£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 [ou checked the MFS box, enter the con is a child but not your dependent	name of y									
Your first name	and m	iddle initial	Last na	me					Yours	Your social security number		
KAIZER Z	ARYA		ADAF	A ANJANEYA					676	676-68-0826		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	e's social s	security number	
Home address	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1	lential Elec	etion Campaign	
		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	te	7ID	code			ointly, want \$3	
NORTHBO			omplete 3	paces below.	M			.532	-		d. Checking a	
Foreign countr			F	Foreign province/state	_		-	eign postal cod		elow will no ax or refun		
r oreign country	y maine			oreign province/state	couri	. y	1 016	eigii postai cod	youru	your tax or refund. You Spouse		
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est in	any virtual	currency	? Yes	s 🔀 No	
Standard Deduction		eone can claim:	•	•								
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore January	, 2, 1956	☐ Is	blind	
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	nip	(4) ✓ if	qualifies 1	for (see inst	ructions):	
If more		irst name Last name		number		to you	.	Child tax		1	other dependents	
than four												
dependents, see instructions												
and check												
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2					'	1	22,814.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2	!b		
required.	3a	Qualified dividends	3a		b C	rdinary divide	nds		. 3	Bb		
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4	lb		
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5	ib		
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6	b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	required. If not req	uired	, check here		🕨		7		
Married filing	8	Other income from Schedule 1, li	ne 9						. 4	8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your total inc	ome				> _ !	9	22,814.	
Married filing	10	Adjustments to income:					1					
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b										
Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to	incor	me			▶ 10	0c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶ 1	1	22,814.	
If you checked any box under	12	Standard deduction or itemized	d deducti	ions (from Schedule	e A)				. 1	2	12,400.	
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or Fo	orm 8	995-A			. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less,	ente	r-0			. 1	5	10,414.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	1,054.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	1,054.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	1,054.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	1,054.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	3	, 337		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	3,337.
	26	2020 estimated tax payment							26	
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29			\dashv	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			\dashv	
	31	Amount from Schedule 3, lin				31			\dashv	
	32	Add lines 27 through 31. The					edits	. •	32	
	33	Add lines 25d, 26, and 32. T	,							3,337.
	34	If line 33 is more than line 24							34	2,283.
Refund	35a	Amount of line 34 you want				-	-	· ·	, —	2,283.
Direct deposit?	> b	Routing number X X X	33a	2,203.						
See instructions.	►d	Account number X X X	,							
	36	Amount of line 34 you want a				<u> </u>				
Amarint		•							27	
Amount You Owe	37	Subtract line 33 from line 24		-					37	
For details on		Note: Schedule H and Sch								
how to pay, see	00	2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see in								
Third Party		you want to allow another structions					Yes. Co	no n l o t e	. halaur	× No
Designee				Phone		. ▶		•		_
		signee's me ▶		no.				nai idei er (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare t	hat I have examine			nedules a	and statemen	ts. and	to the bes	st of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If t	he IRS se	nt you an Identity
	k.									IN, enter it here
Joint return? See instructions.				5.	SOFTWARE		IEER	`	e inst.)	
Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.									e inst.) 🕨	
	———Ph	one no. (774)505-548	0	Email address	KAIZERARY.	A@GMZ	ATI COM			
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAI	PRIYA RAM SAGAR GUPTA TALLAM	l		GUPTA TALLAM		29/2021		82703	Self-employed
Preparer		m's name ► GLOBAL TAX				- 00/2	. , _ , _ ,			(678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				m's EIN ▶	
Go to want ire a		m1040 for instructions and the late				DEV	00/00/04 DD0	1	0 בווע	Form 1040 (2020
GO TO WWW.IIS.go	JV/I-Off	in 1040 for instructions and the late	at inionnation.		BAA	KEV	08/30/21 PRO			rom 1040 (2020

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

676-68-0826

Your Social Security number

Spouse's Social Security number

\$_

469.00

REV 04/06/21 PRO

Payment amount

KAIZER ARYA ADAPA ANJANEYA 7301 AVALON DR, NORTHBOROUGH MA 01532

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

Your payment is due April 15, 2021.

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



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

1989

676-68-0826

KAIZER ARYA

ADAPA ANJANEYA

7301 AVALON DR,

01532 NORTHBOROUGH MA



	В	Filing status: X Single Married filing jointly Married filing separately Widowed Head		d
	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: Nonresident - Attach Sch. NR Part-year resident	- Attach S	ch. NR
	Ste	p 2: Income	(Whole	dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	22,814 <u>.00</u>
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
Ŧ	3	Other additions. Attach Schedule M.	3	.00.
•	4	Total income . Add Lines 1 through 3.	4	22,814 <u>.00</u>
a)	Ste	p 3: Base Income		
ere	5	Social Security benefits and certain retirement plan income		
s h	_	received if included in Line 1. Attach Page 1 of federal return. 5	.00	
Ë	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	0.0	
Q	7	Schedule 1, Ln. 1. 6 7 Other subtractions, Attach Schedule M. 7	.00	
99	′	Other subtractions. Attach Schedule M. 7 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
пd	9	Illinois base income. Subtract Line 8 from Line 4.	9	22,814.00
Staple W-2 and 1099 forms here	Ste	p 4: Exemptions		
₹		a Enter the exemption amount for yourself and your spouse. See instructions. a 2,32	5 00	
le l	. •	b Check if 65 or older:	.00	
ab		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00	
St		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		
			0.00	
4		Exemption allowance. Add Lines a through d.	10	2,325.00
	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 I	NR. 11	20,489.00
>	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	40	1 014
40	10	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 13	1,014.00
10	13	Recapture of investment tax credits. Attach Schedule 4255. Income tax, Add Lines 12 and 13. Cannot be less than zero.	13	
Ė			14	1,014.00
g		p 6: Tax After Nonrefundable Credits	00	
an	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
ck	10	Attach Schedule ICR. 16	.00	
he	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
rc		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	 18	0.00
,on		Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	1,014.00
Staple your check and IL-1040-V 🏲	Ste	p 7: Other Taxes		
de		Household employment tax. See instructions.	20	.00
St	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
•		Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	1 014 00
	22	Tetal Tay Add Lines 10, 00, 01, and 00	7)7)	1 111400

IL-1040 2D Front (R-12/20)

23 Total Tax. Add Lines 19, 20, 21, and 22. 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.



1,014.00

23



24	Total tax from Pa	ge 1, Line 23.					24	1,014 <u>00</u>				
Ste	p 8: Payments a	nd Refundabl	e Credit									
25	Illinois Income Tax	withheld. Attach	Schedule IL-W	IT.		25	545.00					
26	Estimated paymer	nts from Forms IL	-1040-ES and II	L-505-I,								
	including any over					26	.00					
27	Pass-through withl	nolding. Attach S	chedule K-1-P o	r K-1-T.		27	.00					
28	Earned Income Cr	edit from Schedu	le IL-E/EIC, Step	4, Line 8. A	ittach Schedule IL-E/EIC	. 28	.00					
	Total payments a	nd refundable o	redit. Add Lines	25 through	28.		29	545.00				
Ste	p 9: Total											
30	If Line 29 is greater	than Line 24, sub	otract Line 24 fro	m Line 29.			30	.00				
31	If Line 24 is greater	than Line 29, sub	otract Line 29 fro	m Line 24.			31	469.00				
	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 pen					32	.00					
	a Check if at le				-							
	_	•		-	ently living in a nursing	-	E !! 004					
	Attach Form		received evenly	during the y	year and you annualiz	zea your incom	e on Form IL-2210).				
		_	d to file an Illino	ie Individual	Income Tax return in	the previous t	ay year					
33	Voluntary charitab				income tax return in	33	-					
	Total penalty and					<u> </u>	34	.00				
	p 11: Refund											
	•	ount on Line 30 a	and this amount	ic areater th	an Line 34, subtract	line 34 from Li	no 30					
	This is your overp	35	.00									
	Amount from Line	36	.00									
	I choose to receive	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
01	a ☐ direct depos	,	e information be	low if you ch	neck this hox							
	ш <u>ш</u> шоог цоро			1 1 1			2 av da ava					
		Routing number				ecking or	Savings					
		Account numbe	r									
	b □ Illinois Indiv	vidual Income Ta	ax refund debit	card . Lackn	nowledge I have revie	wed the card in	oformation found a	t				
	http://tax.ill	inois.gov/Debit(Card prior to ma	king this ele	ction.			•				
	c paper check											
	Amount to be cred		otract Line 36 fro	om Line 35.	See instructions.		38	.00				
Ste	p 12: Amount Yo	ou Owe										
39	If you have an am-	ount on Line 31,	add Lines 31 an	d 34. - or -								
	If you have an am	ount on Line 30 a	and this amount	is less than	Line 34,							
	subtract Line 30 fr	om Line 34. This	is the amount y	/ou owe . Se	e instructions.		39	469.00				
Ste	p 13: If this is a joi	nt return, both yo	u and your spous	e must sign	below.							
	•	-		_	return and, to the bes	t of my knowled	lge, it is true, corre	ct, and complete.				
Sign							(774) 505	-5480				
Here	Your signature		Date (mm/dd/yyyy)	Snouse's sig	nature	Date (mm/dd/yyy	` '					
				-		09/29/202						
Paid		M SAGAR GUPTA TAI preparer's name	JLAM MALL	Paid prepare	RAM SAGAR GUPTA TALLAM		self-employed	P02082703				
Prepa	rer			raiu prepare		Date (mm/dd/yyyy		self-employed Paid Preparer's PTIN				
Use O	rilly	y Firm's name GLOBAL TAXES LLC Firm's FEIN										
Thins	Firm's address	2530 Pebl	ole Creek LnC	umming	GA 30041	Firm's phone	(678) 965					
Third Party					()			Check if the Department may				
	nee Designee's nai	me (please print)			Designee's phone num	nber		discuss this return with the third party designee shown in this step.				
_ 55.9					e for the addre							
	KOTA	וניווני מחד חד		こていしつだしへわ	E TOR THE SMARE	ice to mail	VOUR POTITE					

RR DC

AP_____

ID

IR

ID: 3WM REV 04/06/21 PRO

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

DR_____





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)

KAIZER ARYA ADA Your name as shown											
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa Distribution		Column D /ages, Winnings, Gross ons, Compensation, et	s Illin	Column E Illinois Income Tax Withheld					
1 <u>W</u>	81-4485674 000	\$	22,814 •00	\$	11,014 •00	\$	545 •00				
2		\$	•00	\$	<u>•00</u>	\$	•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 Social Security number Your spouse's name as shown on Form IL-1040 Column B Column C Column D Column E Column A Employer/Payer Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross Illinois Income Form type Distributions, Compensation, etc. **Tax Withheld Identification Number** Distributions, Compensation, etc.

6	 \$	•00	\$ •00	\$ <u>•00</u>
7	 \$	•00	\$ •00	\$ •00
8	 \$	•00	\$ •00	\$ •00
9	 \$	•00	\$ •00	\$ <u>•00</u>
10	 \$	•00	\$ •00	\$ <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 \$ 545**.00**

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





Illinois Department of Revenue

		_						_				
			S	ubmi	ssion	ı ID		•				

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(<u>Do not mail</u> Form IL-84 Step 1: Provide taxpayer inform		_ ,		1	,
KAIZER ARYA		PA ANJANEYA	6 7	7 6 – 6 8 –	0 8 2 6
·	's first name (and last name if differ	ent) Last name	Social	Security number	
Print 7301 AVALON DR,					
type Mailing address				e's Social Security number	
NORTHBOROUGH	MA	01532	<u>(774</u>	505-5480	
City	State	ZIP	Daytime	e phone number	
Step 2: Complete information from	om tax return				
1 Net income from Form IL-1040, L	ine 11			1 _	20,4891 00
2 Tax from Form IL-1040, Line 14				2	1,014 00
3 Illinois Income Tax withheld from		(enter "0" if none)		3	545 I <u>00</u>
4 Overpayment from Form IL-1040,				4	I_00
Total amount due from Form IL-10				5	469 I <u>00</u>
6 Filing status: X Single Ma	rried filing jointly Marri	ed filing separately _	Widowed	_ Head of household	
does not support international ACH tra within the United States or those not fu Routing no. (RN):	nded by international funds	. Electronic payments	will not be accep		
9 Type of account: Checking	· ·				
10 Date the payment is to be electro	nically withdrawn:/				
11 Electronic funds withdrawal amou	nt:I_00_				
12 Name on account:					
Step 4: Taxpayer declaration and	signature (Sign only at	ter completing Ste	ep 2 and. if apr	olicable. Step 3.)	
I consent that my refund may t	pe directly deposited as des	signated in Step 3 and	d declare the info	ormation on Lines 7 tl	
correct. If I have filed a joint re		• •	•	•	
I authorize the Illinois Departm withdrawal as designated in th involved in the processing of a and resolve issues related to t	e electronic portion of my 2 n electronic overpayment o	020 Illinois Individual	Income Tax retu	ırn. I authorize the fin	ancial institutions
X I do not want direct deposit of	my refund, or an electronic	funds withdrawal (dire	ect debit) of my l	balance due.	
Under penalties of perjury, I declare the originator (ERO) are identical. To the be and accompanying information may be been accepted or rejected. If rejected, Sign	est of my knowledge, my ret sent to IDOR by my ERO. I	urn is true, correct, an authorize IDOR to inf	nd complete. I co form my ERO and	nsent that my return, d/or the transmitter wh	this declaration, nen my return has
here Your signature	Date	Spouse's sig	gnature (if joint return	, both must sign)	Date
Step 5: Electronic return original I declare that I have examined this tax have followed all requirements of this and accompanying information are true.	payer's electronic Form IL- orogram and declare, unde	1040, the information r penalties of perjury,	on this Form IL- that to the best	8453, and accompan of my knowledge the	taxpayer's return
EDO's size - + ···-		09/29/202	1 Check	if paid preparer: 🗵	(See instructions.)
ERO's signature		Date	_	0 0 0	0 5 6
ERO GLOBAL TAXES LLC Firm's name or your name if self-employee	nd .		<u>P</u> Your P1	$\frac{0}{100} = \frac{2}{100} = \frac{0}{100} = \frac{8}{100}$	<u>2</u>
use 2530 Pebble Creek Ln	·u				7 1 9 6
only Mailing address				0 - 1 0 1 I employer identification num	
Cumming	GA	30041	,) 965-9522	, ,
City	State	ZIP		e 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.

