Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Period the child's name if the qualifying midow(er) (QW) Your first name and middle initial Last name Your social security number RIANDIEER SURRAM 142-25-9934 MONTRIA REDDY TETALA MONTRIA REDDY TETALA MONTRIA REDDY TETALA MONTRIA REDDY TETALA Obwer, or poat office. If you have a foreign address, also complete spaces below. State ZIP code City, or or office. If you have a foreign address, also complete spaces below. IL 60515 boose of filing (phility, want 33 to a to this fund. Checking a to below will not change DOWNERS Semeone can claim: You as a dependent You: You: No Semeone can claim: You as a dependent You: You: No You: No Semeone can claim: You as a dependent You: Spouse Chid tax credit for deter dependent You: </th <th>1040</th> <th></th> <th>artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax</th> <th></th> <th>(99)</th> <th>2020</th> <th>OMB No.</th> <th>1545-00</th> <th>174 IRS Use</th> <th>e Only</th> <th>—Do not w</th> <th>rite or staple</th> <th>in this space.</th>	1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		(99)	2020	OMB No.	1545-00	174 IRS Use	e Only	—Do not w	rite or staple	in this space.
RANADHEER SURAM 142-25-9934 If join teatrn, spoule's first name and middle initial Last name Spouse's social security number MONIKA REDDY TETALA 963-91-6686 Home address (number and street). If you have a foreign address, also complete spaces below. Apt. no. Presidential Election Campaign Check here if you, any sour spouse if fing jointy, want S3 to go to This fund. Checking a tog to This fund. Checking a tog to This fund. Checking a box below will not change your tex or refund. Foreign country name Foreign province/state/country Foreign postal code your tex or refund. Standard Deduction Someone can claim: You as a dependent You repouse as a dependent You for your Check here if you tex or refund. Age/Bindness You: Were born before January 2, 1956 Are blind Spouse: No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness You: Wes born before January 2, 1956 Is blind Dependents tan four dependents, see instructions: (2) Social security (3) Relationship to you (4) If gualifies for (see instructions): 1 156, 681. If more than four dependents, see instructions 1 Datable interest 1 2b If more than four dependents, see instructions	Check only	lf yo	u checked the MFS box, enter the n	ame of						,		, ,	. , . ,
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your stop of othics. If you have a foreign address, also complete spaces below. State ZIP code foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code you is xor your stop of thiss. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You spouse Dependents (see instructions): (You before January 2, 1956 Are blind Spouse: Wallies for cee instructions): (I) First name Last name number (a) Periadile interest 2b Chaid ta credit (I) First name Last name a b Taxable amount 4b 5b Standard Qualified dividends 3a b Taxable amount 6b 5b Standard A Tax-exempt interest 2a b Taxable amount 6b 5b Stand	If joint return, s	pouse's	first name and middle initial	Last na	me						Spouse's	s social se	curity number
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Curry, Curry, Curry, Curry, Campa State 2P dode to go to this fund, checking a DOWNERS, GROVE IL 60515 box below will not change Foreign country name Foreign province/state/county Foreign postal code Val Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction 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 Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies for (see instructions): Credit for other dependents and check in are and check in act and in assa in b taxable amount in assa see instructions in a fact dividends in a fact dividends in assa in assa in assa Standard De acustrity benefits in a fact dividends in assa in assa in assa <t< td=""><td></td><td></td><td></td><td>instructi</td><td>ons.</td><td></td><td></td><td></td><td>Apt. no.</td><td></td><td>Check h</td><td>ere if you,</td><td>or your</td></t<>				instructi	ons.				Apt. no.		Check h	ere if you,	or your
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dependents, see instructions Image: See instructio	If more	(1) F	irst name Last name		nu	mber	toy	/ou	Child	tax cr	redit	Credit for ot	her dependents
see instructions and check here b Attach Sch. B if required. 3a Qualified dividends 4a IRA distributions 4a IRA distributions 5a Pensions and annuities 5a Standard Deduction for 6a Social security benefits 6a Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 10b 10b 11 10c 10a 10b 11 12 13 14 14 24,800.													
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	Standard	13	Qualified business income deduction	ion. Atta	ach Form 89	95 or Forr	n 8995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
		15	Taxable income. Subtract line 14	from lin	e 11. If zero	o or less, e	nter -0				. 15	1	31,881.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	i(s): 1 🗌 881	4 2 4972	3			16	20,594.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	20,594.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	20,594.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	20,594.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	22	,486.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c	:			
	d	Add lines 25a through 25c							25d	22,486.
If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30		866.		
	31	Amount from Schedule 3, lin	e13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refun	dable c	redits	. 🕨	32	866.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	23,352.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid		34	2,758.
neruna	35a	Amount of line 34 you want			is attached, ch	eck her	e		35a	2,758.
Direct deposit?	►b	Routing number 0 1 1			► c Type:		king 🗌 S	Savings		
See instructions.	►d	Account number 3 8 5	0 1 2 5	5 5 3 1	L 0					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may n	ot represent al	l of the	taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	structions) .		🕨	38				
Third Party		you want to allow another					_			_
Designee	ins	tructions				. 🕨	Yes. Co	•		× No
		signee's		Phone				onal ident		
<u></u>		ne 🕨		no. 🕨				per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			1		nt you an Identity
				2410				Pro	tection P	IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER	(see	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occup	ation				nt your spouse an
your records.	,			HOME MAKER				inst.) 🕨	ection PIN, enter it here	
	Dh	(620)200 400	1	Email addraga			OMATE CO			
		one no. (630)300-4823 eparer's name	Preparer's signat	Email address	RANADHEER.	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדיא דיאדיא			P0208	2702	Self-employed
Preparer				NADAG IMAN	GUFIA IALLA		UZ/ZUZI			678)965-9522
Use Only		n's name ► GLOBAL TAX n's address ► 2530 Pebbl		n Cummin	A CJ 20041	1				
					-				n's EIN ▶	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE'	V 05/29/21 PRO			Form 1040 (2020)

BAA



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

		1989	
142-25-9934	963-91-6686	1991	
RANADHEER	SURAM		
MONIKA REDDY	TETALA	A	
2346 OLD GEORGE	E WAY		
DOWNERS GROVE	IL 60515	5	DUPAGE



	В	Filing status: Single X Married filing jointly Married filing separately Widowed H		
	С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
	D	Check the box if this applies to you during 2020: UN Nonresident - Attach Sch. NR UP art-year resid		
	Ste	p 2: Income	(Who	ole dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	156,681 <u>.00</u>
	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	156,681 <u>.00</u>
Ø	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	
ü	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	00	
fo	7	Schedule 1, Ln. 1.6Other subtractions. Attach Schedule M.7	<u> </u>	
66	1	Check if Line 7 includes any amount from Schedule 1299-C.	.00	
10	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
pu	9	Illinois base income. Subtract Line 8 from Line 4.	9	156,681.00
Staple W-2 and 1099 forms here	Ste	p 4: Exemptions		
ž	10		650.00	
le		b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
ap		c Check if legally blind: Vou + Spouse # of checkboxes X \$1,000 = c		
St		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	4 650
		Exemption allowance. Add Lines a through d.	10	4,650.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		1 - 0 0 0 1
	40	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sched	ule NR. 11	152,031 <u>.00</u>
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	10	7 526 00
6	13	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	7,526.00
10	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	13	.00 7,526.00
Ę		p 6: Tax After Nonrefundable Credits		77520.00
D	5ie 15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
ar	16	······································	.00	
ŠČ	10	Attach Schedule ICR. 16	.00	
ж	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
гc	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
your check and IL-1040-V		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	7,526 _{.00}
e	Ste	p 7: Other Taxes		
Stapi	20	Household employment tax. See instructions.	20	.00
St	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 surcharge		.00
		Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In-	23	7,526.00
		IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		

Failure to provide information could result in a penalty.



24 Tot	tal tax from Page 1	, Line 23.					24	7,526.00		
Step 8:	Payments and I	Refundabl	e Credit							
25 Illino	ois Income Tax with	held. Attacl	h Schedule IL-W	IT.		25 7,6	541 <u>.00</u>			
26 Esti	mated payments fro	om Forms IL	-1040-ES and II	505-I,						
inclu	uding any overpayn	nent applied	l from a prior yea	ır return.		26	.00			
	s-through withholdir	27	.00							
	ned Income Credit f	. 28	.00							
	29 Total payments and refundable credit . Add Lines 25 through 28. 29 7,641.00									
Step 9:										
	ne 29 is greater than						30	115.00		
	31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 0									
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty										
					y charitable dona					
	2 Late-payment penalty for underpayment of estimated tax. 32									
	Check if at least t				•					
		•		•	ntly living in a nursing			0		
сГ	Attach Form IL-2		received eveniy	auring the y	ear and you annualiz	zed your income or	1 Form IL-221	0.		
d L		-	d to filo on Illino	ic Individual	Income Tax return in	the provious tax w	oar			
	Intary charitable do	-				33				
	al penalty and don					00	<u></u> 34	.00		
Step 11: Refund35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.										
-	s is your overpaym		and this amount	is greater the	an Line 34, Subtract I	Line 34 from Line 3	30. 35	115.00		
				back one boy	on Line 37. See inst	ructions	35 <u></u> 36	115.00		
	-						00	110.00		
	 37 I choose to receive my refund by a X direct deposit - Complete the information below if you check this box. 									
a 🛛	direct deposit - (Complete th	le information be							
	Rou	iting numbe	r 0 1 1 9	0 0 2	5 4 × Ch	ecking or Savi	ngs			
	Acc	ount numbe	er 3 8 5 0	125	5 5 3 1 0					
ь Г				a second distant of		and the second inform				
DL	http://tax.illinois	al income la s.gov/Debit	Card prior to ma	king this electron	owledge I have revie ction.	wed the card inform	nation found a	I		
с[paper check.	•	·	U						
38 Amo	ount to be credited	forward. Su	btract Line 36 fro	om Line 35. S	See instructions.		38	.00		
Step 12	2: Amount You O	we								
•	ou have an amount		add Lines 31 an	d 34 - or -						
-	bu have an amount				l ine 34					
	tract Line 30 from L						39	.00		
			-							
Step 1	3: If this is a joint ret				pelow. return and, to the bes	t of my knowlodge	it is true sorro	at and complete		
0:000		or perjury, i s	lale mai mave e	carnineu triis	return and, to the bes	t of my knowledge,		-		
Sign Here							(630) 300	-4821		
	Your signature		Date (mm/dd/yyyy)	Spouse's sigr	nature	Date (mm/dd/yyyy)	Daytime phone	number		
Deid	SYAM PRIYA RAM SAG	SAR GUPTA TAI	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	07/02/2021	Check if	P02082703		
Paid Preparer	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)				self-employed	Paid Preparer's PTIN				
Use Only	Firm's name	s name GLOBAL TAXES LLC Firm's FEIN			Firm's FEIN	301017196				
coc only	Firm's address				(678) 965-9522					
Third		-			()		Check if the Department may			
Party							discuss this return with the third			
Designee	Designee's name (p	lease print)			Designee's phone num	iber	party designee	e shown in this step.		

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

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

REV 04/06/21 PRO

RR DC IR ID



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	Ι							
1099-R	R	1042-S	S							
1099-G	G	1099-B	В							
1099-MISC	1099-MISC M		К							
1099-OID	0	1099-NEC	Ν							

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

RANADHEER SURAM Your name as shown on Form	IL-1040		4 <u>2</u> cial Sec	curity numl	2 <u>5</u> ber		9	9	3	4	
	Column B Employer/Payer ntification Number	Federal Wag	olumn C ges, Winnings, (s, Compensatio		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1 <u> </u>	48-1304650	\$	156,681•0	0	\$	156,	<u>681.00</u>	9	\$	7,64	1.00
2		\$	•0	0	\$		•00	\$	S		•00
3		\$	•0	0	\$		•00	\$	\$		•00
4		\$	•0	0	\$		•00	\$	\$		•00
5		\$	•0	00	\$		•00	\$	\$		•00

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

MONIKA REDDY TETALA	9 (6	3	_ 9	1	 6	6	8	б
Your spouse's name as shown on Form IL-1040	Your spo	use's	Social	Security	number				

Column A Form type			u mn C , Winnings, Gross Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E nois Income ax 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.

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

35	Illinois Department of Rev	enue 🗌								
S	2020 IL-8453 Illinois	Individual		Submission ID Stronic Filing Declaration						
Z	(Do not mail Form IL-8453 to the			•						
Ste	p 1: Provide taxpayer information	•								
	RANADHEER MONIKA REDDY			<u>1 4 2 _ 2 5 _ 9 9 3 4</u>						
Drin	First name and middle initial Spouse's first name (and last name if differ	rent) Last name	Social Security number						
	Mailing address			9 6 3 - 9 1 - 6 6 8 6 Spouse's Social Security number						
τγρε	DOWNERS GROVE	IL	60515	(630) 300-4821						
	City	State	ZIP	Daytime phone number						
Ste	p 2: Complete information from tax re	turn								
	Net income from Form IL-1040, Line 11	turri		1 152,0311 00						
	Tax from Form IL-1040, Line 14			2 7,526 0						
	Illinois Income Tax withheld from Form IL-10	40, Line 25 only	(enter " 0 " if none)	3 7,641 <u>00</u>						
	Overpayment from Form IL-1040, Line 35			4 <u>115</u> 00						
	Total amount due from Form IL-1040, Line 3			51_00_						
6	Filing status: Single X Married filing	jointly Marri	ed filing separately Wic	lowed Head of household						
	p 3: Complete direct deposit of refund									
				within the electronic transmission. Illinois						
				g., debit, deposit) with financial institutions located to accepted and refunds will be via paper check.						
7	Routing no. (RN): $\begin{array}{c} 0 \\ 1 \\ 1 \\ 1 \\ 1 \\ 9 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$	2 5 4	. Liectronic payments will not	t be accepted and reidinds will be via paper check.						
	Date the payment is to be electronically with	-	/							
	Electronic funds withdrawal amount:									
	Name on account:									
Ster	o 4: Taxpayer declaration and signatur	e (Sign only af	ter completing Step 2 ar	nd, if applicable, Step 3.)						
_		deposited as des	signated in Step 3 and decla	re the information on Lines 7 through 9 is						
Г										
L	I authorize the Illinois Department of Rev withdrawal as designated in the electronic			e Tax return. I authorize the financial institutions						
		c overpayment o		al information necessary to answer inquiries						
Γ	I do not want direct deposit of my refund,	or an electronic	funds withdrawal (direct deb	pit) of my balance due.						
	er penalties of perjury, I declare the informatic									
				plete. I consent that my return, this declaration, y ERO and/or the transmitter when my return has						
				hay be corrected and retransmitted if possible.						
		,								
Sig	r e Your signature	Date	Spouse's signature (if joint return, both must sign) Date						
	p 5: Electronic return originator (ERO) and paid pre		· • ·						
				Form IL-8453, and accompanying information.						
			r penalties of perjury, that to	the best of my knowledge the taxpayer's return						
and	accompanying information are true, correct,	and complete.								
			07/02/2021	Check if paid preparer: 🔀 (See instructions.)						
	ERO's signature		Date							
ERC	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{\text{our}}PTIN} \frac{0}{2} \frac{0}{2} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{2} \frac{3}{3}$						
use	2530 Pebble Creek Ln									
only	Mailing address			<u>3</u> 0 – <u>1</u> 0 <u>1</u> 7 <u>1</u> 9 <u>6</u> Federal employer identification number (FEIN)						
	Cumming	GA	30041	(678) 965-9522						
	City	State	ZIP	Daytime phone number						

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

