# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Internal Revenue Service			1011.	
Part II Tax Return Information — Tax Year Ending December 31, 2020 (Enter year You are authorizing.)  Finetr whole dollars only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  2 Total tax  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  4 Amount you want refunded to you  5 Amount you ove  7 Amount you want refunded to you  6 Amount you don't yet yet and belief, it is true, correct, and complete 1 further declare that the amounts from the long with the best of my knowledge and belief, it is true, correct, and complete 1 further declare that the amounts in Part 1 slabe was the the amounts from the long that the best of my return to the IRS and to rescise from the IRS (a) an acknowledgement of receipt or reach for the standard standard and the financial institution account indicated in the tax preparation or any delay in processing the return or refund, and 6 the date of any refund. If application, is to remain in full force and effect until 1 notify the U.S. Treasury 6 Financial Institution account indicated in the tax preparation or software for payment of my federal taxes owed on this return and/or a payment of artisted tax, and the financial institution to debt the entry to the successor for any delay in processing the return or refund, and 6 the United Standard Standard Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account; indicated in the tax preparation or software for payment of my federal taxes owed on this return and/or a payment of artistical Agent to terminate the authorization. To revoke (caracid a business days prior to the payment effects used in return of the payment and the financial institution is to remain in full force and effect until 1 notify the U.S. Treasury 6 Financial and the processing of the electronic payment of the payment of the processing of the electronic payment of t	Submission Identification Number	er (SID)			
Part II Tax Return Information — Tax Year Ending December 31, 2020 (Enter year You are authorizing.)  Finetr whole dollars only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  2 Total tax  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  4 Amount you want refunded to you  5 Amount you ove  7 Amount you want refunded to you  6 Amount you don't yet yet and belief, it is true, correct, and complete 1 further declare that the amounts from the long with the best of my knowledge and belief, it is true, correct, and complete 1 further declare that the amounts in Part 1 slabe was the the amounts from the long that the best of my return to the IRS and to rescise from the IRS (a) an acknowledgement of receipt or reach for the standard standard and the financial institution account indicated in the tax preparation or any delay in processing the return or refund, and 6 the date of any refund. If application, is to remain in full force and effect until 1 notify the U.S. Treasury 6 Financial Institution account indicated in the tax preparation or software for payment of my federal taxes owed on this return and/or a payment of artisted tax, and the financial institution to debt the entry to the successor for any delay in processing the return or refund, and 6 the United Standard Standard Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account; indicated in the tax preparation or software for payment of my federal taxes owed on this return and/or a payment of artistical Agent to terminate the authorization. To revoke (caracid a business days prior to the payment effects used in return of the payment and the financial institution is to remain in full force and effect until 1 notify the U.S. Treasury 6 Financial and the processing of the electronic payment of the payment of the processing of the electronic payment of t	Taxpaver's name	<u> </u>		Social securit	v number
Spouse's screin   Spouse's screin   Spouse's social security number	SAT KTRAN SERT			025-67-	- -6821
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Spouse's name				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part I Tax Return Inform	nation — Tax Year Ending D	December 31, 2020	(Enter year you a	re authorizing.)
1 97, 489. 2 Total tax 3 Total tax 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount is presented in the you 9 Amount 9			•		
2 1.14, 5.07.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1.8, 5.45.  4 Amount you want refunded to you . 4 4, 0.33 .  5 Amount you owe . 5 5	Note: Form 1040-SS filers use lin	ne 4 only. Leave lines 1, 2, 3, and	d 5 blank.		
Amount you want refunded to you  A Amount you want refunded to you  Bart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Indeer penalise 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. If 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 session growder, transmitter, or electronic return original or one will be an acknowledgement of fecally 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, lauthorize the U.S. Treasory financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account finite authorization is to remain in full force and effect until i nortly the U.S. Treasory financial Agent to initiate an Institution to determine the entropreation software for reason for rejection or the terminate the authorization is to remain in full force and effect until in nortly the U.S. Treasory financial Agent to terminate the authorization. To revoke (cancel) a gament. I must contact the U.S. Treasory financial Agent and the authorization requests must be received no latest than 2 taxes to reactive 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 life you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	1 Adjusted gross income				97,489.
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of periury, I declare that I have examined a copy of the income tax return (original or, amended) I am now authorizing, and to the best of the series of periury. I declare that I have examined a copy of the income tax return (original or, amended) I am now authorizing, and to the best of the series of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the series of the control of the series of th	<b>2</b> Total tax				<b>2</b> 14,507.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Inder penalities 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, 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. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interest and Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of my devel and tax exceed on this return and/or a payment of estimated tox, and the financial institution is debit the entry to this account. This payment of the devaluation of the properties of the payment of the payment of the payment of the payment of estimated tox, and the financial institution in the object of the payment of the payment of estimated tox, and the financial institution in the object of the payment of the payme	3 Federal income tax withher	eld from Form(s) W-2 and Form(s)	1099		<b>3</b> 18,545.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)	4 Amount you want refunde	ed to you			4 4,038.
Under penalties of perjuny, 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 turther declare that the amounts from the amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service growler, 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, the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated financial Agent to initiate an ACH electronic funds withdrawal (direct debl) entry to the financial institution account indication of the transmission osftware 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 to remain in full force and effect until 1 notify 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. 1 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 (FIII) below is my signature for the income tax return (original or amended) I am now authorizing and resolve issues related to the payment. I further acknowledge that the personal demtification number (FIII) below is my signature for 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   Partitio	5 Amount you owe	<u> </u>			-
my knowledge and belief, it is true, correct, and complete. I further declare that the ampunts 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 original or amended) I am now authorizing.  The provider is the income tax return for 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 return, and (c) the date of any refund. If applicable, 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 transmission, (b) the reason apparent of the processing the return original payment of estimated tax, and the intancial institution account into 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 ferminate the authorization. To revoke (cancel) a payment, must contact the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a payment, must contact the U.S. Treasury Financial Agent to ferminate the authorization. To revoke (cancel) a submirization to the payment (estellation to ferminate the authorization. To revoke (cancel) as the control of the processing of the electronic payment of the proc	Part II Taxpayer Declara	ation and Signature Authoriz	zation (Be sure you ge	t and keep a cop	y of your return)
Spouse's PIN: check one box only  □ I authorize	return (original or amended) I am now to send my return to the IRS and to for any delay in processing the return Agent to initiate an ACH electronic find payment of my federal taxes owed on authorization is to remain in full for payment, I must contact the U.S. business days prior to the payment taxes to receive confidential inform personal identification number (PIN) Electronic Funds Withdrawal Consert Taxpayer's PIN: check one box I authorize GLOBAL signature on the income I will enter my PIN as mif you are entering your	w authorizing. I consent to allow my ireceive from the IRS (a) an acknowle n or refund, and (c) the date of any runds withdrawal (direct debit) entry the third third return and/or a payment of estice and effect until I notify the U.S. Treasury Financial Agent at 1-888-3 (settlement) date. I also authorize the ation necessary to answer inquiries below is my signature for the incompt.  (conly  TAXES LLC  ERO firm name et tax return (original or amended) by signature on the income tax resure.	intermediate service provider edgement of receipt or reason efund. If applicable, I authorize the financial institution account and the financial freasury Financial Agent to the 353-4537. Payment cancellate financial institutions involve and resolve issues related to the tax return (original or amen to enter or get I am now authorizing.	transmitter, or electron for rejection of the trace the U.S. Treasury and count indicated in the tainstitution to debit the erminate the authorization requests must be doing the processing of to the payment. I furt ded) I am now authority nerate my PIN	onic return originator (ERO) cansmission, <b>(b)</b> the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 the electronic payment of their acknowledge that the izing and, if applicable, my ter five digits, but n't enter all zeros as my check this box <b>only</b>
I authorize	Your signature ▶		Da	ate▶	
I authorize					
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 ▶  Practitioner PIN Method Returns Only—continue below  Part III  Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.    Date ▶   Date ▶	•	only		. 500	
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  Practitioner PIN Method Returns Only—continue below  Part III  Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  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	I authorize	EDO firm name	to enter or ge	_	
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 ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  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 ▶	signature on the income		I am now authorizing.		
Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   Don't enter all zeros  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 ▶	I will enter my PIN as m if you are entering your	ny signature on the income tax re	eturn (original or amended)		
Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   Don't enter all zeros  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 ▶	Spouse's signature		Da	ate <b>&gt;</b>	
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros  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 ▶	epodeo o digitatare p	Practitioner PIN Method F			
Don't enter all zeros  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 ▶	Part III Certification and				
Don't enter all zeros  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 ▶	EDO's EEIN/DIN Enter your eix	digit EEIN followed by your five	digit calf calcated DIN	5 9 7 2 7	9 6 1 9 9 9
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶	ERO'S EFIN/PIN. EITHER YOUR SIX-	algit Erlin followed by your live-t	algit seli-selectea Fliv.		
-	authorized to file for tax year indica	ited above for the taxpayer(s) indica	ted above. I confirm that I a	m submitting this retu	ırn in accordance with the
-	FRO's signature ▶		D	ata 🕨	
	Li IO 3 Signature F	FRO Must Ratain This			

Don't Submit This Form to the IRS Unless Requested To Do So

# **1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly under the none that the MFS box, enter the none is a child but not your dependent	ame of y								
Your first name	and m	ddle initial	Last na	me				Your so	ocial securi	ty number	
SAI KIR	AN		SERI					025-	025-67-6821		
If joint return, s	pouse's	first name and middle initial	Last na	me				Spouse	's social se	curity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ential Electi	on Campaign	
741 KIR	KWOO!	D DR					4		here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	State	ZIF	code			ntly, want \$3 Checking a	
SPRINGF:	IELD				IL	6:	2712	_	low will not	•	
Foreign country	y name		F	oreign province/state/c	county	Foi	eign postal code		x or refund.	•	
									You	Spouse	
At any time du	ring 20	20, did you receive, sell, send, exch	nange, c	or otherwise acquire a	any financial i	nterest i	n any virtual o	currency?	Yes	⊠ No	
Standard Deduction		eone can claim:			•	lent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🗌 Wa	s born b	efore January	2. 1956	☐ Is bl	lind	
Dependents	-			(2) Social security	(3) Rela				or (see instru		
If more	•	rst name Last name		number	to		Child tax		1	ther dependents	
than four										$\overline{\Box}$	
dependents,											
see instructions and check	s ——										
here ▶ □											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2				. 1	1	05,694.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> Taxable in	terest		. 2t	,		
Sch. B if	За	Qualified dividends	3a		<b>b</b> Ordinary d	ividends		. 3k	,	0.	
required.	4a	IRA distributions	4a		<b>b</b> Taxable ar	nount .		. 4k	,		
	5a	Pensions and annuities	5а		<b>b</b> Taxable ar	nount .		. 5k	)		
Standard	6a	Social security benefits	6a		<b>b</b> Taxable ar	nount .		. 6k	)		
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired, check h	ere .	•	□ 7		65.	
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e9					. 8		-8,270.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inco</b>	me			▶ 9		97,489.	
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b					
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments to ir	ncome			▶ 10	С		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross inco	me			<b>▶</b> 11		97,489.	
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 12	2	12,400.	
any box under Standard	13	Qualified business income deducti	on. Atta	ch Form 8995 or For	m 8995-A			. 13	3		
Deduction, see instructions.	14	Add lines 12 and 13						. 14		12,400.	
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less,	enter -0			. 15	ا ز	85,089.	

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): 1 🗌 8814 2 🗎 4972 3 🔲	16	14,507.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	14,507.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	14,507.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
	24	Add lines 22 and 23. This is your total tax	24	14,507.
	25	Federal income tax withheld from:		
	a	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)	25.1	10 545
	d	Add lines 25a through 25c	25d	18,545.
<ul> <li>If you have a qualifying child,</li> </ul>	26	2020 estimated tax payments and amount applied from 2019 return	26	
attach Sch. EIC.	27			
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812		
combat pay,	29	American opportunity credit from Form 8863, line 8	4	
see instructions.	30	Amount from Schedule 3, line 13	-	
	31 32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 27 through 31. These are your total other payments and refundable credits	33	18,545.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,038.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>.</b>	35a	4,038.
Direct deposit?	<b>b</b> b	Routing number X X X X X X X X X X X X X X X X X X X	55a	1,050.
See instructions.	►d	Account number   X   X   X   X   X   X   X   X   X		
	36	Amount of line 34 you want applied to your 2021 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe	0.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	oelow.	<b>X</b> No
		signee's Phone Personal identii		
<u> </u>		ne ► no. ► number (PIN) ►  der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		A = 6 === 1 == == == == == == == == == == ==
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	RS ser	nt you an Identity
	k.	Prote	ection Pl	N, enter it here
Joint return?	<b>.</b>	BOITWING ENGINEER	inst.) ►	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/12/2021 P0208:	2703	Self-employed
Preparer Use Only	Fire	n's name ► GLOBAL TAXES LLC Phor	ne no. (	678)965-9522
Use Only	Fire	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information.  BAA REV 03/06/21 PRO		Form <b>1040</b> (2020)

#### **SCHEDULE 1** (Form 1040)

SAI KIRAN

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SERI

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

025-67-6821

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
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	-8,270.
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	9	-8,270.
Par			•
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government 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		18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	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	

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Part I

SAI KIRAN SERI

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Attachment Sequence No. 12 Your social security number

025-67-6821

lines	below.  form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	5,786.	5,729.		23.	80.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y	our Capital Loss	Carryover		
7	Worksheet in the instructions	through 6 in colu			6	)
	term capital gains or losses, go to Part II below. Otherwise				7	80.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One Year	(see	instructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	2.	17.			-15.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13					13	
		. frama lina 10 af .		0		
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	our Capitai Loss	-	14	( )
		through 14 in co		o to Part III	14	-15.

BAA

Schedule D (Form 1040) 2020 Page **2** 

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 65. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

SAI KIRAN

Department of the Treasury

Social security number or taxpayer identification number

025-67-6821

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

broker and may even tell you which box to check.

Part I
Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

-	<ul><li>Short-term transactions</li><li>Short-term transactions</li></ul>	•	٠,,	•	sis <b>wasn't</b> report	ed to the IF	RS	
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.  (f) (g) Code(s) from Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINH	OOD SECURITIES LLC	05/04/20	05/15/20	5,786.	5,729.	W	23.	80.
negat Sche	s. Add the amounts in columns tive amounts). Enter each totadule D, line 1b (if Box A above a is checked), or line 3 (if Box 6)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	5.786.	5.729.		23.	80.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI KIRAN SERI

Social security number or taxpayer identification number 025-67-6821

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

$\square$ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS	(see N	ote abo	ove
---	--------	---------	-----

- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(F) Long-term transactions	not reported	to you on FC	JIII 1099-D				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c See the sep	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	02/28/19	05/15/20	2.	17.			-15.
					<b>)</b>		
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	2.	17.			-15.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

#### **SCHEDULE E**

(Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2020
Attachment
Sequence No. 13

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

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

Your social security number

SAI	KIRAN SERI						025	5-67-682	<u> </u>
Part		From Rental Real Estate and Ro	-	-					
	Schedule C. See	instructions. If you are an individual, rep	ort farm renta	l income	or loss fi	om Form 48	<b>335</b> on p	page 2, line 4	0.
A Dic	d you make any payme	nts in 2020 that would require you to	file Form(s)	1099? S	See instr	uctions .		🗌 Y	∕es ⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						🗆 Y	∕es □ No
1a		each property (street, city, state, ZIF							
Α	HYD HYDERABAD	IN	<u> </u>						
В									
С									
1b	Type of Property	2 For each rental real estate prop	perty listed		Fair	Rental	Pers	onal Use	0.11/
	(from list below)	above, report the number of fa	ir rental and			ays		Days	QJV
Α	3	personal use days. Check the if you meet the requirements to	<b>QJV</b> box only o file as a	/ A		365		0	
В		qualified joint venture. See inst	tructions.	В			7	7	
С				С	_				
Type	of Property:								
	le Family Residence	3 Vacation/Short-Term Rental	5 Land	1	7 Self-	Rental			
	ti-Family Residence	4 Commercial	6 Royalties			r (describe	<b>S</b>		
Incom		Properties:		A	5 51.10	E			С
3	Rents received		3		650.		-		
4			4						
Expen						<u> </u>			
5			5						
6	•	nstructions)	6						
7	,	nance	7	1.	040.				
8	•		8	-,					
9	Insurance		9						
10		essional fees	10						
11			11		900.				
12	=	d to banks, etc. (see instructions)	12						
13			13						
14			14	2.	450.				
15	•		15		230.				
16			16						
17			17	2	300.				
18		e or depletion	18						
19	Other (list) ▶	o dopionon	19						
20	` ′	lines 5 through 19	20	8.	920.				
21	<u>-</u>	line 3 (rents) and/or 4 (royalties). If		- ,					
۲۱		instructions to find out if you must							
	file <b>Form 6198</b>		21	-8,	270.				
22		estate loss after limitation, if any,		•					
	on Form 8582 (see in		22 (	-8,2	270.)	(		)(	)
23a	,	eported on line 3 for all rental prope	,		23a	•	65	0.	,
b		eported on line 4 for all royalty prop			23b				
C		eported on line 12 for all properties			23c				
d		eported on line 18 for all properties			23d				
e		eported on line 20 for all properties			23e		8,92	0.	
24		e amounts shown on line 21. <b>Do no</b>						24	
25	•	sses from line 21 and rental real estate	-		nter tota	al losses her		25 (	8,270.)
26		ate and royalty income or (loss).							, ,
20		V, and line 40 on page 2 do not							
		40), line 5. Otherwise, include this ar						26	-8,270.

**Passive Activity Loss Limitations** 

► See separate instructions.

► Attach to Form 1040, 1040-SR, or 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

SAI KIRAN

Identifying number 025-67-6821

Par	2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	al Real Estate Activities With Active Participation (For the definition of active participation, see		
Speci	ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) <b>1b</b> ( 8,270.)		
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))		
d	· · ·	1d	-8,270.
Comr	mercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b)		
	Add lines 2a and 2b	2c (	)
All Ot	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (		
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (		
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-8,270.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		
	• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III are	_	
	on: If your filing status is married filing separately and you lived with your spouse at any time during the or Part III. Instead, go to line 15.	year,	do not complete
Part			
rait	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4	5	8,270.
6	Enter \$150,000. If married filing separately, see instructions	3	0,270.
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 105,759.		
'	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	9	22,121.
10	Enter the <b>smaller</b> of line 5 or line 9	10	8,270.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		0,270.
Part		te Ac	tivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction		
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13	14	
Part			
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions		· · ·
	to find out how to report the losses on your tax return	16	8.270

Caution: The worksheets must be filed v				/ for your	record	S.			
Worksheet 1—For Form 8582, Lines 1	<b>a, 1b, and 1c</b> (se	e instruction	ons)						
Name of activity	Currer	nt year		Prior y	/ears	0	verall ga	ain or loss	
Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)			(c) Una loss (lir			ain	(e) Loss	
HYD	0.	8,2	70.					8,270.	
<b>-</b>									
Total. Enter on Form 8582, lines 1a, 1b,	0	0 0	.70						
and 1c	0	etructions)	70.						
	(a) Current			(h) Dri	or year				
Name of activity	deductions (		unall	owed ded	uctions (	line 2b)	(c)	Overall loss	
	(								
Total. Enter on Form 8582, lines 2a and 2b									
2b	a, 3b, and 3c (se	e instruction	ns)						
	Currer	nt voor		Prior	/oare	0	verall as	ain or loss	
Name of activity	Current year			Prior years			verali ga		
Name of activity	(a) Net income (line 3a)	(b) Net lo (line 3b		(c) Unallowed loss (line 3c)		(d) Gain		(e) Loss	
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c									
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582, Line	10 or	<b>14.</b> See in	struction	ons.	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Los	8	<b>(b)</b> R	atio	(c) Spe		(d) Subtract column (c) from column (a)	
HYD	E Ln 22	8,2	270.	1.000	00000	8	,270.	0.	
		,							
Total			270.	1.0	00	8	,270.	0.	
Worksheet 5—Allocation of Unallowed	l Losses (see in:	structions)							
Name of activity	Form or scheduland line number to be reported (see instruction	er on	( <b>a)</b> Lo	ess	(b) Ratio		(c)	(c) Unallowed loss	
▼									
Total						4 00	1		

# 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**

1991

025-67-6821

SAI KIRAN

SERI

741 KIRKWOOD DR

SPRINGFIELD

62712 IL

SANGAMON



	DEI	CINGI IEDD II 02/12 SANGANON		
	В	Filing status: X Single Married filing jointly Married filing separately Widowed Head o	f household	
		Check If someone can claim you, or your spouse if <u>filing</u> jointly, as a dependent. See instructions.  You		
	D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	- Attach So	h NR
				dollars only)
	Ste	p 2: Income	(WITOIC	97,489.00
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
4	3 4	Other additions. Attach Schedule M.	3	<u>.00</u> 97,489 <u>.00</u>
•		Total income. Add Lines 1 through 3.	4	97,409.00
a)	Ste	p 3: Base Income		
er	5	Social Security benefits and certain retirement plan income		
s h	_	received if included in Line 1. Attach Page 1 of federal return. 5	.00	
Ĕ	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
Į,	_	Schedule 1, Ln. 1.  Other subtractions, <b>Attach</b> Schedule M.	.00	
9	7		.00	
90	_	Check if Line 7 includes any amount from Schedule 1299-C.	•	0.0
9	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	
an	9	Illinois base income. Subtract Line 8 from Line 4.	9	97,469.00
Staple W-2 and 1099 forms here		p 4: Exemptions		
$\geq$	10	a Enter the exemption amount for yourself and your spouse. See instructions.  a2,325	<u>00.</u>	
g		b Check if 65 or older:    You +    Spouse # of checkboxes X \$1,000 = b	.00	
taβ		c Check if legally blind:  You + Spouse # of checkboxes X \$1,000 = c	.00	
S		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	<b>\</b>	
			0.00	2 225 00
4		Exemption allowance. Add Lines a through d.	10	2,325.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		
		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N	R. <b>11</b>	95,164 <sub>.00</sub>
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
<u>6</u>		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	4,711.00
9		Recapture of investment tax credits. Attach Schedule 4255.	13	.00
Ξ		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	4,711.00
check and IL-1040-V	Ste	p 6: Tax After Nonrefundable Credits		
JUE		Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
×	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
Se		Attach Schedule ICR. 16	.00	
c		Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	•
п		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
2			19	4,711.00
Staple you		p 7: Other Taxes		
ap	20	Household employment tax. See instructions.	20	.00
Si	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
▼		Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	4,711.00
		II -1040 9D Front (P-19/90)		

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.





<b>24</b> Tot	tal tax from Page 1, Line 23.					24	4,711.00		
Step 8:	Step 8: Payments and Refundable Credit								
25 Illino	ois Income Tax withheld. Attach	Schedule IL-W	IT.		<b>25</b> 5	,232.00			
26 Esti	mated payments from Forms IL	-1040-ES and IL	505-I,						
	uding any overpayment applied				26	.00			
	s-through withholding. Attach S				27	.00			
<b>28</b> Earr	ned Income Credit from Schedu	le IL-E/EIC, Step	4, Line 8. <b>A</b>	ttach Schedule IL-E/EIC.	28	.00			
29 Tota	al payments and refundable o	redit. Add Lines	25 through	28.		29	5,232 <u>.00</u>		
Step 9:	Total								
<b>30</b> If Lir	ne 29 is greater than Line 24, sub	otract Line 24 fror	m Line 29.			30	521.00		
<b>31</b> If Lir	ne 24 is greater than Line 29, sub	otract Line 29 fror	m Line 24.			31	.00		
Step 10	: Underpayment of Estima	ted Tax Penalt	y and Don	ations - Only com	plete Step 10	for late-paym	ent penalty		
for und	lerpayment of estimated ta	ax or to make	a voluntar	y charitable donat	tion.				
<b>32</b> Late	e-payment penalty for underpay	ment of estimate	ed tax.		32	.00			
_	Check if at least two-thirds of			•					
_	Check if you or your spouse a		•						
c [	Check if your income was not	received evenly	during the y	ear and you annualiz	ed your income	on Form IL-221	0.		
a =	Attach Form IL-2210.	-1 + - #1 111 1		In a sure Transition to					
_	Check if you were not require			income lax return in	the previous tax	-			
	intary charitable donations. Atta al penalty and donations. Add				33	<u>.00</u> <b>34</b>	.00		
	I: Refund	Lines 32 and 30	J.			<u></u>	.00		
•									
	ou have an amount on Line 30 a	and this amount	is greater th	an Line 34, subtract L	line 34 from Lin		F 2 1 00		
	s is your <b>overpayment</b> .	nded to you Ch	ook <b>one</b> boy	on Line 27 Coo instr	untions.	35 36	521 <u>.00</u> 521 <u>.00</u>		
	ount from Line 35 you want <b>refu</b>	nded to you. On	ieck one box	On Line 37. See insti	uctions.	30	321.00		
3/ 1 ch	37 I choose to receive my refund by								
- г	a direct deposit - Complete the information below if you check this box.								
а 🗆			low if you ch						
a [	direct deposit - Complete th  Routing number		low if you ch		ecking or S	avings			
а□			low if you ch		ecking or S	avings			
	Routing number	r III		Che					
	Routing number Account number	r r r r r r r r r r r r r r r r r r r	card. I ackn	Che			at		
b [	Routing number	r r r r r r r r r r r r r r r r r r r	card. I ackn	Che			at		
b [ c ∑	Routing number Account number Illinois Individual Income Ta http://tax.illinois.gov/Debito	r r r r r r r r r r r r r r r r r r r	card. I ackn	owledge I have review			at .00		
b [ c [≥ 38 Amo	Routing number Account number Illinois Individual Income Ta http://tax.illinois.gov/Debito	r r r r r r r r r r r r r r r r r r r	card. I ackn	owledge I have review		prmation found a			
b C 38 Amo	Routing number Account number Account number Illinois Individual Income Tanhttp://tax.illinois.gov/Debito paper check. Bunt to be credited forward. Sulpose Careful Processing P	r ax refund debit Card prior to mal	card. I ackn king this elec- om Line 35. S	owledge I have review		prmation found a			
b C 38 Amo Step 12 39 If yo	Routing number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debito paper check. Sount to be credited forward. Suld 2: Amount You Owe on have an amount on Line 31,	r ax refund debit Card prior to mal	card. I acknown this electron Line 35. S	owledge I have review		prmation found a			
b [ c 2 38 Amo Step 12 39 If you	Routing number Account number Account number Illinois Individual Income Tanttp://tax.illinois.gov/Debited paper check. Sount to be credited forward. Suld: Amount You Owe ou have an amount on Line 31, but have an amount on Line 30 and account You are an amount on Line 30 and account You Page 19 and Account You Owe ou have an amount on Line 30 and Account You Owe Income You Owe In	r r r r r r r r r r r r r r r r r r r	card. I acknown king this electron Line 35. So d 34 or - is less than	owledge I have review ction.  See instructions.		prmation found a			
b C 38 Amo Step 12 39 If you lif you subto	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit() paper check. Sount to be credited forward. Suld Provided Provided Suld Provided Provide	ax refund debit Card prior to male otract Line 36 from add Lines 31 and this amount is the amount y	card. I acknown this electron Line 35. So d 34 or - is less than you owe. Se	owledge I have reviewed to the contraction.  See instructions.  Line 34, e instructions.		ormation found a	.00		
b C 38 Amo Step 12 39 If you lif you subto	Routing number Account number Account number Illinois Individual Income Tanttp://tax.illinois.gov/Debited paper check. Sount to be credited forward. Sulter Amount You Owe ou have an amount on Line 31, but have an amount on Line 30 attract Line 30 from Line 34. This is a joint return, both you	ax refund debit Card prior to male otract Line 36 from add Lines 31 and this amount is the amount your spous	card. I acknown king this electron Line 35. So d 34 or - is less than you owe. Se e must sign I	owledge I have reviewed to the company of the compa	wed the card inf	ormation found a	.00		
b C 38 Amo Step 12 39 If you subto	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit() paper check. Sount to be credited forward. Suld Provided Provided Suld Provided Provide	ax refund debit Card prior to male otract Line 36 from add Lines 31 and this amount is the amount your spous	card. I acknown king this electron Line 35. So d 34 or - is less than you owe. Se e must sign I	owledge I have reviewed to the company of the compa	wed the card inf	38	.00 .00 ect, and complete.		
b C  c S  38 Amo  Step 12  39 If you guide subtent 13  Step 13	Routing number Account number Account number Illinois Individual Income Tanttp://tax.illinois.gov/Debited paper check. Sount to be credited forward. Substitute Substitute Income Tanta Inc	ax refund debit Card prior to male otract Line 36 from add Lines 31 and and this amount is the amount your spous tate that I have expended.	card. I acknown king this electron Line 35.5 dd 34 or - is less than you owe. See a must sign I kamined this	owledge I have reviewed to the company of the compa	wed the card inf	38	.00  ect, and complete. 5-2960		
b C 38 Amo Step 12 39 If you subto	Routing number Account number Account number Illinois Individual Income Tanttp://tax.illinois.gov/Debited paper check. Sount to be credited forward. Sulter Amount You Owe ou have an amount on Line 31, but have an amount on Line 30 attract Line 30 from Line 34. This is a joint return, both you	ax refund debit Card prior to male otract Line 36 from add Lines 31 and and this amount is the amount your spous tate that I have expended.	card. I acknown king this electron Line 35. So d 34 or - is less than you owe. Se e must sign I	owledge I have reviewed to the company of the compa	wed the card inf	38	.00  ect, and complete. 5-2960		
b C c S 38 Amo Step 12 39 If you subt Step 13 Sign Here	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit() paper check.  Doubt to be credited forward. Sult account to be credited forward. Sult have an amount on Line 31, but have an amount on Line 30 at acct Line 30 from Line 34. This at If this is a joint return, both you Under penalties of perjury, I sult your signature  SYAM PRIYA RAM SAGAR GUPTA TAI	r r r r r r r r r r r r r r r r r r r	card. I acknown king this electron Line 35. Some Line 35.	owledge I have reviewed to the composition.  See instructions.  Line 34, e instructions.  Delow. return and, to the best mature	wed the card info	38	.00  ect, and complete. 5-2960 e number P02082703		
b [ c [2] 38 Amo Step 12 39 If you If you subtite Step 13 Sign Here Paid	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit Income Tar http://tax.illinois.gov/Debi	r r r r r r r r r r r r r r r r r r r	card. I acknown king this electron Line 35. Some Line 35.	owledge I have reviewed to the common own of the common own of the common own own own own own own own own own o	wed the card infi	38	.00  ect, and complete. 5-2960 e number		
b [ c	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit() paper check.  Dunt to be credited forward. Sult account You Owe ou have an amount on Line 31, but have an amount on Line 30 at act Line 30 from Line 34. This If this is a joint return, both you Under penalties of perjury, I sult your signature  SYAM PRIYA RAM SAGAR GUPTA TAI Print/Type paid preparer's name	r r r r r r r r r r r r r r r r r r r	card. I acknown king this electron Line 35. Second 34 or - is less than you owe. See must sign I carnined this Spouse's sign SYAM PRIYA R	owledge I have reviewed ion.  See instructions.  Line 34, e instructions.  Delow. return and, to the best hature  AM SAGAR GUPTA TALLAM r's signature	wed the card info t of my knowledge Date (mm/dd/yyyy) 03/12/2021 Date (mm/dd/yyyy)	38	.00  ect, and complete. 5-2960 e number P02082703 Paid Preparer's PTIN		
b [ c [2] 38 Amo Step 12 39 If you If you subtite Step 13 Sign Here Paid	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit Income Tar http://tax.illinois.gov/Debit Income Tar http://tax.illinois.gov/Debit Income Tar paper check.  Dunt to be credited forward. Sulformation of Line 31, and have an amount on Line 31, and have an amount on Line 30 at tract Line 30 from Line 34. This If this is a joint return, both you Under penalties of perjury, I so Under penalties of perjury, I so Your signature  SYAM PRIYA RAM SAGAR GUPTA TAI Print/Type paid preparer's name  Firm's name  GLOBAL	ax refund debit Card prior to male otract Line 36 from add Lines 31 and and this amount is the amount your spous tate that I have expected the common of the	card. I acknown king this electron Line 35. Some Line 35.	owledge I have reviewed to the cition.  See instructions.  Line 34, e instructions.  Delow. return and, to the best that the cition and the cition and the cition are the cition and the cition are the cition and the cition are the cition are the cition and the cition are the c	wed the card info t of my knowledg Date (mm/dd/yyyy) 03/12/2021 Date (mm/dd/yyyy)	38	.00  ect, and complete. 5-2960 e number P02082703 Paid Preparer's PTIN		
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b [ c 2 38 Amo Step 12 39 If you subto sub	Routing number Account number Account number Account number Illinois Individual Income Tar http://tax.illinois.gov/Debit Income Tar http://tax.illinois.gov/Debit Income Tar http://tax.illinois.gov/Debit Income Tar paper check.  Dunt to be credited forward. Sulformation of Line 31, and have an amount on Line 31, and have an amount on Line 30 at tract Line 30 from Line 34. This If this is a joint return, both you Under penalties of perjury, I so Under penalties of perjury, I so Your signature  SYAM PRIYA RAM SAGAR GUPTA TAI Print/Type paid preparer's name  Firm's name  GLOBAL	ax refund debit Card prior to male otract Line 36 from add Lines 31 and and this amount is the amount you and your spous tate that I have expected the complete of the complet	card. I acknown king this electron Line 35. Some Line 35.	owledge I have reviewed to the cition.  See instructions.  Line 34, e instructions.  Delow. return and, to the best that the cition and the cition and the cition are the cition and the cition are the cition and the cition are the cition are the cition and the cition are the c	wed the card info t of my knowledg Date (mm/dd/yyyy) 03/12/2021 Date (mm/dd/yyyy) Firm's FEIN	38	.00  ect, and complete.  5-2960 e number P02082703 Paid Preparer's PTIN 6 5-9522 e Department may		

ID: 3WM REV 03/02/21 PRO





#### Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

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

Use 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)

SAI KIRAI Your name a	 n Form IL-1040		0	2 5 cial Security n	67 umber		6 8		
Colum Form t	 Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, G ns, Compensation	Gross Illinoi	Columr s Wages, Win utions, Comp	ss Illi	Column E Illinois Income Tax Withheld		
1 <u>W</u>	 20-4971179	_ \$	105,694.00	<u> </u>	105,6	594 <b>•00</b>	\$	5,232 <b>•00</b>	
2		_ \$	•00	<u> </u>		<u>•00</u>	\$	<u>•00</u>	
3		- \$	•00	<u> </u>		<u>•00</u>	\$	<u>•00</u>	
4		_ \$	•00	<u> </u>		•00	\$	•00	
5		- \$	•00	<u>o</u> \$_		<u>•00</u>	\$	<u>•00</u>	

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

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

	lumn A rm type	Column B Employer/Payer Identification Number	Colui Federal Wages, V Distributions, Co		Co Illinois Wages Distributions,	Column E Illinois Income Tax Withheld		
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	<u>•00</u>
8			\$	<u>•00</u>	\$	<u>•00</u>	\$	•00
9	<		\$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>
10			\$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>

#### 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** \$ 5,232**.00** 

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





## **Illinois Department of Revenue**

ent of Revenue				_						_				
					S	ubmi	ssion	ı ID						

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<i>b</i>	(DO HOL IIIaII FOIIII I	·	ment of Revenue u	ınless it is requested for review.)
Step	1: Provide taxpayer inf SAI KIRAN	ormation SERI		0 2 5 - 6 7 - 6 8 2 1
		pouse's first name (and last name if differen	nt) Last name	Social Security number
Print	741 KIRKWOOD DR 4		,	, 
	Mailing address			Spouse's Social Security number
type	SPRINGFIELD	IL	62712	(979) 215-2960
	City	State	ZIP	Daytime phone number
Step	2: Complete information	on from tax return		
1 1	Net income from Form IL-10	40, Line 11		1 95,164   00
	Tax from Form IL-1040, Line			2 <u>4,711</u>   <u>00</u>
<b>3</b> I	llinois Income Tax withheld t	from Form IL-1040, Line 25 <b>only</b> (	enter "0" if none)	3 5,232 I <u>00</u>
4 (	Overpayment from Form IL-	1040, Line 35		4 521   00
5	Total amount due from Form	IL-1040, Line 39		5
6 F	Filing status: X Single	_ Married filing jointly Married	d filing separately\	Widowed Head of household
does within 7 F 8 4 9 1 10 E 11 E	not support international AC the United States or those in Routing no. (RN):	H transactions. IDOR will only perform transactions. IDOR will only perform transaction to the transaction of transaction of the transaction of th	orm direct transactions	ded within the electronic transmission. Illinois (e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
Step	4: Taxpayer declaration	and signature (Sign only after	er completing Step 2	and, if applicable, Step 3.)
	I consent that my refund	may be directly deposited as design	gnated in Step 3 and de	clare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
	withdrawal as designated	in the electronic portion of my 202 g of an electronic overpayment of t	20 Illinois Individual Inc	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ential information necessary to answer inquiries
×	I do not want direct depos	sit of my refund, or an electronic fu	inds withdrawal (direct o	debit) of my balance due.
origin and a been	ator (ERO) are identical. To a accompanying information ma accepted or rejected. If reject	the best of my knowledge, my retur ay be sent to IDOR by my ERO. I a	n is true, correct, and co uthorize IDOR to inform	nformation I provided to my electronic return omplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has n may be corrected and retransmitted if possible.
Sign	Your signature	Date	Spouse's signatu	re (if joint return, <b>both</b> must sign)  Date
Step I deci have	5: Electronic return ori are that I have examined th followed all requirements of	ginator (ERO) and paid prepais taxpayer's electronic Form IL-10	arer declaration and	- · · ·
			03/12/2021	_ Check if paid preparer: ☒ (See instructions.)
	ERO's signature		Date	(See instructions.)
<b></b>	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-e	mployed		Your PTIN
use only	2530 Pebble Creek	Ln		_ 3 0 - 1 0 1 7 1 9 6
Jilly	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

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

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

