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**

1995

034-99-0120

VAIBHAVI NIMMAGADDA

316 APPLE DR

EXTON PA19341

	NIMMAGADDA.VAIBHAVI@GMAIL.COM		
С	Filing status: Single Married filing jointly Married filing separately Widowed Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. Check the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year	You Spouse	NR Z
<b>+</b>	<ul> <li>Step 2: Income</li> <li>Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.</li> <li>Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, I Other additions. Attach Schedule M.</li> <li>Total income. Add Lines 1 through 3.</li> </ul>		dollars only) 41,960.00 .00 .00 41,960.00
W-2 and 1099 forms here	Step 3: Base Income  5	.00 .00 .00 .00	.00 41,960.00
Staple W-2 ar	Step 4: Exemptions  10 a Enter the exemption amount for yourself and your spouse. See instructions.  b Check if 65 or older:	2,375 <sub>.00</sub> .00 .00	2,375.00
	11 Residents: Net income. Subtract Line 10 from Line 9.		

#### Income tax. Add Lines 12 and 13. Cannot be less than zero.

Step 6: Tax After Nonrefundable Credits 15 .00 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 .00

Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11\_

Credit amount from Schedule 1299-C. Attach Schedule 1299-C. .00

0.00 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 1,959.00 **19** Tax after nonrefundable credits. Subtract Line 18 from Line 14.

# **Step 7: Other Taxes**

Staple your check and IL-1040-V

13

20 Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table

Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.

Recapture of investment tax credits. Attach Schedule 4255.

Nonresidents and part-year residents: Enter the tax from Schedule NR.

in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 22

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

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

13

14

20

21

39,585.00

1,959.00

1,959.00

.00

0.00

.00 1,959.00

Printed by authority of the State of Illinois - web only, 1.

ID: 3WM REV 03/29/22 PRO



Step 8: Payments and Refundable Credit  25 Illinois Income Tax withheld. Attach Schedule IL-WIT.  25 2,152,00  28 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.  28										
25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 Pass-through withholding. Attach Schedule K-I-P or K-I-T. 27	<b>24</b> Tot	tal tax from Page 1,	Line 23.					24	1,959.00	
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.  27 Pass-through withoiding, Attach Schedule K-1-P or K-1-T.  28 Pass-through withoiding, Attach Schedule K-1-P or K-1-T.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  30 Total payments and refundable credit. Add Lines 25 through 29.  31 If Line 30 is greater than Line 30, abutact Line 30 from Line 30.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  33	Step 8:	Payments and F	Refundab	le Credit						
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.  27 Pass-through withoiding, Attach Schedule K-1-P or K-1-T.  28 Pass-through withoiding, Attach Schedule K-1-P or K-1-T.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 8, Attach Schedule IL-EFIC.  30 Total payments and refundable credit. Add Lines 25 through 29.  31 If Line 30 is greater than Line 30, abutact Line 30 from Line 30.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  32 if Line 24 is greater than Line 30, abutact Line 30 from Line 24.  33	25 Illino	ois Income Tax withl	held. <b>Attac</b> l	<b>h</b> Schedule IL-W	TT.		<b>25</b> 2,	152.00		
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 28										Z
28 Pass-through entity tax credit. Attach Schedule K-I-P or K-I-T. 29 Earmed Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29							26	.00		
29 Earned Income Credit from Schedule IIE/EIC, Step 4, Line 8, Attanch Schedule IIE/EIC.  Step 9: Total 30 Total payments and refundable credit. Add Lines 25 through 29: 30 2, 152,( Step 9: Total 31 If Line 30 is greater than Line 24, subtract Line 20 from Line 30. 32 1/Line 24 is greater than Line 30, subtract Line 30 from Line 30.  Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  33 0/00 3 Late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  3 Late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  3 Late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  4 Check if you represent the service of ordicer and permanently living in a nursing home.  5 Check if you represent the service of ordicer and permanently living in a nursing home.  6 Check if you with representation of the an Illinois Individual Income Tax return in the previous tax year.  4 Voluntary charitable donations. Attach Schedule G.  7 Agran and a manual on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  7 This is your overpayment.  36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  7 This is your overpayment.  8 Ichoese to receive my refund by  9 Depart check.  9 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  8 Ichoese to receive my refund by  9 Depart check.  9 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  10 Designee's interest the subtract Line 37 from Line 36. See instructions.  11 June 19 Designee away part of the subtract Line 37 from Line 36. See instructions.  12 Designee's phone number of Des							27	.00		₹
30 2, 152,0 Step 9: Total Step 9: Total Step 9: Total 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 32 If Line 24 is greater than Line 24, subtract Line 24 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 24 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32	<b>28</b> Pass	s-through entity tax	credit. Atta	<b>ch</b> Schedule K-1-	-P or K-1-T.		28	.00		HANDW
Step 9: Total  31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.  31 In 193( 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.  32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.  32 (If Line 24 is greater than Line 30, subtract Line 30 from Line 24.  32 (If Line 24 is greater than Line 30, subtract Line 30 from Line 24.  33 (If Line 24 is greater than Line 30, subtract Line 30 from Line 33.  34 (If Line 24 is greater than Line 30, subtract Line 30 from Line 33.  35 (If Line 24 is greater than Line 24, subtract Line 30 from Line 33.  36 (If Line 24 is greater than Line 33.  37 (If Line 24 is greater than Line 34.  38 (If Line 24 is greater than Line 34.  39 (If Line 24 is greater than Line 34.  30 (If Line 24 is greater than Line 34.  30 (If Line 24 is greater than Line 34.  30 (If Line 24 is greater than Line 34.  30 (If Line 34 is greater than Line 34.  30 (If Line 34 is greater than Line 34.  30 (If Line 34 is greater than Line 34.  30 (If Line 34 is greater than Line 35.  31 (If Line 34 is greater than Line 35.  32 (If Line 34 is greater than Line 35.  33 (If Line 34 is greater than Line 35.  34 (If Line 34 is greater than Line 35.  35 (If Line 34 is greater than Line 35.  36 (If Line 34 is greater than Line 35.  37 (If Line 34 is greater than Line 35.  38 (If Line 34 is greater than Line 35.  39 (If Line 34 is greater than Line 35.  30 (If Line 34 is greater than Line 35.  30 (If Line 34 is greater than Line 35.  31 (If Line 34 is greater than Line 35.  31 (If Line 34 is greater than Line 35.  31 (If Line 34 is greater than Line 35.  32 (If Line 34 is greater than Line 35.  33 (If Line 34 is greater than Line 35.  34 (If Line 34 is greater than Line 35.  35 (If Line 34 is greater than Line 35.  36 (If Line 34 is greater than Line 35.  37 (If Line 34 is greater than Line 35.  38 (If Line 34 is greater than Line 35.  39 (If Line 34 is greater than Line 35.  30 (If Line 34 is greater than Line 35.  31 (If Line 34 is greater than Line 35.  31 (If Line	<b>29</b> Earr	ned Income Credit fr	om Schedu	ule IL-E/EIC, Step	4, Line 8. <b>A</b>	ttach Schedule IL-E/EIC	. 29	.00		≥
31 if Line 30 is greater than Line 30, subtract Line 30 from Line 34.  32 if Line 24 is greater than Line 30, subtract Line 30 from Line 24.  32 (1) Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  33 Late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  34 Late-payment penalty for underpayment of estimated tax.  35 Lote-payment penalty for underpayment of estimated tax.  36 Lote-payment penalty for underpayment of estimated tax.  37 Lote-payment penalty for underpayment of estimated tax.  38 Lote-payment penalty for underpayment of estimated tax.  39 Lote-payment penalty for underpayment of estimated tax.  30 Lote-payment penalty for underpayment of estimated tax.  31 Lote-payment penalty for underpayment of estimated tax.  32 Lote-payment penalty for underpayment of estimated tax.  33 Lote-payment penalty for underpayment of estimated tax.  34 Lote-payment penalty for underpayment of estimated tax.  35 Lote-payment penalty for underpayment of estimated tax.  36 Lote-payment penalty for underpayment of estimated tax.  37 Lote-payment penalty for underpayment of estimated tax.  38 Lote-payment penalty for underpayment of estimated tax.  39 Lote-payment penalty for underpayment for u	30 Tota	al payments and re	fundable	credit. Add Lines	25 through	29.		30	2,152.00	Ē
32 Lifue 24 is greater than Line 30, subtract Line 30 from Line 24.  Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  33 Late-payment penalty for underpayment of estimated tax.  a	Step 9:	Total								MZ
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.  3 Late-payment penalty for underpayment of estimated tax.  a   Check if at least two-thirds of your federal gross income is from farming. b   Check if you or your spouse are 65 or older and permanently living in a nursing home. c   Check if you or you were not required to file an Illinois Individual Income Tax return in the previous tax year.  34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Attach Schedule G. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment.  36	<b>31</b> If Lir	ne 30 is greater than	Line 24, su	btract Line 24 fror	m Line 30.			31	70700	<u>и</u>
for underpayment of estimated tax or to make a voluntary charitable donation.  33 Late-payment penalty for underpayment of estimated tax.  a	<b>32</b> If Lir	ne 24 is greater than	Line 30, su	btract Line 30 fror	m Line 24.			32	.00	Z
33 Late-payment penalty for underpayment of estimated tax.  a	Step 10	D: Underpayment	of Estima	ted Tax Penalt	y and Don	ations - Only com	plete Step 10 fo	or late-payme	ent penalty	NTRIE
a	for und	lerpayment of es	timated t	ax or to make	a voluntar	y charitable dona	tion.			Ś
b	33 Late	e-payment penalty fo	or underpay	yment of estimate	ed tax.		33	.00		
c   Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.  Attach Form IL-2210.  d   Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.  34 Voluntary charitable donations. Attach Schedule G.  35 Total penalty and donations. Add Lines 33 and 34.  35 Total penalty and donations. Add Lines 33 and 34.  36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  This is your overpayment.  36	a [	Check if at least to	wo-thirds of	f your federal gro	ss income is	s from farming.				표
Attach Form IL-2210.  d	b [	Check if you or yo	ur spouse	are 65 or older a	nd permane	ntly living in a nursing	g home.		:	تد
d	c [	Check if your inco	me was no	t received evenly	during the y	ear and you annualiz	zed your income o	n Form IL-2210	).	궃
34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34.  Step 11: Refund 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a Zidirect deposit - Complete the information below if you check this box.  **Routing number** 0 2 2 3 0 0 1 7 3 X Checking or Savings hands for each standard prevails.  **Step 12: Amount You Owe**  40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  **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 the information below if you have an amount on the standard preparer's signature			_							OTHER THAN
35 Total penalty and donations. Add Lines 33 and 34.  Step 11: Refund 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 193 ( 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 193 ( 38 I choose to receive my refund by a Iz direct deposit - Complete the information below if you check this box.  You may also contribute to college savings funds here. See instructions!  Bo I paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 ( 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 ( 30 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  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 the information below it you have an amount on Line 31.  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 the penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the symmetry and sease gipta Talliam (573) 200 - 2401  Firm's name Acceptable Creek Lincumming GA 30041 Firm's phone Penalty Designee's phone number Coheck if the Department of Check in the		_	-			Income Tax return in		ear.		
Step 11: Refund 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 193,( 38 I choose to receive my refund by a Zi direct deposit - Complete the information below if you check this box.  You may also contribute to college savings funds here. See instructions!  Bouting number 0 2 2 3 0 0 1 7 3 X Checking or Savings here. See instructions  Bouting number 3 7 0 8 5 1 3 6 9  Cacount number 3 7 0 8 5 1 3 6		-					34			ട്ട
This is your overpayment.  36 193( 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  36 193( 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  36 193( 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  38 I choose to receive my refund by  a ☑ direct deposit - Complete the information below if you check this box.  You may also contribute to college savings funds here. See instructions  Bouting number 0 2 2 3 0 0 1 7 3 X Checking or Savings here. See instructions  b ☐ paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39			ations. Add	d Lines 33 and 34	4.			35	.00	₹
This is your overpayment.  36 193( 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box.    You may also contribute to college savings funds here. See instructions!   Routing number 0 2 2 3 0 0 1 7 3	Step 11	1: Refund							9	SIGNATURE
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.  38 I choose to receive my refund by a Step 13: If this is a joint return, both you and your spouse must sign below.  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 the information below if you check this box.  Routing number 0 2 2 3 0 0 1 7 3 X Checking or Savings have.  Step 13: Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 (30)  Step 12: Amount You Owe  40 If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  40 (50)  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 the complete the information below if you check this box.  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 the complete the information of the penalties of perjury in the firm's name of the penalties of perjury in the penalties of	<b>36</b> If yo	ou have an amount o	on Line 31	and this amount	is greater th	an Line 35, subtract I	Line 35 from Line	31.		
38 I choose to receive my refund by a  direct deposit - Complete the information below if you check this box.    Vou may also contribute to college savings funds here. See instructions    Account number   3									193 <u>.00</u>	2
a	<b>37</b> Amo	ount from Line 36 yo	u want <b>ref</b> u	<b>ınded to you</b> . Ch	neck <b>one</b> box	on Line 38. See inst	ructions.	37	193.00	ᅻ
Sign   Your signature   Date (mm/dd/yyyy)   Spouse's signature   Date (mm/dd/yyyy)   Daytime phone number   Syam PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA RAM SAGAR GUPTA T	<b>38</b> I cho	oose to receive my	refund by						į	<u></u>
b paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 (Step 12: Amount You Owe)  40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  40 (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 there.  Sign Your signature Date (mm/dd/yyyy) Date (mm	a⊵	direct deposit - C	Complete th	ne information be	low if you ch	neck this box.			_	Ö
b paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 Light paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  40 Line 31 from Line 35. This is the amount you owe. See instructions.  40 Line 31 from Line 35. This is the amount you owe. See instructions.  40 Line 31 from Line 35. This is the amount you owe. See instructions.  40 Line 35 from Line 36. See instructions.  40 Line 36 from Line 36 from Line 36. See instructions.  40 Line 36 from				outing number	0 2 2 3	0 0 1 7 3	X Checkin	g or Savino	as	THIS FORM
b paper check.  39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.  39 (Step 12: Amount You Owe  40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  40 (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 there    Date (mm/dd/yyyy)   Daytime phone number			tunds					9	•	
Step 12: Amount You Owe  40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  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 completed the completed in the comple		Tiere. dec indiraci	AC	count number	3 7 0 8	5 1 3 6 9				
Step 12: Amount You Owe  40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  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 completed the comp	b 🗆	paper check.								
40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  40	<b>39</b> Amo	ount to be <b>credited f</b>	<b>orward.</b> Su	btract Line 37 fro	om Line 36.	See instructions.		39	.00	
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  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 the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and	Step 12	2: Amount You O	we							
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions.  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 the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and, to the best of my knowledge, it is true, correct, and complete the complete that I have examined this return and	40 If vo	u have an amount (	nn Lina 32	add Lines 32 an	d 35 <b>- or -</b>					
Sign	-					Line 35				
Sign Here    Print/Type paid preparer's name   Paid preparer's signature   Paid Preparer   SYAM PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA	,					*		40	.00	
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 the party Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number (573) 200–2401  Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Check if SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/12/2022 Self-employed P02082703  Firm's name GLOBAL TAXES LLC Firm's FEIN P0096 P02082703  Third Party Designee's name (please print) Designee's phone number Check if the Department in discuss this return with the the party designee shown in this										_
Your signature   Date (mm/dd/yyyy)   Spouse's signature   Date (mm/dd/yyyy)   Daytime phone number	Step 13						t of my knowlodgo	it in true correc	t and complete	
Print/Type paid preparer's name Paid Preparer Use Only Firm's name Pirm's phone		Orider perialiles o	i perjury, i s	siale iriai i riave ez	karılıneu irlis	return and, to the bes	t of my knowledge,	it is true, correct	a, and complete.	
Print/Type paid preparer's name Paid Preparer Use Only Firm's name Pirm's phone										
Print/Type paid preparer's name Paid Preparer Use Only Firm's name Pirm's phone	0:	1		I_						_
Paid Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Check if SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/12/2022 Self-employed P02082703 Pirm's name GLOBAL TAXES LLC Firm's FEIN 301017196  Third Party Designee  Designee's name (please print) Designee's phone number Check if the Department of discuss this return with the the party designee shown in this		Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number	
Preparer Use Only  Firm's name    GLOBAL TAXES LLC   Firm's FEIN   Firm's phone   Firm's phone   Firm's phone   Firm's phone   G230 Pebble Creek LnCumming   GA 30041   Firm's phone   G678   965-9522								(573) 200-	-2401	
Preparer Use Only Firm's name   GLOBAL TAXES LLC   Firm's FEIN   Solution   Firm's FEIN   Solution   Firm's FEIN   Firm's phone   Firm's address   2530 Pebble Creek LnCumming   GA 30041   Firm's phone   GA 30041   Firm's phone	Doid	Print/Type paid prepa	rer's name		Paid prepare	r's signature			Paid Preparer's PT	IN
Use Only Firm's name GLOBAL TAXES LLC Firm's FEIN 301017196  Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's phone (678) 965-9522  Third Party Designee  Designee's name (please print) Designee's phone number discuss this return with the the party designee shown in this		SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	04/12/2022	self-employed I	02082703	
Firm's address  2530 Pebble Creek LnCumming GA 30041 Firm's phone  (678) 965-9522  Third Party Designee    Designee's name (please print)   Designee's phone number    Check if the Department in discuss this return with the the party designee shown in this	-	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	301017196		
Third Designee's name (please print)  Party Designee  Designee's phone number  Check if the Department in discuss this return with the the party designee shown in this	OGC OTHY	Firm's address	2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965-	-9522	
Party Designee  discuss this return with the th party designee shown in this	Third	Designee's name (pl			<u> </u>	l '		<del>–</del>		
	Party					/ \		discuss this ret	urn with the third	
Refer to the 2021 II -1040 Instructions for the address to mail your return	Designee					<u>[( )</u>		party designee	shown in this step	٥.
nelei to the 2021 it-1040 instructions for the address to mail your return.		Refer to	the 202	1 IL-1040 Ins	struction	s for the addre	ss to mail yo	ur return.		_

IL-1040 Back (R-12/21) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 03/29/22 PRO





VAIBHAVI NIMMAGADDA

Your name as shown on Form IL-1040

## 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 Social Security number

\$ .00 \$ .00 \$ \$ .00 \$ \$ .00 \$ .00 \$ \$ .00 \$ .00 \$ \$ .00 \$ .00 \$ \$ .00 \$ .00 \$ \$ .00 \$	O a la sera de					Tour Coolar Coolarity Hambor							
\$ •00 \$ •00 \$ \$ •00 \$ •00 \$		Employer/Payer	Federal Wages, Winnings, Gross		ages, Winnings, Gross	IIIi	nois Income						
\$ .00 \$ .00 \$ \$ .00 \$ .00 \$	W	86-2016317 000	\$ <u>43,482•00</u>	\$	43,482 <b>•00</b>	\$	2,152•0						
\$			\$ <u>•00</u>	\$	•00	\$	<u>•0</u>						
tep 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholdicall was spouse's name as shown on Form IL-1040  Column A Form type  Column B Employer/Payer Identification Number  Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.  Social Security number  Column D Column E Illinois Wages, Winnings, Gross Distributions, Compensation, etc.  Social Security number  Column D Illinois Income Tax Withheld  Social Security number  Column D Social Security number  Column D Social Security number  Social Security number  Column D Social Security number  Social Security number			\$ <u>•00</u>	\$	•00	\$	•(						
tep 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholdist our spouse's name as shown on Form IL-1040    Column A			\$ <u></u>	\$	•00	\$	•(						
Column A Form type    Column B   Employer/Payer   Identification Number   Column C   Column D   Column B   Column C   Column D   Illinois Wages, Winnings, Gross Distributions, Compensation, etc.   Column D   Column E   Column E   Column D   Column E   Column E   Column D   C			\$	\$	•00	\$							
Column A Form type  Column B Employer/Payer Identification Number  Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.  S O O S O O S O O O S O O O O O O O O		spouse's withholding re	ecords (include all w-2 and	1099 forr	ns that show him	OIS W	vitnnoidin						
\$ \$	•					ois w							
\$\$ <u></u> \$	our spouse's name a	S shown on Form IL-1040  Column B Employer/Payer	Your spouse's  Column C Federal Wages, Winnings, Gross	Social Secu	rity number  Column D ages, Winnings, Gross	C	Column E						
	our spouse's name a	S shown on Form IL-1040  Column B Employer/Payer	Your spouse's  Column C  Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Social Secu	Column D  ages, Winnings, Grossons, Compensation, etc.	C	Column E nois Income ax Withheld						
	our spouse's name a	S shown on Form IL-1040  Column B Employer/Payer	Your spouse's  Column C  Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Social Secu	Column D ages, Winnings, Gross ons, Compensation, etc.	C	Column E						

### 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** \$ 2,152**.00** 

•00

•00

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

•00



•00

•00



# **Illinois Department of Revenue**

		_						-				
			S	ubmi	ssion	ı ID						

Step	1: Provide taxpayer information			
	VAIBHAVI		AGADDA	$\frac{0}{2}$ $\frac{3}{12}$ $\frac{4}{12}$ $\frac{9}{12}$ $\frac{9}{12}$ $\frac{9}{12}$ $\frac{0}{12}$ $\frac{1}{12}$ $\frac{2}{12}$
Print	•	ame (and last name if differe	ent) Last name	Social Security number
or	316 APPLE DR Mailing address			Spouse's Social Security number
type	EXTON	PA	19341	(573) 200-2401
	City	State	ZIP	Daytime phone number
Cton	2: Complete information from ta		<del>-</del>	
	•	x return		<b>1</b> 39,585  <b>00</b>
	Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 14			21,959 00
	llinois Income Tax withheld from Form I	1-10/0 Line 25 <b>only</b>	(enter "O" if none)	$\frac{2}{3} = \frac{2,152}{2,152} = \frac{30}{00}$
	Overpayment from Form IL-1040, Line 3		(enter o in none)	4 193   00
	otal amount due from Form IL-1040, Li			5I_00
	Filing status: X Single Married fi		ed filing separately V	Vidowed Head of household
Ston	3: Complete direct deposit of re	fund or electronic	funde withdrawal infe	ormation (Ontional)
8 A 9 T	Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	_ 1 3 6 9		
	Electronic funds withdrawal amount:			
		, <u> </u>		
	lame on account:			
Step	4: Taxpayer declaration and signa	ature (Sign only aft	ter completing Step 2	and, if applicable, Step 3.)
×				clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designated in the elec-	tronic portion of my 20 tronic overpayment of	021 Illinois Individual Inco	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
	I do not want direct deposit of my ref	und, or an electronic f	funds withdrawal (direct o	lebit) of my balance due.
origin and a been	ator (ERO) are identical. To the best of r ccompanying information may be sent to accepted or rejected. If rejected, I autho	my knowledge, my retu o IDOR by my ERO. I	ırn is true, correct, and co authorize IDOR to inform	Information I provided to my electronic return implete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has a may be corrected and retransmitted if possible.
Sign	Your signature	Date	Spouse's signatur	re (if joint return, <b>both</b> must sign) Date
Step I decl have	5: Electronic return originator (E are that I have examined this taxpayer's	ERO) and paid preps electronic Form IL-1 m and declare, under	parer declaration and 040, the information on t	
			04/12/2022	Check if paid preparer: X (See instructions.)
	ERO's signature		Date	(
ERO	GLOBAL TAXES LLC			<u>P 0 2 0 8 2 7 0 3</u>
use	Firm's name or your name if self-employed			Your PTIN
only	2530 Pebble Creek Ln			$\frac{3}{5} \frac{0}{1} - \frac{1}{1} \frac{0}{1} \frac{1}{7} \frac{7}{1} \frac{1}{9} \frac{9}{6}$
-	Mailing address	C A	20041	Federal employer identification number (FEIN) (678) 965-9522
	<u>Cumming</u> City	GA State	30041 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.

