E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the lead is a child but not your depender	name o	ried filing separately								
Your first name	and m	iddle initial	Last r	name					Yo	ur so	cial securit	y number
GOUTHAM			PAT	TANGE					8	62-	33-4202	2
If joint return, s	pouse's	s first name and middle initial	Last r						Sp	ouse'	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, se	e instruc	ctions.				Apt. no.	Pro	eside	ntial Election	on Campaign
1131 PI	NE V	ALLEY DRIVE						206			nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	ite	ZIP	code				tly, want \$3 Checking a
SCHAUMB	JRG				I	L	60	173			ow will not	
Foreign countr	y name			Foreign province/state	e/coun	ty	For	eign postal coc	le yo	ur tax	or refund.	Spouse
							<u> </u>					
At any time du	iring 20	020, did you receive, sell, send, exc	hange,	, or otherwise acquire	e any	financial inter	est ir	any virtual	currer	ncy?	Yes	⊠ No
Standard Deduction		leone can claim:	•	•		•						
Age/Blindness	you:	Were born before January 2,	1956	Are blind S	oouse	: Was bo	orn be	efore Januar	y 2, 19	956	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social securi	itv	(3) Relations	hip	(4) 🗸 it	gualif	ies foi	r (see instru	ctions):
If more		irst name Last name		number	,	to you	p	Child tax		- 1		ner dependents
than four]			
dependents,	_]			
see instruction and check	s ——]			
here ▶ □]			
	. 1	Wages, salaries, tips, etc. Attach	Form(s	s) W-2						1	7	35,500.
Attach	2a	Tax-exempt interest	2a	,	bΤ	axable interes	st			2b		
Sch. B if	3a	Qualified dividends	3a	2.		Ordinary divide				3b		2.
required.	4a	IRA distributions	4a			axable amou				4b		
	5a	Pensions and annuities	5a		b T	axable amou	nt .			5b		
Standard	6a	Social security benefits	6a		bΤ	axable amou	nt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	if required. If not red	quirec	l, check here		•		7		1,934.
 Single or Married filing 	8	Other income from Schedule 1, lin	пе 9 .		٠					8	T -	-6 , 540.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				•	9	- 8	30,896.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10)a					
widow(er), \$24,800	b	Charitable contributions if you take	e the st	andard deduction. Se	e inst	ructions 10)b					
Head of	С	Add lines 10a and 10b. These are	your t	otal adjustments to	inco	me				100	>	
household, \$18,650	11	Subtract line 10c from line 9. This	is you	r adjusted gross ind	come				•	11	8	30,896.
If you checked	12	Standard deduction or itemized	dedu	ctions (from Schedul	le A)					12	. 1	L2,400.
any box under Standard	13	Qualified business income deduc	tion. At	ttach Form 8995 or F	orm 8	8995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.
	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less	s, ente	er -0				15	. 6	58,496.

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	-		16	10,	855.
	17	Amount from Schedule 2, lin	-						17		
	18	Add lines 16 and 17							18	10,	855.
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne 7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	10,8	855 .
	23	Other taxes, including self-e	,						23	,	0.
	24	Add lines 22 and 23. This is			•			. •	24	10.8	855.
	25	Federal income tax withheld	,					• /		107	<u> </u>
	a	Form(s) W-2				25a	1.3	,063			
	b	Form(s) 1099				25b		,	-		
	c	Other forms (see instructions				25c			_		
	d	Add lines 25a through 25c	,						25d	13 (063.
		2020 estimated tax payment							26	10,	505.
 If you have a L qualifying child, 	26	Earned income credit (EIC)				27			20		
attach Sch. EIC.	<u>27</u> 28	Additional child tax credit. A				28			-		
If you have nontaxable									-		
combat pay,	29	American opportunity credit		-		29			_		
see instructions.	30	Recovery rebate credit. See				30			-		
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27 through 31. The	•							10	
	33	Add lines 25d, 26, and 32. T	•					. •	-		063.
Refund	34	If line 33 is more than line 24				-	-		34		208.
	35a	Amount of line 34 you want							35a	2,	208.
Direct deposit? See instructions.	▶b	Routing number 1 1 1] Checkin	g ∐ S	Savings	•		
coo indiractions.	►d	Account number 4 8 8				+					
	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	· ·	•		of the tax	es you	owe for	r		
For details on how to pay, see		2020. See Schedule 3, line 1				1 1					
instructions.	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38					
Third Party		you want to allow another	•								
Designee		structions				. ▶ ∟	Yes. Co	•		× No	
		signee's ne ▶		Phone no. ▶				nal ider er (PIN)	tification		
Ciara		der penalties of perjury, I declare t	that I have evamine		l accompanying sch	adules and				t of my knowle	adge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If t	ne IRS sei	nt you an Ident	ity
		G			'			- 1		IN, enter it here	<u>, </u>
Joint return?					SOFTWARE I	ENGINE	ER	(se	e inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse	
your records.	,								e inst.) ▶	ection PIN, ent	er it nere
		one no.		Email address				(0.0			
_		eparer's name	Preparer's signat	Email address		Date	T	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			רווסיה האדדאגי		/2021		27702	Self-emp	nloved
Preparer				NAM SAGAK	GOLIA TAPPW	03/06	/ ∠ U ∠ 1		32703		
Use Only		m's name ► GLOBAL TAX		n C.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ (7 20041			_		(678) 965-	
		m's address ► 2530 Pebb.		in Cummin	_			Fir	m's EIN ▶		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03	01/21 PRO			Form 104	+U (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

GOUTHAM PATANGE

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

862-33-4202

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,540.
6	Farm income or (loss). Attach Schedule F	6	·
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		6 5 4 0
Par	t II Adjustments to Income	9	-6,540.
		40	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Your social security number

862-33-4202 GOUTHAM PATANGE Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 972. 50,278. 49,241. 2,009. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 18. 93. -75. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 1,934. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III Summary 1,934. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return GOUTHAM PATANGE Social security number or taxpayer identification number

862-33-4202

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) (e) enter a code in column (f). (d) Cost or other basis Gain or (loss). (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions 01/01/20 12/31/20 50,278. 49,241. W 972. 2,009.

Robinhood Securities LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 50,278. 49,241. 972. 2,009. above is checked), or line 3 (if Box C above is checked) ▶

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

8949

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return GOUTHAM PATANGE Social security number or taxpayer identification number

862-33-4202

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

	not reported	d to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/31/20	18.	93.			-75.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above should be belief) or line 2 (if Box A).	al here and inc is checked), lir	lude on your ne 2 (if Box B	1.8	93			- 75

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment

Department of the Treasury ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Internal Revenue Service (99) Name(s) shown on return Your social security number GOUTHAM PATANGE 862-33-4202 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α HOUSE NUMBER 3-1-58 YSHODHANAGAR COLONY TANDUR, K.V.RANGAREDDY, TELANGANA IN 501141 В C 1b Fair Rental Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) **Days Days** Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 460. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,000. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 14 Repairs. 1,300. 15 1,500. 15 Supplies . Taxes 16 16 17 2,000. 17 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 20 20 7,000. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,540.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,540.) 460. 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,000. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,540.

26

26

-6,540.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

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

862-33-4202

GOUTHAM PATANGE

1131 PINE VALLEY DRIVE

206

SCHAUMBURG

60173 IL

COOK



В	Filing status: Single Married filing jointly Married filing separately Widowed Head	of househo	ld
C	Check If someone can claim you, or your spouse if <u>filing</u> jointly, as a dependent. See in <u>structions</u> .		iu
D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year residen	nt - Attach S	sch. NR
Sta	ep 2: Income		e dollars only)
1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	80,896.00
. 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	80,896 <u>.00</u>
Ste	ep 3: Base Income		
5	Social Security benefits and certain retirement plan income		
	received if included in Line 1. Attach Page 1 of federal return.	.00	
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
2 ,	Schedule 1, Ln. 1. Other subtractions, Attach Schedule M. 6 7	.00	
7	Other subtractions. Attach Schedule M. 7 Check if Line 7 includes any amount from Schedule 1299-C.	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
3 9	Illinois base income. Subtract Line 8 from Line 4.	9	80,896.00
Ste	ep 4: Exemptions		
	a Enter the exemption amount for yourself and your spouse. See instructions. a2,32	25.00	
Ų	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
<u>2</u>	c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00	
วี	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	2.225.00
_	Exemption allowance. Add Lines a through d.	10	2,325.00
	ep 5: Net Income and Tax		
11	Residents: Net income. Subtract Line 10 from Line 9.	ND 44	70 571 00
12	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	NR. 11	78 , 571 <u>.00</u>
12	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,889.00
13		13	.00
14		14	3,889.00
Ste	ep 6: Tax After Nonrefundable Credits		
7	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
	Property tax and K-12 education expense credit amount from Schedule ICR.		
֝֝֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֓֡֓֡֓֓֡֓	Attach Schedule ICR. 16	.00	
3 17		.00	0.00
18		18	0 <u>.00</u> 3,889.00
<u> </u>	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,009.00
	ep 7: Other Taxes	20	00
† 20 5 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
, <u>2</u> 1	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	3,889 <u>.00</u>

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.





24 To	tal tax from Page 1, Line 23.					24	3,889 <u>.00</u>			
Step 8:	Payments and Refundabl	e Credit								
25 Illine	ois Income Tax withheld. Attacl	h Schedule IL-W	IT.		25 4,	232.00				
26 Esti	imated payments from Forms IL	1040-ES and II	505-I,							
incl	uding any overpayment applied	I from a prior yea	ır return.		26	.00				
27 Pas	s-through withholding. Attach S	Schedule K-1-P o	r K-1-T.		27	.00				
28 Ear	ned Income Credit from Schedu	ile IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC	. 28	.00				
	al payments and refundable of	credit. Add Lines	25 through	28.		29	4,232.00			
Step 9:										
	ne 29 is greater than Line 24, sul					30	343.00			
	ne 24 is greater than Line 29, sul					31	.00			
•	0: Underpayment of Estima		•	-		or late-paym	ent penalty			
	derpayment of estimated to			y charitable dona		0.0				
	e-payment penalty for underpay			from forming	32	.00				
_	Check if at least two-thirds ofCheck if you or your spouse			-	a homo					
_	☐ Check if your income was not		-		-	n Form II -221	0			
0 [Attach Form IL-2210.	received everily	daring the y	real and you annually	zed your income o	111 01111 12 221	0.			
dГ	Check if you were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax v	/ear.				
_	untary charitable donations. Att				33	.00				
34 Tota	al penalty and donations. Add	d Lines 32 and 3	3.			34	.00			
Step 1	1: Refund									
35 If yo	ou have an amount on Line 30 a	and this amount	is greater th	an Line 34, subtract I	Line 34 from Line	30.				
-	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 . 343.00									
36 Amo	ount from Line 35 you want refu	inded to you . Ch	eck one box	on Line 37. See inst	ructions.	36	343.00			
37 I ch	oose to receive my refund by									
а	direct deposit - Complete th	ne information be	low if you ch	neck this box.						
	Routing numbe	r 1 1 1 0	0 0 0	2 5 X Ch	ecking or Sav	rings				
						90				
	Account number	er 4 8 8 0	5 0 6	1 4 1 4 9						
b [Illinois Individual Income Ta http://tax.illinois.gov/Debito	ax refund debit	card. I ackn	owledge I have revie	wed the card infor	mation found a	at			
_		Card prior to ma	king this ele	ction.						
	☐ paper check. ount to be credited forward. Su	htraat Lina 26 fra	m Line 25	Sac instructions		38	.00			
		bliact Line 30 iic	JIII LIIIE 33.	see mshuchons.		30	.00			
•	2: Amount You Owe									
-	ou have an amount on Line 31,									
-	ou have an amount on Line 30 a					20	00			
	tract Line 30 from Line 34. This					39	.00			
Step 1	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						(972) 654	1-2309			
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number			
	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/06/2021	Check if	P02082703			
Paid	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN			
Preparer Use Only	Firm's name GLOBAL	TAXES LLC			Firm's FEIN	30101719	6			
Joe Only	Firm's address > 2530 Pebl	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965	5-9522			
Third				()			e Department may			
Party				/		discuss this re	eturn with the third			
Designee	Designee's name (please print) Designee's phone number party designee shown in this step.									
	Refer to the 2020) II _10/0 Ind	struction	e for the addra	ee to mail w	our roturn				

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. RR DC IR ID DR_____ AP_____ ID: 3WM REV 02/15/21 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	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)

GC	OUTHAM PATANG	E		8	6	2 _	3	3 _	4	2	0	2
Yo	ur name as shown	on Form IL-1040	Your S	Social Se	curity nur	nber						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings is, Compensa			Wages,	umn D Winnings, ompensati		Illin	olumn ois Inco x Withh	ome
1	W	37-1795098	\$	85,500	• <u>00</u>	\$	8	85 , 500 .0	<u>0</u>	\$	4,23	32 •00
2			\$		• <u>00</u>	\$		<u>•0</u>	0	\$		•00
3			\$		• <u>00</u>	\$		<u>•0</u>	0	\$		<u>•00</u>
4			\$		• <u>00</u>	\$		<u>•0</u>	0	\$		<u>•00</u>
5			\$		• <u>00</u>	\$		<u>•0</u>	0	\$		<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 s, Winnings, Gross Compensation, etc.	Illinois Wage	olumn D s, Winnings, Gross Compensation, etc.	IIIi	Column E inois Income ax Withheld
6			_ \$	•00	\$	•00	\$	•00
7			_ \$	•00	\$	•00	\$	•00
8			- \$	•00	\$	•00	\$	•00
9			_ \$	•00	\$	•00	\$	•00
10			_ \$	<u>•00</u>	\$	•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 \$ 4,232**.00**

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





Illinois Department of Revenue

		-								_							
	Submission ID																

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

<u></u>	,	the Illinois Depa	rtment of Revenue un	nless it is requested for review.)
Step	1: Provide taxpayer information GOUTHAM	PATA	NCE	8 6 2 - 3 3 - 4 2 0 2
		ne (and last name if differen		Social Security number
Print	1131 PINE VALLEY DRIVE 206		,	
or type				Spouse's Social Security number
type	SCHAUMBURG	IL	60173	(972) 654-2309
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax	return		
•	Net income from Form IL-1040, Line 11			178,571 <u>00</u>
	Fax from Form IL-1040, Line 14			2 3,889 l 00
	llinois Income Tax withheld from Form IL	-1040, Line 25 only	(enter "0" if none)	3 4,232 00
	Overpayment from Form IL-1040, Line 35		,	4 343 _00
5	Total amount due from Form IL-1040, Lin	e 39		5I <u>00</u>
6 F	Filing status: 🗶 Single Married fili	ng jointly Marrie	ed filing separately W	/idowed Head of household
does within 7 F F F F F F F F F F F F F F F F F F	not support international ACH transaction the United States or those not funded by Routing no. (RN): 1 1 1 0 0 Account no. (AN): 4 8 8 0 5 Type of account: X Checking Date the payment is to be electronically we recover the payment of the payment is to be a count:	ns. IDOR will only per international funds. 0	rform direct transactions (<i>e</i> Electronic payments will n	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located ot be accepted and refunds will be via paper check.
Step	4: Taxpayer declaration and signat	ture (Sign only af	ter completing Step 2 a	and, if applicable, Step 3.)
×				lare the information on Lines 7 through 9 is souse as an agent to receive the refund.
	withdrawal as designated in the electro	onic portion of my 20 onic overpayment of	020 Illinois Individual Incor	gent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions tial information necessary to answer inquiries
	I do not want direct deposit of my refu	nd, or an electronic i	funds withdrawal (direct de	ebit) of my balance due.
originand a	ator (ERO) are identical. To the best of maccompanying information may be sent to	y knowledge, my retu IDOR by my ERO. I	urn is true, correct, and cor authorize IDOR to inform n	formation I provided to my electronic return mplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sign	l <u></u>			
	Your signature	Date		e (if joint return, both must sign) Date
l dec have		electronic Form IL-1 and declare, under	040, the information on th	is Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
	ERO's signature			Check if paid preparer: X (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-employed			Your PTIN 2 0 0 2 7 0 3
use	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
only	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

