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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
SRAVIKA THATI	091-13-7170
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2021 (E	inter year you are 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> 72,893.
<b>2</b> Total tax	
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 10,802.
4 Amount you want refunded to you	<b>4</b> 1,848.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy of your return)

Under penalties of periury. 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 acknowledgement 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		to enter or generate my PIN	E
		ERO firm name		

Enter five digits, but don't enter all zeros									
	3	7	1	7	0				

my

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.

Your signature 🕨

X

Date

Spouse's	PIN:	check	one	box	only
----------	------	-------	-----	-----	------

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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.

Spouse's signature	Date 🕨			
Practitioner PIN Method Returns Only—continue below				
Part III Certifica	and Authentication – Practitioner PIN Method Only			
ERO's EFIN/PIN. Ente	ur six-digit EFIN followed by your five-digit self-selected PIN. <u>5 8 7 2 7 8 6 1 9 8 9</u> 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.

ERO's signature 🕨		Date 🕨	
D(			
For Donorwork Poduction Act Not		REV 04/00/22 RRO	Earm 8879 (Pov. 01 2021)

<b>104</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) <b>urn</b>	20	21	OMB No.	1545-0	1074 IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of	-	separately ouse. If you				ousehold (HC QW box, ent	'		, ,	low(er) (QW) he qualifying
Your first name	e and mi	ddle initial	Last na	ame							Your so	cial securi	ty number
SRAVIKA			THAT	ГІ							091-	13-717	0
If joint return, s	pouse's	first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 370 OAK		er and street). If you have a P.O. box, see DR	e instruct	ions.					Apt. no. 711			ntial Electi here if you,	on Campaign , or your
		ce. If you have a foreign address, also co	omplete s	spaces be	low.	Stat	te	2	ZIP code				ntly, want \$3
NASHVIL	LE		-			TN	1		37211			o this fund. low will not	Checking a
Foreign countr	y name			Foreign p	rovince/sta	te/count	ty	F	Foreign postal	code		x or refund	0
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	any fina	incial inter	est in	any virtual o	currer	ncy?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	u were a	dual-statu	is alien	_						
Age/Blindnes	s You:	Were born before January 2, 1	957	_ Are b	lind S	pouse	: 🗌 Was	born	before Janu			Is b	
Dependent	•			(2)	Social secu number	rity	(3) Relati					r (see instru	,
If more	(1) H	rst name Last name		Tumber			to you		Child tax cr		redit	Credit for ot	ther dependents
than four dependents,													
see instruction	s ——												
and check here ►										$\frac{\Box}{\Box}$			
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .						<u> </u>	. 1		<u> </u>
Attach	2a	Tax-exempt interest	2a		Í	h T	axable inte	arest		-	21		<u></u>
Sch. B if	3a	Qualified dividends	3a				ordinary div		ls		3b	,	
required.	4a	IRA distributions	4a				axable am				. 4b	)	
	5a	Pensions and annuities	5a			b Ta	axable am	ount			. 5b	)	
Standard	6a	Social security benefits	6a			b Ta	axable am	ount			. 6b	)	
Deduction for -	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired,	, check he	re		►	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lir	ne 10								. 8		-8,080.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. <sup>-</sup>	This is yo	our <b>total ir</b>	ncome				.	▶ 9		72,893.
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	edule 1,	line 26							. 10	)	
Jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted	gross inc	ome				.	▶ 11		72,893.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t <b>ions</b> (fro	m Schedu	ıle A)		12a	12,	,550	Ο.		
<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	the sta	ndard de	duction (s	ee instr	uctions)	12b		300	).		
household, \$18,800	c	Add lines 12a and 12b									. 12	c	12,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	tion fron	n Form 8	995 or Fo	rm 899	5-A	-			. 13		
Standard	14										. 14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or les	s, ente	r-0	-		•	. 15	5	60,043.

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

Form **1040** (2021)

Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		8,954.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18		8,954.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		8,954.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24		8,954.
	25	Federal income tax withheld								
	а	Form(s) W-2					,802.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	1	0,802.
If you have a	26	2021 estimated tax payment			3.7			26		
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
		Check here if you were h								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco								
	28	Refundable child tax credit or			Schedule 8812	28				
	29	American opportunity credit				29				
	30	Recovery rebate credit. See		-		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32		
	33	Add lines 25d, 26, and 32. T						33	1	0,802.
Refund	34	If line 33 is more than line 24						34		1,848.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here		35a		1,848.
Direct deposit?	►b	Routing number 1 1 1	0 0 0 0	2 5	► c Type: 🛛	Checking	Savings			
See instructions.	►d	Account number 4 8 8	0 7 5 1	5 3 2 9	9 0		-			
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See				
Designee	ins	tructions				. 🕨 🗌 Yes. Co	omplete b	below.	X No	
		signee's		Phone			onal identi			
0.		ne 🕨	hat I have avening	no. ►			per (PIN)		t of my lun	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sen	nt you an lo	dentity
							Prote	ection Pl	N, enter it	
Joint return?					SOFTWARE		(see	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			t your spo	ouse an , enter it here
your records.								inst.) 🕨		
	Ph	one no. (832)888-391	0	Email address		ri.7@gmail.co	M	· ]		
		eparer's name	Preparer's signat		JIAV IIAIIIA	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПЪТА ТАТ.Т. АМ		P0208	2703		-employed
Preparer		n's name ► GLOBAL TAX			<u></u>					65-9522
Use Only		n's address ► 2530 Pebbl		n Cummin	a GA 30041			's EIN ►		.017196
Go to www.irc.or		11040 for instructions and the late			2		1			<b>1040</b> (2021
ao to www.iis.go		nor in an actions and the late	semiornation.		BAA	REV 04/09/22 PRO			FOUU	

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 2

Departm Internal		Attachment Sequence No. 01			
Name	(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial s	ecurity number
SRAV	IKA THATI		091-13	8-71	170
Par	t I Additio	onal Income			
1	Taxable refu	unds, credits, or offsets of state and local income taxes		1	
2a	Alimony rec	eived		2a	
b	Date of origi	nal divorce or separation agreement (see instructions) $\blacktriangleright$			
3	Business in	come or (loss). Attach Schedule C		3	
4	Other gains	or (losses). Attach Form 4797		4	
5		estate, royalties, partnerships, S corporations, trusts, etc. A		5	-8,080.
6	Farm incom	e or (loss). Attach Schedule F	[	6	
7	Unemploym	ent compensation		7	

8	Other income:		
а	Net operating loss	8a	(
b	Gambling income	8b	
С	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	(
е	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	
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
ο	Section 461(I) excess business loss adjustment	80	
р	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		
10	Combine lines 1 through 7 and 9. Enter here and on Form 1	040,	1040-SR, or

10 . -8,080.

9

.

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

Par	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		
С	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:		
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 81 24c		
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 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (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 violations		
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 <b>adjustments to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	
	<b>RΔΔ</b> REV 04/09/22 PRO	Schedu	ule 1 (Form 1040) 2021

REV 04/09/22 PRO

SCHEI	DULE	Ε
(Form	1040)	

Department of the Treasury

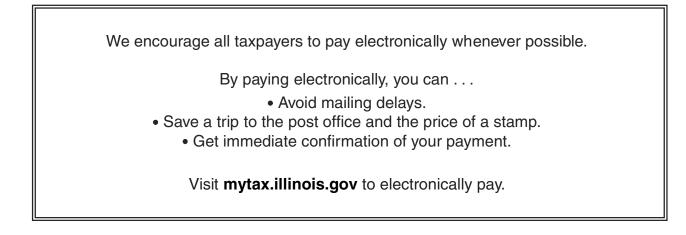
OMB No. 1545-0074

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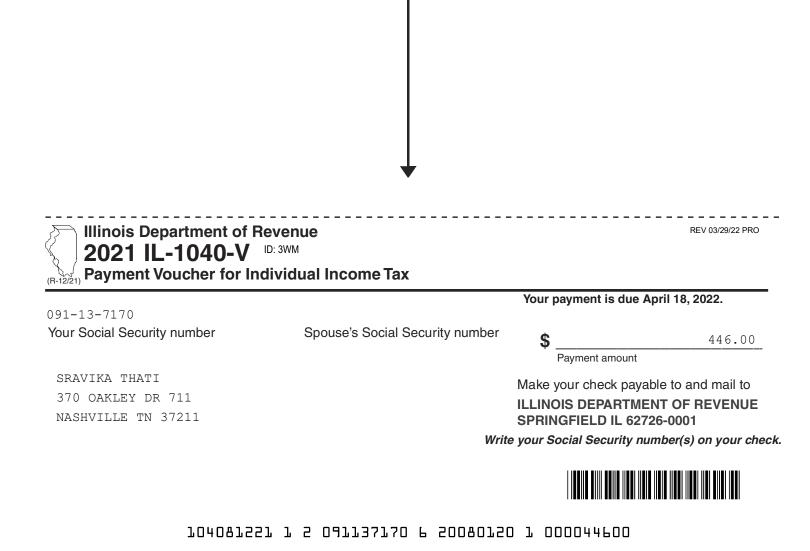
Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

	ent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleE fo					information.		Attacl	nment ence No. <b>13</b>
	shown on return					latest			cial securit	
	IKA THATI								13-717	-
Part		s From Rental Real Estate and Ro	valties	Note	: If you	are in th	e husiness of			-
T CITC		instructions. If you are an individual, rep	-					• •		
A Dic		ents in 2021 that would require you to								
		ou file required Form(s) 1099?								Yes 🗌 No
- <u>1a</u>		each property (street, city, state, ZIF			<u> </u>				· 🗆	
A		MAIN ROAD KODAD SURYAPE			NA TI	N 508	206			
В										
С										
1b	Type of Property	2 For each rental real estate prop	oertv lis	sted		Fair	Rental	Person	al Use	QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir renta	land		0	Days	Da	ys	QJV
Α	3	if you meet the requirements to	o file as	sa I	Α		365		0	
В		qualified joint venture. See inst	ruction	is.	В					
С		-			С					
Туре с	of Property:									
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	ld		7 Self-	Rental			
2 Mult	i-Family Residence	4 Commercial	6 Roy	/alties	1	8 Othe	r (describe)			
Incom	e:	Properties:			Α		В			С
3			3			580.				
4		<u> </u>	4						_	
Expen										
5			5						_	
6 7		nstructions)	6 7		1	200				
8		nance	8		⊥,	290.				
9			9							
10		essional fees	10							
11			11		2.	270.				
12	-	id to banks, etc. (see instructions)	12		-1	270.				
13			13							
14			14		1,	940.				
15			15		1,	670.				
16	Taxes		16							
17	Utilities		17		1,	490.				
18		e or depletion	18							
19	Other (list)		19							
20	•	lines 5 through 19	20		8,	660.				
21		line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must	01		_0	080.				
22		l estate loss after limitation, if any,	21		· · ,					
22		istructions)	22	(	8.0	80.)	(		)	)
23a		eported on line 3 for all rental prope				23a	(	580.		/
b		eported on line 4 for all royalty prop				23b				
С		eported on line 12 for all properties				23c			-	
d		reported on line 18 for all properties				23d				
е		reported on line 20 for all properties				23e		8,660.		
24	Income. Add positive	e amounts shown on line 21. Do no	t inclu	de any l	osses			. 24		
25	Losses. Add royalty lo	osses from line 21 and rental real estate	losses	from lin	e 22. E	nter tota	al losses here	e. <b>25</b>	(	8,080.)
26	Total rental real esta	ate and royalty income or (loss).	Combi	ne lines	24 an	d 25. E	inter the res	ult		
		V, and line 40 on page 2 do not								
		40), line 5. Otherwise, include this ar				line 41		. 26		-8,080.
For Pa	perwork Reduction Act	Notice, see the separate instructions.		N	PA		-8,08	∪ <b>. s</b>	chedule E	(Form 1040) 2021



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.



Individual Income Tax Return

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**Illinois Department of Revenue** 2021 Form IL-1040

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.

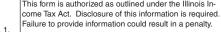
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#### **Step 1: Personal Information**

091-13-7170 SRAVIKA		1 THATI	996							
370 OAKLEY DR			711							
NASHVILLE SRAVIKATHATI.7@G	TN MAIL.C	37211 OM								
<ul> <li>B Filing status: Single Married filing jointly Married filing separately Widowed Head of household</li> <li>C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse</li> <li>D Check the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR</li> </ul>										
Step 2: Income       (Whole dollars only)         1       Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.       1       72,893										

1	Federal adjusted gross income from your lederal Form 1040 or 1040-SR, Line 11.	· ·	/2,095.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, I	_ine 2a. 2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	.00 .00 .00 .00 .00
Ste	p 3: Base Income		
' -	Social Security benefits and certain retirement plan income		- T
5		.00	
	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	1
6 7	Schedule 1, Ln. 1. 6	.00	
7	Other subtractions. Attach Schedule M. 7	.00	
	Check if Line 7 includes any amount from Schedule 1299-C.	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
	Illinois base income. Subtract Line 8 from Line 4.	9	<u>.00</u> 72,893.00
		<b>U</b>	
0.0	p 4: Exemptions	2 275 00	
10		2,375.00	
	<b>b</b> Check if 65 or older: $\Box$ You + $\Box$ Spouse # of checkboxes X \$1,000 = b _	.00	-
-	c Check if legally blind: You + 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.	0.00	
	Attach Schedule IL-E/EIC.	0.00	0 075 00
	Exemption allowance. Add Lines 10a through 10d.	10	2,375.00
	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. Attack	n Schedule NR. 11	36,329 <u>.00</u>
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,798 <u>.00</u>
13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	` 13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	1,798.00
Ste	p 6: Tax After Nonrefundable Credits		
15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15_	.00	
	Property tax and K-12 education expense credit amount from Schedule ICR.		
	Attach Schedule ICR. 16	.00	
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Lin	ie 14. <b>18</b>	0.00
	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	1,798.00
Ste	p 7: Other Taxes		
20	Household employment tax. See instructions.	20	.00
20			.00
	in the instructions. <b>Do not</b> leave blank.	ິ 21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee su		.00
_		23	<u>.00</u> 1,798.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	1,190.00
	This form is authorized as outlined under the Illinois In-		







24	Total tax from Page 1, Line 23.		24	1,798 <u>.00</u>
Ste	p 8: Payments and Refundable Credit			
25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	<b>25</b> 1,352.	<u>00</u>	
26	Estimated payments from Forms IL-1040-ES and IL-505-I,			N
	including any overpayment applied from a prior year return.	26	00	Ŭ H
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	00	A
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	<u>00</u>	Ī
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.		00	NR NR
30	Total payments and refundable credit. Add Lines 25 through 29.		30	1,352.00
Ste	p 9: Total			Ē
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	00_ <u>m</u>
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	<u>446.00</u>
	p 10: Underpayment of Estimated Tax Penalty and Donations - Only complete	•	te-payment	1,352.00 .00 446.00 penalty .00 .00 .00
for	underpayment of estimated tax or to make a voluntary charitable donation	n.		ÿ
33	Late-payment penalty for underpayment of estimated tax.	33	<u>00</u>	9
	a Check if at least two-thirds of your federal gross income is from farming.			Ë
	<b>b</b> $\square$ Check if you or your spouse are 65 or older and permanently living in a nursing h			Ξ.
	$\mathbf{c}$ $\Box$ Check if your income was not received evenly during the year and you annualized	I your income on For	m IL-2210.	Ī
	Attach Form IL-2210.			A
	d Check if you were not required to file an Illinois Individual Income Tax return in the	· ·		S
	Voluntary charitable donations. Attach Schedule G.		00	GN
	Total penalty and donations. Add Lines 33 and 34.		35	A
Ste	p 11: Refund			Ϋ́Ρ
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin	e 35 from Line 31.		
	This is your overpayment.		36	<u>00</u>
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instruct	tions.	37	<u>+</u> <u>00.</u>
38	I choose to receive my refund by			lls l
	a direct deposit - Complete the information below if you check this box.			Ē
	You may also contribute Routing number	Checking or	Savings	.00 ON THIS FORM
	to college savings funds	encoking of	Cavingo	2
	here. See instructions! Account number			
	b 🗌 paper check.			
39	Amount to be <b>credited forward.</b> Subtract Line 37 from Line 36. See instructions.		39	.00
Ste	p 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 <b>amount you owe</b> . See instructions.		40	446.00
	Subtract Line ST from Line SS. This is the amount you owe. See instructions.		+U	00.01

Step 13: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number	
Here								(832) 888-3910	
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)			Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	04/15/2022		self-employed	P02082703
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN		301017196	
	Firm's address	2530 Pebl	ble Creek LnC	umming	GA 30041	Firm's phone		(678) 965	-9522
-	Designee's name (please print)				Designee's phone number			Check if the Department may	
Party								discuss this return with the third party designee shown in this step.	
Designee					( )				

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



٦	Illinois Department of Re	venue
Į	2021 Schedule	NR

Attach to your Form IL-1040

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

IL Attachment No. 2

	SRAVIKA THATI	0 9 1 - 1 3 - 7 1 7 0
	Your name as shown on your Form IL-1040	Your Social Security number
S	tep 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year residen	it of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP yo	u cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resid	lent during the tax year, tell us your residency dates for 2021.
;	a I lived in Illinois from// 2 1 to// 2 1 Month Day Year Month Day Year	lived in from// 2 1 to// 2 1 State Month Day Year Month Day Year
	<b>b</b> My spouse lived in <b>Illinois</b> from/ / <u>2</u> <u>1</u> to/ / <u>2</u> Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spo	x year, if you were in Illinois only to accompany your spouse who buse's state of residence for tax purposes, check the appropriate box.
	🗌 Iowa 📃 Kentucky 📃 Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on L Enter the two-letter abbreviation of that state.	ine 2 or 3 above, that you claimed residency for tax purposes in 2021.

## Step 2: Complete Form IL-1040

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

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

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

_				Federal Total	Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5_	80,973 <u>.00</u>	37,552.00
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
a B	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
<u></u>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-8,080 <u>.00</u>	0.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	))		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come.	. 20	37,552.00
		Continue with Step 3 on Page 2			



#### Schedule NR – Page 2

## Step 3: Continued

St	ер	3: Continued	-	olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	37,552.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
	I 1	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
ne	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
0	I 1	Schedule 1, Line 14)		.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
	27		07	0.0	0.0
s to		Schedule 1, Line 16)	27	100	.00
Ę		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
Je		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			.00
Ę				.00	.00
djustments			31	.00	.00
		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)		.00	.00
∢	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	I	adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	72,893 <u>.00</u>	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss incom	e. <b>38</b>	37,552.00

## Step 4: Figure your Illinois additions and subtractions

the	e inst	nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
istments	40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 40	.00 .00 <b>41</b>	.00 .00 .37,552.00
Adii	43	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	.00
sionill	44	Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	43 44	.00 .00 <b>45</b>	.00 .00 .00

## Step 5: Figure your Illinois income and tax

Г	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			05 550
		your Illinois base income.		46	37,552.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
18	47	Enter the base income from Form IL-1040, Line 9.	47	72,893.00	
lati	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
13		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 515	
Calc	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00	
U B B	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	1,223.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.		51	36,329.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your <b>tax.</b>	-	52	1,798.00



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)

SR	AVIKA THATI			0	9 :	1	1	3	7	1	7	0
Your name as shown on Form IL-1040				Your S	Your Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	<b>Column C</b> ges, Winnings, is, Compensati	Gross on, etc.		Nages,	umn D Winnings compensa		Illi	<b>Column</b> nois Ince ax Withh	ome
1	W	81-3258250	\$	80,973.	<u>00</u>	\$		87,552	00	\$	1,35	52 <b>.00</b>
2			\$	•	00	\$			00	\$		•00
3			\$	•	00	\$			00	\$		•00
4			\$	•	00	\$			00	\$		<u>•00</u>
5			\$	•	<u>00</u>	\$		•	00	\$		• <u>00</u>

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

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6			- \$	•00	\$	•00	\$_	•00	
7			- \$	•00	\$	•00	\$	•00	
8			- \$	•00	\$	•00	\$_	•00	
9			- \$	•00	\$	•00	\$	•00	
10			. \$	•00	\$	•00	\$	•00	

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

#### ➡ Attach all Schedules IL-WIT to your IL-1040.

Illinois Department of Revenue

Submission 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	o 1: Provide taxpayer information	THATI		0 9 1 _ 1 3 _ 7 1 7 0
	_	nd last name if different)	Last name	Social Security number
Prin	t 370 OAKLEY DR 711	,		·
	Mailing address			Spouse's Social Security number
() PC	NASHVILLE	TN	37211	(832) 888-3910
	City	State	ZIP	Daytime phone number
Ster	o 2: Complete information from tax ret	urn		
	Net income from Form IL-1040, Line 11			1 <u>36,329</u> ] <u>00</u>
2	Tax from Form IL-1040, Line 14			<b>2</b> <u>1,798</u> ] <u>00</u>
3	Illinois Income Tax withheld from Form IL-104	40, Line 25 <b>only</b> (ent	er " <b>0</b> " if none)	<b>3</b> <u>1,352</u> ] <u>00</u>
4	Overpayment from Form IL-1040, Line 36		,	4l_00_
5	Total amount due from Form IL-1040, Line 40	)		<b>5</b> <u>446</u> <b>00</b>
6	Filing status: X Single Married filing j	ointly Married fil	ing separately Wido	wed Head of household
does withi 7 8		DOR will only perform ernational funds. Elec	n direct transactions ( <i>e.g.,</i>	debit, deposit) with financial institutions located be accepted and refunds will be via paper check.
10	Date the payment is to be electronically with	drawn:/_/		
11	Electronic funds withdrawal amount:	<u>  00</u>		
12	Name on account:			
Step	o 4: Taxpayer declaration and signature	e (Sign only after o	completing Step 2 and	d, if applicable, Step 3.)
	I consent that my refund may be directly c correct. If I have filed a joint return, this is			
	I authorize the Illinois Department of Reve withdrawal as designated in the electronic involved in the processing of an electronic and resolve issues related to the payment	portion of my 2021 overpayment of taxe	Illinois Individual Income	nt to initiate an ACH electronic funds Tax return. I authorize the financial institutions information necessary to answer inquiries
Σ	I do not want direct deposit of my refund,	or an electronic fund	s withdrawal (direct debit	) of my balance due.
origi and	er penalties of perjury, I declare the information nator (ERO) are identical. To the best of my kn accompanying information may be sent to IDC n accepted or rejected. If rejected, I authorize I	owledge, my return is OR by my ERO. I auth	s true, correct, and compleorize IDOR to inform my	ete. I consent that my return, this declaration, ERO and/or the transmitter when my return has
Sig	n	Date	Spouso's signature (if i	oint return, <b>both</b> must sign) Date
Ster I dec have		and paid prepare etronic Form IL-1040, d declare, under pen	er declaration and sig , the information on this F	
			04/15/2022	Check if paid preparer: 🗵 (See instructions.)
	ERO's signature		Date	
ERC	GLOBAL TAXES LLC			<u>P 0 2 0 8 2 7 0 3</u>
use	Firm's name or your name it self-employed			Your PTIN
only	2530 Pebble Creek Ln			$\frac{3}{5} \frac{0}{1} - \frac{1}{5} \frac{0}{5} \frac{1}{5} \frac{1}{5} \frac{7}{5} \frac{1}{5} \frac{9}{5} \frac{6}{5}$
	Mailing address	~~	20041	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.

