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

1982

766-60-4782

SRINIVAS

PISIPATI

535 HOLLY LYNN DR

CARY IL 60013 **MCHENRY**



| | PISIPATI.SRINIVAS@GMAIL.COM | | | | | | | | |
|-------------------------|-----------------------------|---|---------------|----------------------|---|--|--|--|--|
| C | Che | ng status: 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 | | | | |
| Ļ | 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 2 3 4 | dollars only) 57,624.00 .00 .00 57,624.00 | | | | |
| W-2 and 1099 torms here | Ste 5 | 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 57,624.00 | | | | |
| ► Staple W-2 ai | Ste 10 | p 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: | b | 375.00 .00 .00 | 2,375.00 | | | | |
| r | Ste | p 5: Net Income and Tax | | | | | | | |

55,249.00 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. 2,735.00 Nonresidents and part-year residents: Enter the tax from Schedule NR. 12 13 Recapture of investment tax credits. Attach Schedule 4255. 13 .00 2,735.00 14 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

| | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax ame | ount on Line 14. | 18 | 0.00 |
|-----|--|------------------|----|----------|
| 19 | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | | 19 | 2,735.00 |
| Ste | p 7: Other Taxes | | | |

| 20 | Household employment tax. See instructions. | 20 |
|----|---|----|
| 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 |
| 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. | 23 |



.00 0.00 .00

2,735.00

Staple your check and IL-1040-V



| 24 To | tal tax from Page 1, | Line 23. | | | | | 24 | 2,735.00 | |
|-------------------|------------------------------|----------------------|---------------------------------------|---------------------|--------------------------|----------------------|-------------------------|-----------------------------------|--------|
| 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, | | | | 2 | 2 |
| inclu | uding any overpaym | ent applied | I 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 | 1 | > |
| 28 Pas | s-through entity tax | credit. Atta | ch Schedule K-1- | P or K-1-T. | | 28 | .00 |) } | į |
| 29 Ear | ned Income Credit fr | rom Schedu | ile IL-E/EIC, Step | 4, Line 8. A | ttach Schedule IL-E/EIC. | 29 | .00 | 7 | |
| 30 Tota | al payments and re | efundable o | credit. Add Lines | 25 through | 29. | | 30 | 2,460.00 | 1 |
| Step 9: | : Total | | | | | | | <u>п</u> 2 | |
| 31 If Lii | ne 30 is greater than | Line 24, su | btract Line 24 fror | m Line 30. | | | 31 | .00_ п | Π |
| 32 If Lii | ne 24 is greater than | Line 30, su | btract Line 30 fror | m Line 24. | | | 32 | 275.00 | Í |
| Step 10 | 0: Underpayment | of Estima | ted Tax Penalt | y and Don | ations - Only com | plete Step 10 fe | or late-paym | nent penalty | J |
| for unc | derpayment of es | timated to | ax or to make | a voluntar | y charitable donat | ion. | | | |
| 33 Late | e-payment penalty fo | or underpay | ment of estimate | ed tax. | | 33 | .00 | כ ק | 2 |
| _ | Check if at least to | | | | • | | | 7 | ב ה |
| _ | | • | | | ntly living in a nursing | | | Ä | j |
| c [| _ | | received evenly | during the y | ear and you annualiz | ed your income o | n Form IL-221 | 10. | 2 |
| | Attach Form IL-2 | | | | | | | | |
| _ | | - | | | Income Tax return in | the previous tax y | | Ö | 2 |
| | untary charitable don | | | | | 34 | <u>.00</u> 35 | .00. | 2 |
| | | ations. Aud | a Lines 33 and 34 | +. | | | 35 | .00 A | 4 |
| • | 1: Refund | | | | | | | <u> </u> | j |
| _ | | | and this amount | is greater th | an Line 35, subtract L | ine 35 from Line | | | |
| | s is your overpayme | | | | | | 36 | .00 | 2 |
| | _ | | i naea to you . Cr | ieck one box | on Line 38. See instr | uctions. | 37 | .00. | 1 |
| | oose to receive my | • | | | | | | | |
| a L | direct deposit - C | $\overline{}$ | e information be | low if you ch | eck this box. | | | ngs | ; |
| | You may also conti | | outing number | | | Checkin | g or Savi | ngs ≧ | 3 |
| | here. See instruct | | count number | | | | | | |
| _ | _ | | | | | | | | |
| | paper check. | | | | | | | | |
| 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 | 275.00 | |
| Step 1 | 3: If this is a joint retu | urn both vo | u and vour spous | e must sian l | pelow | | | | |
| Otop . | - | - | | _ | return and, to the best | of my knowledge. | , it is true, corre | ect, and complete. | |
| | · | 1 3 3/ | | | , | , , | , | , | |
| | | | | | | | | | |
| Sign | Your signature | | Date (mm/dd/yyyy) | Snouse's sign | nature | Date (mm/dd/yyyy) | Daytime phone | e number | Ī |
| Here | Tour digitature | | Date (IIIII/da/yyyy) | opodoo o oigi | Tatal 5 | Date (IIIII/dd/yyyy) | | | - |
| | Print/Time noid ness | ror'e nome | | Poid proper | r'e cianature | Data (m. 1111 | <u> </u> | 3-8277 | , |
| Paid | Print/Type paid prepa | | T T T T T T T T T T T T T T T T T T T | Paid prepare | - | Date (mm/dd/yyyy) | Check if self-employed | Paid Preparer's PTIN P02082703 | 1 |
| Preparer | SYAM PRIYA RAM SAGA | | | SIAM PKIYA K | | 06/22/2022 | | • | _ |
| Use Only | Firm's name | GLOBAL | TAXES LLC | | | Firm's FEIN | 30101719 | | _ |
| | Firm's address | | ble Creek LnC | umming | GA 30041 | Firm's phone | (678) 965 | 5-9522 | _ |
| Third | Designee's name (pl | ease print) | | | Designee's phone num | ber | | e Department may | |
| Party Deciance | | | | | () | | | eturn with the third | |
| Designee | • | | | | / | | | ee shown in this step. | |
| | Refer to | the 2021 | i IL-1040 lns | struction | s for the addre | ss to mail yo | our return. | | |

IL-1040 Back (R-12/21) DR_____ AP___ RR DC IR ID ID: 3WM REV 04/23/22 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 | 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)

| s IIIi | Column E inois Income ax Withheld |
|--------|---|
| \$ | 2,460 •00 |
| \$ | •00 |
| \$ | •00 |
| \$ | •00 |
| \$ | •00 |
| | \$ \$ \$ |

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

| Your spouse's name as shown on Form IL-1040 | Your spouse's Social Security number |
|---|--------------------------------------|
| | |

| | Column A Form type | Column B Employer/Payer Identification Number | Federal Wages | umn C , Winnings, Gross compensation, etc. | Illinois Wage | lumn D s, Winnings, Gross Compensation, etc. | III | Column E inois Income Tax Withheld |
|----|-----------------------|---|---------------|--|---------------|--|-----|--|
| 6 | | | _ \$ | •00 | \$ | •00 | \$ | •00 |
| 7 | | | _ \$ | •00 | \$ | •00 | \$ | •00 |
| 8 | | | _ \$ | <u>•00</u> | \$ | •00 | \$ | <u>•00</u> |
| 9 | | | _ \$ | <u>•00</u> | \$ | •00 | \$ | •00 |
| 10 | | | _ \$ | <u>•00</u> | \$ | •00 | \$ | <u>•00</u> |

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. ←





Illinois Department of Revenue

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

| | 1: Provide taxpayer information | | | |
|--|--|--|--|--|
| | SRINIVAS | PISI: | | $\frac{7}{3}$ $\frac{6}{3}$ $\frac{6}$ |
| Prin | • | (and last name if differe | nt) Last name | Social Security number |
| Or | t 535 HOLLY LYNN DR | | | Spouse's Social Security number |
| type | | TT | 60013 | (704) 313-8277 |
| | City | IL State | ZIP | Daytime phone number |
| | City | | ZIF | Daytime phone number |
| | o 2: Complete information from tax r | eturn | | |
| | Net income from Form IL-1040, Line 11 | | | 1 55,249 00 |
| | Tax from Form IL-1040, Line 14 | | | 2 2,735 00 |
| | Illinois Income Tax withheld from Form IL-1 | 040, Line 25 only (| (enter "0" if none) | 32,460 <u>00</u> 4 <u>00</u> |
| | Overpayment from Form IL-1040, Line 36 | 40 | | 4 <u>00</u> 5275 <u>00</u> |
| | Total amount due from Form IL-1040, Line | | al filinar a an arratali. | |
| <u>6</u> | Filing status: X Single Married filing | j jointly Marrie | d filing separately | widowed Head of nousehold |
| 7 8 9 10 | Routing no. (RN): Checking S Date the payment is to be electronically with Electronic funds withdrawal amount: | avings thdrawn://_ | | not be accepted and refunds will be via paper check |
| | Name on account: | | | |
| | o 4: Taxpayer declaration and signatu | re (Sign only aft | er completing Step 3 | and if annicable Sten 3) |
| | I consent that my refund may be directly | deposited as design | gnated in Step 3 and de | eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund. |
| Г | I authorize the Illinois Department of Re | evenue (IDOR) and nic portion of my 20 | its designated financial 21 Illinois Individual Inc | agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions |
| _ | involved in the processing of an electron and resolve issues related to the payment | | taxes to receive confide | , in a man i |
| [> | involved in the processing of an electron and resolve issues related to the payme | ent. | | |
| Unde originand | involved in the processing of an electron and resolve issues related to the paymed. I do not want direct deposit of my refunder penalties of perjury, I declare the informationator (ERO) are identical. To the best of my accompanying information may be sent to II | ent. d, or an electronic fo ion on my electronic knowledge, my retu DOR by my ERO. I a | unds withdrawal (direct c Form IL-1040 and the rn is true, correct, and c authorize IDOR to inform | |
| Under originand and beer | involved in the processing of an electron and resolve issues related to the paymed. I do not want direct deposit of my refunder penalties of perjury, I declare the informationator (ERO) are identical. To the best of my accompanying information may be sent to II accepted or rejected. If rejected, I authorized | ent. d, or an electronic fo ion on my electronic knowledge, my retu DOR by my ERO. I a | unds withdrawal (direct c Form IL-1040 and the rn is true, correct, and c authorize IDOR to inform he reason(s) so the retur | debit) of my balance due. 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 |
| Under original and beer Signature Signature Step I december 1 dece | involved in the processing of an electron and resolve issues related to the payme I do not want direct deposit of my refunder penalties of perjury, I declare the informationator (ERO) are identical. To the best of my accompanying information may be sent to II accepted or rejected. If rejected, I authorized Your signature 5: Electronic return originator (ERO) are that I have examined this taxpayer's electronic return to the payment of the signature of the payment of | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. 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 n may be corrected and retransmitted if possible. ure (if joint return, both must sign) Date |
| Under original and beer Signature Signature Step I december 1 dece | involved in the processing of an electron and resolve issues related to the payme of the payment | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. 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 may be corrected and retransmitted if possible. ure (if joint return, both must sign) Date d signature this Form IL-8453, and accompanying information. |
| Under original and beer Signature Signature Step I december 1 dece | involved in the processing of an electron and resolve issues related to the payme of the payment | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. 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 may be corrected and retransmitted if possible. The (if joint return, both must sign) Date d signature this Form IL-8453, and accompanying information. t to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.) |
| Under originate and beer Signate Step I decorate have and | involved in the processing of an electron and resolve issues related to the payme of the payment | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. information I provided to my electronic return complete. I consent that my return, this declaration, in my ERO and/or the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitter when my return has in may be corrected and retransmitted if possible. The complete of the transmitted if possi |
| Under originate and beer Signate Step I decorate have and | involved in the processing of an electron and resolve issues related to the payme and resolve issues related to the payme of the payment of t | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. 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. In the light return, both must sign) Date Date Discrete (if joint return, both must sign) Date Date Date Date This Form IL-8453, and accompanying information. It to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.) Prour PTIN Date Check if paid preparer: (See instructions.) |
| Under origin and beer Sign here Step I decondant | involved in the processing of an electron and resolve issues related to the payme and resolve issues related to the payme of the payment of t | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. information I provided to my electronic return omplete. I consent that my return, this declaration, a my ERO and/or the transmitter when my return has an may be corrected and retransmitted if possible. The consent that my return, this declaration, and the possible in the possible in may be corrected and retransmitted if possible. The consent that my return, this declaration, and the possible in my return base in my return base in my return, both must sign) Date The consent that my return, this declaration, and in my return base in my |
| Undo origin and beer Sign her Step I dec have and | involved in the processing of an electron and resolve issues related to the payme of the payment | ent. d, or an electronic form on my electronic form on my electronic form the control of the co | unds withdrawal (direct of Form IL-1040 and the property of th | debit) of my balance due. 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. In the light return, both must sign) Date Date Discrete (if joint return, both must sign) Date Date Date Date This Form IL-8453, and accompanying information. It to the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.) Prour PTIN Date Check if paid preparer: (See instructions.) |

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.



► Keep for your own records

| Part I — Personal Information | | | | | |
|---|---|--|--|--|--|
| Taxpayer: First Name SRINIVAS Middle Initial Last Name PISIPATI Suffix Social Security No 766-60-4782 Date of Birth 03/13/1982 Age 65 or Over Legally Blind Date of Death E-mail address PISIPATI . SRINIVAS@GMAIL . COM Daytime phone (704)313-8277 * X | Spouse: First Name | | | | |
| County (Illinois Only) MCHENRY For foreign address, Illinois Department of Revenue require Foreign City | Apartment Number . State . IL ZIP Code 60013 | | | | |
| Part-Year Resident lived in Illi also lived | nois from to in from to | | | | |
| X Single Married filing jointly Married filing separately Widowed Head of Household | | | | | |
| Part IV — Other Information | | | | | |
| Form IL-2210 Information: Check if at least two-thirds of total federal gross income came from farming Check if 65 or older and permanently living in a nursing home Check if you were not required to file an Illinois income tax return in 2020 X Check if you do not want to file Illinois Form IL-2210 (see on-line help) Enter total tax from last year's Form IL-1040, line 14 and 22 (for IL-2210, line 1, column B) Enter credits from last year's Form IL-1040, lines 15, 16, 17 and 28 (for IL-2210, line 2) | | | | | |

First Time Filer:

| Yes No Has client ever filed a tax return in Illinois? | | | |
|--|--|-----------------------------------|--------|
| SRINIVAS PISIPATI | | 766-60-4782 | Page 2 |
| Part V — Electronic Filing Information | | | |
| X File state return electronically | | | |
| Electronic PDF Attachments PDF's that you have selected to attach to your state e-file Description | e return are listed below. Filename | | |
| | | | |
| Date return was EFiled | | | |
| Part VI — Direct Deposit Information or Electron | ic Funds Withdrawal Info | rmation | |
| Yes No X Use direct deposit for state tax refund Use electronic funds withdrawal for state | e tax payment (EF only) | | |
| If you selected direct deposit or electronic funds withdraw Name of Financial Institution (optional) | Routing number | <u>072000</u> 375006108628 | |
| International ACH Transactions Yes No Will the funds for this refund (or payment) or the control of the contr | go to (or come from) an accour | nt outside the U.S.? | |
| Part VII — Payment by Credit Card | | | |
| Check if the balance due will be paid by credit ca | rd | | |
| Part VIII — Paid Preparer Information and Third | Party Designee Informati | on | |
| Enter the preparer's assigned code from Preparer's Infor Check if this tax return is | red, or prepared by a | non-paid preparer | |
| Part IX — Extension Status | | | |
| Yes No X Tax return due date extended? If yes, exten QuickZoom to Form IL-505-I: Automatic Extension Payr | | | |