Individual income lax Heturn 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

1997

686-17-9509

PRIYA MADHURI

MEKATHOTI

1803 SEVEN PINES ROAD

6

SPRINGFIELD

IL 62704

SANGAMON



PRIYA.MEKATHOTI@GMAIL.COM

C	Che	ng status: X Single Married filing jointly Married filing separately Widowed Heck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. Yoek the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year res	u 🔲 Spouse	NR Z
↓	Step 1 2 3 4	P 2: Income 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 Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	1 (Whole 2 3 4	dollars only) 4,800.00 .00 .00 4,800.00
Staple W-2 and 1099 forms here	Step 5 6 7 8 9	p 3: Base Income Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 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. Illinois base income. Subtract Line 8 from Line 4.	.00	.00 4,800.00
Staple W-2 ar		p 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.	.00	2,375.00
↑	11 12 13	P 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 Schedulets: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	120 <u>.00</u> .00
Staple your check and IL-1040-V	14 Step 15 16 17 18	Income tax. Add Lines 12 and 13. Cannot be less than zero. p 6: Tax After Nonrefundable Credits	.00 .00 .00 .00 4. 18 .19	0.00 120.00
Staple your	Step 20 21 22	P 7: Other Taxes Household employment tax. See instructions. 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. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surch Total Tax. Add Lines 19, 20, 21, and 22.	20	.00 0.00 .00 120.00

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 To	tal tax from Page 1,	Line 23.					24	120.00		
Step 8:	Payments and F	Refundab	le Credit							
25 Illino	25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 238.00									
	Estimated payments from Forms IL-1040-ES and IL-505-I,									
including any overpayment applied from a prior year return. 26										
	s-through withholdin	.00	Ā							
28 Pas	s-through entity tax	28	.00	238.00						
29 Earı	ned Income Credit fr	.00	₹							
30 Tota	al payments and re	fundable	credit. Add Lines	25 through	29.		30	238.00		
Step 9:	Total							m Z		
31 If Lir	ne 30 is greater than	Line 24, su	btract Line 24 from	m Line 30.			31	<u>118.00</u> m		
32 If Lir	ne 24 is greater than	Line 30, su	btract Line 30 from	m Line 24.			32	.00		
Step 10	D: Underpayment	of Estima	ted Tax Penalt	y and Don	ations - Only com	plete Step 10 fo	or late-paym	ent penalty		
-				-	y charitable dona			. , ,		
33 Late	e-payment penalty for	or underpay	ment of estimate	ed tax.		33	.00	nent penalty 0. 0. 0. 0.		
	Check if at least to				s from farming.			굴		
b [Check if you or yo	ur spouse	are 65 or older a	nd permane	ently living in a nursing	g home.		끯		
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.		
	Attach Form IL-2	210.						Ę		
d [Check if you were	not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax y	ear.	S		
34 Volu	ıntary charitable do	nations. Att	t ach Schedule G			34	.00	<u> </u>		
35 Tota	al penalty and don	ations. Add	d Lines 33 and 3	4.			35	.00		
Step 11	1: Refund									
•		on Line 31	and this amount	is areater th	an Line 35, subtract I	ine 35 from Line	31	뀨		
-	s is your overpayme		and this amount	is greater th	an Eme oo, sabilaet i	Line oo nom Line	36	118.00 9		
			unded to you Ch	neck one box	c on Line 38. See inst	ructions	37	118.00 ±		
	_		aca to you. or	10011 0110 007	(OT EMIC CO. COO MICK		<u> </u>	118.00 118.00 FORM		
	oose to receive my direct deposit - 0	-	a information bo	low if you ob	and this hav			υ Π		
a <u>r</u>								9		
	You may also cont to college savings		outing number	0 6 1 0 9 2 3 8 7 X Chec			g or Savir	ngs S		
	here. See instruct	ions! Ac	Account number 7 0 2 2 2 6 8 3 5							
L F	7									
	paper check.	amusud Cu			Coo imptuustions		20	00		
	ount to be credited f		otract Line 37 tro	om Line 36.	See instructions.		39	.00		
Step 12	2: Amount You O	we								
40 If yo	ou have an amount o	on Line 32,	add Lines 32 an	d 35. - or -						
If yo	ou have an amount o	on Line 31	and this amount	is less than	Line 35,					
sub	tract Line 31 from Li	ine 35. This	is the amount y	/ou owe . Se	e instructions.		40	.00		
Step 1	3: If this is a joint retu	urn both vo	u and vour spous	e must sian	helow					
Olop II	•		•	•	return and, to the bes	t of mv knowledge.	it is true, corre	ect. and complete.		
						,				
Sign	Vour cianatura		Date (mm/dd/yyyy)	Spouse's sig	nature	Doto (===/==/	Douting	number		
Here	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone			
							<u> </u>)-3534		
Doid	Print/Type paid preparer's name		e Paid preparer's signature			Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN		
Paid Preparer	SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM 04/17/202		self-employed	P02082703		
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	30101719	6		
OSC OIIIY	Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's phone							5-9522		
Third	Designee's name (pl	•	3-2-1	5	T		È			
Party	Designee's phone number						Check if the Department may discuss this return with the third			
Designee	,				()			e shown in this step.		
		the 202	1 IL-1040 Inc	struction	s for the addre	ss to mail vo	ur return			
	110101 10					iiiaii yu	J. W. III.			

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-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	W-2G WG		ı		
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)

our name as shown o	on Form IL-1040	Your Socia					
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gro Distributions, Compensation, o		Column D /ages, Winnings, Gros ons, Compensation, e	s Illin	Column E Illinois Income Tax Withheld	
W	37-6000511	\$4,800 <u>•00</u>	\$	4,800 .00	\$	238 •00	
		\$ <u></u>	\$	•00	\$	<u>•00</u>	
		 \$	\$	•00	\$	<u>•00</u>	
		\$ <u>•00</u>	\$	•00	\$	<u>•00</u>	
		\$ <u></u>	\$	•00	\$	<u>•00</u>	
tep 2: Provide s	pouse's withholding re	ecords (include all W-2 ar	d 1099 forr _	ns that show Illi _	nois w	ithholding	
-	pouse's withholding res		d 1099 forr		nois w	ithholding	
-	s shown on Form IL-1040 Column B Employer/Payer	Your spous Column C Federal Wages, Winnings, Gro	e's Social Secu ss Illinois W	urity number Column D Jages, Winnings, Gros	Co s Illin	olumn E	
our spouse's name a	s shown on Form IL-1040 Column B	Your spous Column C	e's Social Secu ss Illinois W etc. Distribution	urity number	Co s Illin	olumn E	
Column A Form type	s shown on Form IL-1040 Column B Employer/Payer	Column C Federal Wages, Winnings, Gro Distributions, Compensation, 6	e's Social Secu ss Illinois W tc. Distribution	rity number Column D lages, Winnings, Grosons, Compensation, et	Co s Illin	olumn E lois Income x Withheld	
Column A Form type	S shown on Form IL-1040 Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gro Distributions, Compensation, 6 \$	e's Social Secusives Illinois Wester. Distribution \$	rity number Column D ages, Winnings, Grosons, Compensation, et	Cos Illin	olumn E lois Income x Withheld •00	
Column A Form type	S shown on Form IL-1040 Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gro Distributions, Compensation, 6 \$	e's Social Secusis Illinois Wate. Distribution \$\$	Column D //ages, Winnings, Grosons, Compensation, et	Cos Illin cc. Ta:	olumn E ois Income x Withheld •00 •00	

Step 3: Total Illinois withholding

PRIYA MADHURI MEKATHOTI

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 \$ 238.00







				_								_							
Τ	Submission ID																		

<u>₽</u>	(Do not mail Form 1L-645	·	ment of Revenue un	lless it is requested for review.)
Step	1: Provide taxpayer informati			
	PRIYA MADHURI First name and middle initial Spouse's fi	MEKAT rst name (and last name if differen		
Print	1803 SEVEN PINES ROAD 6	,	nt) Last name	Social Security Humber
or				Spouse's Social Security number
type	SPRINGFIELD	IL	62704	(217) 220-3534
	City	State	ZIP	Daytime phone number
<u> </u>	•		ZII	Bayanne priorie namber
	2: Complete information fron			2 425100
	Net income from Form IL-1040, Line	9 11		1 2,425 00
	Tax from Form IL-1040, Line 14	W 4040 II: 05 . I /	. "0"	2 120 00 3 238 00
	Ilinois Income Tax withheld from Fo		enter " u " if none)	4118 <u>00</u>
	Overpayment from Form IL-1040, Li Fotal amount due from Form IL-1040			5l <u>00</u>
	Filing status: X Single Marrie		d filing senarately - W	
	3: Complete direct deposit of			
7 8 / 9 10 11 1	Routing no. (RN): 0 6 1 0 Account no. (AN): 7 0 2 2 Type of account: X Checking Date the payment is to be electronic funds withdrawal amount: Name on account:	9 2 3 8 7 2 6 8 3 5 Savings ally withdrawn:/_/_		ot be accepted and refunds will be via paper check.
	4: Taxpayer declaration and s	gnature (Sign only afte	er completing Step 2 a	and, if applicable, Step 3.)
×	I consent that my refund may be	directly deposited as design	gnated in Step 3 and decl	lare the information on Lines 7 through 9 is souse as an agent to receive the refund.
	withdrawal as designated in the e	electronic portion of my 202 electronic overpayment of t	21 Illinois Individual Incor	gent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions tial information necessary to answer inquiries
	I do not want direct deposit of my	refund, or an electronic fu	ınds withdrawal (direct de	ebit) of my balance due.
originand a	nator (ERO) are identical. To the best accompanying information may be se	of my knowledge, my returent to IDOR by my ERO. I a	n is true, correct, and cor uthorize IDOR to inform n	formation I provided to my electronic return nplete. I consent that my return, this declaration, ny ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sigr		Date	Spouso's signature	e (if joint return, both must sign) Date
	Your signature			<u> </u>
I dec have		yer's electronic Form IL-10 ogram and declare, under p	40, the information on the penalties of perjury, that the	is Form IL-8453, and accompanying information. I o the best of my knowledge the taxpayer's return
	ERO's signature		04/17/2022 Date	Check if paid preparer: (See instructions.)
	-		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			P U 2 U 8 2 / U 3
use	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
only	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

