

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: KRISHNA CHAITANYA
Last name: BOLIGIRLA
Your social security number: 684-33-9892
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
7650 MCCALUM BLVD
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
Dallas TX ZIP code 75252
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income tax table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1; Total income; Adjustments to income; Adjusted gross income; Standard deduction or itemized deductions; Qualified business income deduction; Taxable income.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	12,131.																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	12,131.																				
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	12,131.																				
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	12,131.																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a	12,129.																				
b	Form(s) 1099	25b																					
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d	12,129.																				
26	2020 estimated tax payments and amount applied from 2019 return	26																					
27	Earned income credit (EIC) NO	27																					
28	Additional child tax credit. Attach Schedule 8812	28																					
29	American opportunity credit from Form 8863, line 8	29																					
30	Recovery rebate credit. See instructions	30																					
31	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 25d, 26, and 32. These are your total payments ▶	33	12,129.																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																					
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a																					
Direct deposit? See instructions.	▶ b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	▶ d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36 Amount of line 34 you want applied to your 2021 estimated tax ▶	36																					
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now ▶	37	2.																				
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.																						
	38 Estimated tax penalty (see instructions) ▶	38																					

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ **Yes.** Complete below. **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ _____

Phone no. (409) 728-5019 Email address CHAITUKRISHNA713@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/29/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ GLOBAL TAXES LLC	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN ▶ 30-1017196

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 04/06/21 PRO

684-33-9892

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2021.

\$ 115.00
Payment amount

KRISHNA CHAITANYA BOLIGIRLA
7650 MCCALUM BLVD
Dallas TX 75252

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 684339892 3 02151209 4 000011500



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

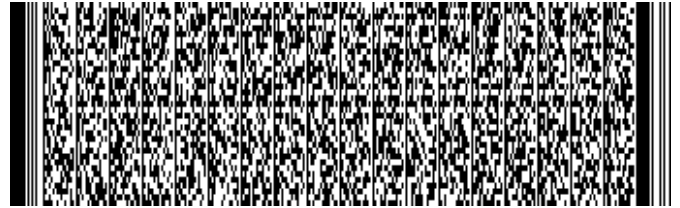
1992

684-33-9892

KRISHNA CHAITANYA BOLIGIRLA

7650 MCCALUM BLVD

Dallas TX 75252



- 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)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 86,691.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 86,691.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 86,691.00

Step 4: Exemptions

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

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	11 84,366.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12 4,176.00
13 Nonresidents and part-year residents: Enter the tax from Schedule NR.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 4,176.00

Step 6: Tax After Nonrefundable Credits

15 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. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 4,176.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 4,176.00

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 4,176.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 4,061.00
 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 4,061.00

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. 31 115.00

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. 39 115.00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	(409) 728-5019
	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM	09/29/2021	<input type="checkbox"/> Check if self-employed P02082703
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Paid Preparer's PTIN
	Firm's name	GLOBAL TAXES LLC		Firm's FEIN	301017196
	Firm's address	2530 Pebble Creek LnCumming GA 30041		Firm's phone	(678) 965-9522
Third Party Designee	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.



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)

KRISHNA CHAITANYA BOLIGIRLA

Your name as shown on Form IL-1040

6 8 4 - 3 3 - 9 8 9 2
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	76-0615704	\$ 86,691.00	\$ 86,691.00	\$ 4,061.00
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 Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,061.00

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



Illinois Department of Revenue

Submission ID boxes

Submission ID

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

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

Step 1: Provide taxpayer information

Form fields for Step 1: KRISHNA CHAITANYA, BOLIGIRLA, Social Security number 684-33-9892, Mailing address 7650 MCCALUM BLVD, Dallas TX 75252, Spouse's Social Security number (409) 728-5019, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11 84,366.00; 2 Tax from Form IL-1040, Line 14 4,176.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only 4,061.00; 4 Overpayment from Form IL-1040, Line 35; 5 Total amount due from Form IL-1040, Line 39 115.00; 6 Filing status: X Single.

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.

Form fields for Step 3: 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; 12 Name on account.

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

- 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.

Form fields for Step 5: ERO's signature, Date 09/29/2021, Firm's name GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming GA 30041, Check if paid preparer: X, Your PTIN P 02082703, Federal employer identification number (FEIN) 30-1017196, Daytime phone number (678) 965-9522.

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.

