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

1996

682-13-9884

SRIRAM

JASTI

528 METROPOLITAN ST

60502 DUPAGE AURORA ΙL



	AUI	CORA II 00302 DUFAGE		
	B C D	Filing status: Single Married filing jointly Married filing separately Widowed Head Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	Spouse at - Attach	Sch. NR
	Ste	p 2: Income	(Who	le dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	54,701 _{.00}
_	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
L	3	Other additions. Attach Schedule M.	3	.00
	4	Total income . Add Lines 1 through 3.	4	54,701 <u>.00</u>
	Ste	p 3: Base Income		
re	5	Social Security benefits and certain retirement plan income		
he		received if included in Line 1. Attach Page 1 of federal return.	.00	
75	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
Ĭ	•	Schedule 1, Ln. 1. 6	.00	
5	7	Other subtractions. Attach Schedule M.	.00	
99	•	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
ρL	9	Illinois base income. Subtract Line 8 from Line 4.	9	54,701.00
Staple W-2 and 1099 forms here	Sto	p 4: Exemptions		
7-2			25.00	
6	10	a Enter the exemption amount for yourself and your spouse. See instructions. a 2,32 b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b		
þ		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c		
sta		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
U)			0.00	
•		Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines a through d.	<u></u> 10	2,325.00
4	<u> </u>	·	10	2,323.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		EO 256
	40	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	52,376 <u>.00</u>
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	40	0 502
ģ	40	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	2,593.00
9	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
Ē		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	2,593.00
9	Ste	p 6: Tax After Nonrefundable Credits		
JI.	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.		
ec		Attach Schedule ICR. 16	.00	
c		Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
Ħ		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
9	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	2,593.00
Staple your check and IL-1040-V	Ste	p 7: Other Taxes		
de		Household employment tax. See instructions.	20	.00
St	21			
_		in the instructions. Do not leave blank.	21	0.00
	00		00	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 Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.



22

23

.00 2,593.00



24	Total tax from Page 1,	Line 23.						24	2,593.00	
Step	8: Payments and R	Refundabl	e Credit							
25 Illi	inois Income Tax withh	neld. Attacl	Schedule IL-W	IT.		25	3,072	00		
26 Es	stimated payments fro	m Forms IL	-1040-ES and II	505-I,						
	cluding any overpaym					26		.00		
	ass-through withholding					27		00		
28 Ea	arned Income Credit fr	om Schedu	le IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC	. 28		00		
29 To	otal payments and re	fundable o	redit. Add Lines	25 through	28.			29	3,072 <u>.00</u>	
Step	9: Total									
30 If	Line 29 is greater than	Line 24, sul	otract Line 24 from	m Line 29.				30	479.00	
31 If	Line 24 is greater than	Line 29, sul	otract Line 29 fro	m Line 24.				31	.00	
Step	10: Underpayment	of Estima	ted Tax Penalt	y and Don	ations - Only com	plete Step	10 for la	te-paym	ent penalty	
for ur	nderpayment of es	timated ta	ax or to make	a voluntar	y charitable dona	tion.				
32 La	ate-payment penalty fo	or underpay	ment of estimate	ed tax.		32		<u>00</u>		
а	☐ Check if at least tv	wo-thirds of	your federal gro	ss income is	s from farming.					
b	☐ Check if you or yo	ur spouse a	are 65 or older a	nd permane	ntly living in a nursing	g home.				
С	☐ Check if your incor		received evenly	during the	ear and you annualiz	zed your inco	me on For	m IL-221	0.	
	Attach Form IL-22									
	Check if you were	-			Income Tax return in	-	-			
	oluntary charitable dor					33		00	0.0	
	otal penalty and dona	ations. Add	Lines 32 and 3	3.				34	.00	
•	11: Refund									
	you have an amount c		and this amount	is greater th	an Line 34, subtract l	ine 34 from	Line 30.			
	This is your overpayment .							35	479.00	
36 Ar	mount from Line 35 you	u want refu	nded to you. Ch	neck one box	con Line 37. See insti	ructions.		36	479.00	
	choose to receive my r	-								
а	☑ direct deposit - C	Complete th	e information be	low if you ch	neck this box.					
	Routing number 0 5 1 0 0 0 0 1 7 × Checking or Savings									
	Account number 4 3 5 0 4 3 6 6 6 8 8 5									
b	☐ Illinois Individual	I Income Ta	ax refund debit	card. I ackr	owledge I have revie	wed the card	information	n found	at	
•	http://tax.illinois.	.gov/Debitt	Jaru prior to ma	king this ele	Cuon.					
	mount to be credited for	orward Sul	otract Line 26 fro	om Lino 25	Saa instructions			38	.00	
			otract Line 30 iid	JIII LIIIE 33.	See mshuchons.				.00	
•	12: Amount You Ov									
	you have an amount o									
	you have an amount o									
SU	ubtract Line 30 from Li	ne 34. This	is the amount y	ou owe . Se	e instructions.			39	.00	
Step	13: If this is a joint retu	-	•	_						
	Under penalties of	f perjury, I s	tate that I have ex	kamined this	return and, to the bes	t of my knowle	edge, it is t	rue, corre	ect, and complete.	
Sign							(57	71) 315	5-6606	
Here	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yy	vv) Davt	time phone	e number	
	-	RAPPANA			IKUMARAPPANA	04/23/20:	-		P02090332	
Paid		RVSSMANIKUMARAPPANA Print/Type paid preparer's name		Paid prepare		Date (mm/dd/yy				
Prepare	Firm's name		TAXES LLC							
Use Onl	Only —		ole Creek LnC					301017196 (646) 727-7157		
Third	Firm's address	ZJJU PEDI	TE CIEEK THE		GW 2004T	Firm's phone	È			
Party					()				e Department may eturn with the third	
Designe	Designee's name (ple	ease print)			Designee's phone num					
			11 1040 1		s for the addre					
	Keter to 1	ine ZUZL	ı 11 - 111411 INS	struction	s ior the addre	ss in mai	ı vour l	rerurn.		

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

ID: 3WM

REV 03/17/21 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-2 W		D		
W-2G	W-2G WG		I		
1099-R R 1099-G G 1099-MISC M 1099-OID O		1042-S	S		
		1099-B	В		
		1099-K	K		
		1099-NEC	N		

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

SR	IRAM JASTI			6	8 2	<u> </u>	1 3	9	8	8	4
Yo	ur name as shown	on Form IL-1040	Your Sc	Your Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	column C ges, Winnings, s, Compensatio				D lings, Gross ensation, etc	IIIi	column nois Inco ax Withh	ome
1	W	98-0429806 000 6	_ \$	64,386	00	\$	64,3	86 •00	\$	3,0	72 •00
2			- \$	•0	00	\$		<u>•00</u>	\$		<u>•00</u>
3			- \$	•0	00	\$		<u>•00</u>	\$		<u>•00</u>
4			- \$	•0	00	\$		<u>•00</u>	\$		<u>•00</u>
5			_ \$	<u>•</u> 0	00	\$		<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

Column A Form type		Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross compensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, etc.	Column E Illinois Income Tax Withheld	
6			_ \$	•00	\$	•00	\$	<u>•00</u>
7			_ \$	•00	\$	•00	\$	<u>•00</u>
8			- \$	•00	\$	<u>•00</u>	\$	<u>•00</u>
9			_ \$	•00	\$	•00	\$	<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 \$ 3,072**.00**

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





Illinois Department of Revenue

nt of Revenue Submission ID - Submission ID

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	`	·	tment of Revenue u	nless it is requested for review.)
Step	1: Provide taxpayer info	ormation JAST.	т	6 8 2 _ 1 3 _ 9 8 8 4
		ouse's first name (and last name if differe		Social Security number
Prin	t 528 METROPOLITAN ST		,	·
	Mailing address			Spouse's Social Security number
-,	AURORA	IL	60502	(571) 315-6606
	City	State	ZIP	Daytime phone number
Ster	2: Complete information	n from tax return		
	Net income from Form IL-104			152,376 <u>00</u>
	Tax from Form IL-1040, Line			2 2,593 _00
		om Form IL-1040, Line 25 only	enter "0" if none)	3 3,072 _00 _
	Overpayment from Form IL-1			4 4791_ 00 _
	Total amount due from Form			5I <u>00</u>
6	Filing status: $oldsymbol{X}$ Single $oldsymbol{Z}$	Married filing jointly Marrie	d filing separately V	Vidowed Head of household
within 7 8 / 9 10 11	Type of account: $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or those note that $\frac{1}{2}$ and $\frac{1}{2}$ the United States or the United States	ot funded by international funds. 0 0 0 0 1 7 5 0 4 3 6 6 6 8 8 8 8 8 8 8 8 8	Electronic payments will r	e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
		and signature (Sign only aft	or completing Step 2	and if applicable Stop 2 \
Siep	I consent that my refund m	nay be directly deposited as design	gnated in Step 3 and dec	clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designated	in the electronic portion of my 20 of an electronic overpayment of	20 Illinois Individual Inco	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
Г	I do not want direct deposi	it of my refund, or an electronic f	unds withdrawal (direct d	lebit) of my balance due.
origir and a	nator (ERO) are identical. To the accompanying information ma	ne best of my knowledge, my retu y be sent to IDOR by my ERO. I a	rn is true, correct, and co authorize IDOR to inform	Information I provided to my electronic return mplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has a may be corrected and retransmitted if possible.
Sign	1	<u>_</u>		
	Your signature	Date		re (if joint return, both must sign) Date
I dec have	lare that I have examined this followed all requirements of		040, the information on t penalties of perjury, that	signature his Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
	EBO's signature		04/23/2021	Check if paid preparer: (See instructions.)
	ERO's signature		Date	D 0 0 0 0 0 0 0
ERO	GLOBAL TAXES LLC Firm's name or your name if self-em	nploved		$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{Y_{OUT}} \frac{0}{PTIN} \frac{9}{Y_{OUT}} \frac{0}{Y_{OUT}} \frac{3}{Y_{OUT}} \frac{3}{Y$
use	2530 Pebble Creek I			
only	Mailing address			3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
	Cumming	C A	0.0044	
	Cullilling	GA	30041	(646) 727-7157

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.

