## 8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
SUNEELA YARKAREDDY	860-43-	-3904
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2021 (E	nter year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 92,217.
2 Total tax		<b>2</b> 13,277.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 13,251.
4 Amount you want refunded to you		4
5 Amount you owe		5 26.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electron rejection of the transe to U.S. Treasury are tindicated in the tabilitation to debit the initiate the authorizarequests must be the processing of the payment. I further	nic return originator (ERO) ansmission, <b>(b)</b> the reason and its designated Financial expreparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN	3 9 0 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.		
Your signature ▶ Date	<b>&gt;</b>	
Spouse's PIN: check one box only	. DIN	
I authorize to enter or gener		er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.		
Spouse's signature ▶ Date	<b>&gt;</b>	
Practitioner PIN Method Returns Only—continue be	low	
Part III Certification and Authentication — Practitioner PIN Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7 8  Don't ente	B er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2021 Page **2** 

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

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

Form **1040-V 2021** 

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)

2021

## Form 1040-V Payment Voucher

Enter the amount of your payment . .

▶ 26.

REV 02/16/22 PRO

1555

SUNEELA YARKAREDDY

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

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

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

2 WILLEDOB RD 12 BLOOMINGTON IL 61701

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

E	1	0	Department of the Treasury—Internal Revenue Service	(99)
Ē		<b>U4U</b>	Department of the Treasury—Internal Revenue Service  U.S. Individual Income Tax Retu	ırn

2021

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the on is a child but not your depender	name of										
Your first name	and mi	ddle initial	Last na	me					Your so	cial securit	y number		
SUNEELA			YARF	KAREDDY					860-	43-390	4		
If joint return, s	pouse's	s first name and middle initial	Last na	ast name						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Preside	ntial Election	on Campaign		
2 WILLE	OOB 1	RD						12	Check I	here if you,	or your		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP	code			itly, want \$3		
BLOOMINGTON					l I	L	61	.701	0	ow will not	Checking a change		
Foreign country name				Foreign province/stat	e/coun	ty	Fore	eign postal code		k or refund.	•		
										You	Spouse		
At any time du	ring 20	021, did you receive, sell, exchange	e, or othe	rwise dispose of a	ny fina	ancial interest i	n an	y virtual currer	ncy?	Yes	X No		
Standard	Som	eone can claim:	ependen	t 🔲 Your spou	ise as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	ı were a dual-statu	s alier	1							
Age/Blindness	You:	Were born before January 2,	1957	Are blind <b>S</b>	pouse	: Was bor	n be	efore January 2	., 1957	ls bl	ind		
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip	<b>(4) ✓</b> if qu	ualifies fo	r (see instru	ctions):		
f more	(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for ot	her dependents		
than four													
dependents, see instruction													
and check	5												
nere 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		92,217.		
Attach	2a	Tax-exempt interest	2a		b T	axable interest			2b	,			
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divider	nds		. 3b	)			
	4a	IRA distributions	4a			axable amount			. 4b	)			
	5a	Pensions and annuities	5a		<b>b</b> T	axable amount	t.		. 5b	)			
tandard	6a	Social security benefits	6a		<b>b</b> T	axable amount	t.		. 6b	)			
eduction for -	7	Capital gain or (loss). Attach Scho	edule D i	f required. If not re	quired	l, check here		▶ [	7				
Single or Married filing	8	Other income from Schedule 1, li	ne 10						. 8		0.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total in</b>	come			1	9		92,217.		
Married filing	10	Adjustments to income from Scho	edule 1,	line 26					. 10	)			
jointly or Qualifying	11_	Subtract line 10 from line 9. This	is your <b>a</b>	djusted gross inc	ome			1	<b>11</b>	(	92,217.		
widow(er), \$25,100	12a	Standard deduction or itemized	l deduct	ions (from Schedu	le A)	12a	a	12 <b>,</b> 550	).				
Head of	b	Charitable contributions if you take	e the star	ndard deduction (se	e insti	ructions) 12k	)						
household, \$18,800	С	Add lines 12a and 12b							. 120	<b>c</b>	12,550.		
If you checked	13	Qualified business income deduc	tion from	Form 8995 or For	m 899	95-A			. 13				
any box under Standard	14	Add lines 12c and 13							. 14		12,550.		
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	s, ente	er-0			. 15	5	79 <b>,</b> 667.		

Form 1040 (2021	1)									Page Z
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌 _			16	13,277.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17								13,277.
	19	Nonrefundable child tax cre								
	20	Amount from Schedule 3, lin								
	21	Add lines 19 and 20								
	22	Subtract line 21 from line 18								13,277.
	23	Other taxes, including self-e								0.
	24	Add lines 22 and 23. This is	•					. )	24	13,277.
	25	Federal income tax withheld				1. 1	1.0	0 - 1		
	a	Form(s) W-2				25a	13	<b>,</b> 251		
	b	Form(s) 1099				25b			_	
	C	Other forms (see instruction				25c				10.051
	d	Add lines 25a through 25c							25d	13,251.
If you have a	26	2021 estimated tax payment Earned income credit (EIC)	ts and amount a	pplied from 20	20 return No				26	
qualifying child, attach Sch. EIC. [	27a					27a			-	
)		Check here if you were I January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
	b	Nontaxable combat pay elec	ction							
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or				28				
	29	American opportunity credit				29			_	
	30	Recovery rebate credit. See				30			_	
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27a and 28 through		•						10.051
	33	Add lines 25d, 26, and 32. T						. )		13,251.
Refund	34	If line 33 is more than line 24				•	-		34	
Direct deposit?	35a	Amount of line 34 you want		and the second second					35a	
See instructions.	▶b	Routing number X X X  Account number X X X			▶ c Type:		g ∐;	Saving	S	
	► d 36	Account number   X   X   X   A   A   A   A   A   A   A				36				
Amount	37	Amount you owe. Subtract					otiono		> 37	26.
You Owe	38	Estimated tax penalty (see in				38	CHOIS		31	20.
Third Party		you want to allow another								
Designee		structions					Yes. Co	omplet	e below.	X No
_ 00.900	De	signee's		Phone					entification	_
	nar	me ▶		no. 🕨			numb	oer (PIN	) <b>&gt;</b>	
Sign Here	bel	der penalties of perjury, I declare tief, they are true, correct, and com		of preparer (other	than taxpayer) is bas			on of wh	nich prepar	er has any knowledge.
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE D	EVELO	PER.		ee inst.)	III, GIRGI R HOLD
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation			Id		nt your spouse an ection PIN, enter it here
	Ph	one no. (309) 444-693	n	Email address	SUNEELARDY	асмл т	T. COM		. 1.	
		eparer's name	Preparer's signat		CONTELIANDI	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TAT.T.AM	02/22	/2022		82703	Self-employed
Preparer		m's name ► GLOBAL TA				1 42/22				(678) 965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				rm's EIN	

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** 2021 IL-1040-V ID: 3WM

**Payment Voucher for Individual Income Tax** 

860-43-3904

Your Social Security number

SUNEELA YARKAREDDY 2 WILLEDOB RD 12 BLOOMINGTON IL 61701 Spouse's Social Security number

SPRINGFIELD IL 62726-0001

Your payment is due April 18, 2022.

5.00 Payment amount

REV 02/15/22 PRO

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE

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

Individual Income Tax Return or for fiscal year ending \_\_ \_/\_ \_

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

#### **Step 1: Personal Information**

	1990
860-43-3904	
SUNEELA	YARKAREDDY
2 WILLEDOB RD	12



BLOOMINGTON IL 61701 MCLEAN

	SUN	WEELARDY@GMAIL.COM			
C	Che	ng status: X Single Married filing jointly Married filing separately Widowed Feck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. Your spouse of this applies to you during 2021: Nonresident - Attach Sch. NR Part-year resident.	ou 🔲 Spoi	use	n. NR Z
		p 2: Income			le dollars only) 92,217.00
Ţ	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line Other additions. <b>Attach</b> Schedule M. <b>Total income</b> . Add Lines 1 through 3.	e 2a.	1 2 3 4	92,217.00 .00 .00 92,217.00
•		p 3: Base Income		<del>-</del>	
Staple W-2 and 1099 forms here	5 6 7	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.  Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  Other subtractions. Attach Schedule M.	.0		TTEN ENTRIES
60	8	Check if Line 7 includes any amount from Schedule 1299-C.  Add Lines 5, 6, and 7. This is the total of your subtractions.		8	00 <b>0</b> 0
ק	9	Illinois base income. Subtract Line 8 from Line 4.		9	92,217.00 <b>2</b>
Staple W-2		a Enter the exemption amount for yourself and your spouse. See instructions.  b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b  c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c  d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.  Attach Schedule IL-E/EIC.  Exemption allowance. Add Lines 10a through 10d.	2,375 <sub>.0</sub> .0 .0	<u>0</u> 0	2,375,00
4	Ste	p 5: Net Income and Tax			,
	11	Residents: Net income. Subtract Line 10 from Line 9.			
040-V ▶	13	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedules: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  Nonresidents and part-year residents: Enter the tax from Schedule NR.  Recapture of investment tax credits. Attach Schedule 4255.  Income tax. Add Lines 12 and 13. Cannot be less than zero.		11 12 13 14	89,842.00 4,447.00 .00 4,447.00
1	Ste	p 6:Tax After Nonrefundable Credits			
and IL-1040-V	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.  Attach Schedule ICR.  15	.0	00	
Staple your check	17 18 19		<u>.0</u> 14.		0.00 4,447.00
no.	Ste	p 7: Other Taxes			
le y	20	Household employment tax. See instructions.		20	.00
Stapi	21 22	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.  Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surch		21 22_	0.00
<b>V</b>	23	<b>Total Tax</b> . Add Lines 19, 20, 21, and 22.	•	23	4,447.00

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.





<b>24</b> Tot	al tax from Page 1, Li	ine 23.					24	4,447.00
Step 8:	Payments and Re	fundable Credit						
<b>25</b> Illino	ois Income Tax withhe	ld. Attach Schedule IL-	WIT.			<b>25</b> 4,	442.00	
		Forms IL-1040-ES and						Z
inclu	ıding any overpaymer	nt applied from a prior y	ear return.			26	.00	
<b>27</b> Pass	s-through withholding.	Attach Schedule K-1-P	or K-1-T.			27	.00	HAN UW
	• .	edit. <b>Attach</b> Schedule K				28	.00	Ē
		n Schedule IL-E/EIC, St	•		edule IL-E/EIC	. 29	.00	I
		ındable credit. Add Lin	es 25 through	า 29.			30	4,442.00
Step 9:								<u>п</u> 2
	-	ne 24, subtract Line 24 f					31	<u>.00</u>
		ne 30, subtract Line 30 f					32	5.00 Z
-		Estimated Tax Pena	-		-		or late-paym	ent penalty
		mated tax or to mak		ry charit	table dona			
		underpayment of estim		:		33	.00	<u> </u>
_		o-thirds of your federal g			•	a homo		並
_		r spouse are 65 or older e was not received ever	•		•	-	on Form II -221	o = =
٠ ـ	Attach Form IL-221		ily during the	year and	you amuanz	zea your income o	7111 OHH IL 221	0. 0.
dГ		ot required to file an Illin	nois Individua	I Income	Tax return in	the previous tax	vear.	
	-	tions. Attach Schedule				34	.00	G
35 Tota	l penalty and donati	ions. Add Lines 33 and	34.				35	.00
Step 11	: Refund							.00 .00
<b>36</b> If yo	u have an amount on	Line 31 and this amou	nt is greater th	nan Line 3	35, subtract I	Line 35 from Line	31.	
-	is your <b>overpaymen</b>		J		,		36	.00
<b>37</b> Amo	ount from Line 36 you	want <b>refunded to you</b> .	Check <b>one</b> bo	x on Line	38. See inst	ructions.	37	.00
<b>38</b> I cho	oose to receive my ref	fund by						.00 <b>H</b>
а 🗆	direct deposit - Co	mplete the information	pelow if you o	heck this	box.			
	You may also contrib					Checkir	ng or Savir	ngs R
	to college savings fur here. See instruction	nds					.g c cu	.99
	Tiere. See instruction	Account number						
b□	paper check.							
<b>39</b> Amo	ount to be <b>credited for</b>	ward. Subtract Line 37	from Line 36.	See instr	uctions.		39	.00
Step 12	: Amount You Owe	е						
<b>40</b> If vo	u have an amount on	Line 32, add Lines 32	and 35 <b>or</b>	_				
•		Line 31 and this amount						
		e 35. This is the <b>amoun</b>			tions.		40	5.00
Sten 13	3: If this is a joint return	n, both you and your spo	use must sian	helow				
Otop it	•	perjury, I state that I have	-		nd. to the bes	t of mv knowledge	. it is true. corre	ct. and complete.
		,			,	, 0	,	,
Sign	Your signature	Date (mm/dd/yyy	y) Spouse's sid	gnature		Date (mm/dd/yyyy)	Daytime phone	e number
Here			77 1				(309) 444	
	Print/Type paid prepare	r's name	Paid prepare	er's signatu	ıre	Date (mm/dd/yyyy)	1	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR				GUPTA TALLAM	02/22/2022		P02082703
Preparer		LOBAL TAXES LLC	01111 11(1111	Tuni biloint			30101719	
Use Only				C3 200		Firm's FEIN	(678) 965	
Third	Firm's address 25 Designee's name (plea	530 Pebble Creek Li	ncumming	GA 300		Firm's phone		
Party	Designee's name (plea	ισο μππι		Designee	e's phone num	nber		e Department may eturn with the third
Designee				( )				e shown in this step.
		ne 2021 IL-1040 II	nstruction	ns for t	he addre	ss to mail v		
						a y		

IL-1040 Back (R-12/21) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 02/15/22 PRO





#### 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.

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)

Your name as shown	on Form IL-1040		Your Social Security number								
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	column C ges, Winnings, Gross s, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			column E nois Income ax Withheld				
1 <u>W</u>	222575929 000 5	\$	92 <b>,</b> 217 <b>.00</b>	\$	92 <b>,</b> 217 <b>.00</b>	\$	4,442 <b>•00</b>				
2		\$	•00	\$	•00	\$	<u>•00</u>				
3		_ \$	•00	\$	•00	\$	•00				
4		\$	•00	\$	•00	\$	<u>•00</u>				
			•00	•	00	¢	•00				
Step 2: Provide s	spouse's withholding re			1099 forms	_	-					
Step 2: Provide s  Your spouse's name a	spouse's withholding reals shown on Form IL-1040  Column B	ecords (incl	your spouse's S	1099 forms  Social Securit	s that show Illing y number	ois w	rithholding				
Step 2: Provide s  Your spouse's name a	spouse's withholding re	ecords (incl	ude all W-2 and 1	1099 forms  Social Securit  C Illinois Wag	s that show Illing	ois w	rithholding				
Step 2: Provide s  Your spouse's name a  Column A  Form type	spouse's withholding reals shown on Form IL-1040  Column B Employer/Payer	ecords (incl C Federal Way Distribution	Your spouse's Solumn C	1099 forms  Social Securit  C Illinois Wag Distributions	s that show Illing y number  olumn D es, Winnings, Gross	OIS W	rithholding				
Step 2: Provide s  Your spouse's name a  Column A Form type	spouse's withholding restaurces shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (incl  C Federal Was Distribution	Your spouse's Solumn C ges, Winnings, Gross s, Compensation, etc.	1099 forms  Social Securit  C Illinois Wag Distributions  \$	that show Illing y number  olumn D es, Winnings, Gross s, Compensation, etc.	OIS W	rithholding				
Step 2: Provide s  Your spouse's name a  Column A Form type  6 7	spouse's withholding reals shown on Form IL-1040  Column B Employer/Payer Identification Number	ecords (incl	Your spouse's Solumn C ges, Winnings, Gross s, Compensation, etc.	1099 forms  Social Securit  C Illinois Wag Distributions  \$	that show Illing that show Illing y number  olumn D es, Winnings, Gross s, Compensation, etc.	OIS W	olumn E				
Step 2: Provide s  Your spouse's name a  Column A Form type  6 7 8	spouse's withholding reals shown on Form IL-1040  Column B Employer/Payer Identification Number	Federal Was Distribution	Your spouse's Stolumn C ges, Winnings, Gross s, Compensation, etc.  •00  •00	1099 forms  Social Securit  C Illinois Wag Distributions  \$ \$	that show Illing y number  olumn D es, Winnings, Gross s, Compensation, etc.  •00  •00	ois w	olumn E nois Income ax Withheld  •00				

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.

4,442.00 11 \$

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





### **Illinois Department of Revenue**

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				S	ubmi	ssior	ı ID						

# **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 SUNEELA	YARKARE	EDDY	8 6 0 _ 4 3 _ 3 9 0 4
<b>.</b>	·	(and last name if different)	Last name	Social Security number
Or	2 WILLEDOB RD 12			
type				Spouse's Social Security number
	BLOOMINGTON	IL	61701	(309) 444-6930
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax re	eturn		
<b>1</b> N	Net income from Form IL-1040, Line 11			189,842  <u>00</u>
	Tax from Form IL-1040, Line 14			2 <u>4,447</u> l <u>00</u>
	llinois Income Tax withheld from Form IL-10	040, Line 25 <b>only</b> (ent	er " <b>0</b> " if none)	34,442   00
	Overpayment from Form IL-1040, Line 36			4l_00
	Total amount due from Form IL-1040, Line			55 <u>  5</u>   <u>00</u>
6 F	filing status: X Single Married filing	jointly Married fil	ling separately _	Widowed Head of household
does within <b>7</b> F	not support international ACH transactions.	IDOR will only perform nternational funds. Elec	n direct transactio	acluded within the electronic transmission. Illinois ons (e.g., debit, deposit) with financial institutions locate will not be accepted and refunds will be via paper chec
<b>9</b> T	Type of account: Checking Sa	ivings		
10	Date the payment is to be electronically with	ndrawn://		
11 E	Electronic funds withdrawal amount:	I_00_		
<b>12</b> N	Name on account:			
Step	4: Taxpayer declaration and signature	re (Sign only after o	completing Ste	ep 2 and, if applicable, Step 3.)
	I consent that my refund may be directly correct. If I have filed a joint return, this i	deposited as designa s an irrevocable appoi	ted in Step 3 and ntment of the oth	d declare the information on Lines 7 through 9 is ner spouse as an agent to receive the refund.
	withdrawal as designated in the electron	ic portion of my 2021 lic overpayment of taxe	Illinois Individual	cial agent to initiate an ACH electronic funds Income Tax return. I authorize the financial institutions offidential information necessary to answer inquiries
X	I do not want direct deposit of my refund	, or an electronic fund	s withdrawal (dire	ect debit) of my balance due.
origin and a been	ator (ERO) are identical. To the best of my kaccompanying information may be sent to ID accepted or rejected. If rejected, I authorize	knowledge, my return is OOR by my ERO. I auth	s true, correct, an orize IDOR to inf	the information I provided to my electronic return nd complete. I consent that my return, this declaration, form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
Sinn		Dete		
Sign here		Date	Spouse's sig	gnature (if joint return, <b>both</b> must sign) Date
Step I decl have	5: Electronic return originator (ERC are that I have examined this taxpayer's ele	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information alties of perjury,	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return
Step I decl have	5: Electronic return originator (ERC are that I have examined this taxpayer's elefollowed all requirements of this program a accompanying information are true, correct,	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return
Step I decl have	5: Electronic return originator (ERC are that I have examined this taxpayer's elefollowed all requirements of this program a accompanying information are true, correct, ERO's signature	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration and the information that it is information that it is information to the information of the information and it is inf	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return
Step I decl have	5: Electronic return originator (ERC are that I have examined this taxpayer's elefollowed all requirements of this program a accompanying information are true, correct,	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information lalties of perjury, 02/22/202	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return
here Step I decl have and a	5: Electronic return originator (ERC are that I have examined this taxpayer's elefollowed all requirements of this program a accompanying information are true, correct,  ERO's signature  GLOBAL TAXES LLC  Firm's name or your name if self-employed	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information lalties of perjury, 02/22/202	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return  Check if paid preparer: ☒ (See instructions.)  P 0 2 0 8 2 7 0 3  Your PTIN
Step I decl have and a	5: Electronic return originator (ERC are that I have examined this taxpayer's elefollowed all requirements of this program a accompanying information are true, correct, ERO's signature  GLOBAL TAXES LLC	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information lalties of perjury, 02/22/202	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return  Check if paid preparer:   (See instructions.)  P 0 2 0 8 2 7 0 3  Your PTIN
here Step I decl have and a	5: Electronic return originator (ERC are that I have examined this taxpayer's electronic return originator (ERC are that I have examined this taxpayer's electronic requirements of this program a accompanying information are true, correct, ERO's signature  GLOBAL TAXES LLC  Firm's name or your name if self-employed  2530 Pebble Creek Ln	o) and paid prepare ectronic Form IL-1040 and declare, under pen	er declaration a , the information lalties of perjury, 02/22/202	and signature on this Form IL-8453, and accompanying information. that to the best of my knowledge the taxpayer's return  Check if paid preparer: (See instructions.)  P 0 2 0 8 2 7 0 3  Your PTIN 3 0 - 1 0 1 7 1 9 6

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.

