Illinois Department of Revenue

2020 Form IL-1040

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

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

Step 1: Personal Information

1997

860-37-6106

JAYASURYA SIRIMALLA

704 FAIRMONT DR

OI TAIRMONI DR

BLOOMINGTON IL 61704 MONROE



	B C	Filing status: Single Married filing jointly Married filing separately Widowed Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
	D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident		
	_	p 2: Income		e dollars only)
	1 2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	1	73,570 <u>.00</u>
	3	Other additions. Attach Schedule M.	3	.00 .00
T	4	Total income. Add Lines 1 through 3.	4	73,570.00
		p 3: Base Income		100
re	5	Social Security benefits and certain retirement plan income		
he	•	received if included in Line 1. Attach Page 1 of federal return.	.00	
ns	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
orı		Schedule 1, Ln. 1. 6	.00	
Staple W-2 and 1099 forms here	7	Other subtractions. Attach Schedule M 7	.00	
60	_	Check if Line 7 includes any amount from Schedule 1299-C.	_	
d 1	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8 9	
an	9	Illinois base income. Subtract Line 8 from Line 4.	9	73,370.00
7-7		p 4: Exemptions		
7	10	a Enter the exemption amount for yourself and your spouse. See instructions.		
ple		b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00	
sta		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
0,		Attach Schedule IL-E/EIC.	0.00	
		Exemption allowance. Add Lines a through d.	10	2,325.00
T	Ste	p 5: Net Income and Tax		
-		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	JR 11	71,245.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		00
2		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,527.00
04	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
1-	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,527.00
7/ 1	Ste	p 6: Tax After Nonrefundable Credits		
nc	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
κô	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
ec		Attach Schedule ICR. 16	.00	
ch	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	0
'n		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0 <u>.00</u> 3,527 <u>.00</u>
8		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,341.00
Staple your check and IL-1040-V		p 7: Other Taxes	00	
ta	20	Household employment tax. See instructions.	20	.00
S	4 I	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.	21	0.00
\blacksquare	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
		Total Tax. Add Lines 19, 20, 21, and 22.	23	3,527.00
		Total Tax. 7 (B. 1907)		

Total Tax. Add Lines 19, 20, 21, and 22.

IL-1040 2D Front (R-12/20) This form is authorized as ou

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.





24 To	tal tax from Page 1,	Line 23.					24	3,527 <u>.00</u>		
Step 8:	Step 8: Payments and Refundable Credit									
25 Illino	ois Income Tax withh	neld. Attac ł	n Schedule IL-W	IT.		25	3,953.00			
26 Esti	mated payments fro	m Forms IL	-1040-ES and II	505-I,						
	uding any overpaym					26	.00			
	s-through withholdin					27	.00			
28 Earı	ned Income Credit fr	om Schedu	le IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC.	28	.00			
29 Tota	al payments and re	29	3,953 <u>.00</u>							
Step 9:	Total									
30 If Lir	ne 29 is greater than	Line 24, sub	otract Line 24 fror	n Line 29.			30	426.00		
31 If Lir	ne 24 is greater than	Line 29, sub	otract Line 29 fror	m Line 24.			31	.00		
Step 10	0: Underpayment	of Estima	ted Tax Penalt	y and Don	ations - Only com	plete Step 1	10 for late-payn	nent penalty		
for und	lerpayment of es	timated ta	ax or to make	a voluntar	y charitable donat	tion.				
	e-payment penalty fo					32	.00			
_	Check if at least tw				•					
_	_	-		-	ntly living in a nursing					
c L			received evenly	during the	ear and you annualiz	ed your incon	ne on Form IL-22	10.		
4 -	Attach Form IL-22		d to file on Illino	اميانيانيانيان	Incomo Toy return in	the provious t	tov voor			
_	_ Check if you were intary charitable dor	-			Income Tax return in	33	ax year. .00			
	al penalty and dona					აა	<u>.00</u> 34	.00		
	1: Refund	ations. Add	Lines of and or	J.				.00		
•		1: 00			1: 04 1: 11	. 046				
-			and this amount	is greater th	an Line 34, subtract L	line 34 from L	ine 30. 35	426.00		
	s is your overpayme		nded to you. Ch	ook ono ho	on Line 37. See instr	uotione	35 <u></u> 36	426.00		
	-		nded to you. Or	ieck Olie Doz	CON LINE 37. See INSU	uctions.	30	120.00		
_	oose to receive my r	-	- 1-4	l	a ala Alada da ass					
a ½	direct deposit - C			low if you cr						
	Rout	ting number	r 1 1 1 0	0 0 0	2 5 × Che	ecking or	Savings			
	Acco	ount numbe	r 5 8 6 0	3 8 2	0 4 6 2 2	$\Pi\Pi\Pi$				
L F								-1		
рL	http://tax.illinois http://tax.illinois	i income ia .gov/Debit(Card prior to ma	card. I ackr king this ele	owledge I have review ction.	wed the card i	information found	at		
с[paper check.			Ü						
38 Amo	ount to be credited fo	orward. Sul	btract Line 36 fro	m Line 35.	See instructions.		38	.00		
Step 12	2: Amount You O	we								
•	ou have an amount o		add Lings 31 an	d 34 - or -						
-					Line 34					
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										
	3: If this is a joint retu									
Step 1	•			•	return and, to the best	t of my knowle	dae it is true corr	ect and complete		
Sign	Triadi perianice di	i porjary, ro	tato triat i riavo o	tarriirioa triio	Totalii alia, to tilo bool	torrily itriowio	1	<u> </u>		
Here			_				` '	3-9822		
	Your signature		Date (mm/dd/yyyy)	Spouse's sig		Date (mm/dd/yyy				
Paid	SYAM PRIYA RAM SAGA		LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	04/19/202	21 Check if	P02082703		
Preparer	Print/Type paid prepa	rer's name		Paid prepare	r's signature	Date (mm/dd/yyy	yy) seir-employed	Paid Preparer's PTIN		
Use Only	Eirm's name		TAXES LLC			Firm's FEIN	→ 30101719	301017196		
	Firm's address	2530 Pebl	ole Creek LnC	umming	GA 30041	Firm's phone	(678) 96	5-9522		
Third					()		Check if the	ne Department may		
Party	5				discuss this return with the third					
Designee	Designee's name (ple	ease print)			Designee's phone num	ber	party design	ee shown in this step.		
	Defer to	tha 2020	II 1040 Ind	struction	s for the addre	oo to mail	l vour roturn			

AP_____ RR DC IR ID

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

DR_____





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)

Your name as shown	on Form IL-1040		Your Social Se	ecurity numb	er			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross is, Compensation, etc.	Illinois Wa Distributio	i III	Column E Illinois Income Tax Withheld		
W	27-4131205	\$	80,020 •00	\$	80,020 .00	\$	3,953 •0 0	
! <u></u>		\$	•00	\$	•00	\$	<u>•00</u>	
<u> </u>		\$	•00	\$	•00	\$	•00	
		\$	•00	\$	<u>•00</u>	\$	•00	
;		\$	•00	\$	•00	\$	•00	

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

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

3,953.00 11 \$

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





Illinois Department of Revenue

1					_								_							
	Submission ID																			

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<u>~</u>	(Do not mail Form		tment of Revenue ur	nless it is requested for review.)
Step	1: Provide taxpayer inf JAYASURYA		47777	8 6 0 _ 3 7 _ 6 1 0 6
		SIRIM pouse's first name (and last name if differen		
Print	704 FAIRMONT DR 2	pouse's mot name (and last name if differen	it) Last name	Social Security Humber
or	Mailing address			Spouse's Social Security number
type		T T	C1704	(737) 333-9822
	BLOOMINGTON	IL State	61704 ZIP	
	City		ZIP	Daytime phone number
	2: Complete information			54 04 5 1 50
	let income from Form IL-10	,		1
	ax from Form IL-1040, Line			2 3,527 00
		from Form IL-1040, Line 25 only (enter " 0 " if none)	3 3,953 00
	Overpayment from Form IL-			4 426 00
	otal amount due from Form			51_00_
6 F	filing status: X Single	_ Married filing jointly Married	d filing separately W	/idowed Head of household
within 7 F 8 A 9 T 10 E 11 E	the United States or those Routing no. (RN): $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ Account no. (AN): $\frac{5}{2}$ $\frac{8}{2}$ Checoute the payment is to be elements.	not funded by international funds. E 1 0 0 0 0 2 5 6 0 3 8 2 0 4 6	Electronic payments will r	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 afte	er completing Step 2	and, if applicable, Step 3.)
×	I consent that my refund correct. If I have filed a jo	nay be directly deposited as designate intreturn, this is an irrevocable ap	gnated in Step 3 and dec pointment of the other sp	clare the information on Lines 7 through 9 is bouse 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 Inco	gent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions itial information necessary to answer inquiries
	I do not want direct depos	sit of my refund, or an electronic fu	unds withdrawal (direct d	ebit) of my balance due.
origin and a	ator (ERO) are identical. To companying information m	the best of my knowledge, my retur ay be sent to IDOR by my ERO. I a	rn is true, correct, and co authorize IDOR to inform i	formation I provided to my electronic return mplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sign		Data	Chausa's signatur	e (if joint return, both must sign) Date
	Your signature	Date		
I decl	are that I have examined th followed all requirements of		040, the information on th	nis Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
	ERO's signature		Date	Check if paid preparer: X (See instructions.)
	GLOBAL TAXES LLC			
ERO	Firm's name or your name if self-e	mployed		$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{YOU} \frac{0}{PTIN} \frac{8}{YOU} \frac{2}{YOU} \frac{0}{YOU} \frac{3}{YOU}$
use	2530 Pebble Creek			3 0 - 1 0 1 7 1 9 6
only	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.

