Form **8879**

(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

Internal Revenue Service				
Submission Identification Number (SID)				
Taxpayer's name	Social security	/ number		
ANVESH REDDY CHANDUPATLA	750-89-			
Spouse's name	Spouse's soci		number	
Part I Tax Return Information — Tax Year Ending December 31, 2021	(Enter year you ar	e autho	rizing.)	
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	-	1	15,	373.
2 Total tax		2		281.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	1	3	1,	897.
4 Amount you want refunded to you	1	4	1,	616.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you go Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a				
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer Electronic Funds Withdrawal Consent.	ize the U.S. Treasury and count indicated in the tall institution to debit the terminate the authorization requests must be ed in the processing of to the payment. I furth	d its des x prepara entry to t tion. To r received the elect ner ackno	ignated I ation soft his acco revoke (o no late ronic pay owledge	Financial ware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only				
	enerate my PIN	4 8	6 2	ac my
ERO firm name	Ento	er five digi		as my
signature on the income tax return (original or amended) I am now authorizing.	don	't enter al	ı zeros	
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.				
Your signature ▶ D	ate ►			
Spouse's PIN: check one box only				
• —	anarata my DINI			00 mv
I authorize to enter or go	enerate my PIN	er five digi	its but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter al		
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.				
Spouse's signature ▶ D	ate ▶			
Practitioner PIN Method Returns Only—continue				
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 8	3		
Ento 3 El III/ III. Entor your 31x digit El III followed by your live digit 3011 30100000 1 III.	Don't ente		1 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual is authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I arequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provi	am submitting this retui	n in acco	ordance	am now with the
ERO's signature ▶ D	ate ▶			
ERO Must Retain This Form — See Instruct				

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

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-007

IBS 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 ron is a child but not your depender	name of	ed filing separately your spouse. If you							
Your first name	and mi	ddle initial	Last na	ıme					Your so	cial securit	y number
ANVESH I	REDD	Y	CHAI	NDUPATLA					750-	89-4862	2
If joint return, s	pouse's	first name and middle initial	Last na	ıme					Spouse	's social sec	curity number
Home address	,	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	te	ZIP	code			itly, want \$3
SPRINGF	IELD				I	L	62	712		o this fund. I low will not	Checking a change
Foreign country	/ name			Foreign province/stat	e/coun	ty	Fore	eign postal code	-1	x or refund.	0
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ıny fina	ancial interest i	in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•	· · · · · · · · · · · · · · · · · · ·		a dependent					
Age/Blindness	You:	Were born before January 2,	1957	Are blind S	pouse	: Was bo	rn be	fore January 2	2. 1957	☐ Is bli	ind
Dependents				(2) Social secur	•	(3) Relationsh				r (see instru	
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for oth	her dependents
than four											
dependents, see instructions	s										
and check											
here ▶										[
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		15 , 373.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	,	
Sch. B if required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds		. 3b	,	
	4a	IRA distributions	4a		b T	axable amoun	ıt.		. 4b	1	
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.		. 5b	1	
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt .		. 6b)	
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	quired	l, check here		▶[7		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	Γhis is your total ir	come				▶ 9	1	15 , 373.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10	,	
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inc	ome				▶ 11	. 1	15 , 373.
widow(er),	12a	Standard deduction or itemized	-	-		12	a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		,	,			<u> </u>			
household,	С	Add lines 12a and 12b		,		,			. 12	c 1	12,550.
\$18,800 If you checked	13	Qualified business income deduc							. 13		
any box under Standard	14								. 14		12,550.
Deduction,	15	Taxable income. Subtract line 14							. 15		2,823.
see instructions.											

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check if any from Form(s): 1	4 2 4972	3 🗌			16	281.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	281.
	19	Nonrefundable child tax credit or credit for ot	her dependen	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0					22	281.
	23	Other taxes, including self-employment tax, f	rom Schedule	2, line 21 .				23	0.
	24	Add lines 22 and 23. This is your total tax					. ▶	24	281.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	1	,897.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	1,897.
If you have a	26	2021 estimated tax payments and amount ap	plied from 20	20 return				26	
qualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after January 2, 2004, and you satisfy all the taxpayers who are at least age 18, to claim the state of the	other require EIC. See ins	rements for					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income		0-11-1-0010	- 00				
	28	Refundable child tax credit or additional child t			28			-	
	29	American opportunity credit from Form 8863,			29			-	
	30	Recovery rebate credit. See instructions .			30			-	
	31	Amount from Schedule 3, line 15			31	dabla ava	dia b		
	32	Add lines 27a and 28 through 31. These are y						32	1 007
-	33	Add lines 25d, 26, and 32. These are your tot					. •	33	1,897.
Refund	34	If line 33 is more than line 24, subtract line 24			•	-		34	1,616.
Direct deposit?	35a	Amount of line 34 you want refunded to you						35a	1,616.
Direct deposit? See instructions.	▶b	Routing number 0 7 1 0 0 0 0		▶ c Type: X	Check	king 🔲	Savings		
	► d	Account number 3 7 6 7 9 5 9		44	00	ᆜ			
	36	Amount of line 34 you want applied to your 2			36				
Amount	37	Amount you owe. Subtract line 33 from line			1 1	tructions I	. ▶	37	
You Owe	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee	ins	you want to allow another person to discretions	uss this retur Phone	n with the IRS?	See . ▶	Yes. Co	omplete		X No
		me ►	no.				ora (PIN)		
Sign		der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration o							
Here	Yo	ur signature	Date	Your occupation					nt you an Identity IN, enter it here
Joint return?				SOFTWARE I	ENGIN	IEER	(see	inst.) ▶	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (551) 263-6516	Email address	ANVESH.JB(GMAI	L.COM	'		
Deid	Pre	eparer's name Preparer's signatu	ıre	,	Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA I	RAM SAGAR (GUPTA TALLAM	02/2	20/2022	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name ► GLOBAL TAXES LLC					Pho	ne no. (678) 965-9522
Use Only	Fir	m's address ▶ 2530 Pebble Creek Lı	n Cumming	g GA 30041			Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 02	2/16/22 PRO			Form 1040 (2021)

Individual Income Tax Return

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

Step 1: Personal Information

1998

750-89-4862

ANVESH REDDY CHANDUPATLA

741 KIRKWOOD DR

	/4]	I KIRKWOOD DR			4				
	SPF	RINGFIELD	IL	62712	SANGAMON				
	ANV	/ESH.JB@GMAIL.CO	M						
С	Che	ng status: X Single eck If someone can clair eck the box if this applie	m you, o	r your spouse i	f filing jointly, as a de	pendent. See instruction	s. You	Spouse	NR Z
		p 2: Income						(Whole	dollars only) 15,373.00
	1 2	Federal adjusted gross				10-SR, Line 11. eral Form 1040 or 1040	SR Line 2a	1 2	15,3/3.00 2
L	3	Other additions. Attac			icome nom your lea		Ori, Line Za.	3	.00 .00 .00 15,373.00
	4	Total income. Add Lin	nes 1 th	rough 3.				4	15,373.00
Ф		p 3: Base Income							
je,	5	Social Security benefit					E	00	m Z
IS	6	received if included in Illinois Income Tax over				1040-SR.	ວ	.00	
orn		Schedule 1, Ln. 1.	. p a.y o				6	.00	EN TR
9 fe	7	Other subtractions. At			0 4000 0	П	7	.00	쯞
9	8	Check if Line 7 included Add Lines 5, 6, and 7.						8	(1)
	9	Illinois base income.						9	
ar	Ste	p 4: Exemptions							SIHIL
<u> </u>	10	a Enter the exemption	amoun	t for yourself ar	nd your spouse. See	instructions.	a 2,3	75.00	<u>s</u>
le		b Check if 65 or olderc Check if legally bline	r: ∐ d· □	You + U S _I	oouse # of chec	kboxes X \$1,000 = kboxes X \$1,000 =	b	.00	FORM
tap						L-E/EIC, Step 2, Line 1.	·	.00	Ž
S		Attach Schedule IL-E	Ē/EIC.			,	d	0.00	
_		Exemption allowance		ines 10a throu	gh 10d.			10	2,375 <u>.00</u>
Г		p 5: Net Income and							
	11	Residents: Net incon				ome from Schedule NR.	Attack Cabadula	ND 11	12,998.00
A	12	Residents: Multiply Li					Attach Schedule	Nn. I I	12,330.00
		Nonresidents and pa	art-year	<i>residents:</i> En	ter the tax from Sch			12	643.00
40-		Recapture of investme					`	13	.00
IL-1040-V		Income tax. Add Lines			e less than zero.			14	643.00
-7/		p 6: Tax After Nonre Income tax paid to and			nois resident Attack	Schadula CR	15	.00	
nd	16	Property tax and K-12					13	.00	
z Z		Attach Schedule ICR.		·			16	.00	
ecl	17	Credit amount from So					17	00	0.00
c	18 19	Tax after nonrefunda				exceed the tax amount	on Line 14.	18 19	643.00
Inc		p 7: Other Taxes				<u>. </u>			
Staple your check and	20	Household employmer	nt tax. S	ee instructions	S.			20	.00
yde	21	Use tax on internet, m	ail orde	r, or other out-		om UT Worksheet or U	T Table	0.1	0
St	22	in the instructions. Do			aram Act and sale of	assets by gaming licen	saa surcharaas	21 22	0 <u>.00</u> 00.
V		Total Tax. Add Lines 1			grain Act and Sale Of	assets by gaining ilden	see suicharges.	23	643.00

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.





24 To	tal tax from Page 1, Line 23.						24	643 <u>.00</u>
Step 8:	: Payments and Refunda	able Credit						
25 Illino	ois Income Tax withheld. Atta	ach Schedule IL-W	/IT.			25	761.00	
	mated payments from Forms					-		
	uding any overpayment appl					26	.00	761 <u>.00</u>
27 Pas	s-through withholding. Attacl	h Schedule K-1-P o	or K-1-T.			27	.00	
28 Pass	s-through entity tax credit. At	ttach Schedule K-1	-P or K-1-T.			28	.00	
29 Earr	ned Income Credit from Sche	edule IL-E/EIC, Step	o 4, Line 8. A	ittach Schedu	le IL-E/EIC	29	.00	
30 Tota	al payments and refundabl	le credit. Add Lines	s 25 through	29.			30	761.00
Step 9:	:Total							
31 If Lir	ne 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.				31	118.00 .00
32 If Lir	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.				32	.00
Step 10	0: Underpayment of Estin	nated Tax Penalt	ty and Don	ations - O	nly con	plete Step 10	for late-paym	ent penalty
for und	derpayment of estimated	d tax or to make	a voluntar	y charitab	le dona	ition.		
	e-payment penalty for underp	•				33	.00.	
_	Check if at least two-thirds				•			
_	Check if you or your spous		•			-		
c [Check if your income was i	not received evenly	during the	year and you	ı annuali	zed your income	on Form IL-221	0.
4 -	Attach Form IL-2210.	des de Clara de III.	ta da alteriale e l					.00
_	Check if you were not requentary charitable donations.			income tax	return ir	the previous tax		
	al penalty and donations. A					34	<u>.00</u> 35	.00
	· · ·	Add Lines 33 and 3	4.					.00
•	1: Refund							
-	ou have an amount on Line 3	31 and this amount	is greater th	an Line 35,	subtract	Line 35 from Line		110
	s is your overpayment .						36	118.00
37 Amo	ount from Line 36 you want re	efunded to you. Ch	neck one bo	x on Line 38.	See inst	ructions.	37	118.00 118.00
	oose to receive my refund by							
a⊵	direct deposit - Complete	the information be	elow if you ch	neck this box	ζ.			ngs
	You may also contribute	Routing number	0 7 1 0	0 0 0	1 3	X Check	ing or Savir	ngs
	to college savings funds here. See instructions!	Account number	3 7 6 7	9 5 9	5 8			
	paper check.							
	ount to be credited forward.	Subtract Line 37 fro	om Line 36.	See instructi	ions.		39	.00
Step 12	2: Amount You Owe							
40 If yo	ou have an amount on Line 3	32, add Lines 32 an	nd 35. - or -					
	ou have an amount on Line 3							
subt	tract Line 31 from Line 35. T	his is the amount y	you owe. Se	e instruction	ns.		40	.00
Stop 1	3: If this is a joint return, both	vou and vour anoug	oo muct cian	holow				
otep it	Under penalties of perjury,		-		n the hea	st of my knowledge	e it is true corre	ect and complete
	onder periodice of perjury,	rotato triat i riavo o	Adminod and	rotarri arra, t	.0 1.10 200	n or my ranomoug	0, 10 10 40, 00110	ot, and complete.
Sian	l.,	D-1- / ////)	, ,				L	
Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	e number
	Tour signature	(,,,,,,,						
	,						(551) 263	3-6516
	Print/Type paid preparer's nam		Paid prepare			Date (mm/dd/yyyy)	(551) 263	Paid Preparer's PT
Paid	,	ne			TA TALLAM	Date (mm/dd/yyyy) 02/20/2022	(551) 263	3-6516
Paid Preparer	Print/Type paid preparer's nam SYAM PRIYA RAM SAGAR GUPTA	ne		r's signature	ΓΑ TALLAM		(551) 263 Check if self-employed	Paid Preparer's PT P02082703
Paid	Print/Type paid preparer's nam SYAM PRIYA RAM SAGAR GUPTA Firm's name GLOBA:	TALLAM L TAXES LLC	SYAM PRIYA F	r's signature RAM SAGAR GUPT		02/20/2022 Firm's FEIN	(551) 263 Check if self-employed 30101719	Paid Preparer's PT P02082703
Paid Preparer	Print/Type paid preparer's nam SYAM PRIYA RAM SAGAR GUPTA Firm's name GLOBA:	ne TALLAM L TAXES LLC ebble Creek LnC	SYAM PRIYA F	r's signature		02/20/2022 Firm's FEIN Firm's phone	(551) 263 Check if self-employed 30101719 (678) 965	B-6516 Paid Preparer's PT P02082703

il your return.

Designee's phone number

Check if the Department may

discuss this return with the third

party designee shown in this step.

	()			
Refer to the 2021 IL-1040 Instru	ıctions fo	r the	addr	ess	to mai
IL-1040 Back (R-12/21) DR AP ID: 3WM REV 02/15/22 PRO		RR	DC	IR	ID

Designee's name (please print)

Party

Designee





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 Atta

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)

Column A Form type Column B Employer/Payer Identification Number Column B Federal Wages, Wind Distributions, Compo	089.00 284.00	Collinois Wage Distributions \$ \$ \$	8,089•00 7,284•00	s Illind tc. Tax \$ \$	361 •00
Form type Employer/Payer Identification Number Federal Wages, Wind Distributions, Composite Payer Identification Number Federal Wages, Wind Distributions, Composite Payer Identification Number 1 W 98-0429806 000 6 \$ 8, 2 W 48-1196609 \$ 7, 3 \$ \$ 4 \$ \$	089.00 284.00	Illinois Wage Distributions \$ \$	8,089,00 7,284,00	s Illind tc. Tax \$ \$	ois Income x Withheld 400 •00 361 •00
2 W 48-1196609 \$ 7, 3	284 •00 • 00	\$ \$	7,284 .00	\$	361 •00
3 \$ 4 \$	•00	\$	•00		
4 \$				\$	
· · · · · · · · · · · · · · · · · · ·	<u>•00</u>	\$			<u>•00</u>
5 \$		Ψ	•00	\$	<u>•00</u>
	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>
		C	olumn D	C.	
Column A Column B Column Form type Employer/Payer Federal Wages, Winn	nings, Gross	Illinois Wage	es, Winnings, Gross	s Illin	olumn E ois Income
Form type Employer/Payer Federal Wages, Wind Identification Number Distributions, Compo	nings, Gross ensation, etc.	Illinois Wage Distributions	es, Winnings, Gross , Compensation, et	s Illino tc. Tax	ois Income www.withheld
Form type Employer/Payer Federal Wages, Wind Identification Number Distributions, Compo	nings, Gross ensation, etc.	Illinois Wage Distributions \$	es, Winnings, Gross , Compensation, et	s Illino c. Tax	ois Income www.withheld
Form type Employer/Payer Federal Wages, Wini Identification Number Distributions, Composition Services	nings, Gross ensation, etc. •00	Illinois Wage Distributions \$	es, Winnings, Gross , Compensation, et	s Illino cc. Tax \$ \$	ois Income k Withheld
Form type Employer/Payer Federal Wages, Wini Distributions, Composition Number S	nings, Gross ensation, etc. 	Illinois Wage Distributions \$ \$	es, Winnings, Gross, Compensation, et	s Illino tc. Tax \$ \$	ois Income x Withheld •00

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

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.

761.00

11 \$__



Illinois Department of Revenue

				Π
 Submis	ssion 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 anvesh REDDY		DUPATLA	7 5 0 _ 8 9 _ 4 8 6 2
		st name (and last name if differen		
Print	741 KIRKWOOD DR 4	ot hamo (and last hamo ii amoroi	Last name	Coolai Cooliny Hambor
Ωr				Spouse's Social Security number
type	SPRINGFIELD	IL	62712	(551) 263-6516
	City	State	ZIP	Daytime phone number
Sten	2: Complete information from	tax return		
	Net income from Form IL-1040, Line			1 12,998 00
	ax from Form IL-1040, Line 14			2 643 00
	llinois Income Tax withheld from For	m IL-1040. Line 25 only (enter "0" if none)	3 761 l 00
	Overpayment from Form IL-1040, Lir			4118 00
	otal amount due from Form IL-1040			5
6 F	Filing status: X Single Marrie	d filing jointly Marrie	d filing separately V	Vidowed Head of household
Sten	3: Complete direct deposit of	refund or electronic f	unds withdrawal info	ormation (Ontional)
does within 7 F	not support international ACH transation the United States or those not fundational no. (RN): $\frac{0}{2}$	actions. IDOR will only perfect by international funds. I	form direct transactions (ded within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
	Account no. (AN): 3 7 6 7			
9 T	ype of account: X Checking	Savings		
10	Date the payment is to be electronicate	ally withdrawn://_		
11 E	Electronic funds withdrawal amount:	I_00		
12 N	lame on account:			
Step	4: Taxpayer declaration and sign	gnature (Sign only afte	er 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 e	lectronic portion of my 20 lectronic overpayment of	21 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	refund, or an electronic fu	unds withdrawal (direct o	debit) of my balance due.
origin and a	ator (ERO) are identical. To the best ccompanying information may be se	of my knowledge, my retu nt to IDOR by my ERO. I a	rn is true, correct, and co authorize IDOR to inform	Information I provided to my electronic return omplete. 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				
here	Your signature	Date	Spouse's signatur	re (if joint return, both must sign) Date
l decl have	followed all requirements of this pro	/er's electronic Form IL-10 gram and declare, under	040, the information on t	signature his Form IL-8453, and accompanying information. to the best of my knowledge the taxpayer's return
and a	ccompanying information are true, or	correct, and complete.		
			02/20/2022	Check if paid preparer: 🗵 (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			3 0 - 1 0 1 7 1 9 6

State 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.

GΑ



Federal employer identification number (FEIN)

(678) 965-9522

Daytime phone number

30041

Mailing address

Cumming