

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>TEJAS S FANSE</b>	Social security number 448-45-9265
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	46,742.
<b>2</b> Total tax . . . . .	<b>2</b>	2,426.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	5,121.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	4,095.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	9	2	6	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III 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	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: TEJAS S, Last name: FANSE, Your social security number: 448-45-9265
If joint return, spouse's first name and middle initial: , Last name: , Spouse's social security number:

Home address (number and street): 700 N ADELAIDE STREET, Apt. no.: 35, Presidential Election Campaign: [ ] You [ ] Spouse
City, town, or post office: NORMAL, State: IL, ZIP code: 61761
Foreign country name: , Foreign province/state/county: , Foreign postal code:

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	3,866.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,866.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	1,440.
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,440.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	2,426.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,426.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	5,121.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	5,121.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	<b>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,400.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	6,521.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	4,095.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	4,095.
Direct deposit? See instructions.	<b>b</b> Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 782555905		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation MANUFACTURING ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (313) 265-0265 Email address TEJAS.FANSE@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/05/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
TEJAS S FANSE

Your social security number  
448-45-9265

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,440.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount ▶ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	1,440.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 . . . . .	<b>13g</b>		
<b>h</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount ► _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
TEJAS S FANSE

Your social security number  
448-45-9265

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	141 .	135 .		6 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	1 .	1 .		0 .
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 6 .

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p> <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p> <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p> <p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p> <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.   <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> </p>	<p><b>16</b></p> <p><b>18</b></p> <p><b>19</b></p> <p><b>21</b></p>	<p>6 .</p> <p>( )</p>
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Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2021**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

TEJAS S FANSE

Social security number or taxpayer identification number

448-45-9265

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	07/26/21	12/30/21	141.	135.			6.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				141.	135.			6.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
TEJAS S FANSE

Social security number or taxpayer identification number  
448-45-9265

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Crypto LLC	08/14/21	12/20/21	1.	1.			0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				1.	1.			0.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**  
 ▶ Attach to Form 1040 or 1040-SR.  
 ▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Your social security number  
 448-45-9265



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	7,200.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	7,200.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	1,440.
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	90,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	46,742.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	43,258.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	1,440.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1,440.

Name(s) shown on return TEJAS S FANSE	Your social security number 448-45-9265
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return) TEJAS S FANSE</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)  448-45-9265</p>		
<p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>
<p><b>a.</b> Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0470593</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>		
<p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>			
<p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p><b>26</b> Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	7,200.
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**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and  
 Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

OMB No. 1545-0074

Attachment  
 Sequence No. **70**

Taxpayer name(s) shown on return <b>TEJAS S FANSE</b>	Taxpayer identification number <b>448-45-9265</b>
Enter preparer's name and PTIN <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703</b>	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: TEJAS S FANSE, 448-45-9265. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 15,634. Line 2: Amount You Owe 29. Line 3: Refund or No Amount Due.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 9 2 6 5 as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's PIN: check one box only

[ ] I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

[ ] I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return 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 FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/05/2022

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 18, 2022.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

**2021**

**Payment Voucher for  
Individual e-filed Returns**

**3582 (e-file)**

448-45-9265 FANS  
TEJAS S FANSE

21

700 N ADELAIDE STREET  
NORMAL IL 61761

APT 35

Amount of Payment

29.

# California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

448-45-9265 FANS  
TEJAS S FANSE

21

700 N ADELAIDE STREET APT 35  
NORMAL IL 61761

09-27-1992

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1  Single
- 2  Married/RDP filing jointly. See inst.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . .

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$129 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .  8  X \$129 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . .  9  X \$129 =  \$

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions . . . . .  10  X \$400 =  \$



Your name:  Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 .....  11 \$

<b>Total Taxable Income</b>	12	Total California wages from your federal Form(s) W-2, box 16 .....	<input checked="" type="radio"/> 12	<input type="text" value="7817"/>	<input type="text" value=".00"/>
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....	<input checked="" type="radio"/> 13	<input type="text" value="46742"/>	<input type="text" value=".00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B .....	<input checked="" type="radio"/> 14	<input type="text" value=""/>	<input type="text" value=".00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....	<input type="radio"/> 15	<input type="text" value="46742"/>	<input type="text" value=".00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C .....	<input checked="" type="radio"/> 16	<input type="text" value=""/>	<input type="text" value=".00"/>
	17	Adjusted gross income from all sources. Combine line 15 and line 16 .....	<input checked="" type="radio"/> 17	<input type="text" value="46742"/>	<input type="text" value=".00"/>
	18	Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions .....	<input checked="" type="radio"/> 18	<input type="text" value="4803"/>	<input type="text" value=".00"/>
	19	Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- .....	<input checked="" type="radio"/> 19	<input type="text" value="41939"/>	<input type="text" value=".00"/>

<b>CA Taxable Income</b>	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule			
		<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 .....	<input checked="" type="radio"/> 31	<input type="text" value="1281"/>	<input type="text" value=".00"/>
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....	<input checked="" type="radio"/> 32	<input type="text" value="15634"/>	<input type="text" value=".00"/>
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....	<input checked="" type="radio"/> 35	<input type="text" value="14027"/>	<input type="text" value=".00"/>
	36	CA Tax Rate. Divide line 31 by line 19. ....	<input checked="" type="radio"/> 36	<input type="text" value="0.0305"/>	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....	<input checked="" type="radio"/> 37	<input type="text" value="428"/>	<input type="text" value=".00"/>
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ....	<input checked="" type="radio"/> 38	<input type="text" value="0.3345"/>	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions .....	<input checked="" type="radio"/> 39	<input type="text" value="43"/>	<input type="text" value=".00"/>
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ...	<input checked="" type="radio"/> 40	<input type="text" value="385"/>	<input type="text" value=".00"/>
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 41	<input type="text" value=""/>	<input type="text" value=".00"/>
42	Add line 40 and line 41 .....	<input checked="" type="radio"/> 42	<input type="text" value="385"/>	<input type="text" value=".00"/>	

<b>Special Credits</b>	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ....	<input checked="" type="radio"/> 50	<input type="text" value=""/>	<input type="text" value=".00"/>
	51	Credit for joint custody head of household. See instructions .....	<input checked="" type="radio"/> 51	<input type="text" value=""/>	<input type="text" value=".00"/>
	52	Credit for dependent parent. See instructions. ....	<input checked="" type="radio"/> 52	<input type="text" value=""/>	<input type="text" value=".00"/>
	53	Credit for senior head of household. See instructions. ....	<input checked="" type="radio"/> 53	<input type="text" value=""/>	<input type="text" value=".00"/>
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....	<input checked="" type="radio"/> 54	<input type="text" value="."/>	
55	Credit amount. See instructions .....	<input checked="" type="radio"/> 55	<input type="text" value=""/>	<input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

**Special Credits continued**

58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	●	58	<input type="text"/>	.00
59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	●	59	<input type="text"/>	.00
60	To claim more than two credits. See instructions . . . . .	●	60	<input type="text"/>	.00
61	Nonrefundable Renter's Credit. See instructions . . . . .	●	61	<input type="text"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits . . . . .	⊙	62	<input type="text"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	⊙	63	<input type="text" value="385"/>	.00

**Other Taxes**

71	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	●	71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions . . . . .	●	72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions . . . . .	●	73	<input type="text"/>	.00
74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	●	74	<input type="text"/>	.00
75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	●	75	<input type="text" value="385"/>	.00

**Payments**

81	California income tax withheld. See instructions . . . . .	●	81	<input type="text" value="356"/>	.00
82	2021 CA estimated tax and other payments. See instructions . . . . .	●	82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions . . . . .	●	83	<input type="text"/>	.00
84	Excess SDI (or VPD) withheld. See instructions . . . . .	●	84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC) . . . . .	●	85	<input type="text"/>	.00
86	Young Child Tax Credit (YCTC). See instructions . . . . .	●	86	<input type="text"/>	.00
87	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	●	87	<input type="text"/>	.00
88	Add line 81 through line 87. These are your total payments. See instructions . . . . .	⊙	88	<input type="text" value="356"/>	.00

**ISR Penalty**

91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .	●	<input type="checkbox" value="X"/>		
	If you did not check the box, see instructions.				
	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	●	91	<input type="text"/>	.00

**Overpaid Tax/Tax Due**

92	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	⊙	92	<input type="text" value="356"/>	.00
93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	⊙	93	<input type="text"/>	.00
101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	⊙	101	<input type="text"/>	.00
102	Amount of line 101 you want applied to your 2022 estimated tax . . . . .	●	102	<input type="text"/>	.00

Your name:

Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 . . . . . ● 103  .00

104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 . . . . . ● 104  .00

Contributions

Code Amount

California Seniors Special Fund. See instructions . . . . . ● 400  .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . ● 401  .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . ● 403  .00

California Breast Cancer Research Voluntary Tax Contribution Fund . . . . . ● 405  .00

California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . ● 406  .00

Emergency Food for Families Voluntary Tax Contribution Fund . . . . . ● 407  .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . ● 408  .00

California Sea Otter Voluntary Tax Contribution Fund . . . . . ● 410  .00

California Cancer Research Voluntary Tax Contribution Fund . . . . . ● 413  .00

School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . . ● 422  .00

State Parks Protection Fund/Parks Pass Purchase . . . . . ● 423  .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ● 424  .00

Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . ● 425  .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . ● 431  .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ● 438  .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ● 439  .00

Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . ● 440  .00

Schools Not Prisons Voluntary Tax Contribution Fund . . . . . ● 443  .00

Suicide Prevention Voluntary Tax Contribution Fund . . . . . ● 444  .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . . ● 445  .00

California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . . ● 446  .00

120 Add code 400 through code 446. This is your total contribution . . . . . ● 120  .00

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● 126 Direct deposit amount  .00  
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● 127 Direct deposit amount  .00  
 Savings

**IMPORTANT:** Attach a copy of your complete federal return.  
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature  Date  Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

● Your email address. Enter only one email address.   
● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN

Firm's address  ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return TEJAS S FANSE	SSN or ITIN 448459265
---	--------------------------

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.**

**During 2021:**

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> WI	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> WI 05/07/2021	<input type="radio"/> ___/___/___
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/> IL	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> 127	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2021: I was a CA resident for the period of . . . . .	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 46,736.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 46,736.	<input checked="" type="radio"/> 15,634.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/> 6.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 6.	<input checked="" type="radio"/> 0.
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) . . . . . 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation . . . . . 7	<input type="radio"/>	<input type="radio"/>			

Section B — Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>8</b>	<b>Other income:</b>					
	<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>b</b> Gambling income . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>e</b> Taxable Health Savings Account distribution . . . . . <b>8e</b>	<input type="radio"/>	<input type="radio"/>			
	<b>f</b> Alaska Permanent Fund dividends . . . <b>8f</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>g</b> Jury duty pay . . . . . <b>8g</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>h</b> Prizes and awards . . . . . <b>8h</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>i</b> Activity not engaged in for profit income <b>8i</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>j</b> Stock options . . . . . <b>8j</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>k</b> 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 . . . . . <b>8k</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>l</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8l</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>m</b> IRC Section 951(a) inclusion . . . . . <b>8m</b>	<input type="radio"/>	<input type="radio"/>			
	<b>n</b> IRC Section 951A(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>			
	<b>o</b> IRC Section 461(l) excess business loss adjustment . . . . . <b>8o</b>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>p</b> Taxable distributions from an ABLE account . . . . . <b>8p</b>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	<b>z</b> Other income. List type and amount. <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9</b>	<b>a</b> Total other income. Add lines 8a through 8z . . . . . <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>b1</b> Disaster loss deduction from form FTB 3805V . . . . . <b>9b1</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	<b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	<b>b3</b> NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . <b>9b3</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	<b>b4</b> Student loan discharged due to closure of a for-profit school . . . . . <b>9b4</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10</b>	<b>Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C . . . . . <b>10</b>	<input checked="" type="radio"/> 46,742.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 46,742.	<input checked="" type="radio"/> 15,634.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>11</b> Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions . . . . . <b>17</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . <b>18</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>22</b> Reserved for future use . . . . . <b>22</b>					
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24 Other adjustments:</b>					
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>d</b> Reforestation amortization and expenses . . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> 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 . . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>j</b> Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>z</b> Other adjustments. List type and amount. <input checked="" type="radio"/> _____ <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section C — Adjustments to Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
25	Total other adjustments. Add lines 24a through 24z . . . . .	25				
26	Add line 11 through line 23 and line 25 in each column, A through E . . . . .	26				
27	<b>Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . .	27	46,742.		46,742.	15,634.

**Part III Adjustments to Federal Itemized Deductions**  
 Check the box if you did NOT itemize for federal but will itemize for California . . . . .

Medical and Dental Expenses See instructions.		A	B	C
		Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
1	Medical and dental expenses . . . . .	1		
2	Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .	2	46,742.	
3	Multiply line 2 by 7.5% (0.075) . . . . .	3	3,506.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . .	4		

**Taxes You Paid**

5a	State and local income tax or general sales taxes. . . . .	5a	2,411.	2,411.	
5b	State and local real estate taxes . . . . .	5b			
5c	State and local personal property taxes . . . . .	5c			
5d	Add line 5a through line 5c. . . . .	5d	2,411.		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . .	5e	2,411.	2,411.	0.
6	Other taxes. List type <input checked="" type="radio"/> . . . . .	6			
7	Add line 5e and line 6. . . . .	7	2,411.	2,411.	0.

**Interest You Paid**

8a	Home mortgage interest and points reported to you on federal Form 1098 . . . . .	8a			
8b	Home mortgage interest not reported to you on federal Form 1098 . . . . .	8b			
8c	Points not reported to you on federal Form 1098 . . . . .	8c			
8d	Mortgage insurance premiums. . . . .	8d			
8e	Add line 8a through line 8d. . . . .	8e			
9	Investment interest. . . . .	9			
10	Add line 8e and line 9. . . . .	10			

**Gifts to Charity**

11	Gifts by cash or check . . . . .	11	300.		
12	Other than by cash or check. . . . .	12			
13	Carryover from prior year. . . . .	13			
14	Add line 11 through line 13 . . . . .	14	300.		

**Casualty and Theft Losses**

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . .	15			
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**Other Itemized Deductions**

16	Other—from list in federal instructions . . . . .	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . .	17	2,711.	2,411.	0.

18 **Total.** Combine line 17 column A less column B plus column C . . . . .  18 300.



**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  46,742.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.  25

26 **Total Itemized Deductions.** Add line 18 and line 25.  26

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$212,288  
 Head of household ..... \$318,437  
 Married/RDP filing jointly or qualifying widow(er) ..... \$424,581

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,803  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,606  30

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E  1 .

2 Enter your deductions from line 30  2 .

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5 .

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (FANSE), Legal first name (TEJAS), M.I. (S), Social security number (448459265), Home address (700 N ADELAIDE STREET), City (NORMAL), State (IL), Zip code (61761), Filing status (Single), and County (MARATHON).

Resident status Check the status that applies

- You Spouse
[ ] [ ] Full-year resident of Wisconsin
[ ] [ ] Nonresident of Wisconsin; state of residence (2-letter state abbreviation)
[X] [ ] Part-year resident of Wisconsin from 01 01 2021 to 07 07 2021



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (46736.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (6.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), and Combine lines 1 through 15 (46742.00).

1-0501

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 26) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 29) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 30) . . . . .	.00	.00
<b>28</b>	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
<b>29</b>	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
<b>Adjusted Gross Income</b>			
<b>30</b>	Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .		11285.00
<b>31</b>	Federal income. Subtract line 29, column A from line 16, column A . . . . .	46742.00	
<b>32</b>	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31) . . . . .		.2414

<b>Tax Computation</b>			
<b>33</b>	Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . .	<b>33</b>	46742.00
<b>34a</b>	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 31 . . . . .	<b>34a</b>	<input type="checkbox"/>
<b>34b</b>	Aliens (see page 31 to determine if you must check line 34b) . . . . .	<b>34b</b>	<input type="checkbox"/>
<b>34c</b>	Find the standard deduction for amount on line <b>31</b> using table on page 50 . . . . .	<b>34c</b>	7528.00
<b>35</b>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .	<b>35</b>	39214.00
<b>36</b>	Exemptions ( <b>Caution: see page 32</b> )		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>36a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .	<b>36b</b>	.00
<b>c</b>	Add lines 36a and 36b . . . . .	<b>36c</b>	700.00
<b>37</b>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .	<b>37</b>	38514.00
<b>38</b>	Tax (see table on page 52) . . . . .	<b>38</b>	1751.00
<b>39</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>39</b>	0.00
<b>40</b>	School property tax credits (part-year and full-year residents only)		
<b>a</b>	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35 . . . . .	<b>40a</b>	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36 . . . . .	<b>40b</b>	.00
<b>41</b>	Add credits on lines 39, 40a, and 40b . . . . .	<b>41</b>	0.00
<b>42</b>	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero) . . . . .	<b>42</b>	1751.00
<b>43</b>	Fill in ratio from line 32 . . . . .	<b>43</b>	.2414
<b>44</b>	Multiply line 42 by ratio on line 43 . . . . .	<b>44</b>	423.00



Name(s) shown on Form 1NPR <b>TEJAS S FANSE</b>		Your social security number <b>448459265</b>
<b>45</b>	Fill in amount from line 44	<b>45</b> <u>423.00</u>
<b>46</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>46</b> <u>.00</u>
<b>47</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>47</b> <u>.00</u>
<b>48</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>48</b> <u>.00</u>
<b>49</b>	Net income tax paid to another state. Enclose Schedule OS	<b>49</b> <u>.00</u>
<b>50</b>	Add lines 46 through 49	<b>50</b> <u>.00</u>
<b>51</b>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	<b>51</b> <u>423.00</u>
<b>52</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>52</b> <u>.00</u>
<b>53</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	<b>53i</b> <u>.00</u>
<b>54</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) $.00 \times .33 =$	<b>54</b> <u>.00</u>
<b>55</b>	Other penalties (see page 41)	<b>55</b> <u>.00</u>
<b>56</b>	Add lines 51 through 55	<b>56</b> <u>423.00</u>

**Payments and Credits**

<b>57</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>57</b> <u>593.00</u>	
<b>58</b>	2021 Wisconsin estimated tax paid and amount applied from 2020 return	<b>58</b> <u>.00</u>	
<b>59</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	<b>59</b> <u>.00</u>	<b>NOTE:</b> You must use your 2021 earned income (see page 42).
<b>60</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>60a</b> <u>.00</u>	
	<b>b.</b> Schedule FC-A, line 13	<b>60b</b> <u>.00</u>	
<b>61</b>	Repayment credit	<b>61</b> <u>.00</u>	
<b>62</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>62</b> <u>.00</u>	
<b>63</b>	Eligible veterans and surviving spouses property tax credit	<b>63</b> <u>.00</u>	
<b>64</b>	Refundable credits from Schedule CR, line 40	<b>64</b> <u>.00</u>	
<b>65</b>	AMENDED RETURN ONLY – amount previously paid (see page 46)	<b>65</b> <u>.00</u>	
<b>66</b>	Add lines 57 through 65	<b>66</b> <u>593.00</u>	
<b>67</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>67</b> <u>.00</u>	
<b>68</b>	Subtract line 67 from line 66	<b>68</b> <u>593.00</u>	

**Refund or Amount You Owe**

<b>69</b>	If line 68 is more than line 56, subtract line 56 from line 68. This is the <b>AMOUNT OVERPAID</b>	<b>69</b> <u>170.00</u>
<b>70</b>	Amount of line 69 you want <b>REFUNDED TO YOU</b>	<b>70</b> <u>170.00</u>
<b>71</b>	Amount of line 69 to be <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b>	<b>71</b> <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

**72a** If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the **AMOUNT YOU OWE 72a** \_\_\_\_\_ .00

**72b** Interest (see page 47) . . . . . **72b** \_\_\_\_\_ .00

**73** Underpayment interest. Fill in exception code – see Sch. U → \_\_\_\_\_ **73** \_\_\_\_\_ .00  
Also include on line 72a (see page 48).

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 49)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ 

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Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

**Sign here** ▶ Your signature \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here** ▶ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

Mail your return to: Wisconsin Department of Revenue

(if tax is due)	(if refund or no tax due)
PO Box 268	PO Box 59
Madison WI 53790-0001	Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b> Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	_____	.00
<b>2</b> Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	_____	.00
<b>3</b> Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	_____	300.00
<b>4</b> Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	_____	.00
<b>5</b> Add lines 1 through 4 . . . . .	<b>5</b>	_____	300.00
<b>6</b> Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	_____	7528.00
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	_____	0.00
<b>8</b> Rate of credit is .05 (5%) . . . . .	<b>8</b>	_____	<b>x .05</b>
<b>9</b> Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	_____	0.00

**Schedule 2 – Married Couple Credit** May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE
<b>1</b> Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .	<b>1</b> _____	_____
<b>2</b> Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . .	<b>2</b> _____	_____
<b>3</b> Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b> _____	_____
<b>4</b> Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .	<b>4</b> _____	_____
<b>5</b> Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b> _____	_____
<b>6</b> Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . . . .	<b>6</b> _____	_____
<b>7</b> Rate of credit is .03 (3%) . . . . .	<b>7</b> _____	_____
<b>8</b> Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b> _____	_____

# Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) TEJAS S FANSESOCIAL SECURITY NUMBER 448459265

Please  one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2021.
- Changed legal residence from Wisconsin during 2021; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2021; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from \_\_\_\_\_ (state or country) on \_\_\_\_\_ (date) during 2021; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2021. Resident of \_\_\_\_\_  
(Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2020 or 2021 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? \_\_\_\_\_  
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. \_\_\_\_\_
2. Did you establish a legal residence in another state? \_\_\_\_\_ If yes, in which state and on what date? \_\_\_\_\_
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. \_\_\_\_\_
4. When were you physically present in your new state of legal residence (please list dates)? \_\_\_\_\_
5. Did your spouse and dependent children (if any) move to your new state of legal residence? \_\_\_\_\_ If yes, when? \_\_\_\_\_
6. a. On what date did you begin working in your new state of legal residence? \_\_\_\_\_  
b. Was your job  permanent,  temporary, or  seasonal? Check one and explain \_\_\_\_\_
7. In your new state of legal residence, referred to in question 2, did you:
  - a. Register to vote? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - b. Purchase a home? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - c. Obtain a driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - d. Register an auto or other vehicle? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - e. File resident income tax returns? \_\_\_\_\_ If yes, what years filed? \_\_\_\_\_ If no, why not? \_\_\_\_\_
8. Since changing your legal residence from Wisconsin, have you:
  - a. Performed services for income in Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - b. Purchased/renewed Wisconsin auto license plates? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - c. Renewed a Wisconsin driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - d. Voted in Wisconsin, in person or by absentee ballot? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - e. Attended or sent your children to Wisconsin schools? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Type of license? \_\_\_\_\_ County purchased in? \_\_\_\_\_
  - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? \_\_\_\_\_
  - h. Listed Wisconsin as your state of legal residence for purposes of your will? \_\_\_\_\_
  - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? \_\_\_\_\_ If yes, when? \_\_\_\_\_
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. \_\_\_\_\_
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? \_\_\_\_\_ If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often? \_\_\_\_\_
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2021 tax returns, please explain. \_\_\_\_\_

**Schedule WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

**2021**

Name(s) shown on Form 1 or Form 1NPR

TEJAS S FANSE

Your social security number

448-45-9265

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	141.00	135.00	.00	6.00
<b>2</b> Amount from line 2 of Schedule D	1.00	1.00	.00	0.00
<b>3</b> Amount from line 3 of Schedule D	.00	.00	.00	.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
<b>7</b> Short-term capital loss carryover from 2020 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			8	6.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	.00	.00	.00	.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			12	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
<b>14</b> Capital gain distributions			14	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
<b>16</b> Long-term capital loss carryover from 2020 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			17	.00

Go on to Part III →



Name <b>TEJAS S FANSE</b>	Social Security Number <b>448-45-9265</b>
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	<u>6.00</u>
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	<u>0.00</u>
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	<u>0.00</u>
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	<u>.00</u>
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	<u>.00</u>
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	<u>.00</u>
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	<u>.00</u>
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	<u>.00</u>
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	<u>0.00</u>
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	<u>6.00</u>
<b>28</b> If line 18 shows a loss, fill in the smaller of:		
(a) The loss on line 18,		
(b) \$500, or		
(c) Wisconsin ordinary income (see instructions) . . . . .	<b>28</b>	<u>.00</u>

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

**Part IV Computation of Wisconsin Adjustment to Income** (Do not complete this part if you are filing on Form 1NPR)

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	<u>6.00</u>
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	<u>.00</u>
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29c</b>	<u>.00</u>
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29d</b>	<u>.00</u>
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	<u>0.00</u>
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	<u>.00</u>
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29g</b>	<u>.00</u>
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29h</b>	<u>.00</u>

**Part V Computation of Capital Loss Carryovers from 2021 to 2022** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	<u>.00</u>
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	<u>.00</u>
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	<u>.00</u>
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	<u>.00</u>
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2021 to 2022 . . . . .	<b>34</b>	<u>.00</u>
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	<u>.00</u>
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	<u>.00</u>
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	<u>.00</u>
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	<u>.00</u>
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2021 to 2022 . . . . .	<b>39</b>	<u>.00</u>







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.

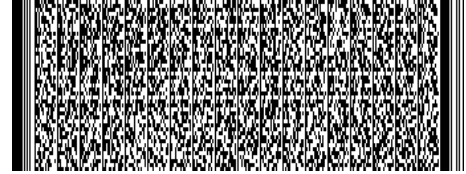
**Step 1: Personal Information**

1992

448-45-9265

TEJAS S

FANSE



700 N ADELAIDE STREET

35

NORMAL

IL

61761

MCLEAN

TEJAS.FANSE@GMAIL.COM

**B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household

**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse

**D** Check the box if this applies to you during 2021:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

**Step 2: Income**

	(Whole dollars only)
<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b> 46,742.00
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> .00
<b>3</b> Other additions. Attach Schedule M.	<b>3</b> .00
<b>4</b> Total income. Add Lines 1 through 3.	<b>4</b> 46,742.00

**Step 3: Base Income**

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b> .00
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> .00
<b>7</b> Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b> .00
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> .00
<b>9</b> Illinois base income. Subtract Line 8 from Line 4.	<b>9</b> 46,742.00

**Step 4: Exemptions**

<b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.	<b>a</b> 2,375.00
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b> .00
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b> .00
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<b>d</b> 0.00
<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b> 2,375.00

**Step 5: Net Income and Tax**

<b>11 Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>11</b> 26,236.00
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b> 1,299.00
<b>13</b> Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b> .00
<b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> 1,299.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b> .00
<b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b> .00
<b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b> .00
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> 0.00
<b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<b>19</b> 1,299.00

**Step 7: Other Taxes**

<b>20</b> Household employment tax. See instructions.	<b>20</b> .00
<b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	<b>21</b> 0.00
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> .00
<b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.	<b>23</b> 1,299.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM

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 Total tax from Page 1, Line 23. 24 1,299.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,368.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,368.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 69.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 69.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 69.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 7 1 0 0 0 0 1 3 X Checking or Savings
Account number 7 8 2 5 5 5 9 0 5

b paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12: Amount You Owe

40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Illinois Department of Revenue  
**2021 Schedule NR**  
 Attach to your Form IL-1040

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

IL Attachment No. 2

TEJAS S FANSE

Your name as shown on your Form IL-1040

4 4 8 - 4 5 - 9 2 6 5

Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.  
**a** I lived in **Illinois** from 07 / 07 / 21 to 12 / 31 / 21 I lived in **Wisconsin** from 01 / 01 / 21 to 07 / 06 / 21  
 Month Day Year Month Day Year State Month Day Year Month Day Year  
**b** My spouse lived in **Illinois** from \_\_\_ / \_\_\_ / 21 to \_\_\_ / \_\_\_ / 21, and \_\_\_\_\_ from \_\_\_ / \_\_\_ / 21 to \_\_\_ / \_\_\_ / 21  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021. Enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

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

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

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

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>5</u> 46,736.00	<u>27,640.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
<b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> 6.00	<u>0.00</u>
<b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> .00	<u>.00</u>
<b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> 27,640.00	<u>27,640.00</u>

Continue with Step 3 on Page 2 →



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion	
<b>Adjustments to Income</b>	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	27,640.00	
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	<b>22</b>	.00	
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	<b>23</b>	.00	
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	<b>24</b>	.00	
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	<b>25</b>	.00	
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	<b>26</b>	.00	
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	<b>27</b>	.00	
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	<b>28</b>	.00	
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	<b>29</b>	.00	
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	<b>30</b>	.00	
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	<b>31</b>	.00	
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>32</b>	.00	
	33 RESERVED	<b>33</b>		
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	<b>34</b>	.00	
	35 Other adjustments (see instructions)	<b>35</b>	.00	
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00	
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b>	46,742.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>		27,640.00

**Step 4: Figure your Illinois additions and subtractions**

*In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.*

		Column A Form IL-1040 Total	Column B Illinois Portion	
<b>Illinois Adjustments</b>	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b>	.00	
	40 Other additions (Form IL-1040, Line 3)	<b>40</b>	.00	
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>		27,640.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b>	.00	
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	<b>43</b>	.00	
	44 Other subtractions (Form IL-1040, Line 7)	<b>44</b>	.00	
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>		.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	<b>46</b>	27,640.00	
	47 Enter the base income from Form IL-1040, Line 9.	<b>47</b>	46,742.00	
	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.	<b>48</b>	0.591	
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	2,375.00	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>		1,404.00
	51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →	<b>51</b>		26,236.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> . →	<b>52</b>		1,299.00



Illinois Department of Revenue

# 2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

TEJAS S FANSE

4 4 8 - 4 5 - 9 2 6 5  
Your Social Security number

Your name as shown on Form IL-1040

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	38-3384508	\$ 29,404.00	\$ 27,640.00	\$ 1,368.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

## 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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

## Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,368.00

➔ 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

TEJAS S FANSE 4 4 8 - 4 5 - 9 2 6 5
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
700 N ADELAIDE STREET 35
Mailing address
NORMAL IL 61761 (313) 265-0265
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 26,236 | 00
2 Tax from Form IL-1040, Line 14 2 1,299 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1,368 | 00
4 Overpayment from Form IL-1040, Line 36 4 69 | 00
5 Total amount due from Form IL-1040, Line 40 5 | 00
6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 7 1 0 0 0 0 1 3
8 Account no. (AN): 7 8 2 5 5 5 9 0 5
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/05/2022 Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC
Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3
2530 Pebble Creek Ln Your PTIN
Mailing address 3 0 - 1 0 1 7 1 9 6
Cumming GA 30041 Federal employer identification number (FEIN)
(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.

