▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service Calendar Year — Due 06/15/2021

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... REV 03/23/21 PRO 1555

1,933.

746-96-5328 021-08-0792 VALKALADATTA GORLAMARI ANUSHA CHENNUPATI 1320 S WHITE OAK DR APT 618 WAUKEGAN IL 60085

INTERNAL REVENUE SERVICE PO BOX 931100 FOR A 40543-7700

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | | | | | | |
|--|--|--|--|--|--|--|--|
| Taxpayer's name | Social security number | | | | | | |
| VALKALADATTA GORLAMARI | 746-96-5328 Spouse's social security number | | | | | | |
| Spouse's name | | | | | | | |
| ANUSHA CHENNUPATI | 021-08-0792 | | | | | | |
| Tak Hotain internation | (Enter year you are authorizing.) | | | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | 196,890. | | | | | | |
| 1 Adjusted gross income | 20 461 | | | | | | |
| Total tax | | | | | | | |
| | 4 | | | | | | |
| 4 Amount you want refunded to you | | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get | and keep a copy of your return) | | | | | | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Parreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to taxes and the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendation). | transmitter, or electronic return originator (ERO) for rejection of the transmission, (b) the reason e the U.S. Treasury and its designated Financial unt indicated in the tax preparation software for nstitution to debit the entry to this account. This erminate the authorization. To revoke (cancel) a on requests must be received no later than 2 d in the processing of the electronic payment of the payment. I further acknowledge that the | | | | | | |
| Electronic Funds Withdrawal Consent. | | | | | | | |
| Taxpayer's PIN: check one box only X Lauthorize GLOBAL TAXES LLC to enter or get | nerate my PIN 6 5 3 2 8 as my | | | | | | |
| FRO firm name | Enter five digits, but don't enter all zeros | | | | | | |
| signature on the income tax return (original or amended) I am now authorizing. | | | | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | I am now authorizing. Check this box only N method. The ERO must complete Part III | | | | | | |
| Your signature | 03/3/101 | | | | | | |
| Spouse's PIN: check one box only | nerate my PIN 8 0 7 9 2 as my | | | | | | |
| ERO firm name ERO firm name | Enter five digits, but don't enter all zeros | | | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | I am now authorizing. Check this box only N method. The ERO must complete Part III | | | | | | |
| | ate > 03 31 2 | | | | | | |
| Practitioner PIN Method Returns Only—continue | neiow | | | | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros | | | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method in the PIN method i | ncome tax return (original or amended) I am now am submitting this return in accordance with the ders of Individual Income Tax Returns. | | | | | | |
| Discontinue D | ate ► | | | | | | |
| ERO's signature ► ERO Must Retain This Form — See Instruct | ions | | | | | | |
| Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | | |

| IF you live in | THEN use this address to send in your payment | | |
|---|--|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 | | |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 | | |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 | | |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 | | |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

2020

Form 1040-V Payment Voucher

Enter the amount of your payment • 4 - 816 •

REV 03/23/21 PRO

1555

VALKALADATTA GORLAMARI ANUSHA CHENNUPATI 1320 S WHITE OAK DR 618 WAUKEGAN IL 60085

Use this voucher when making a payment with Form 1040.
 Do not staple this voucher or your payment to Form 1040.

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

| §104 | | partment of the Treasury—Internal Revenue Ser .S. Individual Income Ta | | urn 20 | 20 | OMB No. 154 | 5-0074 | IRS Use Only | —Do not | write or staple | e in this space. | |
|----------------------------------|--|--|-----------|--|--------------------|------------------|---------|---------------------|-------------|-----------------------------|------------------|--|
| Filing State Check only one box. | If y | Single Married filing jointly [ou checked the MFS box, enter the ron is a child but not your dependent | name of | ed filing separate your spouse. If yo | | | | | | | | |
| Your first nan | Your first name and middle initial Last name Your social security number | | | | | | | | | ity number | | |
| VALKAL | ADATI | TA . | GOR | LAMARI | | | | - 1 | 746-96-5328 | | | |
| If joint return, | spouse | 's first name and middle initial | Last na | ime | | | | | Spouse | 's social se | curity number | |
| ANUSHA | | | CHE | NNUPATI | | | | | 021- | 08-079 | 2 | |
| Home addres | s (numb | er and street). If you have a P.O. box, see | instructi | ons. | | | | Apt. no. | Preside | ntial Electi | ion Campaign | |
| 1320 S | LIHM | E OAK DR | | | | | | | | here if you, | | |
| City, town, or | post of | fice. If you have a foreign address, also c | omplete s | paces below. | Sta | ate | ZIP c | | | | ntly, want \$3 | |
| WAUKEGA | AN | | | | I | L | 600 | | | o this fund. ow will not | Checking a | |
| Foreign count | try name | | | Foreign province/sta | ate/cour | nty | Forei | | | or refund. | | |
| | | | | | | | | | | ☐ You | Spouse | |
| At any time of | uring 2 | 020, did you receive, sell, send, exc | hange, d | or otherwise acqu | ire any | financial intere | st in a | ny virtual curr | rency? | Yes | ⊠ No | |
| Standard Deduction | | neone can claim: | n or you | | use as us alier | a dependent | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, | 956 | Are blind | Spouse | : Was bor | n befo | ore January 2, | 1956 | ☐ Is bl | ind | |
| Dependent | t s (see | instructions): | | (2) Social secu | ıritv | (3) Relationshi | \neg | (4) ✓ if qua | | (see instru | ctions): | |
| If more | (1) F | First name Last name | | number | , | to you | - | Child tax cred | | • | ner dependents | |
| than four | | | | | | | | | | | 7 | |
| dependents, see instruction | ıs — | | | | | | | | | | | |
| and check | | | | | | | | | | | | |
| here ► | | | | | | | | | | | | |
| Attach | _1_ | Wages, salaries, tips, etc. Attach | Form(s) | W-2 | | | | | 1 | 19 | 7,190. | |
| Sch. B if | 2a | | 2a | | b T | axable interest | | | 2b | | | |
| required. | 3a | _ | 3a | | b 0 | rdinary dividen | ds . | | 3b | | | |
| |) 4a | | 4a | b Taxa | | axable amount | | | 4b | | | |
| | 5a | - | 5a | | b Ta | axable amount | | | 5b | | | |
| Standard Deduction for— | 6a | , | 6a | | | axable amount | | | 6b | | | |
| Single or | 7 | Capital gain or (loss). Attach Sche | | required. If not re | quired, | check here | | ▶ 🗆 | 7 | | | |
| Married filing separately, | 8 | Other income from Schedule 1, lin | | | | | | | 8 | | | |
| \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your total ir | come | | | ▶ | 9 | 19 | 7,190. | |
| Married filing jointly or | 10 | Adjustments to income: | | | | | , | | | | | |
| Qualifying | а | From Schedule 1, line 22 | | | | 10a | | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | | | | | | 300. | | l | | |
| Head of household, | С | Add lines 10a and 10b. These are | | | | ne | | > | 10c | | 300. | |
| \$18,650 | 11 | Subtract line 10c from line 9. This | • | | | | | 🕨 | 11 | 19 | 6,890. | |
| If you checked any box under | 12 | Standard deduction or itemized | | | , | | | | 12 | 2 | 4,800. | |
| Standard Deduction, | 13 | Qualified business income deducti | on. Atta | ch Form 8995 or F | Form 89 | 995-A | | | 13 | | | |
| see instructions. | 14 | | | | | | | | 14 | | 4,800. | |
| | 15 | Taxable income. Subtract line 14 | trom line | 11. If zero or less | s, enter | -0 | | | 15 | 17 | 2.090 | |

| Form 1040 (2020) |) | | Pag | ge 2 | | |
|----------------------------------|------|--|---|-------------------------|--|--|
| | 16 | Tax (see instructions). Check if any from Fore | n(s): 1 8814 2 4972 3 16 29,461 | | | |
| | 17 | Amount from Schedule 2, line 3 | | | | |
| | 18 | Add lines 16 and 17 | | | | |
| | 19 | Child tax credit or credit for other depende | nts | | | |
| | 20 | Amount from Schedule 3, line 7 | | | | |
| | 21 | Add lines 19 and 20 | | | | |
| | 22 | Subtract line 21 from line 18. If zero or less | enter -0 | | | |
| | 23 | Other taxes, including self-employment tax | from Schedule 2, line 10 |). | | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | |
| | 25 | Federal income tax withheld from: | | | | |
| | а | Form(s) W-2 | 25a 24,677. | | | |
| | b | Form(s) 1099 | 1/12 | | | |
| | С | Other forms (see instructions) | 25c | | | |
| | d | Add lines 25a through 25c | | ١. | | |
| If you have a | 26 | 2020 estimated tax payments and amount | | _ | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. Attach Schedule | | | | |
| nontaxable | 29 | American opportunity credit from Form 886 | | | | |
| combat pay, see instructions. | 30 | Recovery rebate credit. See instructions . | A 6.00 | | | |
| | 31 | Amount from Schedule 3, line 13 | | | | |
| | 32 | | tal other payments and refundable credits > 32 | | | |
| | 33 | | otal payments | _ | | |
| Refund | 34 | | 24 from line 33. This is the amount you overpaid 34 | <u> </u> | | |
| neiuliu | 35a | | ou. If Form 8888 is attached, check here | _ | | |
| Direct deposit? | ▶b | Routing number X X X X X X X | | _ | | |
| See instructions. | ▶d | Account number X X X X X X X | | | | |
| | 36 | Amount of line 34 you want applied to you | | | | |
| Amount | 37 | | ount you owe now | | | |
| You Owe | | | , line 37 may not represent all of the taxes you owe for | | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its ins | | | | |
| instructions. | 38 | Estimated tax penalty (see instructions) . | ▶ 38 32 . | | | |
| Third Party | Do | you want to allow another person to di | scuss this return with the IRS? See | | | |
| Designee | | structions | ▶ ☐ Yes. Complete below. 🗵 No | | | |
| | | signee's | Phone Personal identification | _ | | |
| | | me ► | no. ▶ number (PIN) ▶ | | | |
| Sign | Un | ider penalties of perjury, I declare that I have exami | ned this return and accompanying schedules and statements, and to the best of my knowledge of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | and | | |
| Here | | our signature / (/ | Date Your occupation If the IRS sent you an Identity | je. | | |
| | , 10 | our signature | Best-stiller Biblion in | | | |
| Joint return? | | 4. | 03 31 2 SHAREPOINT ADMINISTRATOR (see inst.) ► | \Box | | |
| See instructions. | Sp | ouse's signature. If a joint return, both must sign. | Date Spouse's occupation If the IRS sent your spouse an | _ | | |
| Keep a copy for your records. | , | 16 An 2 | 63/31/21 SR. SOFTWARE DEVELOPER (see inst.) ▶ I I | ere | | |
| , | | Chapus | | \sqcup | | |
| | | one no. eparer's name Preparer's sign | Email address Ature Date PTIN Check if: | _ | | |
| Paid | | | Shok II. | | | |
| Preparer | | | RAM SAGAR GUPTA TALLAM 03/28/2021 P02082703 Self-employer | | | |
| Use Only | | m's name GLOBAL TAXES LLC | Phone no. (678) 965-952 | _ | | |
| | Fin | m's address ▶ 2530 Pebble Creek | Ln Cumming GA 30041 Firm's EIN ► 30-101719 | Firm's EIN ► 30-1017196 | | |

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- · Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit mytax.illinois.gov to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



Illinois Department of Revenue 2020 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

746-96-5328 Your Social Security number

021-08-0792 Spouse's Social Security number

129.00 Payment amount

Your payment is due April 15, 2021.

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



WAUKEGAN IL 60085

V GORLAMARI & A CHENNUPATI

1320 S WHITE OAK DR 618



Illinois Department of Revenue

2020 Form IL-1040

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

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

Step 1: Personal Information

1990

746-96-5328 021-08-0792

1991

VALKALADATTA

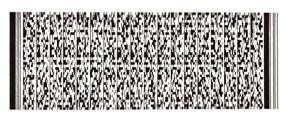
GORLAMARI

ANUSHA

CHENNUPATI

1320 S WHITE OAK DR

618



| | JAW | JKEGAN IL 60085 LAKE | | |
|--------------------------------|----------|--|-----------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | В | Filing status: Single Married filing jointly Married filing separately Widowed Head Head | of househ | old |
| | _ | Charles to a second service of the control of the c | | olu |
| | | Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. | ■ Spouse | ; - |
| | <u>D</u> | Check the box if this applies to you during 2020: ☐ Nonresident - Attach Sch. NR ☐ Part-year resident | | |
| | Ste | p 2: Income | (Wh | ole dollars only) |
| | 1 | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 | 196,890.00 |
| _ | 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 | 196,890.00 |
| | _ | p 3: Base Income | | |
| ē, | | | | |
| e | 5 | Social Security benefits and certain retirement plan income | | |
| s | _ | received if included in Line 1. Attach Page 1 of federal return. 5 | .00 | |
| = | 6 | Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, | | |
| <u> </u> | _ | Schedule 1, Ln. 1. 6 | .00 | |
| 2 | 7 | Other subtractions. Attach Scriedule M. | .00 | |
| ŝ | _ | Check if Line 7 includes any amount from Schedule 1299-C. □ | | |
| | 8 | Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 | .00 |
| Staple W-z and 1099 forms here | 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | 196,890.00 |
| N | Ste | p 4: Exemptions | | |
| Ė | 10 | a Enter the exemption amount for yourself and your spouse. See instructions. a 4,65 | 0.00 | |
| e | | b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b | .00 | |
| de | | c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c | .00 | |
| 20 | | d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. | | |
| | | Attach Schedule IL-E/EIC. | 0.00 | |
| A | | Exemption allowance. Add Lines a through d. | 10 | 4,650.00 |
| Γ | Ste | p 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 | VR. 11 | 192,240.00 |
| • | 12 | Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | | .00 |
| | 12 | Nonresidents and part-year residents: Enter the tax from Schedule NR. | 12 | 9,516.00 |
| 40 | 12 | Recapture of investment tax credits. Attach Schedule 4255. | 13 | .00 |
| 2 | 10 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | 9,516.00 |
| | | | | 7 100 |
| 6 | Ste | p 6: Tax After Nonrefundable Credits | .00 | |
| Ü | 15 | | .00 | |
| × | 16 | Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | .00 | |
| ec | | | .00 | |
| S | 17 | | | 0.00 |
| 4 | 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | 9,516.00 |
| ğ ' | | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 | 9,310.00 |
| staple your | Ste | p 7: Other Taxes | | |
| d · | າດໍ | Hereshold employment tax. See instructions. | 20 | .00 |
| 36 | 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 |
| • | 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 | 9,516.00 |

IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In-come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





| 24 Tota | al tax from Page | 1. Line 23. | | | | | | 24 | 9,516.00 |
|---|--|--|--|--|---|--|---|---|---|
| | | d Refundable C | redit | | | | | | |
| | | ithheld. Attach Sc | | | | | 25 9,38 | 37 <u>.00</u> | |
| 25 IIIII10 | mated navments | from Forms IL-10 | 40-ES and IL- | 505-I, | | | | | |
| inclu | iding any overpa | yment applied from | 26 | .00. | | | | | |
| 27 Pass | s-through withho | Iding, Attach Sche | dule K-1-P or h | (-1-T. | | | 27 | .00 | |
| 28 Earr | ned Income Cred | lit from Schedule II | L-E/EIC, Step 4 | , Line 8 | 3. Attac | h Schedule IL-E/EIC. | 28 | <u>.00</u> 29 | 9,387.00 |
| 29 Tota | al payments and | d refundable cred | dit. Add Lines 2 | 5 throu | igh 28. | | | | 37307,00 |
| Step 9: | Total | | | | | | | 30 | .00 |
| 30 If Lir | ne 29 is greater th | nan Line 24, subtra | ct Line 24 from | Line 29 | | | | 30 | 129.00 |
| 31 If Lir | ne 24 is greater ti | nan Line 29, subtra | ct Line 29 from | Line 24 | | 0.1 | -late Cten 10 for | | nt nenalty |
| Step 10 | 0: Underpayme | ent of Estimated | Tax Penalty | and D | onati | ons - Uniy com | olete Step 10 for | late-paymo | in pondity |
| for und | derpayment of | estimated tax | or to make a | volun | tary c | charitable donat | 32 | .00 | |
| 32 Late | e-payment penal | ty for underpayme | ent of estimated | ı tax. | o ie fr | om farming | <u> </u> | | |
| a [| Check if at lea | st two-thirds of yo | 65 or older an | d nerm: | anently | y living in a nursing | home. | | |
| D L | Check if your i | ncome was not re | ceived evenly o | durina tl | he vea | r and you annualiz | ed your income on | Form IL-2210 | |
| ٠ ـ | Attach Form | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , | | | | |
| dГ | Check if you v | vere not required t | o file an Illinois | Individ | dual Ind | come Tax return in | the previous tax ye | ar. | |
| 33 Volu | untary charitable | donations. Attacl | h Schedule G. | | | | 33 | .00 | .00 |
| 34 Tota | al penalty and | donations. Add Li | nes 32 and 33 | | | | | 34 | .00 |
| Step 1 | 1: Refund | | | | | | | | |
| 35 If yo | ou have an amo | unt on Line 30 and | d this amount is | s greate | er than | Line 34, subtract l | ine 34 from Line 3 | 0. | .00 |
| This | s is your overpa | yment. | | | | | | 35 36 | .00 |
| 36 Am | ount from Line 3 | 5 you want refund | ded to you . Ch | eck one | box o | on Line 37. See inst | ructions. | 30 | .00 |
| 37 I ch | noose to receive | my refund by | | | | | | | |
| a [| direct depos | it - Complete the | information bel | ow if yo | ou chec | | | | |
| | | Routing number | | | \Box | Ch | ecking or Savi | ngs | |
| | | Account number | | $\overline{\Box}$ | П | | | | |
| | | (| | | | | wed the pard inform | nation found a | t |
| b [| ☐ Illinois Indiv | idual Income Tax nois.gov/DebitCa | refund debit | card. I king this | acknov s electi | wledge i nave revie ion. | wed the card inforr | nation loans a | |
| ا م | paper check | | | | | | | | |
| 38 Am | nount to be credi | ted forward. Subt | ract Line 36 fro | m Line | 35. Se | ee instructions. | | 38 | .00 |
| | | | | | | | | | |
| Step 12: Amount You Owe | | | | | | | | | |
| | - base on ome | | dd Lines 31 an | d 34 | or - | | | | |
| 20 If v | ou have an amo | ount on Line 31, a | dd Lines 31 an nd this amount | d 34. • is less t | - or - than Li | ine 34, | | | 120 00 |
| 39 If y | ou have an amo | ount on Line 31, a | nd this amount | is less t | than Li | ine 34, instructions. | | 39 | 129.00 |
| 39 If y If y | ou have an amo btract Line 30 fr | ount on Line 31, action on Line 30 arount on Line 34. This is | nd this amount s the amount s | ou ow | e. See | olow | | THE SHARE STREET STREET | |
| 39 If y If y | ou have an amo btract Line 30 fr | ount on Line 31, action on Line 30 arount on Line 34. This is | nd this amount s the amount s | ou ow | e. See | olow | st of my knowledge, | THE SHARE STREET STREET | |
| 39 If y If y sul | ou have an amo btract Line 30 fr | ount on Line 31, action on Line 30 arount on Line 34. This is | and this amount y s the amount y and your spous te that I have e | is less to the control of the contro | e. See sign be | olow | st of my knowledge, | it is true, corre | |
| 39 If y If y sul | you have an amount of the struct Line 30 from 13: If this is a join Under penal | pount on Line 31, and pount on Line 30 ard pount on Line 34. This is not return, both you ties of perjury, I sta | and this amount is the amount is and your spousate that I have each | rou owe se must examined | e. See sign be d this re | elow. eturn and, to the be | 03/3/12 | it is true, corre | ct, and complete. |
| 39 If y If y sul | ou have an amo btract Line 30 fr 13: If this is a joi Under penal Your signature | ount on Line 31, and punt on Line 30 are om Line 34. This is not return, both you ties of perjury, I sta | and this amount is the amount of amount of amount of and your spous the that I have expected the control of the | e must | sign bed this re | elow. eturn and, to the be | 03/3/2 Date (mm/dd/yyyy) | it is true, corre | ct, and complete. |
| 39 If y If y sul Step | ou have an amount of the struct Line 30 from the structure of the structur | pount on Line 31, and pount on Line 30 are form Line 34. This is not return, both you ties of perjury, I start and SAGAR GUPTA TALL | and this amount is the amount is the amount is and your spous attemption that I have expected | se must camined Spouse | sign bed this red Sessign bed this red Sessignarian RIYA RA | elow. eturn and, to the be ature M SAGAR GUPTA TALLAN | 03/3/2 Date (mm/dd/yyyy) | it is true, corre | ct, and complete. |
| 39 If y If y sul Step 7 | ou have an amo btract Line 30 fr 13: If this is a joi Under penal Your signature SYAM PRIYA RA Print/Type paid | punt on Line 31, and punt on Line 30 are om Line 34. This is not return, both you ties of perjury, I state of perjury, I state of perjury and E of the state of t | and this amount is the amount is the amount is and your spous attement I have expected that I have expected the control of the | se must camined Spouse | sign bed this red Sessign bed this red Sessignarian RIYA RA | elow. eturn and, to the be | Date (mm/dd/yyyy) 03/28/2021 Date (mm/dd/yyyy) | it is true, corre | ct, and complete. 7-0877 e number P02082703 Paid Preparer's PTIN |
| 39 If y If y Sulf Step 1 Sign Here Paid Prepare | ou have an amo btract Line 30 fr 13: If this is a joi Under penal Your signature SYAM PRIYA RA Print/Type paid Firm's name | pount on Line 31, and pount on Line 30 are form Line 34. This is not return, both you ties of perjury, I state of perjury, I s | and this amount is the amount is the amount is and your spous attement I have each of the control of the contro | se e must e must examined Spouse SYAM PA | e. See sign be d this re 1. A e's signa RIYA RA reparer's | elow. eturn and, to the be ature M SAGAR GUPTA TALLAM es signature | Date (mm/dd/yyyy) 03/28/2021 Date (mm/dd/yyyy) Firm's FEIN | it is true, corre (408) 477 Daytime phono Check if self-employed 30101719 | ct, and complete. 7-0877 e number P02082703 Paid Preparer's PTIN |
| 39 If y If y Sulf Step Sign Here Paid Preparet Use Online | ou have an amount of the state | pount on Line 31, and pount on Line 30 are form Line 34. This is not return, both you ties of perjury, I state of perjury, I s | and this amount is the amount is the amount is and your spous attement I have expected that I have expected the control of the | se e must e must examined Spouse SYAM PA | e. See sign be d this re 1. A e's signa RIYA RA reparer's | elow. eturn and, to the be ature M SAGAR GUPTA TALLAN | Date (mm/dd/yyyy) 03/28/2021 Date (mm/dd/yyyy) | it is true, corre (408) 477 Daytime phone Check if self-employed 30101719 (678) 96 | ct, and complete. 2-0877 e number P02082703 Paid Preparer's PTIN |
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| 39 If y If y sulf Step 1 Sign Here Paid Prepare Use Onli | your signature SYAM PRIYA RA Print/Type paid Firm's name Firm's address | pount on Line 31, and pount on Line 30 are pount on Line 34. This is not return, both you ties of perjury, I state of perjury, | and this amount is the amount is the amount is and your spous the that I have et that I have et that I make the that I have et | se must camined spouse SYAM PI Paid pr | e. See sign bed this re by's signa RIYA RA reparer: | elow. eturn and, to the be ature M SAGAR GUPTA TALLAN s signature GA 30041 () Designee's phone nu | Date (mm/dd/yyyy) 03/28/2021 Date (mm/dd/yyyy) Firm's FEIN Firm's phone | it is true, corre (408) 477 Daytime phone Check if self-employed 30101719 (678) 96 Check if the discuss this reparty designers | ct, and complete. 7-0877 number P02082703 Paid Preparer's PTIN 6 5-9522 ne Department may eturn with the third se shown in this step. |

DR_____ AP____ RR DC IR ID

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

ID: 3WM REV 03/17/21 PRO





Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|-----------------------------|-----------|-----------------------------|
| W-2 | W | 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 | К |
| 1099-OID | 0 | 1099-NEC | N |

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

| | LKALADATTA G ur name as shown | | Your Social Se | 6 _ 9 _ 6 _ 5 | 3 2 8 | | |
|----|----------------------------------|---|---|--|---|--|--|
| | Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc | | | |
| 1 | W | 80-0681835 000 | - \$107,940 .00 | \$107,940 .00 | \$5,199• <u>00</u> | | |
| 2 | | | _ \$ <u>•00</u> | \$ <u>•00</u> | \$ <u>•00</u> | | |
| 3 | | | - \$ <u>•00</u> | \$ <u>•00</u> | \$ | | |
| 4 | | | _ \$ <u>•00</u> | \$ <u>•00</u> | \$00 | | |
| 5 | | | \$ <u>•00</u> | \$ <u>•00</u> | \$00 | | |
| AN | JSHA CHENNUP. | | cords (include all W-2 and 1 | 1099 forms that show Illing 1 0 8 - 0 Social Security number | | | |
| | Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld | | |
| 6 | W | 46-2410063 000 | \$ 89,250 ₀00 | \$89,250•00 | \$4,188 .00 | | |
| 7 | | | _ \$ <u>•00</u> | \$ <u>•00</u> | \$ | | |
| 8 | | | - \$ <u>•00</u> | \$ <u>•00</u> | \$ <u>•00</u> | | |
| 9 | | | - \$ <u>•00</u> | \$ <u>•00</u> | \$ <u>•00</u> | | |
| | | | | | | | |

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$____9,387**.00**

•00

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



•00

| 3 | lllinois Departi | ment of Rev | enue | | | - 🔲 | Ш | |] - 🗌 | | | |
|--|---|--|---|--|-------------------------------|--------------------------|-----------------------|----------------------------|-----------------------|---------------------|----------------------|-----------------|
| 8 | 2020 IL-84 | 53 Illinois | Individ | dual Inc | ome Ta | | bmission ID | | a De | clar | ation | 1 |
| P | (Do not mail Form | | | | | | | | | | | • |
| Ste | o 1: Provide taxpayer i | | | - орын нис | | | | - 1 | | | , | |
| 0.0 | VALKALADATTA | ANUSHA CHENI | | | | | | 6 | | | 5_3 | 2 _8 |
| Prir | First name and middle initial | Spouse's first name (a | and last name | e if different) | Last name | | | ecurity num | | | 0 7 | 0 0 |
| or | 1320 S WHITE OAK Mailing address | DK 618 | | | | | | 1 s Social Se | | | | 9 2 |
| type | WAUKEGAN | | IL | | 60085 | | |) 477- | • | | | |
| | City | | State | | ZIP | | Daytime | phone num | nber | | | |
| Ste | p 2: Complete informa | tion from tax re | turn | | | | | | | | | |
| 1 | Net income from Form IL- | | | | | | | | 1 | 1 | 192,2 | |
| 2 | Tax from Form IL-1040, Li | | | | | | | | 2 | | | 6100 |
| 3 | Illinois Income Tax withhe | | 40, Line 25 | 5 only (enter | "0" if none |) | | | 3 | | 9,38 | |
| 4 | Overpayment from Form I | | _ | | | | | | 4 | | | 291 00 |
| 5 | Total amount due from Fo | rm IL-1040, Line 3 | 9 | Manufact fills | | . ۱۸/: | | Lland o | 5 (bayyaal | | | 22100 |
| 6 | Filing status: Single | | | | - | | | - | | ioid | | |
| To i | p 3: Complete direct d nitiate a payment or refur s not support international in the United States or thos Routing no. (RN): | nd transaction, the ACH transactions. I se not funded by int | e informati IDOR will o ternational | ion in this St only perform of funds. Electr | tep must be direct transa | ctions (e.g., | within th | e electro | nic trar | cial ins | stitutions | s locate |
| 8 | Account no. (AN): | | | | | | | | | | | |
| 9 | Type of account: Ch | necking Sav | vings | | | | | | | | | |
| 10 | Date the payment is to be | electronically with | drawn: | _// | _ | | | | | | | |
| 11 | Electronic funds withdraw | al amount: | 1_0 | 00_ | | | | | | | | |
| 12 | Name on account: | | | | | | | | | | | |
| Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) | | | | | | | | | | | | |
| | I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. | | | | | | | | | | | |
| | I authorize the Illinois I withdrawal as designa involved in the process and resolve issues rela | ted in the electroni sing of an electroni | c portion of | of my 2020 III | inois Individ | ual Income | Tax retui | rn. I autho | orize the | finan | cial inst | itutions ies |
| | I do not want direct de | | | | | | | | | | | |
| orig | er penalties of perjury, I de inator (ERO) are identical. accompanying information | To the best of my ke n may be sent to ID | nowledge, OR by my | my return is t ERO. I author | true, correct rize IDOR to | , and compl inform my | ete. I cor ERO and | nsent that I/or the tra | t my retu ansmitte | irn, this r wher | s declar n my ret | urn has |

here Your signature Spouse's signature (if joint return, Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

| | | | 03/28/2021 | Check if paid preparer: X (See instructions.) |
|------|--|-------|------------|--|
| | ERO's signature | | Date | |
| ERO | GLOBAL TAXES LLC Firm's name or your name if self-employed | | | $\frac{P}{Your}\frac{0}{PTIN}$ $\frac{2}{2}$ $\frac{0}{2}$ $\frac{8}{2}$ $\frac{2}{7}$ $\frac{7}{0}$ $\frac{3}{2}$ |
| only | 2530 Pahhle Creek In | | | 3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN) |
| | Mailing address Cumming | GA | 30041 | (678) 965-9522 |
| | Culluliting | 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.



03/31/21 Date