



2100411512



Georgia Form **500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

**2020** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE **IL**  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

G53185192194

YOUR FIRST NAME  
1. UDAY

MI YOUR SOCIAL SECURITY NUMBER  
857-26-0686

LAST NAME (For Name Change See IT-511 Tax Booklet)  
GANDEPILLI

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
2. 6850 PEACHTREE DUNWOODY RD NE

CITY (Please insert a space if the city has multiple names)  
3. ATLANTA

STATE ZIP CODE  
GA 30328

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



**YOUR SOCIAL SECURITY NUMBER**  
 857-26-0686

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>
<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	52284
<b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b>		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	52284
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	4600
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=.....	11b.	
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	4600
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>		
a. Federal Itemized Deductions (Schedule A-Form 1040) .....	12a.	
b. Less adjustments: (See IT-511 Tax Booklet) .....	12b.	
c. Georgia Total Itemized Deductions.....	12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	47684



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**YOUR SOCIAL SECURITY NUMBER**  
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14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	44984
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	44984
16. Tax (Use the Tax Table in the IT-511 Tax Booklet) .....	16.	2412
17. Low Income Credit 17a. 17b. ....	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	451
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	451
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....	22.	1961

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

**(INCOME STATEMENT A)**

- WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
- EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN   
 474247811
- EMPLOYER/PAYER STATE WITHHOLDING ID  
 SSS
- GA WAGES / INCOME  
 39720
- GA TAX WITHHELD  
 1993

**(INCOME STATEMENT B)**

- WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
- EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN
- EMPLOYER/PAYER STATE WITHHOLDING ID
- GA WAGES / INCOME
- GA TAX WITHHELD

**(INCOME STATEMENT C)**

- WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
- EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN
- EMPLOYER/PAYER STATE WITHHOLDING ID
- GA WAGES / INCOME
- GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**

REV 03/02/21 PRO



**YOUR SOCIAL SECURITY NUMBER**  
 857-26-0686

**Page 4**

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s .....	23.	1993
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld .....	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2020 and Form IT-560 .....	25.	
26. Schedule 2B Refundable Tax Credits.....	26.	
(Cannot be claimed unless filed electronically)		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	1993
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment .....	29.	32
30. Amount to be credited to 2021 ESTIMATED TAX .....	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00) .....	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program .....	38.	
(No gift of less than \$1.00)		



2100411552

**YOUR SOCIAL SECURITY NUMBER**  
857-26-0686

**Page 5**

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty)  500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..**

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

- 42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29 42. 32  
**THIS IS YOUR REFUND.....**  
**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking  Savings   
Routing Number 071000013  
Account Number 109567658

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

Preparer's Phone Number

678-965-9522

Preparer's FEIN

30-1017196

Preparer's SSN/PTIN/SIDN

P02082703

**D-400 (50)** 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2020, or fiscal year beginning <u>20</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
UDAY GANDEPILLI 6850 PEACHTREE DUNWOODY RD NE ATLANTA GA 30328		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 857260686 Spouse's SSN:		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N

GAND 6850 30328 DS N EA N TD SD FDEXT N

UDAY GANDEPILLI 857260686

GA 30328

6850 PEACHTREE DUNWOODY RD NE ATLANTA

06 52284 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 497 EU

10A 0 20B 0 27 0

10B 0 21A 0 29 0

11 S Y I N 21B 0 30 0

11 10750 21C 0 31 0

13 01974 21D 0 32 0

14 8199 26A 0 34 67

15 430 26B 0

TN 6462391781 PN 6789659522 PP P02082703



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> <u>67</u>		<input type="checkbox"/> <b>Payment Due</b> <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		6462391781 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
<u>SYAM PRIYA RAM SAGAR GUPT</u>	<u>03 23 21</u>	<u>6789659522</u>	<u>P02082703</u>
Paid Preparer's Signature		Preparer's Contact Phone Number (Include area code)	
Date		Preparer's FEIN, SSN, or PTIN	
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640			

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	52284
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	52284
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	41534
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1974
14.	N.C. Taxable Income	14.	8199
15.	N.C. Income Tax	15.	430
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	430
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	430

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	497
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	497
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	497
26a.	<b>Tax Due</b>	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>0</b>
28.	<b>Overpayment</b>	28.	<b>67</b>

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>67</b>

**D-400 Sch PN (50)**

8-12-20

**2020 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **GANDEPILLI**

Your Social Security Number **857260686**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	10321
NRS	N	PYS	N	23	52284

**Part A. Residency Status**

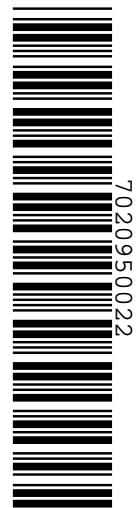
Taxpayer is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

Spouse is: (Select applicable box)  
 Full-Year Resident  Nonresident  Part-Year Resident  
 Date N.C. residency began \_\_\_\_\_ Date N.C. residency ended \_\_\_\_\_

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

**Part B. Allocation of Income for Part-Year Residents and Nonresidents**

Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 52284	10321
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. 0	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 52284	10321



North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions		
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0



Last Name (First 10 Characters)    GANDEPILLI	Your Social Security Number	857260686
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**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a.        0	0
b. Interest From Obligations of the United States or United States' Possessions	19b.        0	0
c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c.        0	0
d. Bailey Retirement Benefits	19d.        0	0
e. Bonus Depreciation	19e.        0	0
f. IRC Section 179	19f.        0	0
g. Recognized IRC Section 1400Z-2 Gain	19g.        0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h.        0	0
20. Total Deductions	20.        0	0
21. Total Income Modified by N.C. Adjustments	21.        52284	10321

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21		22.        10321
23. Enter the Amount From Column A, Line 21		23.        52284
24. Part-Year Residents and Nonresident Taxable Percentage		24.        0.1974



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](http://tax.illinois.gov).

**Step 1: Personal Information**

1992

857-26-0686

UDAY

GANDEPILLI

6850 PEACHTREE DUNWOODY RD NE

ATLANTA

GA 30328



**B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household

**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse

**D** Check the box if this applies to you during 2020:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b> 52,284.00
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> .00
<b>3</b> Other additions. Attach Schedule M.	<b>3</b> .00
<b>4</b> Total income. Add Lines 1 through 3.	<b>4</b> 52,284.00

**Step 3: Base Income**

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b> .00
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> .00
<b>7</b> Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b> .00
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> .00
<b>9</b> Illinois base income. Subtract Line 8 from Line 4.	<b>9</b> 52,284.00

**Step 4: Exemptions**

<b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.	<b>a</b> 2,325.00
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b> .00
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b> .00
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<b>d</b> 0.00
<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b> 2,325.00

**Step 5: Net Income and Tax**

<b>11 Residents: Net income.</b> Subtract Line 10 from Line 9.	
<b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>11</b> 2,144.00
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	
<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b> 106.00
<b>13</b> Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b> .00
<b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> 106.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b> .00
<b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b> .00
<b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b> .00
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> 0.00
<b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<b>19</b> 106.00

**Step 7: Other Taxes**

<b>20</b> Household employment tax. See instructions.	<b>20</b> .00
<b>21</b> 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.	<b>21</b> 0.00
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> .00
<b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.	<b>23</b> 106.00

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.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 106.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 111.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 111.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 5.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
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. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 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. This is your overpayment. 35 5.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 5.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.
Routing number 0 7 1 0 0 0 0 1 3 X Checking or Savings
Account number 1 0 9 5 6 7 6 5 8
b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c paper check.
38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here, Paid Preparer Use Only, Third Party Designee table with signature lines, dates, and contact information.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



**Illinois Department of Revenue**  
**2020 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident**  
**Computation of Illinois Tax**

IL Attachment No. 2

UDAY GANDEPILLI

Your name as shown on your Form IL-1040

8 5 7 - 2 6 - 0 6 8 6

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.
  - I lived in **Illinois** from    /    / 20 to    /    / 20 I lived in \_\_\_\_\_ from    /    / 20 to    /    / 20  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from    /    / 20 to    /    / 20, and \_\_\_\_\_ from    /    / 20 to    /    / 20  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>5</u> 52,284.00	<u>2,244.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> .00	<u>.00</u>
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> 2,244.00	<u>2,244.00</u>

Continue with Step 3 on Page 2 →



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	2,244.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	<b>22</b>	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>23</b>	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>24</b>	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>25</b>	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>26</b>	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>27</b>	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>28</b>	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>29</b>	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	<b>30</b>	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	<b>31</b>	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>32</b>	.00
	33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>33</b>	.00
	34 RESERVED	<b>34</b>	.00
	35 Other adjustments (see instructions)	<b>35</b>	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b>	52,284.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	2,244.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b>	.00
	40 Other additions (Form IL-1040, Line 3)	<b>40</b>	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	2,244.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b>	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b>	.00
	44 Other subtractions (Form IL-1040, Line 7)	<b>44</b>	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b>	2,244.00
	47 Enter the base income from Form IL-1040, Line 9.	<b>47</b>	52,284.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b>	0.043
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	2,325.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	100.00
	51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →	<b>51</b>	2,144.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	<b>52</b>	106.00



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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

UDAY GANDEPILLI

Your name as shown on Form IL-1040

8 5 7 - 2 6 - 0 6 8 6  
Your 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
1 W	35-2049936 000 3	\$ 12,564.00	\$ 2,244.00	\$ 111.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .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	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		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .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 \$ 111.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

UDAY GANDEPILLI 8 5 7 - 2 6 - 0 6 8 6
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
6850 PEACHTREE DUNWOODY RD NE Mailing address
ATLANTA GA 30328 ( ) Spouse's Social Security number
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 2,144 | 00
2 Tax from Form IL-1040, Line 14 2 106 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 111 | 00
4 Overpayment from Form IL-1040, Line 35 4 5 | 00
5 Total amount due from Form IL-1040, Line 39 5 | 00
6 Filing status: X Single \_\_\_ Married filing jointly \_\_\_ Married filing separately \_\_\_ Widowed \_\_\_ Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 7 1 0 0 0 1 3
8 Account no. (AN): 1 0 9 5 6 7 6 5 8
9 Type of account: X Checking \_\_\_ Savings
10 Date the payment is to be electronically withdrawn: \_\_\_/\_\_\_/\_\_\_
11 Electronic funds withdrawal amount: | 00
12 Name on account: \_\_\_\_\_

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] 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 Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

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.

ERO's signature 03/23/2021 Date
GLOBAL TAXES LLC Firm's name or your name if self-employed
2530 Pebble Creek Ln Mailing address
Cumming GA 30041 City State ZIP
Check if paid preparer: X (See instructions.)
P 0 2 0 8 2 7 0 3 Your PTIN
3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
(678) 965-9522 Daytime phone number

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

Do not mail Form IL-8453 and these documents unless requested for review.

