

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SRUTHI KUNAM	Social security number 824-34-6042
Spouse's name	Spouse's social security number

Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	82,084.
2 Total tax	2	10,978.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,948.
4 Amount you want refunded to you	4	3,970.
5 Amount you owe	5	

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 amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	6	0	4	2
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 as my signature on the income tax return (original or amended) I am now authorizing. 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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 income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SRUTHI	Last name KUNAM	Your social security number 824-34-6042
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1500 S MISSOURI AVENUE UNIT 8		Apt no.
City, town, or post office. If you have a foreign address, also complete spaces below. MORTON		State IL
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code 61550
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
 Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You Were born before January 2, 1957 Are blind Spouse Was born before January 2, 1957 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	92,084.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-10,000.
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income ▶	9	82,084.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	82,084.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c	Add lines 12a and 12b	12c	12,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	12,850.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	69,234.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,978.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	10,978.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	10,978.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	10,978.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,948.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,948.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	14,948.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,970.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,970.
Direct deposit? See instructions	▶ b Routing number 0 2 1 2 0 0 3 3 9 ▶ c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 3 8 1 0 3 8 4 4 2 1 8 4		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

Phone no (201) 674-6274 Email address SRUTHIREDDY1612@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/04/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
824-34-6042

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
	b Date of original divorce or separation agreement (see instructions) ▶ _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Other income:			
	a Net operating loss	8a ()		
	b Gambling income	8b		
	c Cancellation of debt.	8c		
	d Foreign earned income exclusion from Form 2555	8d ()		
	e Taxable Health Savings Account distribution	8e		
	f Alaska Permanent Fund dividends	8f		
	g Jury duty pay	8g		
	h Prizes and awards	8h		
	i Activity not engaged in for profit income	8i		
	j Stock options	8j		
	k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
	l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
	m Section 951(a) inclusion (see instructions)	8m		
	n Section 951A(a) inclusion (see instructions)	8n		
	o Section 461(l) excess business loss adjustment.	8o		
	p Taxable distributions from an ABLE account (see instructions)	8p		
	z Other income. List type and amount ▶ _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-10,000.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
	b Recipient's SSN ▶ _____			
	c Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a		26	

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

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

Name(s) shown on return

Your social security number

SRUTHI KUNAM

824-34-6042

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	CHILAKAPADU ONGOLE ANDHRA PRADESH IN 523225				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,100.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,000.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	2,500.		
15 Supplies	15	2,000.		
16 Taxes	16			
17 Utilities	17	4,000.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	10,600.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-10,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,000.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	600.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	10,600.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(10,000.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-10,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

Illinois Department of Revenue
2021 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

1991

824-34-6042

SRUTHI

KUNAM

1500 S MISSOURI AVENUE UNIT 8

MORTON

IL

61550

TAZEWELL

SRUTHIREDDY1612@GMAIL.COM

- 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 2021: Nonresident-Attach Sch NR Part-year resident-Attach Sch NR

Step 2 Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040SR, Line 11.	1 82,084.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040SR, Line 2a	2 .00
3 Other additions Attach Schedule M.	3 .00
4 Total income Add Lines 1 through 3	4 82,084.00

Step 3 Base Income

5 Social Security benefits and certain retirement plan income 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 1040SR, Schedule 1, Ln 1.	6 .00
7 Other subtractions Attach Schedule M.	7 .00
Check if Line 7 includes any amount from Schedule 1299C. <input type="checkbox"/>	
8 Add Lines 5, 6, and 7. This is the total of your subtractions	8 .00
9 Illinois base income. Subtract Line 8 from Line 4	9 82,084.00

Step 4 Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC	d 0.00
Exemption allowance. Add Lines 10a through 10d	10 2,375.00

Step 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 NR	11 79,709.00
12 Residents: Multiply Line 11 by 4.98% (0.498). Cannot be less than zero	12 3,946.00
Nonresidents and part-year residents: Enter the tax from Schedule NR	13 .00
13 Recapture of investment tax credits Attach Schedule 4255	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero	14 3,946.00

Step 6 Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident Attach Schedule CR	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR	16 .00
17 Credit amount from Schedule 1299C. Attach Schedule 1299C	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14	19 3,946.00

Step 7 Other Taxes

20 Household employment tax. See instructions	20 .00
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 3,946.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

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.





24 Total tax from Page 1, Line 23 24 3,946.00

Step 8 Payments and Refundable Credit

25 Illinois Income Tax withheld Attach Schedule IL-WIT. 25 4,558.00
26 Estimated payments from Forms IL-1040ES and IL-5051, 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 Pass-through entity tax credit Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-EEIC, Step 4 Line 8 Attach Schedule IL-EEIC 29 .00
30 Total payments and refundable credit Add Lines 25 through 29 30 4,558.00

Step 9 Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30 31 612.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24 32 .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.

33 Late-payment penalty for underpayment of estimated tax 33 .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.
34 Voluntary charitable donations Attach Schedule G 34 .00
35 Total penalty and donations Add Lines 33 and 34 35 .00

Step 11: Refund

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment 36 612.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 612.00
38 I choose to receive my refund by
a [X] direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 2 1 2 0 0 3 3 9 [X] Checking or [] Savings
Account number 3 8 1 0 3 8 4 4 2 1 8 4

b [] paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12 Amount You Owe

40 If you have an amount on Line 32, add Lines 32 and 35 - or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer (SYAM PRIYA RAM SAGAR GUPTA TALLAM) and Third Party Designee.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN SERIES, CERTIFICATE NUMBER 1531M

66212211V

Illinois Department of Revenue

2021 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

Table with 4 columns: Form Type, Letter Code for Column A, Form Type, Letter Code for Column A. Rows include W-2 (W), W-2G (WG), 1099R (R), 1099G (G), 1099MISC (M), 1099OID (O), 1099DIV (D), 1099INT (I), 1042S (S), 1099B (B), 1099K (K), 1099NEC (N).

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

Form for Step 1: SRUTHI KUNAM, Social Security number 824-34-6042. Table with 5 columns: 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). Line 1 shows \$92,084.00 in Federal wages and \$4,558.00 in Illinois tax withheld.

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

Form for Step 2: Spouse's name and Social Security number fields. Table with 5 columns: 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). Lines 6-10 are blank.

Step 3 Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040 Line 25

11 \$ 4,558.00

Attach all Schedules IL-WIT to your IL-1040

2021 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

SRUTHI	KUNAM	8 2 4 - 3 4 - 6 0 4 2
First name and middle initial	Spouse's first name (and last name if different)	Last name
1500 S MISSOURI AVENUE UNIT 8		Spouse's Social Security number
MORTON		(201) 674-6274
City	State	ZIP
		Daytime phone number

Step 2 Complete information from tax return

1 Net income from Form IL-1040 Line 11	1 79,709 00
2 Tax from Form IL-1040 Line 14	2 3,946 00
3 Illinois Income Tax withheld from Form IL-1040 Line 25 only (enter "0" if none)	3 4,558 00
4 Overpayment from Form IL-1040 Line 36	4 612 00
5 Total amount due from Form IL-1040 Line 40	5 00
6 Filing status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> 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 2 1 2 0 0 3 3 9
8 Account no (AN):	3 8 1 0 3 8 4 4 2 1 8 4
9 Type of account	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> 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)

- 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 2021 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
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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 signature	02/04/2022	Check if paid preparer: <input checked="" type="checkbox"/> (See instructions)
GLOBAL TAXES LLC	Date	P 0 2 0 8 2 7 0 3
Firm's name or your name if self-employed		Your PTIN
2530 Pebble Creek Ln		3 0 - 1 0 1 7 1 9 6
Mailing address		Federal employer identification number (FEIN)
Cumming	GA 30041	(678) 965-9522
City	State	ZIP
		Daytime phone number

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

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

