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

2020

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly [ u checked the MFS box, enter the reson is a child but not your depender	name of	ried filing separately (		_		•	,			. , . ,
Your first name	and mi	iddle initial	Last n	ame						Your so	cial secur	ity number
RAHUL			PEN	UBALA						086-	55-285	51
If joint return, s	pouse's	s first name and middle initial	Last n	ame						Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.		Preside	ntial Elect	ion Campaign
4228 N	KEYS'	TONE AVE						3B			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete	spaces below.	Sta	ıte	ZIP	code		•	0,	ntly, want \$3
CHICAGO			·	•	I	L	60	0641		_	this fund ow will no	. Checking a
Foreign countr	v name			Foreign province/state	/cour	itv	For	eign postal c	ode		or refund	
J	,			3 1		,		0 1			You	Spouse
At any time du	uring 20	020, did you receive, sell, send, exc	hange,	or otherwise acquire	any	financial in	terest in	any virtua	al cur	rency?	Yes	X No
Standard Deduction	Som	neone can claim: You as a de Spouse itemizes on a separate retu	epende	nt	se as	a depende		·				
Age/Rlindnes	s Vou	Were born before January 2,	956	Are blind Sp	ouse	.  Was	horn he	efore Janua	arv 2	1956	□lsh	olind
				<del>_</del>							r (see instr	
Dependent	,	instructions): irst name  Last name		(2) Social securit number	y	(3) Relation to yo		Child t				uctions): other dependents
If more than four	(1)	Last name				, ,		Offilia		euit	Orean for c	
dependents,									<u> </u>			
see instruction	s ——								<u> </u>			
and check here ►									<u> </u>			
	1	Wages, salaries, tips, etc. Attach	Form(c)	\\\\ 2					<u> </u>	. 1	T	72,508.
Attach	<u>'</u> 2a		1` ′							2b		72,300.
Sch. B if		Tax-exempt interest	2a 3a			axable inte				3b		
required.	3a	Qualified dividends	4a			Ordinary div				4b	_	
	4a	IRA distributions				axable am						
	5a	Pensions and annuities	5a			axable am				5b	_	
Standard Deduction for—	6a	Social security benefits	6a	if we are the all 15 and		axable am				6b	+	
Single or	7	Capital gain or (loss). Attach Sche			uirec	ı, cneck nei	е.			7	+	
Married filing separately,	8	Other income from Schedule 1, lin		- · · · · · · ·						8	-	<u>-5,900.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. '	9	-	66,608.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:				1						
Qualifying widow(er),	а	, , ,			٠		10a					
\$24,800	b	Charitable contributions if you take				_	10b					
<ul> <li>Head of household,</li> </ul>	С	Add lines 10a and 10b. These are	•	-					. '	100		
\$18,650	11	Subtract line 10c from line 9. This	•	-					. )	11	_	66,608.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		,	,					12	_	12,400.
Standard	13	Qualified business income deduc-	tion. At	tach Form 8995 or Fo	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	ente	er-0				15		54,208.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 7 4972	3 🗍		16	7,720.
	17	Amount from Schedule 2, lir	-				-	17	
	18	Add lines 16 and 17						18	7,720.
	19	Child tax credit or credit for	other dependen	ts				19	<u> </u>
	20	Amount from Schedule 3, lir	ne 7					20	
	21       Add lines 19 and 20								
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .			23	7,720. 0.
	24	Add lines 22 and 23. This is			•		▶	24	7,720.
	25	Federal income tax withheld	from:						.,
	а	Form(s) W-2				25a	,990.		
	b	Form(s) 1099				25b	,	1 1	
	c	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	,					25d	9,990.
	26	2020 estimated tax paymen						26	3,330.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		20	
attach Sch. EIC.	28	Additional child tax credit. A				28		1 1	
If you have nontaxable	29	American opportunity credit				29		1	
combat pay, see instructions.	30	Recovery rebate credit. See				30		1 1	
see manuchons.	31	Amount from Schedule 3, lir				31		1 1	
	32	Add lines 27 through 31. Th						32	
	33	Add lines 25d, 26, and 32. T	,					33	9,990.
	34	If line 33 is more than line 24						34	2,270.
Refund	35a	Amount of line 34 you want	-			, .		35a	2,270.
Direct deposit?	> b	Routing number 3 2 1	SSA	2,210.					
See instructions.		Account number 4 2 0							
	► d 36	Amount of line 34 you want							
Amount		· · · · · · · · · · · · · · · · · · ·	37						
You Owe	37	Subtract line 33 from line 24		-				31	
For details on		Note: Schedule H and Sch							
how to pay, see	38	2020. See Schedule 3, line 2 Estimated tax penalty (see i	•			20			
instructions.						38			
Third Party Designee		you want to allow another	•		rn with the IRS?		omnlete h	helow	<b>⋉</b> No
Designee		signee's		Phone			onal identi		M. NO
		me ▶		no.			ber (PIN)		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch	edules and stateme	ents, and to	the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informati	on of which	n prepare	er has any knowledge.
Here	You	ur signature		Date	Your occupation				nt you an Identity
					ONOMEN EN	2711000		ection Pl inst.) ▶	N, enter it here
Joint return? See instructions.	Cro	ouse's signature. If a joint return,	h ath mount ainm	Data	SYSTEM ENG		- + '		***************************************
Keep a copy for	Spe	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.				la (s					
	Pho	one no.		Email address			'		
	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2021	P0208	2703	Self-employed
Preparer	Firr	m's name ▶ GLOBAL TA	XES LLC						678) 965-9522
Use Only		Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm							
Go to www ire an		11040 for instructions and the late			BAA	REV 03/01/21 PR			Form <b>1040</b> (2020)
30 to www.113.90	, v, i Oill	770 70 TOT HISH GOLIOTIS AND THE IALE	ot information.		DAA	NEV 03/01/21 PR	•		101111 10-10 (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

RAHUL PENUBALA

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

Your social security number 086-55-2851

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	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	-5,900.
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, line 9	0	Г 000
Par	til Adjustments to Income	9	-5,900.
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **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

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number RAHUL PENUBALA 086-55-2851 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 18-1-504/10 REVENUE WARD NO.18 K.T.ROAD TIRUPATI ANDHRA PRADESH IN 517501 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 . 3 590. 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 Management fees . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . . 13 14 14 Repairs. . . . . . 1,240. 15 1,450. 15 Supplies . Taxes . . . . . . 16 16 17 17 1,600. 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 6,490. 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 -5,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -5,900.) 590 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 6,490. 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 5,900. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 26 -5,900. Schedule E

#### **Schedule E Worksheet**

► Keep for your records

2020

Social Security No. Name(s) shown on return RAHUL PENUBALA 086-55-2851 General Information: Property description . . . . . . . . 18-1-504/10, REVENUE WARD NO 18, K.T. ROAD Property type. . 3 Vacation/Short-term If type is other, enter a description. . Location (street address) . . . . . 18-1-504/10 City . . . . . . . REVENUE WARD NO.18 State . . . . ZIP code . . . . If a foreign address: Foreign province or state . . K.T.ROAD TIRUPATI ANDHRA PRADESH Foreign postal code . . . . 517501 Foreign country . . . . India **Complete For All Properties:** Did you make any payments that would require you to file Form(s) 1099? . . . . . . Yes No If yes, did you or will you file all required Form(s) 1099?.... Yes Nο **Complete For All Rental Properties:** 0 **Check All That Apply:** Owned by spouse . . . . . . . . . . . . В С Active participation. . . . . . . . . . X D Qualified joint venture . . . . . . . . . . F Ε Some investment is not at risk . . . . . . . . . G Н Other passive exceptions . . . . . . . . Complete taxable disposition — See Help . . ı Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes Treat all assets acquired after August 27, 2005 as J qualified GO Zone property? . . . . . . . . . . . Regular Extension No Κ Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . . . . . . . . . . . . . . Yes No L Was this activity located in a Qualified Disaster Area? . . . . . . . . . . . . Yes M Check this box if filing this Schedule E as an LLC in CA or TX ................. Ownership Percentage: 0 **Owner-Occupied Rentals:** Q Vacation Home or Property with Personal Use Days: Check to allocate interest and taxes using the Tax Court Method . . . . . . . . . . . . . . . . . . S 

Property Location Page 2
18-1-504/10. REVENUE WARD NO.18, K.T.ROAD TIRUPATI ANDHRA PRADESH, 517501, India

18	3-1-504/10, REVENUE WARD NO.18, K.T.ROA	AD TIRUPATI AI	NDHRA PRADESH	<u>, 517501, India</u>
Inco	me	% if Different	Total	
3	Enter rental income (not reported elsewhere)	590.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	590.	100.000000	590.
4	Enter royalties received (not reported elsewhere) .			
	Royalty income from Form 1099-MISC			
	Royalty income from Form 1099-K			
	Royalty Income from Cancellation of Debt Wks			
	Royalty Income from Schedule K-1			
	Total royalties received			
	rotal royalties received			

Expenses	(a) Total	(b) Enter % if not	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
<b>6 a</b> Auto					
<b>b</b> Travel					
7 Cleaning and maint	1,000.		1,000.		
8 Commissions					
<b>9 a</b> Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
<b>b</b> Other Insurance					
Legal & other prof fees					
1 Management fees	1,200.		1,200.		
<b>2 a</b> Mortgage int qualified .	·				
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other					
From Form 1098 import		-			
Total mort int other					
3 Other interest					
4 Repairs	1,240.		1,240.		
5 Supplies	1,450.		1,450.		
<b>6 a</b> Real estate taxes	1,450.		1,450.		
From Form 1098 import		1			
Total real estate taxes					
<b>b</b> Other taxes					
7 Utilities	1 600		1 600		
<del></del>	1,600.		1,600.		
B a Depreciation					
<b>b</b> Depletion					
c Depreciation carryover					
Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
<b>g</b> Vehicle rental					
<b>h</b> Amortization					
Madd lines 5 through 19	6,490.		6,490.		
1 Income or (loss)			-5 <b>,</b> 900.		
2 Deductible rental real estat	<u>e loss</u>	<u></u> .	-5 <b>,</b> 900.		

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

086-55-2851

RAHUL PENUBALA

4228 N KEYSTONE AVE ЗВ

60641 COOK CHICAGO IL



	В	Filing status: Single Married filing jointly Married filing separately Widowed Head	of househo	Id
		<b>Check</b> If someone can claim you, or your spouse if <u>filing</u> jointly, as a dependent. See in <u>structions.</u> You		iu
	D	<b>Check</b> the box if this applies to you during 2020: Nonresident - <b>Attach</b> Sch. NR Part-year resident	J Spouse	Sab ND
				e dollars only)
	Ste	p 2: Income  Follows I adjusted gross income from your follows Form 1040 or 1040 CR. Line 11	4	66,608 <sub>.00</sub>
	2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00.
ļ	3	Other additions. <b>Attach</b> Schedule M.	3	.00
•	4	Total income. Add Lines 1 through 3.	4	66,608.00
	Ste	p 3: Base Income		, ,,,
re	5	Social Security benefits and certain retirement plan income		
μe	•	received if included in Line 1. <b>Attach</b> Page 1 of federal return.	.00	
ns	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
or.		Schedule 1, Ln. 1. 6	.00	
9	7	Other subtractions. <b>Attach</b> Schedule M. 7	.00	
3		Check if Line 7 includes any amount from Schedule 1299-C.		
7	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
anc	9	Illinois base income. Subtract Line 8 from Line 4.	9	66,608 <u>.00</u>
Staple W-2 and 1099 forms here		p 4: Exemptions		
>	10	a Enter the exemption amount for yourself and your spouse. See instructions.  a2,32	5.00	
e S		b Check if 65 or older:	.00	
taj		c Check if legally blind:  You + Spouse # of checkboxes X \$1,000 = c	.00	
Ŋ		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	0.00	
			0 <sub>.00</sub> <b>10</b>	2,325.00
1	<u></u>	Exemption allowance. Add Lines a through d.	10	2,323.00
		p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.	ID 44	(4 202 00
	10	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N	NR. 11	64 <b>,</b> 283 <u>.00</u>
-	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	3,182.00
5	13	Nonresidents and part-year residents: Enter the tax from Schedule NR.  Recapture of investment tax credits. Attach Schedule 4255.	13	.00
2		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,182.00
Ė		p 6: Tax After Nonrefundable Credits		7
our check and IL-1040-V	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	00	
ā		Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
Š	10	Attach Schedule ICR. 16	.00	
ų	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
S		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
no		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,182.00
e 20		p 7: Other Taxes		30
Staple	20	Household employment tax. See instructions.	20	.00
Stě	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		.00
- •		in the instructions. <b>Do not</b> leave blank.	21	0.00
	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
		<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	3,182.00
		-1040 2D Front (R-12/20)   This town is only sized as officed and office the UK sized		

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.





<b>24</b> To	otal tax from Page 1, Line 23.					24	3,182 <u>.00</u>				
Step 8	3: Payments and Refundabl	e Credit									
<b>25</b> Illin	nois Income Tax withheld. Attacl	h Schedule IL-W	IT.		<b>25</b> 3,	474.00					
<b>26</b> Est	timated payments from Forms IL	1040-ES and IL	505-I,								
inc	luding any overpayment applied	l from a prior yea	r return.		26	.00					
<b>27</b> Pas	ss-through withholding. <b>Attach</b> S	Schedule K-1-P o	r K-1-T.		27	.00					
	rned Income Credit from Schedu	•			. 28	.00	0.454				
	tal payments and refundable of	credit. Add Lines	25 through	28.		29	3,474.00				
•	9: Total						0.00				
	ine 29 is greater than Line 24, su		30	292.00							
	ine 24 is greater than Line 29, sul					31	.00				
	<ol> <li>Underpayment of Estima derpayment of estimated to</li> </ol>		•	•		or late-paym	ent penalty				
<b>32</b> Lat	te-payment penalty for underpay	ment of estimate	ed tax.		32	.00					
а	☐ Check if at least two-thirds of	your federal gro	ss income is	from farming.							
	Check if you or your spouse		-		-						
C	Check if your income was not	received evenly	during the y	ear and you annualiz	ed your income or	n Form IL-221	0.				
الم	Attach Form IL-2210.										
	Check if you were not require			Income lax return in	-						
	luntary charitable donations. Att tal penalty and donations. Add				33	<u>.00</u> <b>34</b>	.00				
	11: Refund	Lines 32 and 30	J.			<u> </u>	.00				
•		and this amount	io avootov th	an Lina 24 aubtraat l	ing 24 from Line (	20					
-	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 <b>overpayment</b> .  35 292.00										
	This is your <b>overpayment</b> . 35 292.00  Amount from Line 35 you want <b>refunded to you</b> . Check <b>one</b> box on Line 37. See instructions. 36 292.00										
	· · · · · · · · · · · · · · · · · · ·										
	37 I choose to receive my refund by  2 Videost denosit - Complete the information below if you check this box										
a	a 🗵 direct deposit - Complete the information below if you check this box.										
	Routing numbe	r 3 2 1 1	7 1 1	8 4 × Ch	ecking or Sav	ings					
	Account number	er 4 2 0 1	1 2 2	0 1 9 3							
b	☐ Illinois Individual Income Ta http://tax.illinois.gov/Debite	ax refund debit Card prior to mal	<b>card.</b> I ackn king this ele	owledge I have revie	wed the card infor	mation found a	at				
	☐ paper check.										
	nount to be <b>credited forward.</b> Su	btract Line 36 fro	m Line 35.	See instructions.		38	.00				
Step 1	2: Amount You Owe										
<b>39</b> If y	ou have an amount on Line 31,	add Lines 31 an	d 34. <b>- or -</b>								
-	ou have an amount on Line 30 a										
suk	otract Line 30 from Line 34. This	is the <b>amount</b> y	<b>ou owe</b> . Se	e instructions.		39	.00				
Step 1	13: If this is a joint return, both yo Under penalties of perjury, I s	•	_		t of my knowledge.	it is true, corre	ct, and complete.				
Sign				,	, , ,	, ,	1-8634				
Here	Here										
	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AM SAGAR GUPTA TALLAM	Date (mm/dd/yyyy) 03/10/2021	_	P02082703				
Paid	SYAM PRIYA RAM SAGAR GUPTA TA:  Print/Type paid preparer's name	LLAM	Paid prepare			self-employed	Paid Preparer's PTIN				
Preparer	, , , , , ,		raiu prepare		Date (mm/dd/yyyy)						
Use Only	V <del>                                    </del>	TAXES LLC			Firm's FEIN	30101719					
Third	Firm's address • 2530 Pebl	ble Creek LnC	ununtng	GA 30041	Firm's phone		e Department may				
Party		( )									
	e Designee's name (please print)			Designee's phone num	ber		eturn with the third e shown in this step.				
22.30	Refer to the 2020 II -1040 Instructions for the address to mail your return										

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\_\_\_\_ RR DC IR ID





RAHUL PENUBALA

#### 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)

our manno do onomi	on Form IL-1040							
Column A Form type  Employer/Payer Identification Number		Federal Wa	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.  Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld	
W	522207301 000	\$	72 <b>,</b> 508 <b>.00</b>	\$	72 <b>,</b> 508 <b>.00</b>	\$	3,474 <b>•0</b>	
		\$	•00	\$	•00	\$	•0	
		\$	•00	\$	•00	\$	<u>•0</u>	
		\$	•00	\$	•00	\$	•0	
		\$	<u>•00</u>	\$	•00	\$	•0	
		, , , , , , , , , , , , , , , , , , ,	idde all W-2 alla	ioaa iom	ns that show Illing	ois v	vitnnoiain	
our spouse's name a	s shown on Form IL-1040		Your spouse's S			ois v	vitnnoiain 	
our spouse's name a  Column A  Form type	Column B Employer/Payer Identification Number	( Federal Wa		Social Secu		C	Column E	
Column A	Column B Employer/Payer	( Federal Wa	Your spouse's S Column C ages, Winnings, Gross	Social Secu	rity number  Column D ages, Winnings, Gross	C	Column E nois Income ax Withheld	
Column A	Column B Employer/Payer	( Federal Wa	Your spouse's S Column C Iges, Winnings, Gross Is, Compensation, etc.	Social Secu	rity number  Column D ages, Winnings, Gross ns, Compensation, etc.	C	Column E	

#### 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** \$ 3,474.00

•00

•00

•00

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

•00

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•00



## Illinois Department of Revenue

				_								_							
Submission ID																			

	<b>2020 IL-8453 Illinois</b> ( <b>Do not mail</b> Form IL-8453 to the	Individual Illinois Depar	Income Tax Electronic transfer of Revenue unle	etronic Filing Declaration ess it is requested for review.)
Print 42	Provide taxpayer information AHUL st name and middle initial Spouse's first name (a	PENUI		0 8 6 _ 5 5 _ 2 8 5 1  Social Security number
	alling address			Spouse's Social Security number
	HICAGO	IL	60641	(669) 300-8634
Ci	•	State	ZIP	Daytime phone number
•	Complete information from tax ret	turn		64 000100
	income from Form IL-1040, Line 11			1 64,283   00
	from Form IL-1040, Line 14	40 Line 05 amber	()	2 3,182   00 3 3,474   00
	ois Income Tax withheld from Form IL-104 prpayment from Form IL-1040, Line 35	40, Line 25 <b>only</b> (	(enter <b>"U</b> " if none)	4 292100
	al amount due from Form IL-1040, Line 35	a a		5 100
	ng status: X Single Married filing j		d filing separately Wic	<u> </u>
	Complete direct deposit of refund	•		
<b>7</b> Rou	e United States or those not funded by intuiting no. (RN): $\frac{3}{2}$ $\frac{2}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{7}{2}$ $\frac{1}{2}$ count no. (AN): $\frac{4}{2}$ $\frac{2}{2}$ $\frac{0}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	1 8 4		be accepted and refunds will be via paper check
	e of account: X Checking Sav			· <del></del>
	•	•		
	e the payment is to be electronically with			
<b>11</b> Elec	ctronic funds withdrawal amount:	1 <u>00</u> _		
<b>12</b> Nar	ne on account:			
Step 4:	Taxpayer declaration and signature	e (Sign only aft	er completing Step 2 ar	nd, if applicable, Step 3.)
	consent that my refund may be directly correct. If I have filed a joint return, this is			re the information on Lines 7 through 9 is use as an agent to receive the refund.
ا i		portion of my 20 coverpayment of	20 Illinois Individual Incom	ent to initiate an ACH electronic funds e Tax return. I authorize the financial institutions al information necessary to answer inquiries
	do not want direct deposit of my refund,	or an electronic f	unds withdrawal (direct deb	it) of my balance due.
originato and acco been acc	ompanying information may be sent to IDC	nowledge, my retu DR by my ERO. I a	rn is true, correct, and compauthorize IDOR to inform my	rmation I provided to my electronic return plete. I consent that my return, this declaration, a ERO and/or the transmitter when my return has any be corrected and retransmitted if possible.
Sign _	our signature	Date	Snouse's signature (i	f joint return, <b>both</b> must sign) Date
Step 5: I declare have foll	Electronic return originator (ERO) e that I have examined this taxpayer's elec	and paid prep etronic Form IL-10 d declare, under	parer declaration and si 040, the information on this	<u> </u>
			03/10/2021	Check if paid preparer: ☒ (See instructions.)
	O's signature		Date	
	LOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
IISE [III	m's name or your name if self-employed			Your PTIN
oniv —	530 Pebble Creek Ln  uiling address			3 0 - 1 0 1 7 1 9 6  Federal employer identification number (FEIN)
	amming	GA	30041	(678) 965-9522
Cit		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.

