Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Internal	Revenue Service					
Submi	ssion Identification Number (SID)					
Taxpave	pr's name	Social se	curity num	ber		
	NIVAS PISIPATI		60-478			
Spouse'			social sec		nber	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year yo	u are au	ithorizii	ng.)	
	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		. 1			159.
2	Total tax				4,	326.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					<u>947.</u>
4	Amount you want refunded to you				_3,	<u>621.</u>
5	Amount you owe		. 5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
to send for any Agent t payment authori payment business taxes t person Electro	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U on initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transport of the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds withdrawal Consent. Syer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methology.	ection of the section of the section of the section to debit the authors are processire asyment. It is many the section of the section and the section of th	ne transm ry and its he tax pre t the entry orization. t be rece go f the e further a thorizing a Enter five don't ent	ission, (to designate paration to this a To revolutived no ellectronic cknowled and, if ap 7 8 2 digits, beer all zero heck th	b) the ted Fi softwaccoulke (callater capayrdge tapplical	reason inancial ware for nt. This ancel) a than 2 ment of hat the ble, my
Your s	ignature ▶ Date ▶					
_						
Spous	se's PIN: check one box only				\neg	
	I authorize to enter or generate	my PIN				as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Enter five don't ent	e digits, b er all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 Don"	7 8 6 t enter all z	1 9 eros	8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this	return in	accorda	nće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	X :	Single Married filing jointly [Marri	ed filing separately	(MFS	Head o	f house	ehold (HOH)	Qua	lifying wid	ow(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the reson is a child but not your depender		your spouse. If you	chec	ked the HOH	or QW	box, enter th	e child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	ime					Your so	cial securi	ty number
SRINIVAS	3		PISI	PISIPATI						60-478	2
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.			on Campaigr
535 HOLI					1		T =:-			nere if you, if filing ioir	or your ntly, want \$3
	ost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta		ZIP				Checking a
CARY					I		+	013		ow will not	•
Foreign country	/ name			Foreign province/state	e/coun	ty	Fore	gn postal code	your tax	or refund.	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial interest	in any	virtual curre	ncy?	X Yes	☐ No
Standard Deduction		leone can claim: You as a de Spouse itemizes on a separate retu	•			•					
Age/Blindness	You	: Were born before January 2,	1957	Are blind Sp	ouse	: Was bo	orn bet	ore January 2	2, 1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	ship	(4) ✓ if q	ualifies fo	r (see instru	ictions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	redit	Credit for ot	her dependents
than four											
dependents, see instructions	s ——										<u></u>
and check											<u> </u>
here ►											
A 1	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		49,700.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable intere	st		. 2b		
required.	3a	Qualified dividends	3a		b Ordinary dividends				. 3b		
	4a	IRA distributions	4a		b T	axable amou	nt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	nt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amou	nt .	· · · <u> </u>	. 6b	_	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	quired	l, check here		▶ ∟	7		14,729.
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		-6,270.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your total in	come			1	9		58,159.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your a	djusted gross inco	me			1	▶ 11		58,159.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from Schedul	e A)	12	2a	12,550	0.		
Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e inst	ructions) 12	2b	300	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduc-	tion from	n Form 8995 or For	n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	, ente	er-0			. 15		45,309.

	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲		16	4,326.
	17	Amount from Schedule 2, line 3	. L	17	
	18	Add lines 16 and 17		18	4,326.
	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	. L	22	4,326.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	. L	23	0.
	24	Add lines 22 and 23. This is your total tax	•	24	4,326.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	17.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	2	25d	7,947.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	. L	26	
qualifying child,	27a	Earned income credit (EIC)			
attach Sch. 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 ▶ □			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	-		
	29	American opportunity credit from Form 8863, line 8	\dashv		
	30	Recovery rebate credit. See instructions	-		
	31	Amount from Schedule 3, line 15		00	
	32 33	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments		32	7,947.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .		34	3,621.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	_ +	35a	3,621.
Direct deposit?	⊳ b	Routing number 0 7 2 0 0 0 8 0 5 ► c Type: X Checking Savir		Joa	3,021.
See instructions.	►d	Account number 3 7 5 0 0 6 1 0 8 6 2 8	iys		
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36			
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	▶	37	
You Owe	38	Estimated tax penalty (see instructions)		37	
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee	ins	signee's Phone Personal ic			⋈ No
		me ► no. ► number (P			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v			
Here	You	ur signature Date Your occupation	If the IR	S sen	t you an Identity
Joint return?			Protecti (see ins		N, enter it here
See instructions.	Spo		If the IP	<u> </u>	t vour spouse an
Keep a copy for your records.	J Sp.			Prote	ction PIN, enter it here
	Pho	one no. (704)313-8277 Email address PISIPATI.SRINIVAS@GMAIL.COM			
Doid	Pre	eparer's name Preparer's signature Date PTII	N		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/21/2022 P02	20827	03	Self-employed
Preparer	Firr	m's name ► GLOBAL TAXES LLC	Phone	no. (678)965-9522
Use Only	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's E	∃IN ►	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 04/15/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Your social security number

766-60-4782

Department of the Treasury Internal Revenue Service

SRINIVAS PISIPATI

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	s	 	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, truschedule E			5	-6,270.
6	Farm income or (loss). Attach Schedule F		 	6	
7	Unemployment compensation		 	7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	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			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8р			
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 10 1040-NR, line 8			10	-6,270.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>	_	
С	Date of original divorce or separation agreement (see instructions)	-		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	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		
С	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		
е	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	24 g		
h	,	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	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99) Name(s) shown on return Your social security number 766-60-4782 SRINIVAS PISIPATI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a 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 . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked 2,920. 1,906. 1,014. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 1,014. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a 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 . 8b Totals for all transactions reported on Form(s) 8949 with 10,204. 23,919. 13,715. 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

13,715.

14

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 14,729. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Part I

▶ Go to 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. Sequence No. 12A

SRINIVAS PISIPATI

Social security number or taxpayer identification number

766-60-4782

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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. X (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Securities LLC 08/11/21 12/31/21 2,920. 1,906. 1,014. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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.

2,920.

1,014.

above is checked), or line 3 (if Box C above is checked) ▶

1,906.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SRINIVAS PISIPATI

Social security number or taxpayer identification number 766-60-4782

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				9)
(a) Description of property	(b) Date acquired	(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 <i>Column</i> (e) in the separate instructions	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	10/22/20	12/30/21	23,919.	10,204.			13,715.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your					

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

13,715.

23,919.

10,204.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Your social security number

SRIN	IVAS PISIPATI							76	6-60	-478	2	
Part	Income or Loss	From Rental Real Estate and	Royaltie	s Note:	If you a	are in th	e business c	of renti	ng pers	onal p	roperty	, use
		instructions. If you are an individual,	report far	m rental in	come d	or loss fi	om Form 48	3 35 on	page 2	, line 4	0.	
A Dic	l you make any payme	nts in 2021 that would require yo	u to file F	orm(s) 10)99? S	ee instr	uctions .				Yes D	No No
		ou file required Form(s) 1099? .		٠,,								No
1a		each property (street, city, state,										
Α		TESWARA HEIGHTS, HT RO		-	I,SE	CUNDE	RABAD,T	ELAN	GANA	IN	5000	94
В												
С												
1b	Type of Property (from list below)	2 For each rental real estate above, report the number of	of fair rent	al and			Rental ays	Pers	sonal l Days	Jse	C	JV
A	3	personal use days. Check to if you meet the requiremen	the QJV to	ox only s a	Α		365		()	[$\overline{}$
В		qualified joint venture. See instructions.										-
С					С							-
Type	of Property:											
	le Family Residence	3 Vacation/Short-Term Ren	tal 5 La	nd	-	7 Self-	Rental					
_	ti-Family Residence	4 Commercial	6 Ro	yalties	8	3 Othe	r (describe))				
Incom		Propertie		ĺ	Α		E				С	
3	Rents received		3			430.						
4												
Expen												
5	Advertising		5									
6		nstructions)										
7	Cleaning and mainten	iance	7		1,	140.						
8												
9												
10		ssional fees										
11	Management fees .		11			900.						
12	Mortgage interest paid	d to banks, etc. (see instructions	s) 12									
13	Other interest		13									
14	Repairs		14		1,	400.						
15	Supplies		15		1,	560.						
16	Taxes		16									
17	Utilities		17		1,	700.						
18	Depreciation expense	or depletion	18									
19	Other (list)		19									
20	Total expenses. Add I	ines 5 through 19	20		6,	700.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties)	. If									
	result is a (loss), see i	instructions to find out if you mu										
	file Form 6198		21		-6,	270.						
22	Deductible rental real on Form 8582 (see in:	estate loss after limitation, if a structions)	-	(6,2	70.)	()()
23a	Total of all amounts re	eported on line 3 for all rental pro	operties			23a		43	30.			
b	Total of all amounts re	eported on line 4 for all royalty p	roperties			23b						
С	Total of all amounts re	eported on line 12 for all propert	ies			23c						
d		eported on line 18 for all propert				23d						
е	Total of all amounts re	eported on line 20 for all propert	ies			23e		6,70	00.			
24	Income. Add positive	e amounts shown on line 21. Do	not inclu	ude any lo	osses	·			24			
25	Losses. Add royalty los	sses from line 21 and rental real es	state losse	s from line	e 22. Eı	nter tota	al losses her	е.	25 (6,	270.)
26	Total rental real esta	ate and royalty income or (los	s). Comb	ine lines	24 an	d 25. E	nter the re	sult				
-	here. If Parts II, III, I'	V, and line 40 on page 2 do r	not apply	to you,	also e	enter th	is amount	on	26		-6	,270.

INCIVICUAL INCOME TAX HETURN

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1	\cap	0	\sim
	9	Ö	4

766-60-4782

SRINIVAS

PISIPATI

535 HOLLY LYNN DR

CARY

IL 60013

MCHENRY



	PIS	SIPATI.SRINIVAS@GMAIL.COM			
C	Che	ng status: X Single Married filing jointly Married filing separately Widowe eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions eck the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part	s. 🗌 You 📗	Spouse	NR Z
1	Ste 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-Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	-SR, Line 2a.	1(Whole 1 2 34_	dollars only) 58,159.00 .00 .00 58,159.00
Staple W-2 and 1099 forms here	Ste 5 6 7 8 9	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.	5 6 7	.00 .00 .00	.00 58,159.00
► Staple W-2 an	Ste 10	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 = 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. Exemption allowance. Add Lines 10a through 10d.	b	375.00 .00 .00	2,375.00

Step 5: Net Income and Tax

1 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
 Residents: 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.
 Income tax. Add Lines 12 and 13. Cannot be less than zero.
 2,761.00
 2,761.00
 2,761.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.
 15 .00
 16 Property tax and K-12 education expense credit amount from Schedule ICR.

Attach Schedule ICR.
7 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.
16 .00

18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.
 18 0.00
 19 2,761.00

Step 7: Other Taxes

Staple your check and IL-1040-V

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.

21 ______

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

22 ______

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

Printed by authority of the State of Illinois - web only, 1.

20

23

0.00

2,761.00

.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	2,761 <u>.00</u>
Step 8:	: Payments and F	Refundabl	e Credit					
25 Illino	ois Income Tax withl	held. Attac l	h Schedule IL-W	IT.		25 2,	460.00	
26 Esti	mated payments fro	m Forms II	1040-ES and II	505-I,				Z
inclu	uding any overpaym	ent applied	l from a prior yea	ır return.		26	.00	
27 Pas	s-through withholdin	ig. Attach S	Schedule K-1-P o	r K-1-T.		27	.00	Ą
28 Pas	s-through entity tax	credit. Atta	ch Schedule K-1-	-P or K-1-T.		28	.00	H A V
29 Ear	ned Income Credit fr	rom Schedu	ile IL-E/EIC, Step	4, Line 8. A	ttach Schedule IL-E/EIC.	29	.00	I
30 Tota	al payments and re	efundable o	credit. Add Lines	25 through	29.		30	2,460.00
Step 9:	: Total							<u>п</u>
	-						31	.00 п
32 If Lii	ne 24 is greater than	Line 30, su	btract Line 30 fror	m Line 24.			32	301.00
-				-	_		or late-paym	nent penalty
for unc	derpayment of es	timated to	ax or to make	a voluntar	y charitable donat	ion.		
33 Late	e-payment penalty for	or underpay	ment of estimate	ed tax.		33	.00	9
_					•			퓲
_		•		•				<u> </u>
c [_		received evenly	during the y	ear and you annualiz	ed your income o	n Form IL-221	10.
al E								
_		-			income lax return in			
						34		00 2
		ations. Aud	Lilles 33 and 34	4.			35	.00
•								<u> </u>
_			and this amount	is greater th	an Line 35, subtract L	ine 35 from Line		
	_		i naea to you . Cr	ieck one box	on Line 38. See instr	uctions.	3/	
	•	•						
a L		$\overline{}$	e information be	low if you ch	eck this box.			<u> </u>
			outing number			Checkin	g or Savi	ngs 🖁
			count number			$\overline{}$		
_	_							
39 Amo	ount to be credited f	orward. Su	btract Line 37 fro	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	301.00
Step 1	3: If this is a joint retu	urn both vo	u and vour spous	e must sign	pelow			
Otop .	-	-		_		of my knowledge.	, it is true, corre	ect, and complete.
	·	1 3 3/			,	, ,	,	, ,
 Sian	Your signature		Date (mm/dd/yyyy)	Spouse's sign	nature	Date (mm/dd/\\\\\)	Daytime phone	e numher
_	Tour digitature		Date (IIIII/da/yyyy)	opedee e eigi	Tatal 5	Date (IIIII/dd/yyyy)		
	Print/Type noid prope	ror'o nomo		Poid propers	r'a aignatura	Data (/ / / /)	<u> </u>	
Paid					-			
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 6. 35 Total penalty and donations. Add Lines 33 and 34. 35 Total penalty and donations. Add Lines 33 and 34. 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								
31 If Line 30 is greater than Line 24, subtract Line 20 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 34. 32 30.00 Fast 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 or to make a voluntary charitable donation. 34 Check if you rover spouse are 65 or older and permanently living in a nursing home. 5 Check if you rover spouse are 65 or older and permanently living in a nursing home. 6 Check if you or your spouse are 65 or older and permanently living in a nursing home. 7 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 34 Voluntary charitable donations. Add Lines 33 and 34. 35 Total penalty and donations. Add Lines 33 and 34. 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 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 30. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37								
			ble Creek LnC	umming	GA 30041	Firm's phone	<u> </u>	
	Designee's name (pl	ease print)			Designee's phone num	ber		
-					()			
pesignee	•	11 - 000°			· /			
	Refer to	tne 2021	i IL-1040 ins	struction	s for the addres	ss to mail yo	our 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-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-2 W		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)

SRINIVAS PISIPATI Your name as shown on Form		6 6	curity numbe		4	7	8			
Column A Form type I	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross				Column E Illinois Income Tax Withheld		
1 <u>W</u> 26-	-0544503 000	- \$	49,700 .0	<u>0</u>	\$	49,7	00 •00	\$	2,46	50 •00
2		- \$	•0	0	\$		<u>•00</u>	\$		<u>•00</u>
3		- \$	•0	0	\$		<u>•00</u>	\$		•00
4		- \$	•0	0	\$		<u>•00</u>	\$		<u>•00</u>
5		- \$	•0	0	\$		<u>•00</u>	\$		<u>•00</u>

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	Federal Wages	umn C , Winnings, Gross compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
6			- \$	•00	\$	<u>•00</u>	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			- \$	•00	\$	<u>•00</u>	\$	<u>•00</u>	
9			. \$	•00	\$	<u>•00</u>	\$	•00	
10			. \$	<u>•00</u>	\$	<u>•00</u>	\$	•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 \$ 2,460**.00**

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





			_								_				
Submission ID															

	1: Provide taxpayer information			
•	SRINIVAS	PISIPA		
D	•	(and last name if different)	Last name	Social Security number
or	535 HOLLY LYNN DR			
type	Mailing address			Spouse's Social Security number
	CARY	IL	60013	<u>(704)</u> 313-8277
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax re	eturn		
1	Net income from Form IL-1040, Line 11			1 55,784 _00 _
2	Tax from Form IL-1040, Line 14			2 2,761 00
3	Illinois Income Tax withheld from Form IL-1	040, Line 25 only (en	ter " 0 " if none)	32,460 <u>00</u>
4	Overpayment from Form IL-1040, Line 36			4I <u>00</u>
	Total amount due from Form IL-1040, Line			5301 <u>00</u>
6	Filing status: 🗶 Single Married filing	jointly Married f	iling separately\	Widowed Head of household
within 7 8 4 9 10 11 1 1 1 1 1 1 1		nternational funds. Ele		(e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
		(0)	1 1/ 01 0	
Step	 4: Taxpayer declaration and signatu I consent that my refund may be directly 			clare the information on Lines 7 through 9 is
_	correct. If I have filed a joint return, this	is an irrevocable appo	intment of the other s	spouse as an agent to receive the refund.
	withdrawal as designated in the electron	nic portion of my 2021 nic overpayment of tax	Illinois Individual Inc	agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
	I do not want direct deposit of my refund	l, or an electronic fund	ds withdrawal (direct of	debit) of my balance due.
7	T i do not want direct deposit of my refund			acting to my banance autor
Unde origir and a been	er penalties of perjury, I declare the information (ERO) are identical. To the best of my laccompanying information may be sent to ID accepted or rejected. If rejected, I authorized	knowledge, my return OOR by my ERO. I autl	orm IL-1040 and the i is true, correct, and co norize IDOR to inform	nformation I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has n may be corrected and retransmitted if possible.
Under originand a been	er penalties of perjury, I declare the information (ERO) are identical. To the best of my laccompanying information may be sent to ID accepted or rejected. If rejected, I authorized	knowledge, my return DOR by my ERO. I autle IDOR to identify the i	orm IL-1040 and the i is true, correct, and concize IDOR to inform reason(s) so the return	information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has in may be corrected and retransmitted if possible.
Unde origir and a been Sigr	per penalties of perjury, I declare the information (ERO) are identical. To the best of my I accompanying information may be sent to ID accepted or rejected. If rejected, I authorized Your signature	knowledge, my return DOR by my ERO. I autle IDOR to identify the I	orm IL-1040 and the is true, correct, and conorize IDOR to inform reason(s) so the return Spouse's signature.	Information I provided to my electronic return omplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has in may be corrected and retransmitted if possible.
Under originand a been Sigrater Step I decorate have	per penalties of perjury, I declare the information (ERO) are identical. To the best of my I accompanying information may be sent to ID accepted or rejected. If rejected, I authorized Your signature 5 5: Electronic return originator (ERC) lare that I have examined this taxpayer's electronic return originator.	conowledge, my return DOR by my ERO. I autile IDOR to identify the Date Date Date Diand paid preparectronic Form IL-1040 and declare, under pe	orm IL-1040 and the is true, correct, and concize IDOR to inform reason(s) so the return Spouse's signaturer declaration and the information on the information on the information of th	Information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has an may be corrected and retransmitted if possible. In the light return, both must sign) Date It signature It is form IL-8453, and accompanying information. It is to the best of my knowledge the taxpayer's return
Under originand a been Sigrater Step I decorate have	per penalties of perjury, I declare the information (ERO) are identical. To the best of my I accompanying information may be sent to ID accepted or rejected. If rejected, I authorized Your signature 5 5: Electronic return originator (ERO) lare that I have examined this taxpayer's elfollowed all requirements of this program accompanying information are true, correct	conowledge, my return DOR by my ERO. I autile IDOR to identify the Date Date Date Diand paid preparectronic Form IL-1040 and declare, under pe	orm IL-1040 and the is true, correct, and concize IDOR to inform reason(s) so the return Spouse's signaturer declaration and the information on the information on the information of th	Information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has in may be corrected and retransmitted if possible. In the complete of the consensation of the c
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Unde origir and a been Sigr here Step I dec have and a	per penalties of perjury, I declare the information actor (ERO) are identical. To the best of my laccompanying information may be sent to ID accepted or rejected. If rejected, I authorized accepted all requirements of this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ERO) lare that I have examined this taxpayer's electronic return originator (ER	conowledge, my return DOR by my ERO. I autile IDOR to identify the Date Date Date Diand paid preparectronic Form IL-1040 and declare, under pe	orm IL-1040 and the is true, correct, and concize IDOR to inform reason(s) so the return Spouse's signaturer declaration and the information on the information on the information of th	Information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has a may be corrected and retransmitted if possible. If signature this Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.) Prour PTIN 3 0 - 1 0 1 7 1 9 6
Under origin and a been Sigrifier Step I dec have and a ERO use	per penalties of perjury, I declare the information accompanying information may be sent to ID accompanying information may be sent to ID accepted or rejected. If rejected, I authorized accepted all requirements of this program accepted accompanying information are true, correct accepted	conowledge, my return DOR by my ERO. I autile IDOR to identify the Date Date Date Diand paid preparectronic Form IL-1040 and declare, under pe	orm IL-1040 and the is true, correct, and concize IDOR to inform reason(s) so the return Spouse's signaturer declaration and the information on the information on the information of th	Information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has n may be corrected and retransmitted if possible. If signature this Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.) Prour PTIN 2 0 8 2 7 0 3

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.

