We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



REV 03/29/22 PRO

786-01-5574

Spouse's Social Security number

\$ 190.00

Your payment is due April 18, 2022.

NANDITHA TULA 890 WESTMORELAND DR 19 VERNON HILLS IL 60061

Your Social Security number

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



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

1987

786-01-5574 166-17-3131 1987

NANDITHA TULA

NANDITHA.TULA@GMAIL.COM

VAMSHI JAYAPRAKASH V JANGILI

890 WESTMORELAND DR 19

VERNON HILLS IL 60061 LAKE



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household 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 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 3 Other additions. Attach Schedule M. .00 Total income. Add Lines 1 through 3. 4 66,616.00 Step 3: Base Income TTEN ENTRIES Staple W-2 and 1099 forms here Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. .00 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. SIHT NO Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions 10 a Enter the exemption amount for yourself and your spouse. See instructions. ☐ You + ☐ Spouse # of checkboxes X \$1,000 = **b** Check if 65 or older: c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. 4,750.00 Exemption allowance. Add Lines 10a through 10d. Step 5: Net Income and Tax 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_ 61,866.00 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 3,062.00 Nonresidents and part-year residents: Enter the tax from Schedule NR. Staple your check and IL-1040-V 13 Recapture of investment tax credits. Attach Schedule 4255. 13 .003,062.00 Income tax. Add Lines 12 and 13. Cannot be less than zero. Step 6: Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 16 .00 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 0.00 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 3,062.00 **19** Tax after nonrefundable credits. Subtract Line 18 from Line 14. Step 7: Other Taxes 20 Household employment tax. See instructions. 20

> This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required.

Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table

Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.



21

0.00

.003,062.00

in the instructions. Do not leave blank.

Total Tax. Add Lines 19, 20, 21, and 22.

21



24 Tot	al tax from Page 1,	Line 23.					24	3,062 <u>.00</u>
Step 8:	Payments and F	Refundab	le Credit					
	ois Income Tax withl mated payments fro					25 2,	872 <u>.00</u>	Z
	iding any overpaym					26	.00	NO T
	s-through withholdin	27	.00	HAN DW				
28 Pass	s-through entity tax	credit. Atta	ch Schedule K-1-	P or K-1-T.		28	.00	Ď
			-		.ttach Schedule IL-E/EIC	. 29	.00	7
	I payments and re	fundable	credit. Add Lines	25 through	29.		30	2,872.00
Step 9:								<u>п</u>
	ne 30 is greater than						31 32	<u>.00</u> m 190 <u>.00</u> Z
	ne 24 is greater than				otiono Only com	mlete Step 10 fe		
-				-	ations - Only com y charitable dona		or late-paym	nent penalty 🗒 ູ້ທ
	-payment penalty for				y charitable dolla	33	.00	0
	Check if at least to		•		s from farming.	<u> </u>	00	OTHER
_					ently living in a nursing	g home.		<u> </u>
c [Check if your inco	me was no	t received evenly	during the	ear and you annualiz	zed your income o	n Form IL-221	0. THA
	Attach Form IL-22	_						Ž
	_	-			Income Tax return in			<u>S</u>
	ntary charitable do					34	<u>00</u> 35	Ω 200 Z
	l penalty and don	ations. Add	a Lines 33 and 34	4.			35	SIGNATURE
•	: Refund				05		0.4	'n
-			and this amount	is greater th	an Line 35, subtract I	Line 35 from Line		
	is your overpayme		inded to you. Ch	ock one bo	k on Line 38. See inst	ructions	36 37	.00
	_		inded to you. Or	ieck olie bo	CON LINE 30. See Inst	ructions.	J1	00. E
	oose to receive my	-	no information ho	low if you ch	ack this box			ת ת
u L	You may also conti			low ii you ci	ICCR IIIIS BOX.	0, 1:		ngs Propries
	to college savings	funds	outing number			Checkin	g or Savir	ngs ≤
	here. See instruct	ions! Ac	ccount number					
b 🗆	paper check.							
	ount to be credited f	orward. Su	btract Line 37 fro	m Line 36.	See instructions.		39	.00
Step 12	2: Amount You O	we						
40 If vo	u have an amount o	on Line 32.	add Lines 32 an	d 35. - or -				
•	u have an amount o							
subt	ract Line 31 from Li	ine 35. This	s is the amount y	ou owe . Se	e instructions.		40	190.00
Step 13	3: If this is a joint retu	urn both vo	ou and vour spous	e must sian	helow			
Olop II	-	-		_	return and, to the bes	t of my knowledge,	it is true, corre	ect, and complete.
	•							·
Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number
Here							(270) 227	7-9439
	Print/Type paid prepa	arer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid -	SYAM PRIYA RAM SAGA	AR GUPTA TA	LLAM	SYAM PRIYA F	AM SAGAR GUPTA TALLAM	04/23/2022	self-employed	P02082703
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	30101719	6
ose Only	Firm's address		ble Creek LnC	ummina		Firm's phone	4 \	5-9522
Third	Designee's name (pl			5	Designee's phone num			e Department may
Party dis							discuss this re	eturn with the third
<u>Designee</u>					<u>(</u>)		party designe	e shown in this step.
	Refer to	the 202	1 IL-1040 Ins	struction	s for the addre	ss to mail yo	ur return.	

IL-1040 Back (R-12/21) DR_____ AP___ RR DC IR ID ID: 3WM REV 03/29/22 PRO





Illinois Department of Revenue 2021 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

Attach to your Form IL-1040 IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

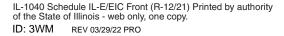
You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

<u>≡Note</u> If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

ANDITHA TULA	ide the followin	9	7	8 6 _	_ 0	1 _ 5	_5	7 4				
our name as shown o	on your Form IL-1040		Your S	Your Social Security number								
Step 2: Depo	endent Exem endent informa for each person you are onal Dependent inform	ation claiming as a depe		lf you are claim	ing more	than ten	dependen	ts, comple				
Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit				
SHREEHAN RAO	JANGILI	732-68-1499	Son	04/05/2015			12	X				
	ımber of dependents you a re and on Form IL-1040, L		751 X \$2,3	375		1		2,375				

Continue to Page 2 to calculate Illinois Earned Income Credit







Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **The Proof of Section 1040** are **not claiming a qualifying child, do not complete the table below.**

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
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	Ī			Ì						
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_							4			00
		, ,	s and tips from your fedel ome or (loss) from your		*	hedule 1. Line 3	1_			.00
		•	nt on Line 2, you must				2_			.00
		•	quire a city, state, or cour	•				Yes] No	
2b	•	u answered " Yes " to ertification number.	Line 2a, you must enter	the name of the issu	uing agency and	your license, regis	stration,			
	Г		Issuing Agency		Lie	cense, Registration	or Certifi	cation Num	her	1
	ŀ		localing rigoticy			oonoo, nogionano	., 0. 00	- California		1
	ŀ									1
	Ì									1
	-									-
	- 1									
	ŀ									
3	-		1 federal return as marr							
	retur marr	rn as married filing s ried filing jointly fede	eparately, enter your federal Form 1040 or 1040-	deral adjusted gross SR, Line 11.	s income (AGI) from	om your	3_			.00
	retur marr a If yo	rn as married filing s ried filing jointly fede ou entered an amou	eparately, enter your fec eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11.	s income (AGI) from	om your	_			.00
38	retur marr If yo marr	rn as married filing s ried filing jointly fede ou entered an amou ried filing jointly fede	eparately, enter your fec eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11. r spouse's Social Se	s income (AGI) from	om your	3 _ 3a 4	Yes] No [.00
38	retur marr a If yo marr Is the	rn as married filing s ried filing jointly fede ou entered an amou ried filing jointly fede e statutory employee	separately, enter your feat eral Form 1040 or 1040-int on Line 3, enter your eral return. box marked on your W-2	deral adjusted gross SR, Line 11. spouse's Social Se , Wage and Tax State	ecurity number for	om your	- 3a	Yes] No [.00
38	retur marr a If yo marr Is the	rn as married filing s ried filing jointly fede ou entered an amou ried filing jointly fede e statutory employee 4: Figure yo	separately, enter your fed eral Form 1040 or 1040- nt on Line 3, enter your eral return. box marked on your W-2	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	e credit	om your	3a 4] No [.00
3a 4 Si 5 6	retur marr a If you marr Is the tep Ente Mult	rn as married filing solving filing jointly feder ou entered an amount in filing jointly feder estatutory employee 4: Figure your the amount of feder in july the amount on the filing jointly feder the amount on the feder in the amount on the feder in the amount on the feder in the filing in the	separately, enter your federal Form 1040 or 1040-int on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cre Line 5 by 18% (.18).	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State	e credit	om your	3a 4		 	
3a 4 Si 5 6	retur marr a If you marr Is the tep Ente Mult	rn as married filing solvied filing jointly feder ou entered an amouried filing jointly feder e statutory employee 4: Figure your the amount of feder iply the amount on loois residents: Entered	separately, enter your federal Form 1040 or 1040-int on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cru Line 5 by 18% (.18). er 1.0.	deral adjusted gross SR, Line 11. spouse's Social Se , Wage and Tax State rned Income	e credit ral Form 1040 or	om your rom your	3a 4 27a. 5 _] No [.00
36 4 Si 5 6 7	retur marr a If you marr Is the Ente Mult Illine Non	rn as married filing solving filing jointly feder ou entered an amount of filing jointly feder estatutory employee 4: Figure your the amount of feder the amount of feder iply the amount on the cois residents: Enteresidents and particles	separately, enter your federal Form 1040 or 1040-int on Line 3, enter your eral return. box marked on your W-2 Dur Illinois Ear eral Earned Income Cre Line 5 by 18% (.18).	deral adjusted gross SR, Line 11. r spouse's Social Se , Wage and Tax State rned Income edit from your feder	ecurity number for ement, Box 13? Credit ral Form 1040 or Schedule NR, Li	om your rom your 1040-SR, Line 2	3a 4 27a. 5 _] No [.00

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

ANDITHA TULA our name as shown	on Form IL-1040	Your Social Se	7 8 6 0 _ 1 5 _ 5 Your Social Security number						
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Illinois Wage	olumn D es, Winnings, Gros , Compensation, e	s IIIii	column E nois Income ax Withheld			
W	85-2826184 000 8	_ \$65,225 •00	\$	65,225 •00	\$	2,872 •00			
		\$ <u>•00</u>	\$	•00	\$	•00			
		\$ <u>•00</u>	\$	•00	\$	•00			
		\$ <u>•00</u>	\$	•00	\$	<u>•00</u>			
						00			
Step 2: Provide s	Kash v jangili	ecords (include all W-2 and	1099 forms	7	nois w				
Step 2: Provide s	spouse's withholding re	ecords (include all W-2 and	1099 forms	that show Illi	nois w	rithholding			
Step 2: Provide s	spouse's withholding re	ecords (include all W-2 and	1099 forms 6 _ 1 Social Security Co	that show Illi	nois w	rithholding			
Step 2: Provide s 'AMSHI JAYAPRAF 'our spouse's name a Column A Form type	EPOUSE'S WITHHOIDING RECEIVED TO SERVICE OF THE PROPERTY OF T	ecords (include all W-2 and 1 6 Your spouse's Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	1099 forms 6 _ 1 Social Security Couldinois Wage Distributions	that show Illi 7 number Dlumn D ss, Winnings, Gros	nois w	rithholding 3 1 solumn E			
Step 2: Provide s YAMSHI JAYAPRAH YOUR SPOUSE'S name a Column A Form type	COlumn B Employer/Payer Identification Number	cords (include all W-2 and 1 6 Your spouse's Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	1099 forms 6 _ 1 Social Security Co Illinois Wage Distributions	that show Illi 7 number Dlumn D es, Winnings, Gros , Compensation, e	nois w	rithholding 3 1 column E nois Income ax Withheld			
Step 2: Provide s 'AMSHI JAYAPRAM' our spouse's name a Column A Form type	COlumn B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. \$	1099 forms 6 1 Social Security Co Illinois Wage Distributions \$	that show Illi 7 number Dlumn D es, Winnings, Gros , Compensation, e	nois w	3 1 column E nois Income ax Withheld •00			
Step 2: Provide s YAMSHI JAYAPRAH YOUR SPOUSE'S name a Column A Form type	CASH V JANGILI S shown on Form IL-1040 Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. \$	1099 forms 6 _ 1 Social Security Co Illinois Wage Distributions \$	that show Illi 7 number Dlumn D es, Winnings, Gros , Compensation, e	nois w	ithholding 3 1 column E nois Income nx Withheld •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 \$ 2,872•00

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





			_						_				
				S	ubmi	ssior	ı ID		•				

	(Do not mail Form IL-8453 to	the Illinois Departm	nent of Revenue ur	nless it is requested for review.)	
Step	1: Provide taxpayer information	TULA		7 8 6 _ 0 1 _ 5 5	: 7 /
		me (and last name if different)	Last name	Social Security number	
Print	890 WESTMORELAND DR 19	,			
or type				Spouse's Social Security number	
type	VERNON HILLS	IL	60061	(270) 227-9439	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from tax	return			
•	Net income from Form IL-1040, Line 11			161,8	66 I 00
	Tax from Form IL-1040, Line 14			2 3,0	62 00
	llinois Income Tax withheld from Form IL	-1040, Line 25 only (en	iter "0" if none)	32,8	72 00
	Overpayment from Form IL-1040, Line 3		,	4	I_ <u>00</u> _
5	Total amount due from Form IL-1040, Lir	ne 40		5 1	.90 I <u>00</u>
6 F	Filing status: Single Married file	ng jointly \underline{X} Married f	iling separately W	/idowed Head of household	
withir 7 F 8 / 9 T 10 E 11 F 6		y international funds. Ele		e.g., debit, deposit) with financial institutior not be accepted and refunds will be via par	
Step	4: Taxpayer declaration and signa	ture (Sign only after	completing Step 2	and, if applicable, Step 3.)	
Ċ	I consent that my refund may be direct	ctly deposited as designate	ated in Step 3 and dec	elare the information on Lines 7 through 9 pouse as an agent to receive the refund.	is
	withdrawal as designated in the election	onic portion of my 2021 onic overpayment of tax	Illinois Individual Inco	gent to initiate an ACH electronic funds me Tax return. I authorize the financial instital information necessary to answer inqu	stitutions iiries
×	I do not want direct deposit of my refu	ınd, or an electronic fund	ds withdrawal (direct d	ebit) of my balance due.	
originand a	nator (ERO) are identical. To the best of maccompanying information may be sent to	y knowledge, my return IDOR by my ERO. I aut	is true, correct, and co horize IDOR to inform i	formation I provided to my electronic return mplete. I consent that my return, this declar my ERO and/or the transmitter when my re may be corrected and retransmitted if pos	aration, eturn has
Sigr		Data	0	(this interest on the state of	
	Your signature	Date		e (if joint return, both must sign) Date	
I dec		electronic Form IL-1040 n and declare, under pe	O, the information on the nalties of perjury, that	signature his Form IL-8453, and accompanying infort to the best of my knowledge the taxpayer	
			04/23/2022	Check if paid preparer: X (See instru	uctions.)
	ERO's signature		Date		
ERO	GLOBAL TAXES LLC			P 0 2 0 8 2 7	0 3
use	Firm's name or your name if self-employed			Your PTIN	_
only	2530 Pebble Creek Ln			$\frac{3}{5}$ $\frac{0}{3}$ $\frac{0}{3}$ $\frac{1}{3}$ $\frac{1}{3}$ $\frac{1}{3}$ $\frac{1}{3}$ $\frac{1}{3}$	9 6
,	Mailing address	C 7	20041	Federal employer identification number (FEIN)
	Cumming City	GA State	30041 ZIP	(678) 965-9522	
	Ony	Jiaie	411	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.

