

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS effle Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go towww.irs.gov/Form8879for the latest information

OMB No 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
AKHIL SHARMA RAYASAM	822-55-	-8949
Spousesname	Spouse's soo	ial security number
Part I Tax Return Information— Tax Year Ending December 31,	 2021 (Enteryearyoua	reauthorizing)
Enterwholeodalarsonlyon lines 1 through 5	· 3	
Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank		
1 Adjusted gross income		1 106,663.
2 Total tax		2 16,539.
3 Federal income tax withheld from Farm(s) W-2 and Farm(s) 1099		3 19,082.
4 Amountyouwantrefunded toyou		4 2,543.
5 Amountyou one	va cotoodkoon a con	5
Part II Taxpayer Declaration and Signature Authorization (Be sure Underpendities of parjury, I declare that I have examined a copy of the income tax return (or	<del>5                                    </del>	<del>, , , , , , , , , , , , , , , , , , , </del>
return (original or amended) I am now authorizing I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an adknowledgement of receip for any delay in processing the return or refund and (c) the date of any refund. If applicable Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institutionary federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-333-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (original contents).	it or reason for rejection of the tr ; I authorize the U.S. Treasury a tution account indicated in the tr e financial institution to debit the Agent to terminate the authorize to cancellation requests must be ans involved in the processing of s related to the payment I furl	ansmission (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 of the electronic payment of ther adknowledge that the
Electronic Funds Withdrawal Consent  Towns or a DIAL droot, and how and have		
Taxpayer's PIN check one box only  XI lauthorize GLOBAL TAXES LLC to en	ators are appropriate my (DIVI	8 9 4 9
X lauthorize GLOBAL TAXES LLC toer  EROfirm name		er five digits, but
signature on the income tax return (original or amended) I am now author	izing. au	n'tenter all zeros
I will entermy PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filled using the Practibelow. ♠, N, N, N, →		
Yoursignature	Date ▶ 02/10/2022	
Spause's PIN: check ane box anly		
	nterorgeneratemyPIN	asmy
ERO film name signature on the income tax return (original or amended) I am now authori		erfivedigits, but 1 tenterall zeros
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.	mended) I am now authorizir	
Spouse's signature >	Date▶	
Practitioner PINMethod Returns Only—c	continue below	
Part III Certification and Authentication—Practitioner PIN Method	Only	
ERO's EFIN/PIN Enteryoursix-digit EFIN followed by your five-digitself-selected		8 6 1 9 8 9 erall zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confin requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e	m thatIam submitting this retu	minaccordance with the
EROssignature▶	Date▶	
EROMust Retain This Farm — See II		
Dan't Submit This Form to the IRS Unless Re		

£ 104		artmentoftheTressuy-Inland RevenueSav S. Indvidual Income Ta		<sup>(9)</sup> 20	21	OMB No. 1545	50074 IRSUseOnt	y—Donotwr	teorstaple in this space
Filing Statu Check only one box	Ifyc	Single Married filling jointly [ auchecked the MFS box, enter the r con is a child but not your depender	named						
Yourfirstnam	eandmi	iddeirital	Læstr	name				Yourson	ial security number
AKHIL S	HARM	A	RAY	ASAM				822-5	5-8949
Ifjantretum:	spouses	s first name and middle in ital	Læstr	name				Spouse's	ssocial security number
		er and street). If you have a P.O. box, sec	einstruc	ctions			Apt no 9516	1	ntial Election Campaigr ere if you or your
		AY PARKWAY ce. Ifyouhave a foreign address, also co	annual atta	annon loda u	Sta	des.	ZIPcode		ffilingjaintly, want\$3
PLANO	μωιαιι	te il yuli mea lueg latties, asot	ипрев	spaces redow.	T		75024	togoto	this fund Checkinga
Fareigncount	ha (roomo			Foreign province/state		-	Fareign postal code	7	wwill notchange crrefund
	ıyıane			rueg iponi æsai	-2CUI	ity	radg ipsartie	yar en	You Spouse
Atanytimed	luing 2	021, did you receive, sell, exchange	e, aroth	rerwise dispose of a	nyfina	ancial interesti	in <i>a</i> nyvirtual curre	ency?	XYes □ No
Standard Deduction		eone candaim: 🗌 Youasa da Spouse itemizes on a separate retu	•			-			
Age/Blindnes	ss You	☐ WerebornbeforeJanuary 2,1	1957	Areblind Sp		: Wasba	mbefore January	2, 1957	_ Isblind
Dependen		instructions): instrame Lastrame		(2) Social securi number	ty	(3) Relationsh toyou	rip (4) <b>V</b> if a		(see instructions): Oredit for other dependents
lfmare than four	(1)11							3031	
dependents									
see instruction	76 —								
andcheck here▶ □									
	1	Wages, salaries, tips, etc. Attach	Famís	J/W 3		ļ.		. 1	117,498.
Attach		Tax-exemptinterest	2a		 ьт	axable interes		20	225.
Sch Bif	2a Sa	Qualified dividends	3a			axabelillees Ordinarydivide		30	223.
required	$\int \frac{da}{4a}$	IRAdistributions	4a			axableamour		40	
	5a	Pensions and annuities	5a			axable amour		. <u>5</u> 0	
Standard	) 6a	Social security benefits	6a			axable amour		. 6b	
Deduction for—	7	Capital gainer (less). Attach Sche		ifrequired Ifrotre				7	
<ul> <li>Single or Married filling</li> </ul>	8	Other income from Schedule 1, lin						. 8	-11,060.
separately,	9	Add lines 1, 20, 30, 40, 50, 60, 7,						• 9	106,663.
\$12,550  • Married filling	10	Adjustments to income from Sche		9				. 10	
jaintly or Qualifying	11	Subtractline 10 from line 9. This is						<u>10</u>	106,663.
widow(er), \$25,100	12a	Standard deduction or itemized	_	, 0		12	a 12,55		

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

 Head of household,

\$18800 • Ifyouchecked anyboxunder Standard

Deduction see instructions

15

b Charitable contributions if you take the standard deduction (see instructions) 12b

Taxable income. Subtractline 14 from line 11. If zero or less, enter-O...

13 Qualified business income deduction from Farm 8995 ar Farm 8995 A.

Fam 1040(2021)

12,850.

12,850.

93,813.

300.

12c

13

14

15

Farm 1040(2021	1)								Page ∠
	16	Tax (see instructions). Check	ifany from Form	ı(s): 1 🗌 881	4 2 4972	3		16	16,539.
	17	Amount from Schedule 2 lin	e3					17	
	18							18	16,539.
	19	Namefundalde drild tax are	ditaaæditfard	otherdepende	nts from Schedule	e8812		19	
	20	Amount from Schedule 3 lin	re8					20	
	21							21	
	22	Subtractline 21 from line 18	3 Ifzeroarless	enter-O .				22	16,539.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e2, line <i>2</i> 1			23	0.
	24	Add lines 22 and 23 This is	your total tax				🕨	24	16,539.
	25	Federal income tax withheld	l from:			1 1			
	а	Fam(s)W-2				25a 19	9,082		
	b	Fam(s) 1099				25b			
	С	Other fams (see instruction	6)			25c			
	d	Add lines 25a through 25c						25d	19,082.
Ifyouhavea	26_	2021 estimated tax paymen			NT			26	
qualifying child, attach Sch EIC. [	2a	Earned income arealit (EIC)				27a			
allad 13d 1 ElC		Check here if you were I January 2, 2004, and you taxpayers.who are at least a	u satisfy all th ge 18, todaim 1	e other requi the EIC. See ir	irements for				
	b	Nontaxable combat pay ele				-			
	С	Prioryear (2019) earned inco							
	28	Refundable child tax aredita				28		_	
	29	American apparturity aredit				29		_	
	30	Recovery rebate aredit See				30		_	
	31	Amount from Schedule 3 lin				31			
	32	Addlines 27a and 28 through		_					10.000
	33	Add lines 25d, 26, and 32 T							19,082.
Refund	34	Ifline 33 is more than line 2						34	2,543.
D:	35a	Amount of line 34 you want Routing number 1 1 1 1						_	2,543.
Direct deposit? See instructions	▶b	Account number 7 6 6			►cType 🗓	Checking [	Saving	Б	
	►d ~				ad tox				
Ans or rot	36	Amount of line 34 you want a Amount you owe. Subtract				36		- 77	
Amount You Owe	37 38	Estimated tax penalty (see in			1 3	38		37	
Third Party		you want to allow another							
Designee		structions			mwinters:		Complet	e below.	X No
bulgi tu	De	signee's		Phone		<del></del>		ntification	<del></del>
-		me ▶		ra ▶		nun	ber (PIN	) ▶	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
ide	Ya	ursignature		Date	Youroccupation				ntyouanldentity
					EMDI OMED		- 1	otection F æinst)▶	PIN, enterithere
Jaintretum? Sæinstructions	Sn	ousessignature Ifajointretum, l	coth mi eteion	Date	EMPLOYED Spousescooupation		,		<u>                   </u> ntyourspouse <i>a</i> n
Keepacepyfor	30	saesag alde irajdritiedi (i	or modagi	Late	Spucescupai	a i			ection PIN, enter ithere
yourrecords							(9	æinst)▶	
	Ph	onena (217)790-943	2	Email address	AKHILSR143	6@GMAIL.CO	MC		
	Pre	eparer's name	Preparer's signal	ture		Date	PTIN		Check if:
Paid Domoros	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2022	P020	82703	Self-employed
Preparer	Firr	m′sname▶ GLOBAL TAX	XES LLC				Pł	nanena (	(678)965-9522
UseOnly	Fir	m′saddress ▶ 2530 Pebbi	le Creek L	n Cummin	g GA 30041		Fi	m′s∃N ▶	<b>→</b> 30-1017196

### SCHEDULE 1 (Farm 1040)

Department of the Treasury

Additional Income and Adjustments to Income

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

► Go towww.irs.gov/Farm1040for instructions and the latest information.

OMB No 1545-0074

2021

Attachment
Sequence No Of

Your social security number 822-55-8949

Par	tl Additional Income			
1	Taxable refunds, credits, croffsets of state and local income taxe	S	1	
<b>2</b> a	Alimany received		<b>2</b> a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income ar (loss). Attach Schedule C		3	
4	Othergains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E		5	-11,060.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Netoperating loss	&a ( )		
b	Gambling income	80		
С	Cancellation of debt	8c		
d	Fareigneamed income exclusion from Farm 2555	&d ( )		
е	Taxable Health Savings Account distribution	&e		
f	Alaska Permanent Fund dividends	8F		
g	Juryolutypay	89		
h	Prizesandawards	81		
i	Activity not engaged in far profit income	8		
j	Stack aptions	8		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8<		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	8		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	81		
0	Section 461() excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	80		
Z	Other income. List type and amount >	82		
9	Total other income Add lines & through &		9	
10	Combine lines 1 through 7 and 9. Enter here and on Farm 1040NR, line 8		10	-11,060.

Page 2

Par	till Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials Attach Form 2106	12	
13	Health savings account deduction Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces Attach Form 3903	14	
15	Deductible part of self-employment tax Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penaltyon early with drawal of savings	18	
19a	Alimany 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	Otheradjustments		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Cantributions to section 501 (c) (18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful disarimination daims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law vidations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Farm 1041)		
Z	Otheradjustments List type and amount		
25	Total other adjustments Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 These are your adjustments to income Enter here and on Farm 1040ar 1040SR, line 10, or Farm 1040NR, line 10a	26	

### SCHEDULE E (Farm 1040)

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

OMB No 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go towww.irs.gov/ScheduleE for instructions and the latest information.

Yoursocial security number

AKHI	L SHARMA RAYASAM						822	2-55-894	.9
Part	Income or Loss From Rental Real Estate and Ro	yaltie	s Note	: Ifyau	areint	re business	ofrentin	g personal p	oraperty, use
	Schedule C. See instructions. If you are an individual, repo	atfan	n rental i	ncome	arlæst	îram Farm ∠	835an	oage 2 line	40
A Dic	lyoumake any payments in 2021 that would require you to	offleFo	am(s) 1	O99? S	èe inst	ructions .		🗆	Yes 🛛 No
B If"	Yes," did yauar will yau file required Farm(s) 1099?							🗆	Yes 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
A	2-2-647/97/A, C-34 BAGH AMBERPET HYDER		-	NGAN	A IN	500013			
В									
1b	Type of Property 2 For each rental real estate progr	ærtyli	sted .			Rental		onal Use	QJV
	(from listbelow) above, report the number of fail personal use days. Check the (	irrenta O IV/h	aland oxodve		[	Days	I	Days	
A	3   if you meet the requirements to	ofilea	sa	Α		365		0	
B	qualified joint venture. See inst	ructia	76	В					
C				С					
Турес	of Property.								
1 Sing	gle Family Residence 3 Vacation/Short-Term Rental	5 Lar	nd		7 Self-	-Rental			
2 MU <sup>1</sup>	ti-Family Residence 4 Commercial	6 Ro	yalties		8 Oth	er (desaribe	<u>)</u>		
Incom	e Properties			Α		I	3		С
3	Rentsreceived	3			630.				
4	Royalties received	4							
Expen									
5	Advertising	5			420.				
6	Auto and travel (see instructions)	6			180.				
7	Cleaning and maintenance	7		2,	370.				
8	Cammissians	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Managementifies	11		2,	370.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Otherinteest	13							
14	Repairs	14		2,	170.				
15	Supplies	15		1,	840.				
16	Taxes	16							
17	Utilities	17		2,	340.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses Addilines 5 through 19	20		11,	690.				
	Subtract line 20 from line 3 (rents) and/or 4 (royal ties). If								
<u>~</u> 1	resultisa (loss), see instructions to find out if you must								
	file Form 6198	21		-11,	060.				
22	Deductible rental real estate loss after limitation, if any,								
	an Farm 8582 (see instructions)	22	(	11,0	60.	(		)(	)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a	-	63	0.	
	Total of all amounts reported on line 4 for all royal typrop				<b>23</b> b				
	Total of all amounts reported on line 12 for all properties				23c				
	Total of all amounts reported on line 18 for all properties				23d				
	Total of all amounts reported on line 20 for all properties				23e	-	11,69	0.	
	Income. Add positive amounts shown on line 21. Do no							24	
25	Losses. Add royalty losses from line 21 and rental real estate		_		nter tot	al losses ha		25 (	11,060.)
	Total rental real estate and royalty income or (loss).							- \	, ,
تم	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Farm 1040), line 5 Otherwise, include this ar							26	-11,060.

### 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

822-55-8949

AKHIL SHARMA

RAYASAM

5725 HATHAWAY PARKWAY

9516

PLANO

TX75024

	AKI	HILSR1436@GMAIL.COM		
		rg status X Single Married filing jointly Married filing separately Wichowed Headed I Headed I Someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
		eck the box if this applies to you during 2021: X Nomesident-Attach Sch NR 🔲 Partyear resident		\ND <b>-</b>
_		p 2 Income		
	1	Federal adjusted gross income from your federal Form 1040 or 1040 SR, Line 11.	1	eddlarson() 106,663.@Z .@Z 106,663.@Z
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040 SR, Line 2	Pa 2	<u>.</u> @ <u>Z</u>
		Other additions Attach Schedule M. Tatal impages a Additional of the state of the s	3	<u></u>
	4	Total income Add Lines 1 through 3	<u>4</u>	<u></u>
D		p 3 Base Income		3
D	5	Social Security benefits and certain retirement plan income received if inducted in Line 1. Attach Page 1 of federal return 5	.00	TENENTRIES
Ŋ	6	Illinais Income Tax overpayment included in federal Form 1040or 1040SR,	<u> </u>	Ē
Ξ	O	Schedule 1, Ln 1. 6	.CO	三 三
2	7	Othersubtractions Attach Schedule M. 7	.00	丒
5		Check if Line 7 includes any amount from Schedule 1299-C.		Ü
_	8	Add Lines 5, 6 and 7. This is the total of your subtractions	8	. O S
_	9	Illinais base income SubtractLine 8 from Line 4	9	106,663.00
Ŋ		p 4 Exemptions		THS FORV
ı' >	10		2,375 <u>0</u>	S
<u>D</u>		b Check if 65 or doler: You + Spouse # of checkboxes X \$1,000 = b		Д
<u>2</u>		c Check iflegally blind  You + Spause #ofcheckboxes X \$1,000 = c d Ifyouare daining dependents enter the amount from Schedule IL-E/EIC, Step 2 Line 1.		X
Ŋ		AttachSchedule IL-EÆIC d	0.00	₹
		Exemption allowance. Add Lines 10st through 10d	10	2,375.00
	Ste	p 5 Net Income and Tax		
		Residents: Net income Subtract Line 10 from Line 9:		
		Nonresidents and part-year residents: Ententhe Illinois net income from Schedule NR. Attach Sche	edJeNR 11	33,731.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Carnot be less than zero		
>		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 <u> </u>	1,670.00
2	13	Recapture of investment tax ared to Attach Schedule 4255	13	.00
2		Income tax. Add Lines 12 and 13 Carnot be less than zero	14	1,670.00
٢		p 6 Tax After Nonrefundable Credits		
5		Income tax paid to another state while an Illinois resident Attach Schedule CR. 15	<u> </u>	
╗	16	Property tax and K-12 education expense creditamount from Schedule ICR.	<i>a</i> c	
Š	17	Attach Schedule ICR. 16 Oreditamount from Schedule 1299C, Attach Schedule 1299C, 17	<u></u> 	
Ŋ		Add Lines 15, 16, and 17. This is the total of your credits Cannot exceed the tax amount on Line 14	<u>.w</u> ) 18	0.00
J		Tax after nonrefundable credits. Subtract Line 18 from Line 14	19	1,670,00
3		p 7. Other Taxes		
<b>≯</b>		Householdemployment tax See instructions	20	.00
7		Use taxon internet, mail order, another out-of-state purchases from UT Worksheet or UT Table		
Ď.		in the instructions Do not leave blank	21	0.00
,		Compassionate Use of Medical Cannaldis Program Act and salle of assets by gaming licensee surchar		<u></u>
	23	Total Tax. Add Lines 19, 20, 21, and 22	23	1,670.00

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





24 To	tal tax from Page 1	, Line 23					24	1,670 <u>.</u>
Step 8	Payments and I	Refundab	le Credit					
25 Illin	dis Income Taxwith	held Attac	h Schedule IL-W	IT.		25 1,	708.00	
26 Estin	mated payments fr	om Forms I	L-1040ES and I	L-5051,				柔
	.dinganyo.enpayn					26	<u></u>	1,708.00 m
	s-throughwithholdir	_				27	<u></u>	¥
	s-thoughentity tax				·	28		끏
	neaincome Creati al payments and r				AttachScheduelL-EÆIC	29	<u>.@</u> 30	之 1,708.00 m
Step 9:		au nane	a <del>eart</del> Accidine	عداس	127.		32	<u> </u>
•	ne 30 is greatenthan	nline 24. g	htractline 24 fro	m line 30			31	38.00
	ne 24 is greater than						32 32	<u>0</u> . <u>@</u> .
					rations-Only com	ndete Step 10f	or late-payme	
•				•	y charitable dona		aa. <b></b> paga.	<b>7</b>
33 Late	epaymentpenalty1	for underpæ	ymentofes <b>t</b> imat	ed tax		33	<u>.</u>	Ź
а[	] Check if at least	two-thirds d	fyour feederal gro	ssincomei	s from farming			SIR
	_	•		•	entylivinginarusin	_		<b>2</b>
С			treceivedevenly	/during the	yearandyouannuali:	zedyourinoomed	nFamIL-2210	京
al E	Attach Form IL-2		4 - <b>- 6</b> 1 110	ta ta alteriale	la como Tarronatona in	Ale e manada de Aserta		Q
	Joheck if you were Intary charitable do	-			Income Tax return in	the previous tax y	ear. .OO	<u>Z</u>
	al penaltyand dor					3 <del>1</del>	<u>.w</u> 35	 T.
	1: Refund	ara a ra	4 <u>1</u> 1 23 33 4 4 5				<u> </u>	HRANSIQNURE ONIS FORM
•		mlim 31	amithis amount	is a materit	ran Line 35, subtracti	lim 35fm lim:	31	_
_	sisyouroverpaym		arutisanun	isyede i			36 36	38.00
			unded to you Ch	reckaneba	xanLine38Seeinst	ructions	37	38.00
	cose to receive my		3					
	directdeposit-	_	ne information be	dowifyoud	neak this bax			
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Preparer Use Only	Firm's name 🕨 🕨	GLOBAL	TAXES LLC			Firm's FEIN	301017196	
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## \*61212211V\*

# Illinois Department of Revenue 2021 Schedule NR

## Nonresident and Part-Year Resident Computation of Illinois Tax LAttachment No. 2

AKHIL SHARMA RAYASAM	8 2 2 _ 5 5 _ 8 9 4 9
Yourname as shown on your Farm IL-1040	Your Social Security number
Step 1: Provide the following information	
1 Were you, aryour spouse if "married filling jointly" a full-year resid	entofIllinoisduring the tax year?
Yes X No Ifyauanswered "Yes,"	you cannot use this form (see instructions).
2 Ifyay aryaurspause i f"married filling jaintly" were a partyear re	
allivedin Illinois from $_{-}$ / $_{-}$ / $_{2}$ 1 to $_{-}$ / $_{-}$ / $_{2}$ 1 Month Day Year Month Day Year	
bMyspause lived in Illinois from $_{-}/_{-}/_{2}1$ to $_{-}/_{-}/_{2}$ Month Day Year Month Day	21, and from/_/21 to/_/21 Year State Month Day Year Month Day Year
3 If you were a resident of any of the states listed below during the was in the military, or if you elected to use your service members	tax year; if you were in Illinois only to accompany your spouse who pouse's state of residence for tax purposes, dreak the appropriate box
☐ Iova ☐ Kentudky ☐ Midrigan	Wisconsin Military Spouse
4 Listany state other than Illimois arany states already indicated or Enter the two-letter abbreviation of that state	n Line 2 or 3 above, that you daimed residency for tax purposes in 2021.
Step 2 Complete Form IL-1040	

Complete Lines 1 through 10 of your Farm IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident Then, complete

## the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040

Step 3 Figure the Illinois portion of your federal adjusted gross income
Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions

E	Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.						
_			Column A Federal Total	CdumnB IllinaisPartian			
ı	5 Wages, salaries, tips, etc. (federal Form 1040or 1040SR, Line 1)	5_	117,498.00	34,498.00			
ı	6 Taxalde interest (feobral Form 1040or 1040SR, Line 2b)	6_	225.00	0.00			
ı	7 Ordnary dvidends (federal Farm 1040ar 1040SR, Line 3b)	7_	<u></u>				
ı	8 Taxable refunds, credits, croffsets of state and local income taxes						
ı	(federal Farm 1040ar 1040SR, Schedule 1, Line 1)	8_	.00				
ı	9 Alimony received (feobral Form 1040 or 1040 SR, Schedule 1, Line 2a)	9_	.00	.00			
ı	10 Business income or loss (federal Form 1040or 1040SR, Schedule 1, Line 3)	10_	. <b>©</b> .	.00			
ı	11 Capital gain or loss (federal Form 1040 or 1040 SR, Line 7)	11_	<u></u>				
Ι,	12 Othergains arlosses (federal Farm 1040ar 1040SR, Schedule 1, Line 4)	12_	<u></u>				
	13 Taxable IRA distributions (federal Form 1040ar 1040SR, Line 4b)	13_	<u></u>				
1	14 Pensions and annuities (federal Form 1040 or 1040 SR, Line 50)	14_					
<u> </u>	15 Rental real estate, royal ties, partnerships, Scorporations, trusts, etc.						
ı	(federal Farm 1040ar 1040SR, Schedule 1, Line 5)	15_	-11,060 <sub>.</sub> @	<u></u>			
ı	16 Farm income or loss (federal Form 1040or 1040SR, Schedule 1, Line 6)	16_	<u></u>	<u> </u>			
ı	17 Unemployment.compensation (federal Farm 1040ar 1040SR, Schedule 1, Line 7)	17_	.00				
ı	18 Taxable Social Security benefits (federal Form 1040or 1040SR, Line 6b)	18_	<u></u>				
ı	19 Other income See instructions (federal Form 1040ar 1040SR, Schedule 1, Line 9	7)					
ı	Indudewinnings from the Illinois State Lottery as Illinois income in Column B	19_	<u></u>				
	20 Add Cdumn B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	20	34,498 <u>.</u> @			
L	Continue with Step 3 on Page 2						

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### Schedule NR - Page 2

Step 3 Continued   Column   Restrict   Column   Column   Restrict   Column   Colum				
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### ### ##############################		23 Certain business expenses of reservists, performing artists, and fee-basis		
2		government officials (federal Form 1040 or 1040 SR, Schedule 1, Line 12)	23 <u></u>	
### 28 Selfemptopetheath insurance deduction (Settral Form 100ch 100SR Schedule 1, Line 17) 28		24 Healthsavings account deduction (federal Form 1040or 1040SR, Schedule 1, Line 13) 2	24	
### 28 Selfemptopetheath insurance deduction (Settral Form 100ch 100SR Schedule 1, Line 17) 28	18	,		
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51 Subtract Line 50 from Line 46 This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.  52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.  Enter the amount here and on your Form IL-1040, Line 12		44 Other subtractions (Fam IL-1040) Line 7) 45 Add Column B, Lines 42 through 44 This is the total of your Illinois subtractions  Ep 5 Figure your Illinois income and tax  46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enterzero This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "O on Line 52  47 Enter the base income from Fam IL-1040 Line 9.  48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  49 Enteryour exemption allowance from your Fam IL-1040 Line 10.	46 47 106,663.@ 48 0 • 323	.@ .@ .@
Enter the amount here and on your Form IL-1040, Line 11.  51 33,731.00  52 Multiply the amount on Line 51 by 495% (0495). This amount may not be less than zero  Enter the amount here and on your Form IL-1040, Line 12	Calculations	44 Other subtractions (Form IL-1040) Line 7) 45 Add Column B, Lines 42 through 44 This is the total of your Illinois subtractions  Ep 5 Figure your Illinois income and tax  46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enterzero This is your Illinois base income If Line 46 is zero, skip Lines 47 through 51, and enter "O on Line 52  47 Enter the base income from Form IL-1040, Line 9. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000  49 Enteryour exemption allowance from your Form IL-1040, Line 10. 50 Multiply Line 49 by the decimal on Line 48 This is your Illinois exemption.	44 45 46 47 106,663 48 48 0 • 323 49 2,375	.(0)
52 Multiply the amount on Line 51 by 495% (0495). This amount may not be less than zero  Enter the amount here and on your Form IL-1040, Line 12	Calculations	44 Other subtractions (Form IL-1040) Line 7) 45 Add Column B, Lines 42 through 44 This is the total of your Illinois subtractions  Ep 5 Figure your Illinois income and tax  46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enterzero This is your Illinois base income If Line 46 is zero, skip Lines 47 through 51, and enter "O on Line 52  47 Enter the base income from Form IL-1040 Line 9. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000  49 Enteryour exemption allowance from your Form IL-1040 Line 10  50 Multiply Line 49 by the decimal on Line 48 This is your Illinois exemption allowance.	44 45 46 47 106,663 48 48 0 • 323 49 2,375	.(0)
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· · · · · · · · · · · · · · · · · · ·	Calculations	44 Other subtractions (Form IL-1040) Line 7) 45 Add Column B, Lines 42 through 44 This is the total of your Illinois subtractions  46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enterzero This is your Illinois base income If Line 46 is zero, skip Lines 47 through 51, and enter "O on Line 52 47 Enter the base income from Form IL-1040 Line 9. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000 49 Enteryour exemption allowance from your Form IL-1040 Line 10 50 Multiply Line 49 by the decimal on Line 48 This is your Illinois exemption allowance. 51 Subtract Line 50 from Line 46 This is your Illinois net income Enter the amount here and on your Form IL-1040, Line 11.	46 47 106,663.@ 48 0 • 323 49 2,375.@ 50 51	
11 Is is year day.	Calculations	44 Other subtractions (Fam IL-1040 Line 7) 45 Add Column B, Lines 42 through 44 This is the total of your Illinois subtractions  Ep 5 Figure your Illinois income and tax  46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enterzero This is your Illinois base income If Line 46 is zero, skip Lines 47 through 51, and enter "O' on Line 52  47 Enter the base income from Fam IL-1040 Line 9. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000  49 Enteryour exemption allowance from your Fam IL-1040 Line 10  50 Multiply Line 49 by the decimal on Line 48 This is your Illinois exemption allowance.  51 Subtract Line 50 from Line 46 This is your Illinois net income. Enter the amount here and on your Fam IL-1040 Line 11.  52 Multiply the amount on Line 51 by 495% (0495). This amount may not be less than zero.	46 47 106,663.@ 48 0 • 323 49 2,375.@ 50 51	34,498.00 767.00
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Illinois Department of Revenue

### 2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040 If you have more transive with address complete multiple copies of tris schedule IL Attachment No. 31

#### Use the reference for Column Ashawn in the chart below

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	10999DIV	D
W-2G	WG	1099/INT	I
1099R	R	1042S	S
1099G	G	1099B	В
1099MISC	M	1099K	K
10990ID	0	1099NEC	N

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

AKHIL SHARMA RAYASAM Yourname as shown on Familt-1040				2 2 ocial Sec		5 <u>5</u> 1ber		8	9	4 9
Cdumn A Fam type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Græs	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income TaxWitheld	
1 <u>W</u> 2 <u>W</u>	<u>59-3455070 000 7</u> <u>81-3651443 000</u>	\$ \$	10,498•0 24,000•0	<u>D</u>	\$ \$		498•@ 000•@	\$	,	520 • 00 1,188 • 00
3	-	- \$ <u> </u>	•(	D	<u>\$</u>			\$	<u> </u>	<u>•</u> @
4	-	- \$	•(	$\mathfrak{D}$	\$			\$	·	<u> </u>
5		- \$ <u> </u>	•(	$\mathfrak{D}$	\$		•00	\$	•	•@

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

Yourspouse's name as shown on Form IL-1040	Yourspouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc			Calumn E Illinais Inaame TaxWithheld	
6		<b>\$</b>	•@	\$		<u>\$</u>	•@	
7		<u> </u>	• <u></u> @	\$	<u>•</u> @	\$ <u> </u>	<u>•</u> @	
8		- \$ <u> </u>	<u>•</u> @	\$		\$	<u>.</u> @	
9		<u> </u>	•@	\$	<u></u>	\$	•@	
10		\$	<u>•</u> @	\$	<u> </u>	\$	<u>•</u> @	

#### 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 \$ 1,708.00

Attachall Schedules IL-WIT to your IL-1040

Illinois Departmento	ofRevenue I		SubmissionID
2021 IL-8453 III	inais Individual	IncomeTax	Electronic Filing Declaration
			ue unless it is requested for review)
Step 1: Provide taxpayer informati AKHIL SHARMA	ion Raya	SAM	8 2 2 _ 5 5 _ 8 9 4 9
	firstrame (and lastrame if differ		Social Security rumber
Print <sub>5725</sub> HATHAWAY PARKWAY	9516		
type Mailing actress			Spouse's Social Security rumber
PLANO	TX	75024	(217) 790-9432
Oty	State	ZIP	Daylime phone rumber
Step 2 Camplete information from Netincome from Fam IL-1040 Line Tax from Fam IL-1040 Line 14 Illinais Income Tax withheld from Fam Overpayment from Fam IL-1040 L Total amount due from Fam IL-1040 L	e 11 om IL-1040 Line 25 only ine 36 10 Line 40		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
6 Filingstatus <u>X</u> SingleMarr	ied filingjantlyIVlame	ed filing separately _	WidowedHead of household
does not support international ACH transwithin the United States or those not fun 7 Routing no (RN): 1 1 1 0 8 Account no (AN): 7 6 6 9 9 Type of account: X Checking 10 Date the payment is to be electronic 11 Electronic funds with drawal amounts.	eactions IDOR will only peoble by international funds  0 0 6 1 4  9 8 8 7 3 Savings  cally withdrawn/_	rform direct transactio	nduded within the electronic transmission. Illinois ons (e.g., debit, deposit) with financial institutions located will not be accepted and refunds will be via paper check. 
12 Name on account			or Organi (Faranti adal a Char O)
carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a carect If I have filed a joint return a joint return a carect If I have filed a joint return a joint	edirectly deposited as design, tris is an irrevocable a ntof Revenue (IDOR) and electronic portion of my 2 electronic overpayment of epayment of an electronic overpayment of the payment of an electronic overpayment of the payment o	ignated in Step 3am pointment of the of dits designated finan 021 Illinds Individual flaxes to receive con funds with drawal (dire	d dedare the information on Lines 7 through 9 is her spouse as an agent to receive the refund dial agent to initiate an ACH electronic funds Income Tax return I authorize the financial institutions fictential information recessary to answer inquiries ect debit) of my balance due
atiginator (ERO) are identical. To the bes and accompanying information may be s been accepted or rejected. I firejected, I a	stofmyknowledge, myret enttoIDOR bymyERO. I	um is true, correct, an authorize IDOR to info	the information I provided to my electronic return and complete. I consent that my return this declaration form my ERO and/or the transmitter when my return has eturn may be corrected and retransmitted if possible.
Signhere Your signature	 Date	Soowessic	grature (ifjaintretum, bothmustsign) Date
Step 5 Electronic return originato I dedare that I have examined this texp	or (ERO) and paid pre eyer's electroric Form IL-1 ogram and dedare, under	parer declaration a 1040, the information	
		02/10/2022	2 Check if paid preparer: 区 (See instructions)
ERO's signature		Date	
ERO GLOBAL TAXES LLC Firm's name or your name if self-employed			
USE 2530 Pehble Creek In			3 0 _ 1 0 1 7 1 9 6
only Mailing address			Federal employer identification number (FEIN)
Cumming	GA	30041	(678) 965-9522
aty	State	ZIP	Daylime phane rumber

Step 6 Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

