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

1982

397-29-0754 177-90-9267 1987

VEERA R DATLA

BHARATHI BODDU

907 HOBSON DRIVE

BUFFALO GROVE IL 60089 OGLE



	В	Filing status: Single Married filing jointly Married filing separately Widowed Head	of househ	old				
	С	Check If someone can claim you, or your spouse if <u>filling</u> jointly, as a dependent. See in <u>structions</u> . \square You						
		Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident						
		o 2: Income	,	195,146.00				
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 2					
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M.	3	.00				
	4	Total income. Add Lines 1 through 3.	3	195,146.00				
	_	·		1737110.00				
נו		3: Base Income						
Į.	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5	.00					
2	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	00					
	0	Schedule 1, Ln. 1.	.00					
2	7	Other subtractions. Attach Schedule M. 7 10,00	0 00					
3	•	Check if Line 7 includes any amount from Schedule 1299-C.	00					
2	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	10,000.00				
•	9	Illinois base income. Subtract Line 8 from Line 4.	9	185,146.00				
2	Ste	o 4: Exemptions						
1.		a Enter the exemption amount for yourself and your spouse. See instructions. a 4,65	0.00					
ש		b Check if 65 or older:	.00					
2		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00					
ร้		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.						
		Attach Schedule IL-E/EIC. d 2,32	5.00					
		Exemption allowance. Add Lines a through d.	10	6,975 <u>.00</u>				
	Ste	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	NR. 11 _	178,171 _{.00}				
_	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.						
5		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	8,819.00				
•		Recapture of investment tax credits. Attach Schedule 4255.	13	.00				
1 .		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	8,819.00				
3		6: Tax After Nonrefundable Credits	_					
7		Income tax paid to another state while an Illinois resident. Attach Schedule CR. 151,68	3.00					
ξ	16	Property tax and K-12 education expense credit amount from Schedule ICR.						
ב ב	4-	Attach Schedule ICR. 16	.00					
,		Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	1,683.00				
3		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	7,136.00				
_			I 为	7,130.00				
-		o 7: Other Taxes	00	00				
3		Household employment tax. See instructions.	20	.00				
j	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				
7	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.

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.



7,136,00

23



24 To	tal tax from Page 1, Lir	ne 23.				24	7,136.00
Step 8:	: Payments and Ref	fundable Credit					
25 Illino	ois Income Tax withhel	ld. Attach Schedule IL-W	IT.		25	7,514.00	
26 Esti	imated payments from	Forms IL-1040-ES and IL	₋-505-I,				
		nt applied from a prior yea			26	.00	
		Attach Schedule K-1-P or			27	.00	
28 Ear	ned Income Credit from	n Schedule IL-E/EIC, Step	4, Line 8. Atta	ach Schedule IL-E/EIC.	28	.00	
29 Tota	al payments and refu	ındable credit. Add Lines	25 through 2	8.		29	7,514.00
Step 9:	: Total						
	•	ne 24, subtract Line 24 fron				30	378.00
31 If Lir	ne 24 is greater than Lir	ne 29, subtract Line 29 fror	n Line 24.			31	.00
•		Estimated Tax Penalt	•			10 for late-paym	ent penalty
	• •	mated tax or to make	-	Charitable donat		00	
		underpayment of estimate -thirds of your federal gro		irom forming	32	.00	
_		spouse are 65 or older a		•	ı home		
_		e was not received evenly	-			me on Form II -221	0
٥	Attach Form IL-2210	•	during the ye	ar and you armaanz	ca your moo	1110 0111 01111 12 22	0.
dГ		ot required to file an Illinoi	s Individual Ir	ncome Tax return in	the previous	tax year.	
_		tions. Attach Schedule G.			33	.00	
34 Tota	al penalty and donation	ons. Add Lines 32 and 33	3.			34	.00
Step 11	1: Refund						
35 If yo	ou have an amount on	Line 30 and this amount i	is greater thai	n Line 34, subtract L	ine 34 from	Line 30.	
-	s is your overpayment		Ü	,		35	378.00
36 Amo	ount from Line 35 you v	want refunded to you . Ch	eck one box	on Line 37. See instr	uctions.	36	378.00
37 I ch	oose to receive my ref	fund by					
_		mplete the information be	low if you che	ck this box.			
	Routing	g number 0 7 5 0	0 0 0	1 9 × Che	ecking or	Savings	
		` H				T Cavings	
	Accour	nt number 7 8 2 9	1 0 1	2 9			
b [Illinois Individual Ir http://tax.illinois.go	ncome Tax refund debit ov/DebitCard prior to mal	card. I ackno	wledge I have reviev ion.	ved the card	information found	at
c [☐ paper check.	,	J				
38 Amo	ount to be credited forv	ward. Subtract Line 36 fro	m Line 35. Se	ee instructions.		38	.00
Step 12	2: Amount You Owe	9					
•			d 3/1 - or -				
39 If you have an amount on Line 31, add Lines 31 and 34 or -							
-	ou have an amount on	TIME 30 AND THIS AMOUNT I	is iess than i i	HE 34			
If yo	ou have an amount on tract Line 30 from Line					39	.00
If yo	tract Line 30 from Line	e 34. This is the amount y	ou owe. See	instructions.		39	.00
If yo	tract Line 30 from Line 3: If this is a joint return		ou owe. See e must sign be	instructions.	of my knowle		
Step 1:	tract Line 30 from Line 3: If this is a joint return	e 34. This is the amount y n, both you and your spous	ou owe. See e must sign be	instructions.	of my knowl	edge, it is true, corre	
If you subtract the Step 13	tract Line 30 from Line 3: If this is a joint return	e 34. This is the amount y n, both you and your spous perjury, I state that I have ex	ou owe. See e must sign be	instructions. elow. eturn and, to the best	of my knowl	edge, it is true, corre	ect, and complete.
Step 1:	tract Line 30 from Line 3: If this is a joint return Under penalties of po	e 34. This is the amount y n, both you and your spous perjury, I state that I have ex Date (mm/dd/yyyy)	e must sign be camined this re Spouse's signa	instructions. elow. eturn and, to the best		edge, it is true, corre (920) 562 yyy) Daytime phone 21 Check if	ect, and complete. 2-9994 e number P02082703
Step 1: Sign Here	tract Line 30 from Line 3: If this is a joint return Under penalties of portion of port	e 34. This is the amount y n, both you and your spouserjury, I state that I have ex Date (mm/dd/yyyy)	e must sign be camined this re Spouse's signa	instructions. elow. eturn and, to the best ture I SAGAR GUPTA TALLAM	Date (mm/dd/yy	edge, it is true, corre (920) 562 yyy) Daytime phone 21 Check if	ect, and complete. 2-9994 e number P02082703
Step 1: Sign Here Paid Preparer	tract Line 30 from Line 3: If this is a joint return Under penalties of portion Your signature SYAM PRIYA RAM SAGAR Print/Type paid preparer	e 34. This is the amount y n, both you and your spous perjury, I state that I have ex Date (mm/dd/yyyy)	e must sign be camined this response's signary	instructions. elow. eturn and, to the best ature I SAGAR GUPTA TALLAM s signature	Date (mm/dd/yy	edge, it is true, corre (920) 562 yyy) Daytime phone 21 Check if	ect, and complete. 2-9994 e number P02082703 Paid Preparer's PTIN
Step 1: Sign Here	tract Line 30 from Line 3: If this is a joint return Under penalties of po Your signature SYAM PRIYA RAM SAGAR Print/Type paid preparer Firm's name	a 34. This is the amount y and your spous perjury, I state that I have experjury, I state that I have experjury. Date (mm/dd/yyyy) GUPTA TALLAM r's name	e must sign be camined this re Spouse's signal SYAM PRIYA RAN Paid preparer's	elow. eturn and, to the best eture [I SAGAR GUPTA TALLAM esignature [I	Date (mm/dd/yy 03/23/20 Date (mm/dd/yy	edge, it is true, corre (920) 562 (yyy) Daytime phono 21 Check if self-employed 30101719	ect, and complete. 2-9994 e number P02082703 Paid Preparer's PTIN
Step 1: Sign Here Paid Preparer	tract Line 30 from Line 3: If this is a joint return Under penalties of po Your signature SYAM PRIYA RAM SAGAR Print/Type paid preparer Firm's name	a 34. This is the amount you, both you and your spous serjury, I state that I have experience Date (mm/dd/yyyy) GUPTA TALLAM r's name LOBAL TAXES LLC	e must sign be camined this re Spouse's signal SYAM PRIYA RAN Paid preparer's	elow. eturn and, to the best eture [I SAGAR GUPTA TALLAM esignature [I	Date (mm/dd/yy 03/23/20 Date (mm/dd/yy Firm's FEIN	edge, it is true, corre (920) 562 (yy) Daytime phono 21 Check if self-employed 30101719 (678) 969	ect, and complete. 2-9994 e number P02082703 Paid Preparer's PTIN 6 5-9522
Step 13 Sign Here Paid Preparer Use Only Third Party	tract Line 30 from Line 3: If this is a joint return Under penalties of property our signature SYAM PRIYA RAM SAGAR Print/Type paid preparer Firm's name GI Firm's address 25	a 34. This is the amount you, both you and your spous perjury, I state that I have experience of the state of	e must sign be camined this response's signal SYAM PRIYA RAN Paid preparer's umming	instructions. elow. eturn and, to the best eture I SAGAR GUPTA TALLAM e signature I GA 30041 I)	Date (mm/dd/yy 03/23/20 Date (mm/dd/yy Firm's FEIN Firm's phone	edge, it is true, corre (920) 562 (yyy) Daytime phone 21 Check if self-employed 30101719 (678) 969 Check if the discuss this re-	ect, and complete. 2-9994 e number P02082703 Paid Preparer's PTIN 6 5-9522 e Department may eturn with the third
Step 13 Sign Here Paid Preparer Use Only Third Party	tract Line 30 from Line 3: If this is a joint return Under penalties of po Your signature SYAM PRIYA RAM SAGAR Print/Type paid preparer Firm's name	a 34. This is the amount you, both you and your spous perjury, I state that I have experience of the state of	e must sign be camined this response's signal SYAM PRIYA RAN Paid preparer's umming	elow. eturn and, to the best eture [I SAGAR GUPTA TALLAM esignature [I	Date (mm/dd/yy 03/23/20 Date (mm/dd/yy Firm's FEIN Firm's phone	edge, it is true, corre (920) 562 (yyy) Daytime phone 21 Check if self-employed 30101719 (678) 969 Check if the discuss this re-	ect, and complete. 2-9994 e number P02082703 Paid Preparer's PTIN 6 5-9522 e Department may

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

AP_____ RR DC IR ID DR_____

ID: 3WM

REV 03/02/21 PRO





Illinois Department of Revenue

2020 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

ENote: If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

VEE:		9 7 al Security		<u>9</u>	0	7	5	4
Ste	ep 2: Figure your additions for Form IL-1040, Li	ne 3						
Ente	er the amount of		(V	Whole do	ollars onl	y)		
1	Your child's federally tax-exempt interest and dividend income as reported on	federal Fo	rm 8814.		1 _			<u>•00</u>
2	Distributive share of additions you received from a partnership, S corporation Attach Illinois Schedule K-1-P or Schedule K-1-T.	, trust, or e	state.		2 _			<u>•00</u>
3	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and your adjusted gross income.	l included i	n		3 _			<u>•00</u>
4	Earnings distributed from IRC Section 529 college savings, tuition, and ABLE included in your adjusted gross income. (Do not include distributions from "Br "College Illinois" programs, or other college savings and tuition programs that requirements, or Illinois ABLE account programs. See instructions.)	ight Start,"	"Bright Dir		4			•00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line	4 Attach i	Form II -45	62	5			•00
	Business expense recapture (nonresidents only).		0111112 10	o <u>-</u> .	_			•00
7	Recapture of deductions for contributions to Illinois college savings plans and	I ABLE plai	ns transfer	red to an				
-	out-of-state plan.				7			•00
8	Student-Assistance Contribution Credit taken on Schedule 1299-C.				8			•00
9	Recapture of deductions for contributions to college savings plans and ABLE	nlans with	drawn for		_			_•
•	nonqualified expenses or refunded.	piano with	didWii ioi		9			•00
10	RESERVED				10			
11	Other income - Identify each item.			,	11 _			•00
	Total Additions. Add Lines 1 through 11. Enter the amount here and on Fo				12 _			•00

Enter the amount of

13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program -Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1 652926088	10,000	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Total - Add Column B, Lines 1-10 and enter here.

10,000,00

13a

REV 03/02/21 PRO

Continue Line 13 calculation on Page 2.



Step 3: Continued

13	Enter the lesser amount from Page	. 13	3	10,000 •00		
14	Distributive share of subtractions fr	rom a partnership, S corporation, trust, o	or estate. (Do not cl	aim these		
		e of this schedule. See instructions.) Atta				
	K-1-T identifying you as the partner	r, shareholder, or beneficiary and listing	your Social Security			<u>•00</u>
15	Restoration of amounts held under	claim of right under IRC Section 1341.				<u>•00</u>
16	Contributions to a job training proje	ct.		16	ŝ	<u>•00</u>
17	Expenses related to federal credits	17	7	•00		
18	RESERVED	18	3			
19	Illinois special depreciation subtrac	orm IL-4562. 1 9	9	•00		
20		llinois ABLE account - Enter the account ck the box in Column C if your contribution				
	Column A: Account Number	Column B: Contribution Amount	Column C: Gift			
	1					
	2					
	3					
	4					
	L Total - Add Column B, Lines 1-4 a	l nd enter here				
	•	20a or \$10,000 (\$20,000 if married fil				•00
Г		•				
	• •	ided in Form IL-1040, Lines 1, 2	2, or 3:			
21	Military pay earned. Attach military			_	l	<u>•00</u>
22	•	vings bonds, and U.S. agency interest fro			•	00
00		or 1040-SR, Schedule B, if required fe	•			•00
23	required federal forms.	amount from your Schedule F, Line 17.	Attach Schedule F		2	•00
24	-	d high impact business dividend subtrac	tion amount from v		J	•00
27	Schedule 1299-C, Step 1, Line 7.	- ·	mon amount nom y		1	•00
25		ted on federal Form 1040 or 1040-SR, S	chedule A (including		-	
		her than Illinois). Attach a copy of federa				
	Schedule 1, and any other required			-	5	•00
26	Ridesharing money and other bene	fits. See instructions.		26	ŝ	<u>•00</u>
27	Payment of life insurance, endowm					<u>•00</u>
28		reported on your behalf on Form IL-1069	5.			<u>•00</u>
29	Income from Illinois pre-need funer	•			9	•00
30		or primary care physicians who agree to	practice in designa		_	
	shortage areas under the Family Pi		_			•00
31	-	ived as a victim of persecution by Nazi (-			10.000
32	Add Lines 13 through 31 and enter	the amount here and on Page 3, Line 3	3.	32	2	10,000 _{•00}



Step 3: Continued

Ste	tep 3: Continued		
33	Enter the amount from Page 2, Line 32.	33	10,000 _{•00}
34	interest you received indirectly through owning shares in a mutual fund.		
	a Illinois Housing Development Authority bonds and notes (except housing-rela	ated commercial	
	facilities bonds and notes)	34a	•00
	b Tri-County River Valley Development Authority bonds		•00
	c Illinois Development Finance Authority bonds, notes, and other obligations (v		
	infrastructure bonds only)		• <u>00</u>
	d Quad Cities Regional Economic Development Authority bonds and notes (if		00
	from taxation by the Authority)		•00
	 College savings bonds issued under the General Obligation Bond Act in accordance Baccalaureate Savings Act 		•00
	f Illinois Sports Facilities Authority bonds		•00
	 g Higher Education Student Assistance Act bonds h Illinois Development Finance Authority bonds issued under the Illinois Development 		<u>•00</u>
	Act, Sections 7.80 through 7.87		•00
	i Rural Bond Bank Act bonds and notes		•00
	j Illinois Development Finance Authority bonds issued under the Asbestos Aba		•00
	k Quad Cities Interstate Metropolitan Authority bonds		•00
	I Southwestern Illinois Development Authority bonds	341	•00
	m Illinois Finance Authority bonds issued under the Illinois Finance Authority Ad		•00
	825.55, or the Asbestos Abatement Finance Act		•00
	n Illinois Power Agency bonds issued by the Illinois Finance Authority		•00
	Central Illinois Economic Development Authority bonds		•00
	p Eastern Illinois Economic Development Authority bonds		•00
	Southeastern Illinois Economic Development Authority bonds	<u>-</u>	•00
	r Southern Illinois Economic Development Authority bonds		•00
	s Illinois Urban Development Authority bonds		•00
	t Downstate Illinois Sports Facilities Authority bonds		•00
	u Western Illinois Economic Development Authority bonds		•00
	Upper Illinois River Valley Development Authority Act bonds		•00
	w Will-Kankakee Regional Development Authority bonds		•00
	x Export Development Act of 1983 bonds		•00
	y New Harmony Bridge Authority bonds		•00
	z New Harmony Bridge Bi-State Commission bonds	2/1-	00
35		042 <u> </u>	
33	Bonds issued by the government of Guam	352	•00
	b Bonds issued by the government of Quant		•00
	· · ·		
	c Bonds issued by the government of the Virgin Islandsd Bonds issued by the government of American Samoa		
	. •		
	e Bonds issued by the government of the Northern Mariana Islands		•00
200	f Mutual mortgage insurance fund bonds		•00
36	, , , , ,		00
37	34, or 35 as reported on federal Form 8814.Railroad sick pay and unemployment income. Attach Form 1099-G or W-2 and a		• <u>00</u>
38			•00
39			•00
33	in Line 1 because you claimed a federal American Opportunity Credit or Lifetime	.	•00
40		_	10,000 •00
70	19tal 9abilation / lac Enico do unough do. Enter the amount here and off of	10 -1 0, Line 7	, -

ID: 3WM REV 03/02/21 PRO





Illinois Department of Revenue 2020 Schedule IL-E/EIC Attach to your Form IL-1040

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Step 1: Provide the following information

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

<u>=Note</u> If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

our name as shown	on your Form IL-1040		Your	Social Security num		9 _ 0		
Step 2: Dep	pendent Exem endent information of the contract of the contrac	ation claiming as a depe		lf you are claim	ing more	than ten	dependen	ts, comple
Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
KARTHIKA	DATLA	721-23-7292	Daughter	05/11/2013			12	X
	umber of dependents you a re and on Form IL-1040, L		25. <u>1</u> X \$2,3	25	•	1		2,325

Continue to Page 2 to calculate Illinois Earned Income Credit

IL-1040 Schedule IL-E/EIC Front (R-12/20)

REV 03/02/21 PRO

ID: 3WM





Illinois Earned Income Credit

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **<u>≡Note</u>** If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Comp

	Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
			1	<u> </u>					
		s and tips from your fede				1_			.(
	•	ome or (loss) from your			,				,
-	-	nt on Line 2, you must	-			2_		1	
		quire a city, state, or cour Line 2a, you must enter	•	-			Yes] No	L
•	certification number.	Line 2a, you must enter	the name of the isst	alling agency and	your licerise, regis	stration,			
٠.		looving Agency		1:	aanaa Dagiatyatia	n ou Coutif	ication Num	hau	1
		Issuing Agency			cense, Registratio	ii, or certiii	ication Num	bei	1
									-
									-
				I					
-		0 federal return as marr]
ret	urn as married filing s	eparately, enter your fee	deral adjusted gross			3			
ret	urn as married filing s arried filing jointly fede		deral adjusted gross SR, Line 11.	s income (AGI) fr	om your	3_			.(
ret ma a If	urn as married filing s arried filing jointly fede	eparately, enter your fe eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11.	s income (AGI) fr	om your	3 ₋ 3a		,	
ret ma a If y ma	urn as married filing s arried filing jointly fede you entered an amou arried filing jointly fede	eparately, enter your fe eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11. r spouse's Social Se	s income (AGI) frecurity number f	om your	_] No [
ret ma s a If y ma	urn as married filing s arried filing jointly fede you entered an amou arried filing jointly fede the statutory employee	eparately, enter your fed eral Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	s income (AGI) frecurity number fement, Box 13?	om your	3a	 Yes] No []
ret ma a If y ma Is t	urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee A: Figure yo	reparately, enter your featural Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	s income (AGI) frecurity number frement, Box 13?	om your	3a 4	 Yes] No []
ret ma a If y ma Is t	urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee A: Figure yo	reparately, enter your featural Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2 our Illinois Ear eral Earned Income Cr	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	s income (AGI) frecurity number frement, Box 13?	om your	3a 4	 Yes] No [
ret ma a If y ma Is t	urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede he statutory employee 1 4: Figure you ter the amount of fed	reparately, enter your federal Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cr Line 5 by 18% (.18).	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	s income (AGI) frecurity number frement, Box 13?	om your	3a 4 27. 5 _	Yes] No [
ret ma Ba If y ma I Is t Step 5 En 6 Mu 7 Illi	urn as married filing sarried filing jointly fede you entered an amount arried filing jointly fede the statutory employee O 4: Figure you ter the amount of fed altiply the amount on long residents: Enteresidents and part	reparately, enter your federal Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cralline 5 by 18% (.18). er 1.0. t-year residents: Enter	deral adjusted gross SR, Line 11. r spouse's Social Se, Wage and Tax State rned Income edit from your feder	s income (AGI) frecurity number frement, Box 13? Credit ral Form 1040 or	om your rom your 1040-SR, Line 2	3a 4 27. 5 _	Yes -] No [
ret ma Ba If y ma I Is t Step Mu No Mu	urn as married filing sarried filing jointly fede you entered an amou arried filing jointly fede the statutory employee O 4: Figure you ter the amount of fed altiply the amount on longing residents: Enter the sidents and partialtiply Line 6 by the definition of the longing residents and partialtiply Line 6 by the definition of the longing residents and partialtiply Line 6 by the definition of the longing residents and partial litiply Line 6 by the definition of the longing residents and partial litiply Line 6 by the definition of the longing residents are liting to the longing residents and partial liting the longing residents and partial liting the longing residents are little to the longing residents and partial liting the longing residents are little to the longing residents are little to the longing residents and little to the longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents and longing residents are little to the longing residents are little to the longing residents and longing residents are little to the longing residents are little to the longing residents are little to the longing residents.	reparately, enter your fedural Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cruline 5 by 18% (.18). er 1.0.	deral adjusted gross SR, Line 11. r spouse's Social Se, Wage and Tax State and Income edit from your feder r the decimal from s your Illinois Earne	s income (AGI) frecurity number frement, Box 13? Credit ral Form 1040 or	om your rom your 1040-SR, Line 2	3a 4 27. 5 _	Yes] No [

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





Credit for Tax Paid to Other States

IL Attachment No. 17

Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
- you paid income tax to another state on income you earned while you were an Illinois resident; and
- the income subject to the other state's tax is included in your Illinois base income; and
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
- you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Flore → If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

VEERA R DATLA & BHARATHI BODDU

Your name as shown on your Form IL-1040

3 9 7 2 9 0 7 5 4

Your Social Security number

Column A

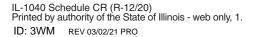
Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income

Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

	SICP	Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.	()	Total Whole dollars only)	Non-Illinois Portion (Whole dollars only)
R	ead tl	e instructions before completing this step.	,	rriore deliare erily,	(Time demand emy)
Г	_ 1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	1_	195,446.00	<u>36,364.00</u>
ı	2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	2 _	.00	.00
ı	3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	3 _	.00	.00
ı	4	Taxable refunds, credits, or offsets of state and local income taxes			
ı		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	4 _	.00	
ı	5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	5 _	.00	
ı	6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	6 _	.00	.00
1	7 م	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	7 _	.00	.00
	8 9 9	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	8 _	.00	.00
	임 9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	9 _	.00	
1	⊆ 10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	10 _	.00	
ı	11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
ı		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	11 _	.00	.00
ı	12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	12 _	.00	.00
ı	13	Unemployment compensation and Alaska Permanent Fund dividends			
ı		(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	13 _	.00	.00
ı	14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	14 _	.00	
ı	15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Lin	ne 8)		
L		Identify each item.	15 _	.00.	.00
	16	Add Columns A and B, Lines 1 through 15.	16 _	195,446.00	<u>36,364.00</u>

Continue with Step 2 on Page 2

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.





Column B



			(Total Whole dollars only)	Non-Illinois Portion (Whole dollars only)
	17	Enter the amounts from Page 1, Line 16.	17	195,446.00	36,364 _{.00}
Г	18	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	18	.00.	.00.
	19	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	19	.00	.00
	20	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	20 _	.00	.00
	21	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
<u>o</u>		Schedule 1, Line 13)	21	.00	.00
Income	22	Deductible part of self-employment tax (federal Form 1040 or 1040-SR,			
		Schedule 1, Line 14)	22	.00	
	23	Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR,			
유		Schedule 1, Line 15)	23	.00	.00
lts	24	Self-employed health insurance deduction (fed. Form 1040 or 1040-SR,			
<u>ē</u>		Schedule 1, Line 16)	24	.00	.00
림	25	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR,			
Sn		Schedule 1, Line 17)	25	.00	.00
Adjustments	26	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	26	.00	.00
۱۹		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	27	.00	.00
	28	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	28	.00	.00
	29	Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	29	.00	.00
	30	RESERVED	30		
	31	Other adjustments. See instructions.	31	300.00	0.00
	32	Add Columns A and B, Lines 18 through 31.	32	300.00	0.00
	33	Subtract Columns A and B, Line 32 from Line 17.	33	195,146.00	36,364.00

Step	3: Figure	vour Illinois	additions and	I subtractions
Otop	U. I Igaic	your million	additions and	

1	n Colu	tructions for Column B to properly complete this step.	Forn	Column A n IL-1040 Total hole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
	~	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Columns A and B, Lines 33, 34, and 35.	34 35 36	.00 .00 195,146.00	.00 .00 .00 36,364.00
- 1	~ I.38	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR,	37	.00.	.00
	<u>ioi</u> 39	Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Columns A and B, Lines 37 through 39.	38 39 40	.00 10,000.00 10,000.00	
		Line 36, enter zero.	41	185,146.00	<u>36,364.00</u>

Continue to Page 3 →

Column A

Column B

ID: 3WM REV 03/02/21 PRO Page 2 of 3



Step 4: Figure your Schedule CR decimal

Decimal		Enter the amount from Line 41, Column A and Column B. Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53.	42 _ →		Column B 36,364.00
_		E. Daut and an acid anter anter a			
S t		5: Part-year residents only (Full year residents, go to Step 6.)			
<u> </u>	1	Enter the base income from your Form IL-1040, Line 9. Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the	44 _		.00
Part-Year Only	43	appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000.	45		
۳	46	Enter the exemption amount from Form IL-1040, Line 10.			
<u>%</u>		Multiply Line 45 by Line 46.			
ΙĖ		Subtract Line 47 from Column A, Line 42.	48 _		.00
P	49	Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	49 _		.00
St	1	6: Figure your credit If you are claiming a credit for tax paid to any of the states listed below, check the box	x for the	appropriate state. See i	nstructions.
ates		☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin			
Other States	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Note: Do not enter the tax withheld from your Form W-2 unless you are including tax paid to a city or local government that does not require you to file a tax return.	51 _		1,683.00
Paid to	52	Illinois Residents: Enter your Illinois tax due from Form IL-1040, Line 12. Part-year Residents: Enter the amount from Step 5, Line 49.	52 _		8,819.00
Tax	53	Enter the decimal amount from Step 4, Line 43 here.	53 _	0 196	
Credit for Tax	54	Multiply Line 52 by Line 53.	54 _		1,729 _{.00}
Crec	55	Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on	55		1,683 nn



Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.







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 showr	on Form IL-1040		Your Social Se		er	0	
Column A Form type	Column B Employer/Payer Identification Number	Federal W	Column C ages, Winnings, Gross ns, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gros ns, Compensation, e	s I	Column E llinois Income Tax Withheld
W	58-1760235 000 1	_ \$	110,388 .00	\$	110,388 .00	\$_	5,104 •00
2		_ \$	•00	\$	•00	\$_	•00
3		_ \$	<u>•00</u>	\$	<u>•00</u>	\$_	•00
1		_ \$	•00	\$	•00	\$	<u>•00</u>
_		_ \$	•00	\$	•00	\$_	•00
Step 2: Provide	spouse's withholding re	cords (inc		7 _ :	9 0 _ 9		_
Step 2: Provide	spouse's withholding re J as shown on Form IL-1040 Column B Employer/Payer	cords (ind	1 7 Your spouse's S Column C ages, Winnings, Gross	7 Social Securi Illinois Wa	9 0 _ 0 ity number Column D ges, Winnings, Gros	9 <u>2</u>	Column E
Step 2: Provide BHARATHI BODDI Your spouse's name Column A Form type	spouse's withholding re as shown on Form IL-1040 Column B Employer/Payer Identification Number	cords (ind	1 7 Your spouse's S Column C ages, Winnings, Gross ns, Compensation, etc.	7 Social Securi Illinois Wa Distribution	0 _ 0 _ gity number Column D ges, Winnings, Gros is, Compensation, e	9 <u>2</u>	Column E linois Income Tax Withheld
Step 2: Provide BHARATHI BODDI Your spouse's name Column A Form type W	spouse's withholding re as shown on Form IL-1040 Column B Employer/Payer Identification Number 58-1760235 000 1	Federal W Distributio	Tolumn C ages, Winnings, Gross ns, Compensation, etc. 85,058,00	7 Social Securion (Illinois Wa Distribution \$	o 0 – 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 <u>2</u>	Column E linois Income Tax Withheld 2,410,00
Step 2: Provide BHARATHI BODDI Your spouse's name Column A Form type W	spouse's withholding re J as shown on Form IL-1040 Column B Employer/Payer Identification Number 58-1760235 000 1	Federal W Distributio	Tolumn C ages, Winnings, Gross ns, Compensation, etc. 85,058,00	7 Social Securion Securior	Olumn D ges, Winnings, Gros is, Compensation, e 48,695,00	s II tc. \$_	Column E linois Income Tax Withheld 2,410,00
Step 2: Provide BHARATHI BODDI Your spouse's name Column A Form type W T	spouse's withholding re as shown on Form IL-1040 Column B Employer/Payer Identification Number 58-1760235 000 1	Federal W Distributio	1 7 Your spouse's S Column C ages, Winnings, Gross ns, Compensation, etc. 85,058•00 •00	7 Social Securi Illinois Wa Distribution \$ \$ \$	Olumn D ges, Winnings, Gros s, Compensation, e 48,695,00 00 00	s stc. \$_ \$_	Column E linois Income Tax Withheld 2,410,00 .00
Step 2: Provide BHARATHI BODDI Your spouse's name Column A Form type W Y B B B B B B B B B B B B	spouse's withholding re J as shown on Form IL-1040 Column B Employer/Payer Identification Number 58-1760235 000 1	Federal W Distributio	Tolumn C ages, Winnings, Gross ns, Compensation, etc. 85,058,00	Social Securion Illinois Wa Distribution \$ \$ \$	Olumn D ges, Winnings, Gros is, Compensation, e 48,695,00	s III stc. \$_ \$_ \$_	Column E linois Income Tax Withheld 2,410,00

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

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.

7,514.00

11 \$