£1040

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 son is a child but not your depende	name of									
Your first name	and m	iddle initial	Last na	ame					Your	soci	ial security	/ number
KRISHNA	R		REGA	ATTE					790) – 3	2-5299)
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					Spou	se's	social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Presi	ident	tial Electio	n Campaign
2738 S I	WENT	WORTH AVE,						5B			ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	spaces below.	Sta	ite	ZIF	code code			0,	ly, want \$3 Checking a
CHICAGO					I.	L	6	0616	box l	belov	w will not	•
Foreign country	y name			Foreign province/state	e/coun	ty	Foi	reign postal cod	le your	tax o	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change,	or otherwise acquir	e any	financial in	nterest i	n any virtual	currency	y?	Yes	⊠ No
Standard Deduction		eone can claim:				•	ent					
Age/Blindness	You	Were born before January 2,	1956	Are blind S	oouse	e: Was	s born b	efore Januar	y 2, 195	6	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social secur	tv	(3) Relat	ionship	(4) 🗸 j	f qualifies	for (see instruc	ctions):
If more	•	irst name Last name		number	-,	to y		Child tax		- 1		er dependents
than four]	\top		
dependents,]			
see instruction and check	s —]			
here ►]			
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	8	5,175.
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest			2b		
Sch. B if required.	За	Qualified dividends	3a		b (Ordinary di	vidends			3b		
required.	4a	IRA distributions	4a		b T	axable an	nount .			4b		
	5a	Pensions and annuities	5a		b T	axable an	nount .			5b		
Standard	6a	Social security benefits	6a		b T	axable an	nount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D i	f required. If not re	quirec	l, check he	ere .	•		7		
Single or Married filing	8	Other income from Schedule 1, li	ne 9 .							8	_	7,500.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	Γhis is your total in	come				•	9	7	7,675.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a	2,0	00.			
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. Se	e inst	ructions	10b					
Head of	С	Add lines 10a and 10b. These are	e your to	tal adjustments to	inco	me			•	10c		2,000.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your	adjusted gross inc	ome				•	11	7	5,675.
If you checked	12	Standard deduction or itemized	d deduct	i ons (from Schedu	le A)					12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14		2,400.
	15	Taxable income. Subtract line 1	4 from lir	ne 11. If zero or less	s, ente	er -0				15	6	3,275.

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 10	3	9,	711.
	17	Amount from Schedule 2, lir							7		
	18	Add lines 16 and 17						. 18	3	9,	711.
	19	Child tax credit or credit for	other dependen	ts				. 19	3		
	20	Amount from Schedule 3, lir	ne 7					. 20	5		
	21	Add lines 19 and 20						. 2	1		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 2	2	9,	711.
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 10 .			. 23	3		0.
	24	Add lines 22 and 23. This is							1	9,'	711.
	25	Federal income tax withheld	•								
	а	Form(s) W-2				25a	12,7	46.			
	b	Form(s) 1099				25b					
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,					. 25	d	12.	746.
	26	2020 estimated tax paymen							_		, 10 .
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit. A				28					
If you have nontaxable	29	American opportunity credit				29					
combat pay,						30					
see instructions.	30	Recovery rebate credit. See									
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. The							_	10	716
-	33	Add lines 25d, 26, and 32. T									746.
Refund	34	If line 33 is more than line 24				-		. 34			035.
D: 1.1 :10	35a	Amount of line 34 you want						_	a	3,(035.
Direct deposit? See instructions.	►b	Routing number 1 2 1 Account number 3 2 5				Checking	Sav	ings			
	► d					+					
	36	Amount of line 34 you want									
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			▶ 3			
You Owe For details on		Note: Schedule H and Sch	· ·	•		of the taxes	you owe	e for			
how to pay, see		2020. See Schedule 3, line	•			1 1					
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•					lata bala		i N.	
Designee		structions				. P 🗆 Y	•	lete belov		No	
		signee's ne ▶		Phone no. ▶			number (identification	yn \Box	\Box	\Box
Sign		der penalties of perjury, I declare	hat I have examine		d accompanying sch	nedules and st			nest of r	ny knowle	edge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the IRS	sent you	u an Ident	ity
	k							Protection		iter it here	э
Joint return?	L				SOFTWARE 1			(see inst.)		$\bot\bot$	$\perp \perp \perp$
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion		If the IRS Identity P			
your records.								(see inst.)			T
	———	one no. (510)953-064	6	Email address	KRISHNAREDD	VNT.C@CMX	TT. COM				
		eparer's name	Preparer's signat	l .	MINIMAKEDD	Date	PT	īN	Che	eck if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדים די אוד.ד. או			208270		Self-emp	oloved
Preparer				אאטאט ויואזי	OUTIA TAULAM	07/43/2	021 FU				
Use Only		m's name ► GLOBAL TA m's address ► 2530 Pebb		n Cummin	~ CN 200/1			Phone no			
				III CUIIIIIIII				Firm's EIN		0-101	
GO TO WWW.Irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/30	/21 PRO			Form 10 4	+U (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020 Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

KRISHNA R REGATTE

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.

Your social security number 790-32-5299

Par	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	-7,500.
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,		7 500
Dar	t II Adjustments to Income	9	-7,500.
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	2,000.
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	2,000.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Your social security number

	HNA R REGATTE							_	90-32-52	
Part		s From Rental Real Estate and Roy	-		-				• .	
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental i	ncome	or loss f	rom Form 48	3 35 or	n page 2, lin	e 40.
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	See insti	ructions .		[Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	Yes 🗌 No
1a	Physical address of	each property (street, city, state, ZIP	code	e)						
A	CHIMAKURTHI ON	IGOLE ANDHRA PRADESH IN 5	232	25						
В										
C										
1b	Type of Property	2 For each rental real estate prop	erty I	listed		_	Rental	Per	rsonal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the	QJV b	oox only		L	Days		Days	
_ <u>A</u> _	3	if you meet the requirements to qualified joint venture. See inst	o file a	as a Îl	Α		365		0	<u> </u>
B		qualified joint venture. See irist	ructio) i i S.	В					<u> </u>
C					С					
	of Property:	0 V .: (OL T D				7 0 1	Б			
-	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-				
Incom	ti-Family Residence	4 Commercial Properties:	o RC	oyalties	_	8 Otne	r (describe)		1	С
3			3		Α	600.	Е	•		<u> </u>
-3 -			4			600.				
Expen			4	+						
5			5							
6	_	nstructions)	6							
7		nance	7		1.	500.				
8	•		8			300.				
9			9							
10		essional fees	10							
11			11		1.	200.				
12	_	d to banks, etc. (see instructions)	12							
13			13							
14			14		1,	500.				
15	Supplies		15		1,	500.				
16			16							
17	Utilities		17		2,	400.				
18	Depreciation expense	e or depletion	18							
19	Other (list)		19							
20	Total expenses. Add	lines 5 through 19	20		8,	100.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
	, ,,	instructions to find out if you must			_					
	file Form 6198		21	-	-7,	500.				
22		l estate loss after limitation, if any,		,	_	- 0 0 '	,			
00	on Form 8582 (see in		22	[(-7,5	500.)	()(
23a		eported on line 3 for all rental proper				23a		6	00.	
b		eported on line 4 for all royalty proper				23b				
C C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d		0 1	0.0	
e 24		eported on line 20 for all properties e amounts shown on line 21. Do no t				23e		8,1	24	
24 25	·	e amounts shown on line 21. Do no ll isses from line 21 and rental real estate		-		nter tet		٠.	25 (7,500.
	, ,								20 (7,500.
26		ate and royalty income or (loss). (V, and line 40 on page 2 do not a								
		40), line 5. Otherwise, include this ar							26	-7,500.

Form **8917**(Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Name(s) shown on return KRISHNA R REGATTE

Department of the Treasury

Internal Revenue Service

Your social security number 790-32-5299



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
- For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Studen	t's name (as shown on page 1 of your tax retu Last name	rn)	number	ent's social secu (as shown on pa your tax return)		(c) Adjusted qualified expenses (see instructions)
	KRISHNA R	REGATTE		790	0-32-5299		9,250.
2	Add the amounts or	line 1, column (c), and enter the total .				2	9,250.
3	Enter the amount fi	rom your "total income" line of Form 1	1040 or 3	1	77,675.		
4	(Form 1040), lines 23	e total of the amounts on your 2018 Sche 3 through 33, plus any write-in adjustmer ed line next to Schedule 1 (Form 1040), lir	nts you				
	Schedule 1 (Form 10 write-in adjustments	D: Enter the total of the amounts on your 2040 or 1040-SR), lines 10 through 20, plus you entered on the dotted line next to 040 or 1040-SR), line 22.					
	_	e <i>www.irs.gov/Form8917</i> to find out if the r 2019 have changed					
5		line 3.* If the result is more than \$80,00 the deduction for tuition and fees				5	77,675.
		n 2555, 2555-EZ, or 4563, or you're excl t of Your Income on the Amount of Your line 5.					
6	Tuition and fees d filing jointly)?	eduction. Is the amount on line 5 more	than \$65,00	0 (\$130,0	00 if married		
	X Yes. Enter the s	maller of line 2, or \$2,000.				6	2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/_

5В

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1991

790-32-5299

KRISHNA R REGATTE

2738 S WENTWORTH AVE,

60616 COOK CHICAGO ΙL



	_	· · · · · · · · · · · · · · · · · ·		
	В	Filing status: Single Married filing jointly Married filing separately Widowed Head		ola
	С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	□ Spouse	
	D	Check the box if this applies to you during 2020: U Nonresident - Attach Sch. NR U Part-year reside		
	Ste	p 2: Income	(Who	le dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	75,675 <u>.00</u>
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
4	3	Other additions. Attach Schedule M.	3	.00 75,675.00
•	4	Total income. Add Lines 1 through 3.	4	/5,6/5.00
ø		p 3: Base Income		
er	5	Social Security benefits and certain retirement plan income		
s h	_	received if included in Line 1. Attach Page 1 of federal return.	.00	
Ë	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	0.0	
ĮО	7	Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. 6 7	.00	
66	1	Other subtractions. Attach Schedule M. 7 The Check if Line 7 includes any amount from Schedule 1299-C.	.00	
10	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
þ	9	Illinois base income. Subtract Line 8 from Line 4.	9	75,675.00
Staple W-2 and 1099 forms here	_	p 4: Exemptions		- 7 1.00
V-2			25.00	
6	10	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b		
d		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c		
Ste		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
		Attach Schedule IL-E/EIC.	0.00	
		Exemption allowance. Add Lines a through d.	10	2,325.00
T	Ste	p 5: Net Income and Tax		
_		Residents: Net income. Subtract Line 10 from Line 9.		
•		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	e NR. 11	73,350.00
7	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
0-1		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	3,631.00
04	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,631.00
7/	Ste	p 6: Tax After Nonrefundable Credits		
nc	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	.00	
Z	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
ec		Attach Schedule ICR. 16	.00	
ch		Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
'n		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
8		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	3,631.00
		p 7: Other Taxes		
tap	20	Household employment tax. See instructions.	20	.00
Ś	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table		•
\blacksquare	00	in the instructions. Do not leave blank.	21	0.00

23 Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

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



22

23

3,631.00



24	Total tax from Page 1, Line 2	3.				24	3,631 <u>.00</u>							
Step	8: Payments and Refund	dable Credit												
25 III	inois Income Tax withheld. A	ttach Schedule IL-W	IT.		25	4,216.00								
26 Es	stimated payments from Fori	ms IL-1040-ES and II	505-I,											
	cluding any overpayment ap				26	.00								
27 Pa	ass-through withholding. Atta	nch Schedule K-1-P o	r K-1-T.		27	.00								
28 Ea	arned Income Credit from Sc	hedule IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC	. 28	.00								
29 To	otal payments and refunda	ble credit. Add Lines	25 through	28.		29	4,216.00							
Step	9: Total													
30 If	Line 29 is greater than Line 24	4, subtract Line 24 fror	m Line 29.			30	585.00							
31 If	Line 24 is greater than Line 29	9, subtract Line 29 fror	m Line 24.			31	.00							
Step	10: Underpayment of Est	timated Tax Penalt	y and Don	ations - Only com	plete Step	10 for late-paym	ent penalty							
for u	nderpayment of estimate	ed tax or to make	a voluntar	y charitable dona	tion.									
32 La	ate-payment penalty for unde	erpayment of estimate	ed tax.		32	.00								
а	☐ Check if at least two-thire	ds of your federal gro	ss income is	s from farming.										
b	☐ Check if you or your spo	use are 65 or older a	nd permane	ntly living in a nursing	g home.									
С	c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.													
_	Attach Form IL-2210.													
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.													
	 33 Voluntary charitable donations. Attach Schedule G. 34 Total penalty and donations. Add Lines 32 and 33. 35 30 00 36 00 37 00 38 00 39 00 30 00 30 00 31 00 32 00 33 00 34 00 36 00 37 00 38 00 39 00 30 0													
	34	.00												
•	Step 11: Refund													
	35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.													
	nis is your overpayment .	35	585.00											
36 Ai	mount from Line 35 you want	refunded to you. Ch	ieck one box	con Line 37. See inst	ructions.	36	585.00							
	choose to receive my refund	•												
а	☑ direct deposit - Comple	ete the information be	low if you ch	neck this box.										
	Routing nu	mber 1 2 1 0	0 0 3	5 8 × Ch	ecking or	Savings								
	Account nu	ımber 3 2 5 0	6 2 1	9 8 8 1 3										
b	☐ Illinois Individual Incor http://tax.illinois.gov/D	me Tax refund debit	card. I ackn	owledge I have revie	wed the card	information found	at							
C	paper check.	editeald prior to ma	King inis ele	Clion.										
	mount to be credited forward	Subtract Line 36 fro	m Line 35	See instructions		38	.00							
		. Oubtract Line 50 inc	THE SS.	Dec instructions.			.00							
	12: Amount You Owe													
	you have an amount on Line													
	you have an amount on Line					00	0.0							
SI	ubtract Line 30 from Line 34.	This is the amount y	ou owe. Se	e instructions.		39	.00							
Step	13: If this is a joint return, both		-											
	Under penalties of perjur	ry, I state that I have ex	kamined this	return and, to the bes	t of my knowle	edge, it is true, corre	ect, and complete.							
Sign						(510) 953	3-0646							
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yy	yy) Daytime phone	e number							
	SYAM PRIYA RAM SAGAR GUPT			AM SAGAR GUPTA TALLAM	09/25/202		P02082703							
Paid	Print/Type paid preparer's na		Paid prepare		Date (mm/dd/yy	colf ampleyed								
Prepare	er Firm's name NCI OR	AL TAXES LLC		-		30101719								
Use On	ly 	Pebble Creek LnC	ממיות וויי		Firm's FEIN) (678) 965								
Third	1 11113 addiess / 2000	LENNIE CLEEK THE		GW 2004T	Firm's phone	È								
Party				()			e Department may eturn with the third							
Designe	Designee's name (please pr	rint)		Designee's phone num	nber		e shown in this step.							
		2020 IL-1040 Ins	******											
	Reter to the 2	1112U II = 1114U INS	struction	s ior the addre	ss in mai	i vour return								

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

ID: 3WM

REV 04/06/21 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)

KRISHNA R REGATTE		9 0 _	3 2	5 2	9 9						
Your name as shown on Form IL-1040	Your	Your Social Security number									
Column A Column B Form type Employer/Payer Identification Number	Column C Federal Wages, Winning Distributions, Compens		ss III	Column E Illinois Income Tax Withheld							
1 W 77036809	- \$ 85,17	5 •00 \$_	85,175 •00	\$	4,216 .00						
2	- \$	<u>•00</u> \$_	•00	\$	•00						
3	- \$	<u>•00</u> \$_	•00	\$	•00						
4	- \$	<u>•00</u> \$_	•00	\$	•00						
5	- \$	<u>•00</u> \$	•00	\$	•00						

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

Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross ompensation, etc.	Illinois Wage	olumn D es, Winnings, Gross Compensation, etc.	Column E Illinois Income Tax Withheld		
6		_ \$	•00	\$	•00	\$	•00	
7		_ \$	•00	\$	•00	\$	•00	
8		_ \$	<u>•00</u>	\$	•00	\$	<u>•00</u>	
9		_ \$	<u>•00</u>	\$	•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 \$ 4,216<u>.00</u>

→ 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> ₩	(Do not mail Form IL-8453 to the	ne Illinois Depa	rtment of Revenue un	less it is requested for review.)
Step	1: Provide taxpayer information KRISHNA R	REGA	ጥጥር	7 9 0 _ 3 2 _ 5 2 9 9
		(and last name if differen		Social Security number
Print	2738 S WENTWORTH AVE, 5B	,	,	,
or type	Mailing address			Spouse's Social Security number
typo	CHICAGO	IL	60616	(510) 953-0646
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax r	eturn		
	Net income from Form IL-1040, Line 11			173,350 00 _
	ax from Form IL-1040, Line 14			2 3,631 <u>00</u>
	llinois Income Tax withheld from Form IL-1	040, Line 25 only	(enter "0" if none)	3 <u>4,216</u> <u>00</u>
	Overpayment from Form IL-1040, Line 35	•	,	4 585 00
5	otal amount due from Form IL-1040, Line	39		5I <u>00</u>
6 F	Filing status: \underline{X} Single $\underline{}$ Married filing	jointly Marrie	ed filing separately Wi	dowed Head of household
does within 7 F 8 4 9 1 10 E 11 E	not support international ACH transactions	. IDOR will only per nternational funds 3 _ 5 _ 8	form direct transactions (e. Electronic payments will no	d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located at be accepted and refunds will be via paper check.
	4: Taxpayer declaration and signatu	re (Sign only aft	ter completing Step 2 a	and if applicable Step 3)
Step	I consent that my refund may be directly correct. If I have filed a joint return, this	deposited as des is an irrevocable a	ignated in Step 3 and declar oppointment of the other spo	are the information on Lines 7 through 9 is buse as an agent to receive the refund.
		nic portion of my 20 nic overpayment of	020 Illinois Individual Incon	pent to initiate an ACH electronic funds ne Tax return. I authorize the financial institutions ial information necessary to answer inquiries
Г	I do not want direct deposit of my refund	d, or an electronic f	funds withdrawal (direct de	bit) of my balance due.
origin and a	ccompanying information may be sent to ID	knowledge, my retu DOR by my ERO. I	ırn is true, correct, and com authorize IDOR to inform m	ormation I provided to my electronic return applete. I consent that my return, this declaration, by ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sign	·			
	Your signature	Date		(if joint return, both must sign) Date
I decl		lectronic Form IL-1 and declare, under	040, the information on thi penalties of perjury, that to	s Form IL-8453, and accompanying information. I be the best of my knowledge the taxpayer's return
	ERO's signature		09/25/2021 Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC		24.0	P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-employed			Your PTIN 2 0 5 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.

