |
|-------------------------------|--|-------------------|-----------------------------------|-------------------|--|
| <b>Sign Here</b>              |  |                   |                                   |                   | (484) 680-0965   |
|                               | Your signature   | Date (mm/dd/yyyy) | Spouse's signature                | Date (mm/dd/yyyy) | Daytime phone number   |
| <b>Paid Preparer Use Only</b> | SYAM PRIYA RAM SAGAR GUPTA TALLAM                      |                   | SYAM PRIYA RAM SAGAR GUPTA TALLAM |                   | 04/01/2021   |
|                               | 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 Ln Cumming GA 30041 |                   | Firm's phone ▶                    |                   | (678) 965-9522   |
| <b>Third Party Designee</b>   | Designee's name (please print)                         |                   | Designee's phone number           |                   | <input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step. |

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



Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
• you paid income tax to another state on income you earned while you were an Illinois resident; and
• the income subject to the other state's tax is included in your Illinois base income; and
• you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
• you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

FNU SHIVKUMAR NARAYANAN

Your name as shown on your Form IL-1040

7 2 7 - 3 4 - 8 5 6 1
Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)
Column B Non-Illinois Portion (Whole dollars only)

Read the instructions before completing this step.

Table with 3 columns: Line number, Description, Column A Total, Column B Non-Illinois Portion. Includes rows for wages, interest, dividends, etc., and a total line 16.

Continue with Step 2 on Page 2

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



|   | <b>Column A</b><br><b>Total</b><br><small>(Whole dollars only)</small> | <b>Column B</b><br><b>Non-Illinois Portion</b><br><small>(Whole dollars only)</small> |
|---|--|---|
| <b>17</b> Enter the amounts from Page 1, Line 16.   | 17 126,784.00  | 20,863.00   |
| <b>18</b> Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)   | 18 .00   | .00   |
| <b>19</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 19 .00   | .00   |
| <b>20</b> Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)  | 20 .00   | .00   |
| <b>21</b> Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)   | 21 .00   | .00   |
| <b>22</b> Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)  | 22 .00   | .00   |
| <b>23</b> Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 15)   | 23 .00   | .00   |
| <b>24</b> Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)   | 24 .00   | .00   |
| <b>25</b> Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | 25 .00   | .00   |
| <b>26</b> Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)   | 26 .00   | .00   |
| <b>27</b> IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)   | 27 .00   | .00   |
| <b>28</b> Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | 28 .00   | .00   |
| <b>29</b> Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)  | 29 .00   | .00   |
| <b>30</b> RESERVED  | 30   |   |
| <b>31</b> Other adjustments. <b>See instructions.</b>   | 31 300.00  | 0.00  |
| <b>32</b> Add Columns A and B, Lines 18 through 31.   | 32 300.00  | 0.00  |
| <b>33</b> Subtract Columns A and B, Line 32 from Line 17.   | 33 126,484.00  | 20,863.00   |

Adjustments to Income

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

|  | <b>Column A</b><br><b>Form IL-1040 Total</b><br><small>(Whole dollars only)</small> | <b>Column B</b><br><b>Non-Illinois Portion</b><br><small>(Whole dollars only)</small> |
|--|---|---|
|--|---|---|

|   |               |           |
|---|---------------|-----------|
| <b>34</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)  | 34 .00        | .00       |
| <b>35</b> Other additions (Form IL-1040, Line 3)  | 35 .00        | .00       |
| <b>36</b> Add Columns A and B, Lines 33, 34, and 35.  | 36 126,484.00 | 20,863.00 |
| <b>37</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)  | 37 .00        | .00       |
| <b>38</b> Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 38 .00        |           |
| <b>39</b> Other subtractions (Form IL-1040, Line 7)   | 39 .00        | .00       |
| <b>40</b> Add Columns A and B, Lines 37 through 39.   | 40 .00        | .00       |
| <b>41</b> Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.                            | 41 126,484.00 | 20,863.00 |

Illinois Adjustments

Continue to Page 3 →



### Step 4: Figure your Schedule CR decimal

|         |    | Column A   | Column B  |
|---------|----|------------|-----------|
| Decimal | 42 | 126,484.00 | 20,863.00 |
|         | 43 |            | 0.165     |

### Step 5: Part-year residents only (Full year residents, go to Step 6.)

|                |    |       |       |
|----------------|----|-------|-------|
| Part-Year Only | 44 | _____ | .00   |
|                | 45 | _____ | _____ |
|                | 46 | _____ | .00   |
|                | 47 | _____ | .00   |
|                | 48 | _____ | .00   |
|                | 49 | _____ | .00   |

### Step 6: Figure your credit

|                                     |    |   |          |
|-------------------------------------|----|---|----------|
| Credit for Tax Paid to Other States | 50 | If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions.<br><input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin |          |
|                                     | 51 | _____   | 823.00   |
|                                     | 52 | _____   | 6,146.00 |
|                                     | 53 | _____   | 0.165    |
|                                     | 54 | _____   | 1,014.00 |
|                                     | 55 | _____   | 823.00   |

**Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.**



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    | B                        |
| 1099-MISC | M                        | 1099-K    | K                        |
| 1099-OID  | O                        | 1099-NEC  | N                        |

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

FNU SHIVKUMAR NARAYANAN

Your name as shown on Form IL-1040

7 2 7 - 3 4 - 8 5 6 1  
Your Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 06-1454513-000                                      | \$ 133,664.00   | \$ 120,842.00  | \$ 5,224.00                                 |
| 2                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 3                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 4                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 5                     |   | \$ .00  | \$ .00   | \$ .00                                      |

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

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

Your spouse's Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>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 \$ 5,224.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

FNU SHIVKUMAR NARAYANAN 7 2 7 - 3 4 - 8 5 6 1
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
1216, CEDAR RD A Mailing address
AMBLER PA 19002 (484) 680-0965
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 124,159 | 00
2 Tax from Form IL-1040, Line 14 2 6,146 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 5,224 | 00
4 Overpayment from Form IL-1040, Line 35 4 | 00
5 Total amount due from Form IL-1040, Line 39 5 99 | 00
6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

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

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

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

ERO's signature Date 04/01/2021 Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
2530 Pebble Creek Ln Mailing address 3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
Cumming GA 30041 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

