

PRINTED 04/03/2022

RADHA KRISHNA M TALLURI
 895 PAPPAS DR APT 6
 DEKALB IL 60115-

	Taxpayer	Spouse
SSN	278-53-5229	
Birth	08/11/1993	
Death		
Day Phone	312-579-7889	
Evening		
Cell or Fax		
PIN	60115	

Email _____
 Taxpayer Occupation SOFTWARE ENGINEER Spouse Occupation _____
 Filing Status SINGLE

Preparer ID: 1827252 Preparation Fee: _____ Date: _____
 Preparer: RODOLFO A BARRAGAN Time in return 13 min.

Recap of 2021 Income Tax Return

Earned Income	102,848	Federal Tax	15,435
Federal AGI	102,098	Withholding	15,614
Taxable Income	89,248	Refund/(Due)	179
EIC		Tax Bracket	24.0 %

State	IL				
Tax	4,936				
Withholding	5,091				
Refund/Due	155				
State					
Tax					
Withholding					
Refund/Due					

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Filing Status 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 RADHA KRISHNA M	Last name TALLURI	Your social security number 278-53-5229	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 895 PAPPAS DR APT 6		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. DEKALB	State IL		ZIP code 60115-
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 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

	(see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
	(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 102,848
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b
	3a Qualified dividends	3a	3b
	4a IRA distributions	4a	4b
	5a Pensions and annuities	5a	5b
	6a Social security benefits	6a	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7
8 Other income from Schedule 1, line 10		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9 102,848	
10 Adjustments to income from Schedule 1, line 26		10 750	
11 Subtract line 10 from line 9. This is your adjusted gross income ▶		11 102,098	
12a Standard deduction or itemized deductions (from Schedule A)	12a 12,550		
b Charitable contributions if you take the standard deduction (see instructions)	12b 300		
c Add lines 12a and 12b		12c 12,850	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13 0	
14 Add lines 12c and 13		14 12,850	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15 89,248	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	15,435
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,435
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,435
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	15,435
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,614
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,614
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). NO	27a	
	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		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,614
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	179
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	179
b	Routing number 081000210		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 152318407680		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? Yes. Complete below. No

See instructions

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. 312-579-7889 Email address

Paid Preparer Use Only

Preparer's name RODOLFO A BARRAGAN	Preparer's signature RODOLFO A BARRAGAN	Date	PTIN P00850704	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> PRONTO TAX SERVICES DBA			Phone no. 408-272-8005	
Firm's address <input type="checkbox"/> 511 ROUGH AND READY ROAD SAN JOSE CA 95133			Firm's EIN <input type="checkbox"/> 27-2469365	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RADHA KRISHNA M TALLURI

Your social security number
278-53-5229

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	(_____)
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	(_____)
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	750
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
	b Recipient's SSN ▶ _____			
	c Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	750

W-2 DETAIL REPORT - 2021

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
MOTOROLA MOBILITY LLC	27-0368233	X	102848	15614	6761	1581	IL	102848	5091		
			102848	15614	6761	1581		102848	5091		

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 278-53-5229

RADHA KRISHNA M TALLURI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2021. See instructions	▶	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2021 (or those made on your behalf), including those made from January 1, 2022, through April 15, 2022, that were for 2021. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		750
3	If you were under age 55 at the end of 2021 and, on the first day of every month during 2021, you were, or were considered, an eligible individual with the same coverage, enter \$3,600 (\$7,200 for family coverage). All others , see the instructions for the amount to enter		3,600
4	Enter the amount you and your employer contributed to your Archer MSAs for 2021 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2021, also include any amount contributed to your spouse's Archer MSAs		
5	Subtract line 4 from line 3. If zero or less, enter -0-		3,600
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2021, see the instructions for the amount to enter		3,600
7	If you were age 55 or older at the end of 2021, married, and you or your spouse had family coverage under an HDHP at any time during 2021, enter your additional contribution amount. See instructions		
8	Add lines 6 and 7		3,600
9	Employer contributions made to your HSAs for 2021	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10		
12	Subtract line 11 from line 8. If zero or less, enter -0-		3,600
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13		750
Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2021 from all HSAs (see instructions)	14a	750
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	750
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	750
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8e	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8z, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	0

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶ 00773569 4

Taxpayer's name
RADHA KRISHNA M TALLURI

Social security number
278-53-5229

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.

1	Adjusted gross income	102,098
2	Total tax	15,435
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	15,614
4	Amount you want refunded to you	179
5	Amount you owe	

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 PRONTO TAX SERVICES DBA to enter or generate my PIN 60115 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 ▶ 04/03/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ 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. 77356995133
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 ▶ PRONTO TAX SERVICES DBA Date ▶ 04/03/2022

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

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 Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A Your first name and middle initial RADHA KRISHNA M	Your last name TALLURI	Year of birth 1993	Your social security number 278-53-5229	
Spouse's first name and middle initial	Spouse's last name	Spouse's year of birth	Spouse's social security number	
Mailing address (See inst. if foreign address) 895 PAPPAS DR APT 6	Apartment number	City DEKALB	State IL	Zip or postal code 60115-
Foreign nation if not US (do not abbreviate)	County (Illinois only)	Email address		
B Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household				
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.			<input type="checkbox"/> You <input type="checkbox"/> Spouse	
D Check the box if this applies to you during 2021: <input type="checkbox"/> Nonresident - Attach Sch. NR <input type="checkbox"/> Part-year resident - Attach Sch. NR				

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	102098
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	0
3 Other additions. Attach Schedule M.	3	0
4 Total income. Add Lines 1 through 3.	4	102098

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	0
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	0
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	0
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8	0
9 Illinois base income. Subtract Line 8 from Line 4.	9	102098

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a	2375
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	0
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	0
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0
Exemption allowance. Add Lines 10a through 10d.	10	2375

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	99723
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	4936
13 Recapture of investment tax credits. Attach Schedule 4255.	13	0
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	4936

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	0
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	0
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	0
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	4936

Step 7: Other Taxes

20 Household employment tax. See instructions.	20	0
21 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.	21	0
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	0
23 Total Tax. Add Lines 19, 20, 21, and 22.	23	4936



24 Total tax from Page 1, Line 23. 24 4936

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 5091
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 0
 27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 0
 28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 0
 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 0
 30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 5091

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 155
 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 0

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 0
 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 0
 35 **Total penalty and donations.** Add Lines 33 and 34. 35 0

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**. 36 155
 37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 155
 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 081000210 Checking or Savings
 Account number 152318407680

 b **paper check**.
 39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 0

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 0

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.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					312-579-7889
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	RODOLFO A BARRAGAN		RODOLFO A BARRA		<input checked="" type="checkbox"/> Check if self-employed
	Firm's name ▶ PRONTO TAX SERVICES DBA		Firm's FEIN ▶		Paid Preparer's PTIN
	Firm's address ▶ 511 ROUGH AND SAN JOSE CA 95133		Firm's phone ▶		P00850704
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.

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

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

Form fields for Step 1: RADHA KRISHNA M TALLURI, 278-53-5229, 895 PAPPAS DR APT 6, DEKALB IL 60115-

Step 2: Complete information from tax return

Form fields for Step 2: Net income 99723, Tax 4936, Illinois Income Tax withheld 5091, Overpayment 155, Filing status: X Single

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.

Form fields for Step 3: Routing no. 081000210, Account no. 152318407680, Type of account: X Checking

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

Signature declaration options: X I consent that my refund may be directly deposited as designated in Step 3...

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.

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.

Form fields for Step 5: PRONTO TAX SERVICES DBA, 04/03/2022, Check if paid preparer: X, 511 ROUGH AND READY ROAD, SAN JOSE CA 95133, 408-272-8005

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

Do not mail Form IL-8453 and these documents unless requested for review.



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