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.

Submission Identification Number (SID)

Taxpay	yer's name	Social security number				
SRI	NIVAS VADTHYA	577-72	1-3664			
Spous	e's name	Spouse's so	ocial secu	rity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you	are autl	horizing.)		
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	59,488.		
2	Total tax		2	6,006.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,044.		
4	Amount you want refunded to you		4	3,438.		
5	Amount you owe		5	Ľ		
Dor	Taxpayor Declaration and Signature Authorization (Be sure you get and l	kaan a aa	ny of y	our roturn)		

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part I

Under penalties of perjury, 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

X Lauthori	ze GLOBAL	TAXES	LLC	to enter or generate my PIN	
			ERO firm name	to ontor of generate my rint	Er

1	3	6	6	4	as
		/e dig nter a			uo

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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter o	r 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 E	ate 🕨							
Practitioner PIN Method Returns Only—continue	bel	ow						
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		6 all zer	 9 8	89	

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.

RO's signature ► Date ► Date ► ERO Must Retain This Form – See Instructions							
ERO Must Retain This F Don't Submit This Form to the I	-						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/22 PRO	Form 8879 (Rev. 01-2021)				

E 104		artment of the Treasury-Internal Revenue Servi S. Individual Income Ta		⁽⁹⁹⁾ 202	1	OMB No. 1545	-0074	IRS Use	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 n on is a child but not your dependent	ame of y	ed filing separately (your spouse. If you	,			•	'			. , . ,
Your first name	and mi	ddle initial	Last nai	me						Your so	cial securi	ty number
SRINIVA	S		VADT	НҮА						577-	71-366	4
lf joint return, s	pouse's	first name and middle initial	Last nai	ne						Spouse	's social se	curity number
Home address 6 CANDL		er and street). If you have a P.O. box, see D DR	instructio	ons.				pt. no. . 1		Check	here if you,	
City, town, or p	oost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	de				tly, want \$3
SPRINGF	IELD				II	L	627	04			o this fund. Iow will not	Checking a change
Foreign country	y name		F	Foreign province/state	/coun	ty	Foreig	n postal c	code		x or refund.	0
At any time du	iring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of an	y fina	ancial interest i	n any	virtual c	urrer	ncy?	Yes	X No
Standard Deduction	<u> </u>	eone can claim: You as a de Spouse itemizes on a separate retur Were born before January 2, 1	n or you	were a dual-status		_	n hefo	are Janu	ary 2	1057	Is bl	ind
		-	301 <u></u>								or (see instru	-
Dependent		instructions): irst name Last name		(2) Social securit number	y	(3) Relationsh to you	iip	(4) ♥ Child t				her dependents
lf more than four	(1) 1	Lasthame				.,		Offild		eun		
dependents,												
see instruction	s ——											
and check here ►												
	1	Wages, salaries, tips, etc. Attach F	Form(s) \	N-2						. 1		
Attach	2a	- · · · · · · · · · · · · · · · · · · ·	2a		 ьт	axable interes	•	• •		2k		01/010.
Sch. B if	3a		3a			Drdinary divide		• •	•	. <u>-</u>		
required.	4a		4a			axable amoun		• •	•	. 4k		
	5a		5a			axable amoun		• •		. 5b		
Standard	6a		6a			axable amoun			•	. 6k		
Deduction for –	7	Capital gain or (loss). Attach Scher		required. If not req				• •	► [7		
 Single or Married filing 	8	Other income from Schedule 1, lin						• •		. 8	-	-5,130.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,					• •	• •		► <u>9</u>		<u> </u>
\$12,550Married filing	10	Adjustments to income from Sche		-	onic		• •	• •	• •	10		557100.
jointly or	11	Subtract line 10 from line 9. This is			 me		• •	• •		► 11		59,488.
Qualifying widow(er),	12a	Standard deduction or itemized	•			12	 a	12,	 55(<i>JJ</i> , 100.
\$25,100 • Head of	b	Charitable contributions if you take			,		-	/	300			
household,	c	Add lines 12a and 12b			11100	·			500	. 12	.	12,850.
\$18,800If you checked	13	Qualified business income deduct			 1 890		• •	• •	•	. 13		±2,000.
any box under	14						• •	• •	•	. 14	-	12,850.
Standard Deduction,	15	Taxable income. Subtract line 14								15		46,638.
see instructions.					0.110				-		•	10,000.

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

Form **1040** (2021)

Form 1040 (2021	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		6,006.
	17	Amount from Schedule 2, lin	e3					17		
	18							18		6,006.
	19	Nonrefundable child tax crea	dit or credit for o	ther depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		6,006.
	23							23		0.
	24		•				. 🕨	24		6,006.
	25									
	а						,044.	_		
	b									
	С		(see instructions). Check if any from Form(s): 1 □ 8814 2 □ 4972 3 □							
	d	•						25d		8,044.
If you have a qualifying child, attach Sch. EIC.	26	2021 estimated tax payment	ts and amount a	pplied from 20	20 return			26		
	27a	Earned income credit (EIC)				27a				
	b			1 1						
	с									
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Recovery rebate credit. See	instructions .			30 1	,400.			
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	dits 🕨	32		1,400.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33		9,444.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you overpaid		34		3,438.
neruna	35a				is attached, che	eck here		35a		3,438.
	►b	•			dependents from Schedule 8812 18 6,006.					
Refund Direct deposit? See instructions. Amount You Owe	►d	Account number 3 8 8	0 0 4 8	2 9 1 2	2 9					
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
		,	person to disc	cuss this retui	rn with the IRS				_	
Designee		structions							X No	
		signee's me ►								
Cian			hat I have examine				()		t of my kn	
Sign										
Here	Yo	ur signature		Date	Your occupation					
	κ	0							N, enter it	here
Joint return?				_			````	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion				
your records.										
	Ph	one no. (603)264-500	4	Email address	SRINIWAS	40GMATT. COM	Г			
		eparer's name	Preparer's signat						Check if:	
Paid			UMA MAHES		IMI	01/28/2022	P02473	2867		
Preparer		m's name ► GLOBAL TAX					-			
Use Only	-	m's address ► 2530 Pebbl		n Cummin	g GA 30041					
Go to www.irs.or		11040 for instructions and the late				REV 01/24/22 PRO				
			et in ornauon.		DAA	NEV 01/24/22 PRU			1 0111	

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2021

Department of the Treasury ► Attach to Form 1040, 1040-SR, or 1040-NR. Internal Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest information.					tachment equence No. 01
```	· ·	orm 1040, 1040-SR, or 1040-NR			ecurity number
Par	IVAS VADTH	onal Income	577-7	1-36	64
				4	
1		unds, credits, or offsets of state and local income taxes	F	1	
	•			2a	
		inal divorce or separation agreement (see instructions) ►		•	
3		come or (loss). Attach Schedule C	F	3	
4	•	or (losses). Attach Form 4797	F	4	
5	Schedule E	estate, royalties, partnerships, S corporations, trusts, etc.		5	-5,130
6	Farm incom	ne or (loss). Attach Schedule F	Г	6	,
7	Unemploym	nent compensation	[	7	
8	Other incon	· · · · · · · · · · · · · · · · · · ·			
а	Net operatir	ng loss	)		
b	•	ncome	,		
С	•	n of debt			
d		ned income exclusion from Form 2555 8d (	)		
е	U U	alth Savings Account distribution			
f		nanent Fund dividends			
g		ay			
h		awards			
i		engaged in for profit income			
i		ns			
, k		m the rental of personal property if you engaged in			
		or profit but were not in the business of renting such			
I		And Paralympic medals and USOC prize money (see			
m		(a) inclusion (see instructions)			
n		A(a) inclusion (see instructions)			
0		(I) excess business loss adjustment 80			
р		tributions from an ABLE account (see instructions) . 8p			
Z		ne. List type and amount ►			
-		8z			

9 9 . Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 10 

10 -5,130. Schedule 1 (Form 1040) 2021

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- officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the $\ensuremath{Armed}$ Forces. Attach $\ensuremath{Form}$	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)	24a	_	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
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	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	Contributions by certain chaplains to section 403(b) plans	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
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	24i		
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</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

REV 01/24/22 PRO

nternal	Revenue Service (99)	Go to www.irs.gov/Sche	duleE for ins	structions a	and the	latest	information		Sequ	ence No. <b>13</b>
lame(s	) shown on return							Your so	cial securi	ty number
SRIN	NIVAS VADTHYA							577-	71-366	4
Part	Income or Loss	s From Rental Real Estate a	and Royalti	es Note:	If you a	re in th	e business c	of renting p	ersonal p	roperty, use
	Schedule C. See i	instructions. If you are an individ	lual, report fa	rm rental in	come oi	r loss fi	om Form 48	8 <b>35</b> on pag	ge 2, line 4	0.
A Di	d you make any payme	nts in 2021 that would require	e you to file	Form(s) 10	)99? Se	e instr	uctions .		. 🗆	Yes 🗙 No
B If '	'Yes," did you or will yo	ou file required Form(s) 1099	?						. 🗆	Yes 🗌 No
1a	Physical address of e	each property (street, city, st	ate, ZIP cod	le)						
Α	TEACHERS COLON	IY MAHABUBNAGAR TE	LANGANA	IN 509	9001					
В										
С		1								
1b	Type of Property	2 For each rental real esta above, report the numb	ate property	listed			Rental	Person		QJV
	(from list below)	personal use days. Che	er of fair ren eck the <b>QJV</b>	ital and box only—			ays	Da	ys	
Α	3	if you meet the requirer qualified joint venture.	nents to file	as a	Α		344		0	
В		qualified joint venture.	See instruction	ons.	В					
С					С					
	of Property:									
	gle Family Residence	3 Vacation/Short-Term F	Rental 5 La	and	7	Self-	Rental			
	Iti-Family Residence	4 Commercial		oyalties		Othe	r (describe		1	
ncon	-	•	erties:		Α		E	3		C
3					4	00.				
4			4							
-	ises:									
5				_		80.				
6		nstructions)				.50.				
7	•	nance			6	500.				
8				_						
9				_						
10	•	ssional fees								
11	-				8	300.				
12		d to banks, etc. (see instruct	· –							
13										
14	•					500.				
15					1,3	300.				
16										
17					1,1	.00.				
18	• •	e or depletion								
19	Other (list)	l'a a Ethaniah 10								
20		lines 5 through 19			5,5	530.				
21		line 3 (rents) and/or 4 (royalt	· ·							
		instructions to find out if you			_ ⊑ 1	30				
~~					-5,1	.30.				
22		estate loss after limitation,		(	<b>ت</b> 1		(			
00-		structions)				30.)	l	400	/(	
23a		eported on line 3 for all renta			•	23a		400.		
b		eported on line 4 for all royal				23b				
с С		eported on line 12 for all prop				23c				
d		eported on line 18 for all prop		 		23d		E E 2 0		
е	Total of all are such		201100			23e		5,530.		
04	Total of all amounts re									
	Income. Add positive	e amounts shown on line 21.	Do not incl	lude any lo	osses			. 24		5 120
24 25	<b>Income.</b> Add positive <b>Losses.</b> Add royalty los	e amounts shown on line 21. sses from line 21 and rental rea	<b>Do not</b> incl al estate loss	lude any lo es from line	osses e 22. En	ter tota		. 24 re. 25		5,130.
	Income. Add positive Losses. Add royalty los Total rental real esta	e amounts shown on line 21.	<b>Do not</b> incl al estate loss (loss). Com	lude any lo es from line bine lines	osses e 22. En 24 and	ter tota 1 25. E	nter the re	. 24 re. 25 sult		5,130.

### For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

-5,130.

## **Supplemental Income and Loss**

(From rental real estate, ro os, S corporations, estates, trusts, REMICs, etc.)

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

oyalties,	partnershi	p
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Department of the Treasury

SCHEDULE E

(Form 1040)

	OMB No. 1545-0074
)	

202	1
Attachment	



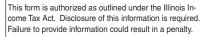
## **Illinois Department of Revenue** 2021 Form IL-1040

Individual Income Tax Return

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

Step 1	: Personal	Information
--------	------------	-------------

	577	7-71-3664		1	991				
	0,,	,1 0001						E CATROLA CATROL	
	SRI	INIVAS		VADTHYA		<b>1</b>    <b>1</b> /1/28	aparter kanalise Aparter kanalise	AREANER FRANKER	RAK KESINGSI KACILI II
	6 (	CANDLEWOOD DR			11				
	SPF	RINGFIELD	IL	62704	SANGAMON				
		INIVVAS4@GMAIL.C			_	_			
С	Che	eck If someone can clair	m you,	or your spouse	tly Married filing sep if filing jointly, as a depen : Nonresident - Atta	dent. See instructions.	🗌 You 🗌	Spouse	
_			25 IU yu	50 001119 202 1			year resident -		
	Ste 1 2 3		nterest	t and dividend	leral Form 1040 or 1040-5 income from your federal		SR, Line 2a.	(Whole 2 3	e dollars only) 59, 488.00 .00 59, 488.00
$\mathbf{\nabla}$	4	Total income. Add Lin						4	59,488.00 <b>F</b>
	_	p 3: Base Income		ine agri er					,, <b></b> _
re	5	Social Security benefit	c and	cortain ratirom	ont plan incomo				TTEN ENTRIES
he	5	received if included in					5	.00	z
JS	6				federal Form 1040 or 104	0-SR.	•	.00	Ξ
In	•	Schedule 1, Ln. 1.	ipayin				6	.00	Z
fo	7	Other subtractions. At	tach S	chedule M.			7	.00	<u> </u>
9		Check if Line 7 includ			n Schedule 1299-C.				Ш
9									
109	8	Add Lines 5, 6, and 7.		the total of yo	ur subtractions.			8	.00 .00
601 Pt	8 9			the total of yo	ur subtractions.			8 9	<u>.00</u> 59,488.00
and 109	9	Add Lines 5, 6, and 7. <b>Illinois base income</b> .		the total of yo	ur subtractions.			-	<u>.00</u> 59,488.00
V-2 and 109	9 Ste	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions	Subtra	the total of yo act Line 8 from	ur subtractions. Line 4.	tructions.	<b>a</b> 2,3	9	<u>.00</u> 59,488.00
e W-2 and 109	9 Ste	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions a Enter the exemption b Check if 65 or older	Subtra amoui	the total of yo act Line 8 from t for yourself a You + □ S	ur subtractions. Line 4. and your spouse. <b>See ins</b> Spouse <b># of checkbo</b>			<b>9</b>	<u>.00</u> 59,488.00
ple W-2 and 109	9 Ste	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions a Enter the exemption b Check if 65 or older c Check if legally blin	Subtra amoui r: d:	the total of yo act Line 8 from t for yourself a You + S You + S	ur subtractions. Line 4. and your spouse. <b>See ins</b> Spouse <b># of checkbo</b> Spouse <b># of checkbo</b>	xes X     \$1,000 =       xes X     \$1,000 =	b	<b>9</b> 75.00 .00	<u>.00</u> 59,488.00
staple W-2 and 109	9 Ste	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions a Enter the exemption b Check if 65 or older c Check if legally blin d If you are claiming de	amoui r: d: epende	the total of yo act Line 8 from t for yourself a You + S You + S	ur subtractions. Line 4. and your spouse. <b>See ins</b> Spouse <b># of checkbo</b>	xes X     \$1,000 =       xes X     \$1,000 =	b	<b>9</b> 75.00 .00 .00	.00 59,488.00 FORM
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<ul> <li>Staple W-2 and 109</li> </ul>	9 Ste 10	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions a Enter the exemption b Check if 65 or older c Check if legally blin d If you are claiming de Attach Schedule IL-E Exemption allowance	Subtra amoui r: d: epende E/EIC. e. Add	at the total of yo act Line 8 from I for yourself a You + □ S You + □ S nts, enter the a	ur subtractions. Line 4. and your spouse. <b>See ins</b> Spouse <b># of checkbo</b> Spouse <b># of checkbo</b> mount from Schedule IL-E	xes X     \$1,000 =       xes X     \$1,000 =	b	<b>9</b> 75.00 .00 .00	<u>.00</u> 59,488.00
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Staple your check and IL-1040-V 🕨 📥 Staple W-2 and 109	9 Ste 10 Ste 11 12 13 14 Ste 15 16 17 18 19 Ste 20	Add Lines 5, 6, and 7. Illinois base income. p 4: Exemptions a Enter the exemption b Check if 65 or older c Check if legally blin d If you are claiming de Attach Schedule IL-E Exemption allowance p 5: Net Income and Residents: Net incom Nonresidents and pa Residents: Multiply Li Nonresidents and pa Recapture of investme Income tax. Add Lines p 6: Tax After Nonre Income tax paid to and Property tax and K-12 Attach Schedule ICR. Credit amount from So Add Lines 15, 16, and Tax after nonrefunda p 7: Other Taxes Household employment Use tax on internet, m in the instructions. Do	Subtra amoun r: d: epende E/EIC. e. Add I Tax ne. Suh int-yea ent tax s 12 ar funda other s educa chedule 17. Th ble cro not lea not lea	the total of yo act Line 8 from You + $\Box$ S You + $\Box$ S You + $\Box$ S You + $\Box$ S I You + $\Box$ S ints, enter the a Lines 10a thro btract Line 10 f <i>r residents:</i> E by 4.95% (.049 <i>r residents:</i> E credits. Attach able Credits tate while an II tion expense of e 1299-C. Atta- is is the total of edits. Subtract See instruction er, or other out ave blank.	ur subtractions. Line 4. And your spouse. See ins Spouse <b># of checkbo</b> Spouse <b># of checkbo</b> mount from Schedule IL-E rugh 10d. from Line 9. Inter the <b>Illinois net incom</b> 25). Cannot be less than net the <b>tax</b> from Schedu be less than zero. Linois resident. <b>Attach</b> Sc credit amount from Schedu ch Schedule 1299-C. f your credits. Cannot exc t Line 18 from Line 14. Ins.	xes X       \$1,000 =         xes X       \$1,000 =         /EIC, Step 2, Line 1.         e from Schedule NR. A         zero.         e NR.         hedule CR.         ile ICR.         teed the tax amount o         UT Worksheet or UT	b c d ttach Schedule 15 16 17 n Line 14. Table	9 75.00 .00 .00 10 .00 .00 .00 .00	.00 59,488.00 THS FORM 2,375.00 2,827.00 2,827.00 2,827.00 0.00 2,827.00 0.00 0.00 0.00 0.00
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24	Total tax from Page 1, Line 2	3.															24_		2,82	27.00	
Ste	ep 8: Payments and Refund	lable Credit																			
25	Illinois Income Tax withheld.	ttach Schedule IL-	NIT.									25			3,0	)72.(	00				
26	Estimated payments from Forr	ns IL-1040-ES and	IL-5(	05-I,	,																Z
	including any overpayment ap	olied from a prior ye	ear re	eturr	٦.							26				.(	00				Ц
27	Pass-through withholding. Atta	ch Schedule K-1-P	or K-	-1-T.								27				.(	<u>)0</u>				PZ
28	Pass-through entity tax credit.	Attach Schedule K-	1-P (	or K-	-1-T.							28				.(	<u>)0</u>				Þ
	Earned Income Credit from Scl		•				Sch	edule	) IL-E	E/EIC	).	29				.(	<u>)0</u>				
	Total payments and refunda	ble credit. Add Line	es 25	5 thre	ougł	ו 29.											30_		3,07	72.00	_
Ste	ep 9: Total																				Ē
31	If Line 30 is greater than Line 24	l, subtract Line 24 fr	om L	ine 3	30.												31_		24	15.00	) п
32	If Line 24 is greater than Line 30	), subtract Line 30 fr	om L	ine 2	24.												32_			.00	
Ste	ep 10: Underpayment of Est	imated Tax Pena	lty a	and	Dor	natio	ns -	On	ly d	con	nple	ete	St	ep 1	0 fo	r lat	e-pay	/men	t pena	lty	RIE
for	underpayment of estimate	ed tax or to make	e a v	/olu	nta	ry ch	narit	abl	e d	ona	itio	n.									ÿ
33	Late-payment penalty for unde	rpayment of estima	ated t	tax.								33				.0	0				2
	a Check if at least two-third	ds of your federal g	ross	inco	mei	s fror	n far	min	g.												Ë
	<b>b</b> Check if you or your spor	use are 65 or older	and	perr	nan	ently	living	g in a	a nu	irsin	g ho	ome	э.								Д
	c Check if your income was	s not received even	ly du	iring	the	year	and	you	ann	uali	zed	yοι	ur i	ncor	ne or	For	n IL-2	210.			Ŧ
	Attach Form IL-2210.																				PZ
	d Check if you were not re-	•		ndivi	idua	l Inco	me	Tax I	retu	rn ir		•		ous	tax y						<u>S</u>
	Voluntary charitable donations	Attach Schedule	G.	ndivi	idua	l Inco	me ⁻	Tax I	retu	rn ir		9 pr 34		ous	tax y	ear. 					SIGN
35	Voluntary charitable donations Total penalty and donations	Attach Schedule	G.	ndivi	idua	l Inco	ome ⁻	Tax I	retu	rn ir		•		ous	tax ye		00 <b>35</b>			.00	
35	Voluntary charitable donations	Attach Schedule	G.	ndivi	idua	l Inco	ome ⁻	Tax I	retu	rn ir		•		ous	tax ye					.00	
35 Ste	Voluntary charitable donations Total penalty and donations	Attach Schedule Add Lines 33 and	G. 34.									34	_			.0					TURE
35 Ste	Voluntary charitable donations Total penalty and donations. p 11: Refund	Attach Schedule Add Lines 33 and	G. 34.									34	_			.0			24	15.00	) <b>9</b>
35 Ste 36	Voluntary charitable donations Total penalty and donations. p 11: Refund If you have an amount on Line	Attach Schedule Add Lines 33 and 31 and this amoun	G. 34. It is g	great	ter th	nan L	ine 3	5, s	ubtr	ract	Line	<b>34</b>	5 fro			.0	35_		24	15.00	) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. Pp 11: Refund If you have an amount on Line This is your overpayment.	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. 0	G. 34. It is g	great	ter th	nan L	ine 3	5, s	ubtr	ract	Line	<b>34</b>	5 fro			.0	35 36		24	15.00	) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. P 11: Refund If you have an amount on Line This is your overpayment. Amount from Line 36 you want	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. C	G. 34. It is g	great k <b>on</b>	ter th <b>e</b> bo	nan L x on	ine 3 Line	35, s 38.	ubtr See	ract	Line	<b>34</b>	5 fro			.0	35 36		24	15.00	) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. P 11: Refund If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a X direct deposit - Comple	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. C by te the information b	G. 34. It is g Checl pelow	great k <b>on</b> v if ye	ter th <b>e</b> bo ou c	nan L x on heck	ine 3 Line this	85, s 38. 5 box.	ubtr See	ract inst	Line	<b>34</b> e 35	5 fro s.	om L	ine 3	.0 1.	35_ 36_ 37_	avings	24	15.00	) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. Total penalty and donations. P 11: Refund If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a I direct deposit - Comple You may also contribute to college savings funds	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. O by te the information b Routing number	G. 34. It is g Check Delow	great k <b>on</b> v if yo 1	ter the bo	nan L x on	ine 3 Line	35, s 38.	ubtr See	ract	Line	<b>34</b> e 35	5 fro s.	om L		.0 1.	35_ 36_ 37_	avings	24		) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. P 11: Refund If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a I direct deposit - Comple You may also contribute	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. C by te the information b	G. 34. It is g Check Delow	great k <b>on</b> v if yo 1	ter the bo	nan L x on heck	ine 3 Line this	85, s 38. 5 box.	ubtr See	ract inst	Line	<b>34</b> e 35	5 fro s.	om L Che	ine 3	.0 1.	35_ 36_ 37_	avings	24	15.00	) <b>9</b>
35 Ste 36 37	Voluntary charitable donations Total penalty and donations. Total penalty and donations. Total penalty and donations. This is your overpayment. Amount from Line 36 you want I choose to receive my refund a X direct deposit - Comple You may also contribute to college savings funds here. See instructions!	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. O by te the information b Routing number	G. 34. It is g Check Delow	great k <b>on</b> v if yo 1	ter the bo	nan L x on heck	ine 3 Line this 0	35, s 38. 3 box. 4	ubti See 9	ract inst	Line	34 = 35 tion	5 fro s. X	om L Che	ine 3	.0 1.	35_ 36_ 37_	avings	24	15.00	) <b>9</b>
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35 Ste 36 37 38 38 39 Ste	Voluntary charitable donations Total penalty and donations. Total penalty and donations. Total penalty and donations. This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Comple Vou may also contribute to college savings funds here. See instructions! b □ paper check. Amount to be credited forward p 12: Amount You Owe	Attach Schedule Add Lines 33 and 31 and this amoun refunded to you. O by te the information b Routing number Account number . Subtract Line 37 f 32, add Lines 32 a 31 and this amoun	G. 34. t is g Checl O 3 rom rom and 3 t is le	great k on 1 Line 85	ter th e bo 1 . 8 ( 36. - or than	han L x on heck 4 0 0 0 See Line	ine 3 Line this 0 4 instr 35,	35, s 38. 3 box. 4 8	ubtr See 9 2 pns.	ract inst	Line	34 = 35 tion	5 fro s. X	om L Che	ine 3	.0 1.	35_ 36_ 37_ Sa	avings	24	15.00 15.00	

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.

Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number	
						(603) 264-5004		
Print/Type paid prepa	irer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
UMA MAHESHWAI	RI BOYIN	II	UMA MAHE	ESHWARI BOYIMI	01/28/2022	self-employed	P02472867	
Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	301017196		
Firm's address	2530 Pebl	ble Creek LnC	Cumming	GA 30041	Firm's phone	(678) 965-9522		
Designee's name (pl	ease print)			Designee's phone nun	nber	Check if the Department may discuss this return with the third party designee shown in this step.		
				( )				
	Print/Type paid prepa UMA MAHESHWA Firm's name Firm's address Designee's name (pl	Print/Type paid preparer's name UMA MAHESHWARI BOYIN Firm's name Firm's address Designee's name (please print)	Print/Type paid preparer's name UMA MAHESHWARI BOYIMI Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek LnC Designee's name (please print)	Print/Type paid preparer's name       Paid prepare         UMA MAHESHWARI BOYIMI       UMA MAHE         Firm's name       GLOBAL TAXES LLC         Firm's address       2530 Pebble Creek InCumming         Designee's name (please print)	Print/Type paid preparer's name       Paid preparer's signature         UMA MAHESHWARI BOYIMI       UMA MAHESHWARI BOYIMI         Firm's name       GLOBAL TAXES LLC         Firm's address       2530 Pebble Creek LnCumming GA 30041         Designee's name (please print)       Designee's phone num	Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)         UMA MAHESHWARI BOYIMI       UMA MAHESHWARI BOYIMI       01/28/2022         Firm's name       GLOBAL TAXES LLC       Firm's FEIN         Firm's address       2530 Pebble Creek LnCumming       GA 30041         Designee's name (please print)       Designee's phone number	Print/Type paid preparer's name       Paid preparer's signature       Date (mm/dd/yyyy)       Check if         UMA MAHESHWARI BOYIMI       UMA MAHESHWARI BOYIMI       01/28/2022       Self-employed         Firm's name       GLOBAL TAXES LLC       Firm's FEIN       30101719         Firm's address       2530 Pebble Creek LnCumming       GA 30041       Firm's phone       (678) 965         Designee's name (please print)       Designee's phone number       Check if the discuss this reference	

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



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	Ν						

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

SF	RINIVAS VADTH	IYA		5	7	7 _	7	1 _	3	6	6	4
Yo	ur name as showr	n on Form IL-1040	Your S	ocial Se	ecurity nun	nber						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, is, Compensati			Wages	umn D , Winnings Compensa		Illir	olumn nois Inco x Withhe	ome
1	W	80-0227754	\$	64,618.	<u>00</u>	\$		<u>64,618</u>	<u>00</u>	\$	3,07	<u>2.00</u>
2			\$	•	00	\$		•	00	\$		<u>•00</u>
3			\$	•	00	\$			00	\$		<u>•00</u>
4			\$	•	00	\$			00	\$		<u>•00</u>
5			\$	•	00	\$		•	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	Federal Wages	umn C , Winnings, Gross compensation, etc.	<b>Column D</b> 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	• 1: Provide taxpayer information	VADT	НҮД	5 7 7 _ 7 1 _ 3 6 6 4
		e (and last name if differe		Social Security number
Prin	t 6 CANDLEWOOD DR 11	,	,	, 
	Mailing address			Spouse's Social Security number
()po	SPRINGFIELD	IL	62704	(603) 264-5004
	City	State	ZIP	Daytime phone number
Ster	2: Complete information from tax	return		
-	Net income from Form IL-1040, Line 11			<b>1</b> <u>57,113</u> <b>00</b>
	Tax from Form IL-1040, Line 14			2 2,827 00
	Illinois Income Tax withheld from Form IL-	1040 Line 25 <b>only</b>	(enter " <b>0</b> " if none)	3 3,072   00
	Overpayment from Form IL-1040, Line 36			4 245 00
	Total amount due from Form IL-1040, Line			5   00
	Filing status: X Single Married filin		nd filing separately Wi	
	3: Complete direct deposit of refu			
				d within the electronic transmission. Illinois
				<i>g.,</i> debit, deposit) with financial institutions located t be accepted and refunds will be via paper check.
	Routing no. (RN): $_{0}$ $_{1}$ $_{1}$ $_{4}$ $_{0}$ (			t be accepted and retuinds will be via paper check.
	Account no. (AN): <u>3</u> 8 <u>8</u> 0 <u>0</u>		2 9	
	Type of account: $\underline{\times}$ Checking			
		J		
	Date the payment is to be electronically w			
	Electronic funds withdrawal amount:	<u>  00</u>		
	Name on account:			
Step	• 4: Taxpayer declaration and signat	ure (Sign only aft	er completing Step 2 a	nd, if applicable, Step 3.)
×	I consent that my refund may be direct correct. If I have filed a joint return, this			are the information on Lines 7 through 9 is buse as an agent to receive the refund.
Γ		nic portion of my 20 nic overpayment of	21 Illinois Individual Incom	ent to initiate an ACH electronic funds le Tax return. I authorize the financial institutions al information necessary to answer inquiries
	I do not want direct deposit of my refur	nd, or an electronic f	unds withdrawal (direct del	bit) of my balance due.
Unde	er penalties of perjury, I declare the informa	tion on my electroni	c Form IL-1040 and the info	ormation I provided to my electronic return
and a	accompanying information may be sent to I	DOR by my ERO. I a	authorize IDOR to inform m	plete. I consent that my return, this declaration, y ERO and/or the transmitter when my return has nay be corrected and retransmitted if possible.
Sigr	۱			
	Your signature	Date		(if joint return, <b>both</b> must sign) Date
l dec have		electronic Form IL-1 and declare, under	040, the information on this	ignature s Form IL-8453, and accompanying information. I the best of my knowledge the taxpayer's return
			01/28/2022	Check if paid preparer: 🔀 (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC			$\frac{P}{N_{\text{eq}}} \frac{O}{O} \frac{2}{2} \frac{4}{2} \frac{7}{2} \frac{2}{2} \frac{8}{8} \frac{6}{6} \frac{7}{2}$
use	Firm's name or your name it self-employed			Your PTIN
only	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
	Mailing address			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.

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.

