

Internal Revenue Service

IRS effle Signature Authorization

EROmust obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879for the latest information

Submission Identification Number (SID)

Taxpayer's name	Social securi	tynumb	er
SRUTHI KUNAM	824-34-	-6042	
Spouzesname	Spouse's soc	ial sea.	ritynumber
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Ent	eryæryoua	reau	harizing)
Enterwhole 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 Amountyouwantrefunded to you		4	3,970.
5 Amountyouove		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure youget and	dkeepacop	yofy	our return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenda my knowledge and balief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an advnowledgement of receipt or receion for a for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the	ove are the and mitter, or electro ejection of the t	ounts fi oric ret ansmis	am the income tax un ariginator (ERO) sion, (b) the reason

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 oved 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. Treesury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treesury 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 adknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicade, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

4	6	0	4	2			
Enterfive digits, but don't enter all zeros							

asmy

ERO firm name signature on the income tax return (original or amended) I am now authorizing

I will enter my PIN as my signature on the income tax return (original or amended) 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.

Yoursignature

Date _

Spouse's PIN: check one	eboxanly					7
. I authorize	5	to enter or generate my PIN				æmy
	ERO firm name	-	Ente	rfivec	ligits bu	t
clausatium au that i	la constante de la contrata de la constante de		don	tenter	all zerre	

signature on the income tax return (original or amended) I am now authorizing

] I will enter my PIN as my signature on the income tax return (original or amended) 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.

Spouce's signature Date Practitioner PINMethod Returns Only-continue below PartIII Certification and Authentication - Practitioner PIN Method Only 5 8 7 2 7 8 6 1 9 8 9 ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digits alf-salected PIN 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 authorized 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

EROssignature	Date
	EROMust Retain This Form — See Instructions
	Don't Submit This Form to the IRS Unless Requested To Do So

E	$1 \cap Y$	Department of the Treasury—Internal Revenue Service	(99)
Ц		Department of the Treasury—Internal Revenue Savice U.S. Individual Income Tax Re	tum

OMB No 1545-0074 I	IRS Use Only—Donotwite or staple in this space
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~] Single 🗌 Married filingjointly 🗌							
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Yourfirstname and	middleinitial	Læstræn	ne				Yourso	ocial security number
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lfjointreturn, spous	esfirstrameandmicbleiritia	Læstræn	me				Spouse	s social security number
	berand street), If you have a P.O. box, see	einstructio	ns			Apt no	1	ential Election Campaign
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Atanytimeduring	2021, did you receive, sell, exchange,	; arother	wisedsposeofar	yfinanc	ial interest ir	nany virtual curre	ncy?	Yes X No
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Age/Blindness Yo	u 🗌 Wereborn before January 2, 1	1957] Areblind Spa	use [Wasbon	nbeforeJanuary	2, 1957	Isblind
Dependents (se	æinstructions):		(2) Social security	/ (3) Relationshi	ip (4) √ if c	µalifiesfc	r (see instructions):
Ifmare (1))Firstname Læstname		number		toyou	Child tax o	redit	Credit for other dependents
tranfour 🗌								
dependents, see instructions —								
and check								
here▶								
1	_ Wages, salaries, tips, etc. Attach, I	Fam(s) V	V-2				. 1	92,084.
Attach 22 Sch Bif 2	a Tax-exemptinterest	2a		b Taxa	able interest	t	. 2	>
required.	a Qualified dividends	3a		b Ord	narydivider	nds	. 3	>
4	a IRAdistributions	4a		b Taxa	ableamount	t	. 40	>
5	a Pensionsandamuities	5a		b Tax	ableamount	t	. 50	>
Standard 6	a Social security benefits	6a		b Taxa	ableamount	t	. 6t	>
Deduction for- • Single or	Capital gain or (loss). Attach Sche	duleDif	required If not req	uired, d	neckhere	🕨 [] 7	,
Married filing 8	Other income from Schedule 1, lin	ne 10.					. 8	-10,000.
separately, \$12,550 9	Add lines 1, 20, 30, 40, 50, 60, 7,	and 8 Th	hisisyour total ino	me.			► 9	82,084.
Married filing 10	Adjustments to income from Sche	due 1, li	ne26				. 10	D
jainttyar Qualifying 11	_ Subtractline 10 from line 9. This is	syaraq	ljusted grass incar	ne.	_. .		► 11	82,084.
widow(er), 122	a Standard deduction or itemized	deductio	ans (fram Schedule	eA).	. 12	a 12,55	0.	
•Headof	o Charitable contributions if you take	thestan	chard deduction (see	instruc	tions) 12	30	0.	
hausehold, \$18,800 (C Add lines 12a and 12b						. 12	t 12,850.
• If you checked 13	Qualified business income deduct	tianfram	Fam 8995 ar Fam	8995/	А		. 13	3
anyboxunder Standard 14	Add lines 12c and 13						. 14	4 12,850.
Deduction, see instructions, 15	Taxable income Subtract line 14	1 from line	e 11. lfzero ar less	enter-(Э		. 15	5 69,234.
				-				

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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions

Farm 1040(2021)

Fam 1040(2021	I)							Page 2
	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 4972	3		. 16	10,978.
	17	Amount from Schedule 2 line 3					. 17	
	18	Add lines 16 and 17					. 18	10,978.
	19	Nonrefundable child tax area it ar area it for	otherdepende	nts from Schedule	e8812 .		. 19	
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19and 20					. 21	
	22	Subtractline 21 from line 18 If zero or less	enter-O.				. 22	10,978.
	23	Other taxes, including self-employment tax	, from Schedu	e2, line21			. 23	0.
	24	Add lines 22 and 23 This is your total tax					▶ 24	10,978.
	25	Federal income tax withheld from:						
	а	Fam(s)W-2			25a	14,94	8.	
	b	Fam(s) 1099			250			
	С	Otherfams (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	14,948.
	26	2021 estimated tax payments and amounts					. 26	
lfyouhavea ^L qualifying child,	2īa	Earned income credit (EIC)		NO	27a			
attach Sch EIC.		Check here if you were born after Jan						
		January 2 2004 and you satisfy all the	ne other requi	irements for				
		taxpayerswhoareatleastage 18 todaim	1 1					
	b	Nontaxable combat payelection			-			
	С	Pioryear (2019) earned income						
	28	Refundable child tax credit crachiticnal child			28		_	
	29	American opportunity are dit from Form 886			29		_	
	30	Recovery rebate credit See instructions.			30		_	
	31	Amount from Schedule 3 line 15			31	•.		
	32	Add lines 27a and 28through 31. These are						14.040
	33	Add lines 25d, 26, and 32 These are your t						14,948.
Refund	34	Ifline 33 is more than line 24 subtract line			5 1			3,970.
Diment element 10	35a	Amount of line 34 you want refunded to you Routing number 0 2 1 2 0 0 3						3,970.
Direct deposit? See instructions	►b	°		▶сТуре 🗶	Uneaking	_ Savin	ga	
	►d							
A	36	Amountofline 34 you want applied to you			36			
Amount YouOwe	37	Amountyou ove. Subtractline 33 from lin		1.0	1 1	ans .	► <u>37</u>	
	38	Estimated tax penality (see instructions)			38			
		you want to allow another parson to dis tructions		rn with the IRS?		es. Comple		X No
Designæ		ignee's	Phone				entification	
		ne ►	ro ►	•		number (Pl		
Sign	Un	der panalties of parjury, I declare that I have examin	ed this return an	d accompanying sch	edules and st	atements, ar	ndtothebe	stofmy knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration	ofpreparer (othe	r than taxpay a)isba	ædonall info	omationofv	vhichprepar	erhæsanyknowledge.
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	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2	022 <u>P0</u> 2	082703	Self-employed
Preparer	Fin	n'sname► GLOBAL TAXES LLC				1	Phone ro. (678)965-9522
UseOnly	Fin	n′saddress⊳2530 Pebble Creek I	In Cummin	g GA 30041		1	Firm's EIN I	30-1017196
Gotowww.irsg	ov/Fam	1040 for instructions and the latest information		BAA	REV 01/31/22	PRO		Farm 1040(2021)

SCHEDULE 1 (Form 1040)

SRUTHI KUNAM

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.

OMB No 1545-0074

Attachment Sequence No Ol Your social security number

Department of the Treasury	► Attach
Internal Revenue Service	► Go to www.irs.gov/F
Name(s) shown on Fo	orm 1040 1040SR, or 1040NR

					5	ľ
82	4-	34-	60	42		

Part I Additional Income

1	Taxable refunds, credits, cr offsets of state and local income taxe	S	1	
2a			2a	
b	Date of original divorce or separation agreement (see instructions)	•		
З	Business income or (loss). Attach Schedule C		З	
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E	usts, etc. Attach	5	-10,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Otherincome			
а		8a ()		
b	Gambling income	80		
С	Cancellation of debt	38		
d	Fareignearned income exclusion from Farm 2355	84 ()		
е	Taxable Health Savings Account distribution	88		
f	Alaska Permanent Fund dividends	æ		
g		89		
h	Prizes and awards	ട്		
i	Activity not engaged in far profit income	8		
j		8		
k	Income from the rental of parsonal property if you engaged in the rental for profit but were not in the business of renting such property	84		
Ι	Olympic and Paralympic medals and USOC prize money (see instructions)	8		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	ടി		
0	Section 461() excess business loss adjustment	හ		
р	Taxable distributions from an ABLE account (see instructions).	ආ		
Z	Other income. List type and amount	ଝ		
9	Total other income Add lines & through &		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10. 1040NR, line 8		10	-10,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Schedule 1 (Farm 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern 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 3908	 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	Penaltyonearlywithdrawal of savings	 18	
19a	Aimonypaid	 19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) 🕨		
20		 20	
21	Student loan interest deduction	 21	
22		 22	
23	Archer MSA deduction.	 23	
24	Otheradjustments		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974.		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaptains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination daims (see instructions)		
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 vidations		
j	Housing deduction from Form 2335		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k		
Z	Otheracjustments 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. here and on Form 1040or 1040SR, line 10 or Form 1040NR, line 10a	26	

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here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on		-)
	26												
												26	-10,000.

Supplemental Income and Loss

SCHEDULE E

For Paperwork Reduction Act Notice, see the separate instructions

Schedule E (Farm 1040) 2021

OMB No 1545-0074

Illinois Department of Revenue

Form IL-1040 \mathcal{A} D1 F Individual Income Tax Return

1991

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.

Sto	<u>~ 1</u> .	Domonol	Information
SIE	O II	He SCI BI	Information

824-34-6042	

SRUTHI KUNAM



1500	S	MISSOURI	AVENUE	UNIT	8	

MORTON IL61550 TAZEWELL

SRUTHIREDDY1612@GMAIL.COM

(C Ch	ng status 🛛 Single 🗌 Married filing joini ack If someone can claim you, or your spouse ack the box if this applies to your during 2021	if filing jointly, as a dependent. Se	e instructions. Tyou	Spalse	NR 7
	Ste 1 2 3 4	o 2 Income Federal adjusted gross income from your feo Federally tax-exempt interest and dividend Other additions Attach Schedule M. Total income Add Lines 1 through 3	 deral Form 1040ar 1040SR, Line	11.	(Whde) 1	bdlarsonly) 82,084.00 .002 .002 82,084.00 82,084.00
StapleW-2and 1099forms here	5 6 7 89	o 3 Base Income Social Security benefits and certain retirem received if included in Line 1. Attach Page Illinois Income Tax overpayment included in Schedule 1, Ln 1. Other subtractions Attach Schedule M. Check if Line 7 includes any amount from Add Lines 5, 6, and 7. This is the total of yo Illinois base income. Subtract Line 8 from	1 offederal return federal Form 1040or 1040SR, n Schedule 1299-C. 🔲 ur subtractions	5 6 7	0 0 8 	.@ 82,084.@ 2
StapleW-28		o 4 Exemptions a Enter the exemption amount for yourself a b Check if 65 or doler. C Check if legally blind Vou + S d If you are daiming dependents, enter the a Attach Schedule IL-E/EIC Exemption allowance. Add Lines 10a thro	Spalse #of checkboxes X Spalse #of checkboxes X mount from Schedule IL-E/EIC, Ste	\$1,000 = b \$1,000 = c	2,375 <u>0</u> 	 2,375.∞
NOK	11 12 13	o 5 Net Income and Tax Residents: Net income Subtract Line 10f Norresidents and part-year residents: Er Residents: Multiply Line 11 by 495% (.04 Norresidents and part-year residents: Er Recapture of investment tax cred ts Attach Income tax. Add Lines 12 and 13 Carnot I	inter the Illinois net income from S 95). Cannot be less than zero inter the tax from Schedule NR. In Schedule 4255	cheolule NR Attach Sche	dueNR 11 12 13 14	<u>79,709.00</u> <u>3,946.00</u> <u>.00</u> 3,946.00
our check and IL-1040V	Ste 15 16 17 18	o 6 Tax After Nonrefundable Oredits Income tax paid to another state while an III Property tax and K-12 education expense of Attach Schedule ICR. Oreditamount from Schedule 1299C. Attac Add Lines 15, 16, and 17. This is the total of Tax after nonrefundable credits. Subtract	llinais resident Attach Schedule real tamount from Schedule ICR ich Schedule 1299C. fyour areal is Carnotexceed the	16 17		0 <u>@</u> 3,946 <u>@</u>
Staple your	Ste 20 21 22	o 7. Other Taxes Household employment tax. See instruction Use tax on internet, mail order, or other out in the instructions. Do not leave blank Compassionate Use of Medical Cannabis Pri Total Tax. Add Lines 19, 20, 21, and 22	rs taf-state purchases from UT Wa		20 21	0.00 .00 .00 3,946.00
		ame ⁻	àm is authorized as outlined under the Illinois In- Tax Act: Disclosure of this information is required e to provide information could result in a penality			





	l
24	3,946.00

	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 <u>.</u> @	
	26 Estimated payments from Forms IL-1040ES and IL-5051,		Z
	induding any overpayment applied from a prior year return 26_	<u>.</u>	NO HAMBI
	27 Pass-through withholding Attach Schedule K-1-Pior K-1-T. 27_	D.	AM
	28 Pass-through entity tax area ti Attach Schedule K-1-Piar K-1-T. 28	Œ.	Ð
	29 Earned Income Oreditifiom Schedule IL-E/EIC, Step 4 Line 8 Attach Schedule IL-E/EIC 29_		
_	30 Total payments and refundable credit Add Lines 25 through 29.	30	4,558.00 F 612.00 R .00 S
	Step 9: Total		E E
	31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30	31	<u>612.00</u> 2
_	32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24	32	
	Step 10 Underpayment of Estimated Tax Penality and Donations - Only complete S	Step 10for late-paymer	ntpenalty 🛱
	for underpayment of estimated tax or to make a voluntary charitable donation.		ע
	33 Late-payment penalty for underpayment of estimated tax 33_	<u></u>	Ţ
	a Check if at least two-thirds of your federal gross income is from farming		SE SE
	b Check if you or your spouse are 65 or doer and permanently living in a rursing home		Ц.
	C C Checkifyour income was not received evenly during the year and you annualized you	rinameanFamIL-2210	AIL
	Attach Form IL-2210	danna kann na m	N N
	d Check if you were not required to file an Illinois Individual Income Tax return in the pre- 34 Voluntary charitable charations Attach Schedule G. 34		Ž
	35 Total penalty and donations Add Lines 33 and 34.	<u>.u</u> 35	Ē
-	Step 11: Refund	<u></u>	ntpenalty CERTHANGIVATEIRNITHSDRM .0
	•		AZ S
	36 If you have an amount on Line 31 and this amount is greater than Line 35 subtract Line 35		$(1) \infty$
	This is your overpayment	36 <u></u> 37	612.00 612.00
	37 Amount from Line 36 you want refunded to you Check one box on Line 38 See instructions	3/	012.00
	38 I choose to receive my refund by		
	a 🛛 direct deposit - Complete the information below if you check this box		
	Youmayalsocontribute tocollege savings funds Routing number 0 2 1 2 0 0 3 3 9	Checking or Saving	5
	hear Cas instructioned to the state of the s	4	
	b 🗌 paper check.		
	39 Amount ble credited forward. Subtract Line 37 from Line 36 See instructions	39	.CD
	Step 12 AmountYou Ove		
	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		
	subtractLine 31 from Line 35 This is the amount you over See instructions	40	.W
	Step 13 Ifitrisisajointreturn 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 the, correct, and complete

Sign	Yarsignature		Date (mm/cbl/sysy)	Spauæssig	nature	Date (mm/cbl/sysy)		Daytime phone number		
Here							(-6274	
	Print/Type paid preparer's name			Paid prepare	Date (mm/cb/syss)			Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/04/2022	2	selfemployed P02082703		
Preparer Use Only	Firm'sname GLOBAL TAXES LLC					Firm's FEIN		301017196		
		m'sacbress 🕨 2530 Pebble Creek LnC			Cumming GA 30041			(678) 965-9522		
Third	Designee's name (please print)			Designee's phone number				Check if the Departmentmay		
Party Designee ()			()			dscuss tris return with the third party designee shown in this step				

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

66212211V

Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-104D If you have more transfive with hoding 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	10999-DIV	D			
W-2G	WG	10999INT	I			
1099 9 R	R	1042-S	S			
1099 9 G	G	1099 9 8	В			
10994MISC	М	1099 7 K	К			
10990ID	0	10999NEC	N			

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

SRUTHI KUNAM Yourname as shown on Form IL-1040	<u>3 4</u>	6	4_2			
Column A Column B Form type Employer/Payer Identification Number	Federal Wag	olumn C es, Winnings, Gross ; Compensation, etc.	IllinoisWa	Column D ages, Winnings, Gro ns, Compensation, (es III	Column E inois Income TaxWithheld
1 <u>W</u> <u>26-0147535</u>	_ \$	92,084.00	\$	92,084.00	<u>\$</u>	<u>4,558.0</u>
2	\$	O	\$	@	\$	
3	- \$		\$	@	\$. @
4	<u>\$</u>	•00	\$	<u></u>	\$	<u>•</u>
5	- \$	•00	\$		\$	_ @

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

Your spaces name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Colur Federal Wages, V Distributions, Co	Vinnings, Gross	IllinoisWag	dumn D es, Winnings, Gross s, Compensation, etc.	Illi	Column E nois Income axWithheld
6		<u>\$</u>	<u></u>	\$		<u>\$</u>	<u>•</u> @
7		<u>\$</u>	<u></u>	\$	<u></u>	<u>\$</u>	<u></u>
8		- \$	0 0	\$		\$	_ @
9		<u>\$</u>	0 0	\$		\$	_ @
10		\$	<u></u>	\$	<u></u>	\$ <u> </u>	<u></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 <u>\$ 4,558.00</u>

Attach all Schedules IL-WIT to your IL-1040

Illinois Department of R	evenue 🗌			
· · - ·		LincomoTov		nic Filing Declaration
(<u>Donotmail</u> Form IL-8453 to				
Step 1: Provide taxpayer information	· · · ·			· · · · · · · · · · · · · · · · · · ·
SRUTHI	KUNA			8 2 4 _ 3 4 _ 6 0 4 2
Firstrame and middle initial Spouse's firstrame Print1500 S MISSOURI AVENUE UNIT	me (and læst name if diffe 17 0	rent) Læstname		Social Security rumber
or Mailingaddess	1 0			
MORTON	IL	61550		(201) 674-6274
Сţу	State	ZIP		Daytime phane number
Step 2 Complete information from tax	return			
1 Netincane from Farm IL-1040 Line 11				1 <u>79,709</u>] <u>00</u>
2 Tax from Form IL-1040 Line 14				2 3,946100
3 Illinois Income Taxwitcheld from Form IL	J	y(enter"O'ifnane)		3 4,558 00
4 Overpayment from Form IL-104D Line 3				4612 <u>00</u> 5 00
5 Total amount due from Form IL-1040 Lin 6 Filing status X_SingleMarried fili				
Step 3 Complete direct deposit of refu				
To initiate a payment or refund transaction, does not support international ACH transaction				
within the United States or those not funded by				
7 Rauting no (RN): 0 2 1 2 0		1.5		
8 Accountro (AN): <u>3 8 1 0 3</u>	8 4 4 2 1	- 8 4		_
9 Type of account <u>×</u> Checking	Savings			
10 Date the payment is to be electronically v	vithdrawn/			
11 Electronic funds withdrawal amount	00_1			
12 Name on account				
Step 4 Taxpayer declaration and signa	ture (Signonlya	fter completing St	ep 2and,	ifapplicable, Step 3)
X I consent that my refund may be direct correct If I have filed a joint return, this				he information on Lines 7 through 9 is as an agent to receive the refund
I authorize the Illinois Department of F	Revenue (IDOR) an	dits designated finan	rcial agent	binitatean ACH electronic funds
withdrawal as designated in the electron	anic partian of my 2 anic overpayment o	2021 Illinois Individual	l Incone Ta	axreturn I authorize the financial institutions formation necessary to answer inquiries
		:fundswi t hdrawal (dir	ectdebit) (fmybalancedue
Under penalities of perjury, I dedare the inform	ationonmyelectro	ricForm IL-104Dand	theinforma	ntan I provided to my electronic return
arignator (ERO) are identical. To the best of m and accompanying information may be sent to	IDOR by my ERO. I	l authorize IDOR to in	form my EF	Roand/on the transmitter when my return has
bæn accepted or rejected. I frejected, I authori	ize IDOR toidentify	the reason(s) so the r	etunmay	ce corrected and retransmitted if possible.
Sign here ^Y oursignature	Date	Spause's sig	gnature (ifjoir	ntretum bothmustsign) Date
Step 5 Electronic return originator (EF	RO) and paid pre			
I dedare that I have examined this taxpayer's		•	0	
have followed all requirements of this program		rpenaltiesofperjury,	that to the	bestofmy knowledge the taxpayer's return
and accompanying information are true, corre	ct, and complete.			
		02/04/202	2	Check if paid preparer: 🛛 (See instructions)
EROssignature		Date		
ERO Film's rame or your name if selfemployed				<u>P 0 2 0 8 2 7 0 3</u> Your PTIN
USe 2530 Pebble Creek Ln				3 0 - 1 0 1 7 1 9 6
Only <u>Mailingaddress</u>				Federal employer identification number (FEIN)
Cumming	GA	30041		(678) 965-9522
aty	State	ZIP		Daytime phone number
Step 6 Attach required documents (e.				

Do notmail Form IL-8453 and these documents unless requested for review.

This fam is autorized as outlined under the Illinois Income Tax Act. Disdosure of this information is required. Failure to provide information could result in a penalty

