



New York State E-File Signature Authorization for Tax Year 2021

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name SILVIA RAJU MARIHAL	Spouse's name (jointly filed return only)
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	81201.
2 Refund	2.	5.
3 Amount you owe	3.	
4 Financial institution routing number	4.	101100045
5 Financial institution account number	5.	518009402379
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03202022



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning **21**
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SILVIA		Your last name (for a joint return, enter spouse's name on line below) RAJU MARIHAL		Your date of birth (mmddyyyy) 05121995	Your Social Security number 650966693
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 8654 NEW SALEM ST UNIT 42				Apartment number	New York State county of residence NR
City, village, or post office SAN DIEGO		State CA	ZIP code 92126	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021
- (2) Number of months your spouse lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13)

G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
650966693

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	81744 .00	1	13104 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	0 .00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	81744 .00	17	13104 .00
18	Total federal adjustments to income (see page 22) Identify: STUDENT LOAN INT	18	543 .00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	81201 .00	19	13104 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	81201 .00	19a	13104 .00

New York additions (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	81201 .00	23	13104 .00

New York subtractions (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 25)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	81201 .00	31	13104 .00

32 Enter the amount from line 31, **Federal amount** column **32** 81201 .00

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Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	73201.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 New York taxable income (subtract line 35 from line 34)	73201.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	73201.00
38 New York State tax on line 37 amount (see page 28)	4135.00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	4135.00
41 New York State child and dependent care credit (see page 29)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	4135.00
43 New York State earned income credit (see page 29)	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4135.00
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45 Income percentage (see page 29) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	667.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	667.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	667.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	667.00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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203003213555



Enter your Social Security number
650966693

59 Enter amount from line 58 59 667 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings
73b Routing number 101100045
73c Account number 518009402379

74 Electronic funds withdrawal (see page 36) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X]
Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions)
Preparer's signature: SYAM PRIYA RAM SAGAR GUP
Preparer's printed name: SYAM PRIYA RAM SAGAR GUP
Firm's name: GLOBAL TAXES LLC
Preparer's PTIN or SSN: P02082703
Address: 2530 PEBBLE CREEK LN, CUMMING GA 30041
Employer identification number: 301017196
Date: 03202022
Email: SYAM@GTAXFILE.COM

Taxpayer(s) must sign here
Your signature
Your occupation: ASSOCIATE SOFTWARE ENGINE
Spouse's signature and occupation (if joint return)
Date
Daytime phone number: (316) 213 8196
Email: SILVIARAJU2025@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

650966693

Box b Employer identification number (EIN)

455411535

Box c Employer's information

Employer's name ACCUPAY LLC			
Employer's address (number and street) 2010 CROW CANYON PL, SUITE 100, SUIT			
City SAN RAMON	State CA	ZIP code 94583	Country (if not United States)

Box 1 Wages, tips, other compensation

68640.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

I | L

Box 16b Other state wages, tips, etc.

34200.00

Box 17b Other state income tax withheld

1649.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

650966693

Box b Employer identification number (EIN)

813673584

Box c Employer's information

Employer's name WELKIN TECHNOLOGIES LLC			
Employer's address (number and street) 4080 MC GINNIS FERRY RD			
City ALPHARETTA	State GA	ZIP code 30005	Country (if not United States)

Box 1 Wages, tips, other compensation

13104.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

13104.00

Box 17a NYS income tax withheld

672.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001213555



2022 MI-1040ES, Michigan Estimated Income Tax for Individuals

Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2022 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2022 withholding to be at least:

- 90 percent of your total 2022 tax (qualified farmers, fishermen and seafarers use 66 and 2/3 percent),
- 100 percent of your 2021 tax, or
- 110 percent of your total 2021 tax if your 2021 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2021 tax is the amount on your 2021 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 18, 2022. You may also pay in equal installments due on or before April 18, 2022, June 15, 2022, September 15, 2022, and January 17, 2023.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2022 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/iit for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2022 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2022 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 09-15-2022

Filer's Name(s) SILVIA RAJU MARIHAL	Filer's Full Social Security Number 650-96-6693	Spouse's Full Social Security Number
Address (Street, City, State, ZIP Code) 8654 NEW SALEM ST UNIT 42 SAN DIEGO CA 92126		WRITE PAYMENT AMOUNT HERE \$ 147 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2022 MI-1040ES ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

Instructions for Form MI-1040-V

2021 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 18, 2022. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2021 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-21)

2021 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 03/01/22 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) SILVIA RAJU MARIHAL 8654 NEW SALEM ST UNIT 42 SAN DIEGO CA 92126	Filer's Full Social Security Number 650-96-6693	Spouse's Full Social Security Number 586 .00
WRITE PAYMENT AMOUNT HERE ➡ \$		586 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2021 MI-1040-V” on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE
1555

82657485 02 2021 00000000 650966693 8

2021 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2022. Type or print in blue or black ink.

1. Filer's First Name SILVIA		M.I.	Last Name RAJU MARIHAL		2. Filer's Full Social Security No. (Example: 123-45-6789) 650 — 96 — 6693	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 8654 NEW SALEM ST UNIT 42					4. School District Code (5 digits – see page 60) 10000	
City or Town SAN DIEGO			State CA	ZIP Code 92126		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2021 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px;"></div>				8. 2021 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	x	\$4,900	9a.	4900	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,900	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4900	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.					81201	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					81201	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.					51681	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					29520	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					1781	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					27739	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					1179	00

NON-REFUNDABLE CREDITS

		AMOUNT			CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00			18b.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	00			19b.	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.				20.	1179 00

Filer's Full Social Security Number

650 — 96 — 6693

21. Enter amount of Income Tax from line 20.....	21.	1179	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	1179	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	593	00
31. Estimated tax, extension payments and 2020 credit forward	31.		00
32. 2021 AMENDED RETURNS ONLY. Taxpayers completing an original 2021 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	593	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		
Include interest <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> 00			
YOU OWE		586	00
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.		00
36. Credit Forward. Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.		00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature _____ Date _____

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Spouse's Signature _____ Date _____

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2021 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 01

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name SILVIA	M.I.	Last Name RAJU MARIHAL	Filer's Full Social Security No. (Example: 123-45-6789) 650 — 96 — 6693
-------------------------------------	------	----------------------------------	---

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) ..	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	51681	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2021 and included on MI-1040, line 10 (see instructions)	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Miscellaneous subtractions (see instructions). Describe: _____	21.		00

REV 03/01/22 PRO

2021 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name SILVIA	M.I.	Last Name RAJU MARIHAL	Filer's Full Social Security No. (Example: 123-45-6789) 650 — 96 — 6693
-------------------------------------	------	----------------------------------	---

Deduction Based on Year of Birth

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2021	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2021	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1995	26	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

23. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 24, 25 or 26.	23.		00
24. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1955, and reached age 67 on or before December 31, 2021. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2.....	24.		00
25. Retirement benefits. Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884.	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 76 years and older. Deduction is limited to \$12,127 for single or married filing separately filers and \$24,254 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Subtotal. Add lines 10 through 26	27.	51681	00
28. 2021 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	28.		00
29. Total Subtractions. Add lines 27 and 28. Enter here and on MI-1040, line 13.....	29.	51681	00

2021 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name SILVIA	M.I.	Last Name RAJU MARIHAL	2. Filer's Full Social Security No. (Example: 123-45-6789) 650 — 96 — 6693
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2021 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2021*

*Dates of Michigan residency in 2021 (Enter dates as MM-DD-YYYY, Example: 04-15-2021)

	FILER		SPOUSE	
FROM:	—	—	2021	— — 2021
TO:	—	—	2021	— — 2021

Income Allocation

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.)	81744	00	29520	00	52224	00
6. Interest and dividends		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....	0	00		00	0	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions)		00		00		00
12. Total income. Add lines 5 through 11.....	81744	00	29520	00	52224	00
13. Enter the total adjustments from U.S. 1040 Describe: <u>STUDENT LOAN INTE</u>	543	00	0	00	543	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	81201	00	29520	00	51681	00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	4900	00
16. Enter Michigan source income from line 14, column B.....	16.	29520	00
17. Enter total income from line 14, column A.....	17.	81201	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	36.35	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	1781	00

2021 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SILVIA	M.I.	Last Name RAJU MARIHAL	2. Filer's Full Social Security No. (Example: 123-45-6789) 650 — 96 — 6693
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		45-5411535	ACCUPAY LLC	68640	00	593	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	593 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	593 00

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 650-96-6693		Taxpayer's first name SILVIA		Initial	Last name RAJU MARIHAL		RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name		Initial	Last name		Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident <input type="checkbox"/>	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 8654 NEW SALEM ST UNIT 42			Apt. no.		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)			City, town or post office SAN DIEGO		FILING STATUS	
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached		State CA		Zip code 92126		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly		
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2021		Foreign country name		Foreign province/country		Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.		
		Foreign postal code				Spouse's full name if married filing separately _____		

		ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income			
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	81744.00	0.00	81744.00				
	2. Taxable interest	2	.00	.00	.00				
	3. Ordinary dividends	3	.00	.00	.00				
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	NOT TAXABLE				
	5. Alimony received	5	.00	.00	.00				
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00				
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	0.00	0.00	0.00				
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00				
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00				
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00				
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00				
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00				
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00				
	14. Unemployment compensation	14	.00	.00	NOT TAXABLE				
	15. Social security benefits	15	.00	.00	NOT TAXABLE				
	16. Other income (Attach statement listing type and amount)	16	.00	.00	.00				
17. Total additions (Add lines 2 through 16)	17	0.00	0.00	0.00					
18. Total income (Add lines 1 through 16)	18	81744.00	0.00	81744.00					
19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			.00					
20. Total income after deductions (Subtract line 19 from line 18)	20			81744.00					
21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b	750.00					
22. Total income subject to tax (Subtract line 21b from line 20)	22			80994.00					
23. Tax at 0050 (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b	405.00					
24. Payments and credits 24a. BATTLE CREEK tax withheld 146.00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00 24d. Total payments & credits 146.00	24a	146.00	24b	.00	24c	.00	24d	146.00	
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00 25c. Total interest & penalty .00	25a	.00	25b	.00	25c	.00			
ENCLOSE CHECK OR MONEY ORDER	TAX DUE 26. PAYABLE TO: CITY OF BATTLE CREEK . OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e)		PAY WITH RETURN 26		259.00				
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)		27		.00				
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00 28d. Total donations .00	28a	.00	28b	.00	28c	.00	28d	.00
	29. Amount of overpayment credited forward to 2022	Amount of credit to 2022 >>			29	.00			
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	Refund amount >>			30	.00			
	31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	31b	31c	31d	31e			
	Direct deposit refund or direct withdrawal payment	<input type="checkbox"/>	Refund (direct deposit)	31c	Routing number				
	(Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	<input checked="" type="checkbox"/>	Pay tax due (direct withdrawal)	31d	Account number				
				31e	Account Type:				
					31e1. Checking				
					31e2. Savings				

EXEMPTIONS SCHEDULE. Includes fields for date of birth (05/12/1995), marital status (Regular checked), and dependent information (1 dependent child listed).

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE. Table with columns for W-2 #, Col. A (T or S), Social Security Number, Employer's ID Number, Excluded Wages, Tax Withheld, and Locality Name (BATTLE CREEK).

DEDUCTIONS SCHEDULE. Table with 7 rows for various deductions (IRA, SEP, business expenses, moving, alimony, Renaissance Zone) and a total of .00.

ADDRESS SCHEDULE. Table for residence addresses. One entry: IL WAUKEGAN IL 60085.

THIRD PARTY DESIGNEE. Section asking if another person can discuss the return with the Income Tax Office (No checked).

SIGN HERE. Signature lines for Taxpayer, Spouse, and Preparer. Preparer: GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN CUMMING GA 30041.

PREPARER'S SIGNATURE. Includes PTIN/EIN/SSN (30-1017196), phone number (678) 965-9522, and NACTP software number 1555.

CF-1040ES

**BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2022**

2022 EST 01Q

Taxpayer Name:

Social Security No:

Due on or Before: 04/30/2022, for tax year 2022*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
**BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657**

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES
REV 03/01/22 PRO

**BATTLE CREEK
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**


2022 EST 01Q

Revised: 09/30/2017

Mail To: BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

NACTP #
EFIN #

ESTIMATED PAYMENT VOUCHER 1 Due Date: 04/30/2022

Taxpayer's first name, initial, last name SILVIA RAJU MARIHAL			Taxpayer's SSN 650-96-6693					
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN					
Phone number 316-213-8196			Payment voucher 2D barcode					
Present home address (Number and street) Apt. no. 8654 NEW SALEM ST UNIT 42								
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office SAN DIEGO		State CA	Zip code 92126		Amount of estimated tax you are paying by check or money order			Round to nearest dollar 35 .00
Foreign country name, province/county, postal code								

BCK650966693062022EST010000003500

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2022

2022 EST 02Q

Taxpayer Name:

Social Security No:

Due on or Before: 06/30/2022, for tax year 2022*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

BATTLE CREEK

2022 EST 02Q

REV 03/01/22 PRO

SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657


BATTLE CREEK, MI 49016-1657

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2022

Taxpayer's first name, initial, last name SILVIA RAJU MARIHAL		Taxpayer's SSN 650-96-6693					
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN					
Phone number 316-213-8196		Payment voucher 2D barcode					
Present home address (Number and street) Apt. no. 8654 NEW SALEM ST UNIT 42							
Address line 2 (P.O. Box address for mailing use only)							
City, town or post office SAN DIEGO	State CA	Zip code 92126		Amount of estimated tax you are paying by check or money order		Round to nearest dollar 35 .00	
Foreign country name, province/county, postal code							

BCK650966693062022EST02Q0000003500

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2022

2022 EST 03Q

Taxpayer Name:

Social Security No:

Due on or Before: 09/30/2022, for tax year 2022*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

BATTLE CREEK

2022 EST 03Q

REV 03/01/22 PRO

THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 09/30/2017

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657


BATTLE CREEK, MI 49016-1657

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 3

Due Date: 09/30/2022

Taxpayer's first name, initial, last name SILVIA RAJU MARIHAL		Taxpayer's SSN 650-96-6693	
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN	
Phone number 316-213-8196		Payment voucher 2D barcode 	
Present home address (Number and street) Apt. no. 8654 NEW SALEM ST UNIT 42			
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office SAN DIEGO	State CA	Zip code 92126	
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order	Round to nearest dollar 35 .00

BCK650966693062022EST03Q0000003500

CF-1040ES

BATTLE CREEK
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2023

2022 EST 04Q

Taxpayer Name:

Social Security No:

Due on or Before: 01/31/2023, for tax year 2022*

Payment:

- Payment Method:
- Make payment by check or money order payable to "City of BATTLE CREEK ." Write your social security number, daytime phone number, and "2022 CF-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form CF-1040ES-EFT.
 - To pay by credit card see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:
BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 08/11/2015

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040ES

BATTLE CREEK

2022 EST 04Q

REV 03/01/22 PRO

FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

Revised: 08/11/2015

Mail To: BATTLE CREEK CITY INCOME TAX

PO BOX 1657


BATTLE CREEK, MI 49016-1657

NACTP #

EFIN #

ESTIMATED PAYMENT VOUCHER 4

Due Date: 01/31/2023

Taxpayer's first name, initial, last name SILVIA RAJU MARIHAL		Taxpayer's SSN 650-96-6693			
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN			
Phone number 316-213-8196					
Present home address (Number and street) Apt. no. 8654 NEW SALEM ST UNIT 42		Payment voucher 2D barcode 			
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office SAN DIEGO	State CA	Zip code 92126			
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order		Round to nearest dollar 35.00	

BCK650966693062022EST040000003500

CF-1040PV

BATTLE CREEK
INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Taxpayer Name: SILVIA RAJU MARIHAL

Social Security No: 650-96-6693

Due on or Before: 4/30/2022, due date of 2021 return*

Payment: \$ 259

Payment Method: Make payment by check or money order payable to "City of BATTLE CREEK ." Include your social security number, daytime phone number, and "2021 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of BATTLE CREEK . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Revised: 11/05/2021

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

BATTLE CREEK
INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

REV 03/01/22 PRO

Revised: 08/11/2015

Mail To: BATTLE CREEK CITY INCOME TAX
PO BOX 1657
BATTLE CREEK, MI 49016-1657

NACTP # 1555
EFIN #

Table with taxpayer information, SSN, contact details, address, and payment amount.

BCK650966693062021RETRPV0000025900

Taxpayer's name SILVIA RAJU MARIHAL	Taxpayer's SSN 650-96-6693	2021 BATTLE CREEK	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return 1555 REV 03/01/22 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	45-5411535	81-3673584	
2. Employer's name (Form W-2, box c) or source's name	ACCUPAY LLC	WELKIN TECHNOLOGIES LLC	
3. SSN from Form W-2, box a	650-96-6693	650-96-6693	
4. Enter T for taxpayer or S for spouse	T	T	
5. Dates of employment during tax year	From 01/01/2021 To 08/30/2021	From 08/01/2021 To 12/31/2021	From To
6. Mark (X) box if you work at multiple locations in and out of BATTLE CREEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	2010 CROW CANYON PL, SUITE 100, SUITE 101 SAN RAMON CA 94583	4080 MC GINNIS FERRY RD ALPHARETTA GA 30005	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	68640	13104	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by BATTLE CREEK			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	68640	13104	
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		81744	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			81744

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

Taxpayer's name SILVIA RAJU MARIHAL		Taxpayer's SSN 650-96-6693	2021 BATTLE CREEK	
EXCLUSIONS AND ADJUSTMENTS TO CAPITAL GAIN OR (LOSS) - CF-1040, PAGE 1, LINE 7, COLUMN B				Attachment 6
Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to capital gains or (losses)			RESIDENT COLUMN	NONRESIDENT COLUMN
1. Capital gain or (loss) on property located outside of city			NOT EXCLUDIBLE	0 .00
2. Capital gain or (loss) on securities issued by U.S. Government			.00	EXCLUDIBLE ON LINE 1
3. Portion of capital gain or (loss) from property owned prior to Ordinance inception (For residents on all such property; for nonresidents only on property located in city.) (Attach a schedule that identifies and shows the calculation for each.)			.00	.00
4. Capital gain or (loss) from Sub. S corporations (See instructions; not allowed for residents of Flint or Grand Rapids.) (Attach schedule.)			.00	.00
5. Adjustment for capital loss carryover from period prior to residency (A resident is not allowed to claim a capital loss carryover from property sold prior to their date of residency.)			.00	NO ADJUSTMENT ALLOWED
6. Adjustment for difference between federal and city's capital loss carryover from prior year (The city's capital loss carryover is usually different from the amount reported on federal return; an adjustment must be made for this difference.)			.00	.00
7. Adjustment to limit capital loss to \$3,000 for tax year			.00	.00
8. Total exclusions and adjustments to capital gains or (losses) (Enter total here and on Form CF-1040, page 1, line 7, column B, or for part-year residents, enter on Schedule TC, line 7, column B)			00	0 00
Attach copy of federal Schedule D and all supporting schedules to return.				
Deferred gains from sales of property located in city or property sold while a resident of city are taxable when reported on federal return.				
				Revised 06/15/2017

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2022**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V
Rev. 7-21

2021 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 02/14/22 PRO

305



SILVIA RAJU MARIHAL

RAJU

8654 NEW SALEM ST UNIT 42
SAN DIEGO CA 92126

650966693

Daytime Phone Number: 3162138196

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

95.00

112221RAJU650966693XXXX0000000000



SILVIA RAJU MARIHAL 3162138196 RAJU 650966693

8654 NEW SALEM ST UNIT 42
SAN DIEGO CA 92126

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2021

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) IL State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From 01012021 To 05312021

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last **Date of Birth - MMDDYYYY** **Relationship** **SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2021?
- B.** Were you (or spouse) 55 years of age or older all of 2021 (born prior to January 1, 1966)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2021, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2004)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



SILVIA RAJU MARIHAL RAJU 650966693

1. Federal adjusted gross income	81201	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	81201	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5750	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	75451	29. Total refundable credits	837
8. Tax	3845	30. Underpayment	95
9. Nonresident percentage	24.2362	31. Interest	0
10. Nonresident tax	932	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	932	34. AMOUNT YOU OWE	95
13. Credit for taxes paid to other states	0	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	932	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	932	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (out of state and internet purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	932	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	837	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) _____ Date _____ Spouse Signature (Required) _____ Date _____
Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN, or SSN (Required) P02082703

SILVIA

RAJU MARIHAL

RAJU

650966693

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship contribution (enclose Schedule K-70)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A9. KPERS lump sum distributions exempt from income tax

A17. Disallowed business interest deduction (I.R.C. § 163(J))

A10. Interest on U.S. Government obligations (reduced by related expenses)

A18. Disallowed business meal expenses (I.R.C. § 274)

A11. State or local income tax refund (if included in line 1 of Form K-40)

A19. Contributions to an ABLÉ savings account

A12. Retirement benefits specifically exempt from Kansas Income Tax

A20. Kansas Expensing Deduction (Enclose K-120EX)

A13. Military compensation of a nonresident servicemember (Non-Residents only)

A21. Other subtractions from FAGI (enclose list)

A14. Contributions to Learning Quest or other states' qualified tuition program

A22. Total subtractions from FAGI (add lines A8 through A21)

A15. Armed forces recruitment, sign-up, or retention bonus

NET MODIFICATIONS:

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

SILVIA

RAJU MARIHAL

RAJU

650966693

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	81744	19680
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities		
Additional Income: (Lines B4 - B12)		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss	0	0
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 through B11)		19680

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses for members of the armed forces		
B17. Other federal adjustments	543	0
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		0
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		19680
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		19680
B22. Kansas adjusted gross income (From line 3, Form K-40)		81201
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		24.2362



Illinois Department of Revenue
2021 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

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

Step 1: Personal Information

1995

650-96-6693

SILVIA

RAJU MARIHAL

8654 NEW SALEM ST UNIT 42

SAN DIEGO

CA 92126

SILVIARAJU2025@GMAIL.COM

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
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)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 81,201.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 81,201.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 81,201.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines 10a through 10d.	10 2,375.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 32,674.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 1,617.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,617.00

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.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .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 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,617.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,617.00

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.



NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 1,617.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,649.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,649.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 32.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 32.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 32.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 1 0 1 1 0 0 0 4 5 X Checking or Savings
Account number 5 1 8 0 0 9 4 0 2 3 7 9

b paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 12: Amount You Owe

40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 13: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Illinois Department of Revenue
2021 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

SILVIA RAJU MARIHAL

Your name as shown on your Form IL-1040

6 5 0 - 9 6 - 6 6 9 3
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.
a I lived in **Illinois** from 06 / 01 / 21 to 12 / 31 / 21 I lived in Kansas from 01 / 01 / 21 to 05 / 31 / 21
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / 21 to ___ / ___ / 21, and _____ from ___ / ___ / 21 to ___ / ___ / 21
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	<u>5</u> 81,744.00	<u>34,200.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> .00	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> 0.00	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> .00	<u>.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 34,200.00	<u>34,200.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion	
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	34,200.00	
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	543.00	543.00
	33 RESERVED	33		
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35 Other adjustments (see instructions)	35	.00	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36		543.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	81,201.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38		33,657.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion	
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	
	40 Other additions (Form IL-1040, Line 3)	40	.00	
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41		33,657.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45		.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	33,657.00
	47 Enter the base income from Form IL-1040, Line 9.	47	81,201.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.414
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	983.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	32,674.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	52	1,617.00



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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

SILVIA RAJU MARIHAL

Your name as shown on Form IL-1040

6 5 0 - 9 6 - 6 6 9 3
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	45-5411535	\$ 68,640.00	\$ 34,200.00	\$ 1,649.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.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 \$ 1,649.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SILVIA RAJU MARIHAL 6 5 0 - 9 6 - 6 6 9 3
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
8654 NEW SALEM ST UNIT 42 Mailing address
SAN DIEGO CA 92126 (316) 213-8196
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 32,674 | 00
2 Tax from Form IL-1040, Line 14 2 1,617 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1,649 | 00
4 Overpayment from Form IL-1040, Line 36 4 32 | 00
5 Total amount due from Form IL-1040, Line 40 5 | 00
6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 1 0 1 1 0 0 0 4 5
8 Account no. (AN): 5 1 8 0 0 9 4 0 2 3 7 9
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

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

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/20/2022 Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC Date
2530 Pebble Creek Ln Your PTIN
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.

