

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br>PAVAN CHANDRA YELAKAYALA | Social security number<br>651-81-5917 |
| Spouse's name                               | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income . . . . .   | 1 | 68,433. |
| 2 Total tax . . . . .   | 2 | 7,975.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 9,979.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 2,004.  |
| 5 Amount you owe . . . . .  | 5 |         |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 5 | 9 | 1 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: PAVAN CHANDRA
Last name: YELAKAYALA
Your social security number: 651-81-5917
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
19 FETZER CT
Apt. no. 4
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for—' with various sub-rows (1a, 2a, 3a, 4a, 5a, 6a, 7, 8, 9, 10, 11, 12a, 12b, 12c, 13, 14, 15) and numerical values.

|                                      |  |            |        |
|--------------------------------------|--|------------|--------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 7,975. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |        |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 7,975. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |        |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |        |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |        |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 7,975. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 0.     |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 7,975. |
| <b>25</b>                            | Federal income tax withheld from:  |            |        |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 9,979. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |        |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> |        |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 9,979. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |        |
| <b>27a</b>                           | Earned income credit (EIC) <span style="float:right">No</span><br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |        |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |        |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |        |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |        |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |        |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |        |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |        |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |        |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 9,979. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 2,004. |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 2,004. |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |        |
|                                      | <b>d</b> Account number 316399671  |            |        |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |        |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |        |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |        |

If you have a qualifying child, attach Sch. EIC.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                    |   |
|---|------|------------------------------------|---|
| Your signature  | Date | Your occupation<br>DEVOPS ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (213) 373-5287 Email address PAVANCHANDRAY@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>04/05/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
651-81-5917

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -7,420. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |         |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |         |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |         |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |         |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -7,420. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2021**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

PAVAN CHANDRA YELAKAYALA

651-81-5917

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |  |
|-----------|--|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code)  |
| <b>A</b>  | 27-107, BADANGPET NAVAYUGA ENCLAVE, HYDERABAD, TELANGANA IN 500058 |
| <b>B</b>  |  |
| <b>C</b>  |  |

| <b>1b</b> | Type of Property (from list below) | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|--|------------------|-------------------|--------------------------|
| <b>A</b>  | 3                                  |  | 355              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |  |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:  |                              | Properties: | A    | B | C |
|----------|------------------------------|-------------|------|---|---|
| <b>3</b> | Rents received . . . . .     | <b>3</b>    | 530. |   |   |
| <b>4</b> | Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|           |  |           |        |  |  |
|-----------|--|-----------|--------|--|--|
| <b>5</b>  | Advertising . . . . .                                    | <b>5</b>  |        |  |  |
| <b>6</b>  | Auto and travel (see instructions) . . . . .             | <b>6</b>  |        |  |  |
| <b>7</b>  | Cleaning and maintenance . . . . .                       | <b>7</b>  | 650.   |  |  |
| <b>8</b>  | Commissions. . . . .                                     | <b>8</b>  |        |  |  |
| <b>9</b>  | Insurance . . . . .                                      | <b>9</b>  |        |  |  |
| <b>10</b> | Legal and other professional fees . . . . .              | <b>10</b> |        |  |  |
| <b>11</b> | Management fees . . . . .                                | <b>11</b> | 1,050. |  |  |
| <b>12</b> | Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |        |  |  |
| <b>13</b> | Other interest. . . . .                                  | <b>13</b> |        |  |  |
| <b>14</b> | Repairs. . . . .   | <b>14</b> | 2,850. |  |  |
| <b>15</b> | Supplies . . . . .                                       | <b>15</b> | 1,950. |  |  |
| <b>16</b> | Taxes . . . . .  | <b>16</b> |        |  |  |
| <b>17</b> | Utilities. . . . .                                       | <b>17</b> | 1,450. |  |  |
| <b>18</b> | Depreciation expense or depletion . . . . .              | <b>18</b> |        |  |  |
| <b>19</b> | Other (list) ▶ . . . . .                                 | <b>19</b> |        |  |  |
| <b>20</b> | Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 7,950. |  |  |

|           |   |           |         |  |  |
|-----------|---|-----------|---------|--|--|
| <b>21</b> | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . | <b>21</b> | -7,420. |  |  |
|-----------|---|-----------|---------|--|--|

|           |  |           |            |     |     |
|-----------|--|-----------|------------|-----|-----|
| <b>22</b> | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . | <b>22</b> | ( 7,420. ) | ( ) | ( ) |
|-----------|--|-----------|------------|-----|-----|

|            |  |            |        |  |  |
|------------|--|------------|--------|--|--|
| <b>23a</b> | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> | 530.   |  |  |
| <b>b</b>   | Total of all amounts reported on line 4 for all royalty properties . . . . . | <b>23b</b> |        |  |  |
| <b>c</b>   | Total of all amounts reported on line 12 for all properties . . . . .        | <b>23c</b> |        |  |  |
| <b>d</b>   | Total of all amounts reported on line 18 for all properties . . . . .        | <b>23d</b> |        |  |  |
| <b>e</b>   | Total of all amounts reported on line 20 for all properties . . . . .        | <b>23e</b> | 7,950. |  |  |

|           |  |           |            |  |  |
|-----------|--|-----------|------------|--|--|
| <b>24</b> | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .                                    | <b>24</b> |            |  |  |
| <b>25</b> | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . | <b>25</b> | ( 7,420. ) |  |  |

|           |   |           |         |  |  |
|-----------|---|-----------|---------|--|--|
| <b>26</b> | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> | -7,420. |  |  |
|-----------|---|-----------|---------|--|--|





Illinois Department of Revenue
2021 Form IL-1040

Individual Income Tax Return

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

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Step 1: Personal Information

1996

651-81-5917

PAVAN CHANDRA

YELAKAYALA

19 FETZER CT

4

BLOOMINGTON

IL

61704



PAVANCHANDRAY@GMAIL.COM

- B Filing status: [X] 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: [X] Nonresident - Attach Sch. NR [ ] Part-year resident - Attach Sch. NR

Step 2: Income

Table with 2 columns: Line number and Amount. Line 1: Federal adjusted gross income... 68,433.00. Line 2: Federally tax-exempt interest... .00. Line 3: Other additions... .00. Line 4: Total income... 68,433.00.

Step 3: Base Income

Table with 2 columns: Line number and Amount. Line 5: Social Security benefits... .00. Line 6: Illinois Income Tax overpayment... .00. Line 7: Other subtractions... .00. Line 8: Add Lines 5, 6, and 7... .00. Line 9: Illinois base income... 68,433.00.

Step 4: Exemptions

Table with 2 columns: Line number and Amount. Line 10a: Enter the exemption amount... 2,375.00. Line 10b: Check if 65 or older... .00. Line 10c: Check if legally blind... .00. Line 10d: If you are claiming dependents... 0.00. Line 10: Exemption allowance... 2,375.00.

Step 5: Net Income and Tax

Table with 2 columns: Line number and Amount. Line 11: Residents: Net income... 14,802.00. Line 12: Residents: Multiply Line 11 by 4.95%... 733.00. Line 13: Recapture of investment tax credits... .00. Line 14: Income tax... 733.00.

Step 6: Tax After Nonrefundable Credits

Table with 2 columns: Line number and Amount. Line 15: Income tax paid to another state... .00. Line 16: Property tax and K-12 education expense credit... .00. Line 17: Credit amount from Schedule 1299-C... .00. Line 18: Add Lines 15, 16, and 17... 0.00. Line 19: Tax after nonrefundable credits... 733.00.

Step 7: Other Taxes

Table with 2 columns: Line number and Amount. Line 20: Household employment tax... .00. Line 21: Use tax on internet, mail order... 0.00. Line 22: Compassionate Use of Medical Cannabis Program Act... .00. Line 23: Total Tax... 733.00.

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





24 Total tax from Page 1, Line 23.

24 733.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 759.00

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. 30 759.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 26.00

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 26.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 26.00

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 0 7 1 0 0 0 0 1 3  Checking or  Savings

Account number 3 1 6 3 9 9 6 7 1

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.

|                        |                                   |                                      |                                   |                   |  |   |
|------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-------------------|--|---|
| Sign Here              | Your signature                    | Date (mm/dd/yyyy)                    | Spouse's signature                | Date (mm/dd/yyyy) | Daytime phone number   |   |
|                        |                                   |                                      |                                   |                   | (213) 373-5287   |   |
| Paid Preparer Use Only | Print/Type paid preparer's name   |                                      | Paid preparer's signature         |                   | Date (mm/dd/yyyy)  | <input type="checkbox"/> Check if self-employed |
|                        | SYAM PRIYA RAM SAGAR GUPTA TALLAM |                                      | SYAM PRIYA RAM SAGAR GUPTA TALLAM |                   | 04/05/2022   | Paid Preparer's PTIN P02082703                  |
|                        | Firm's name                       | GLOBAL TAXES LLC                     | Firm's FEIN                       | 301017196         |  |   |
|                        | Firm's address                    | 2530 Pebble Creek LnCumming GA 30041 |                                   | Firm's phone      | (678) 965-9522   |   |
| Third Party Designee   | Designee's name (please print)    |                                      | Designee's phone number           |                   | <input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step. |   |
|                        |                                   |                                      | ( )                               |                   |  |   |

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

PAVAN CHANDRA YELAKAYALA  
 Your name as shown on your Form IL-1040

6 5 1 - 8 1 - 5 9 1 7  
 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.
  - I lived in **Illinois** from \_\_\_/\_\_\_/21 to \_\_\_/\_\_\_/21 I lived in \_\_\_\_\_ from \_\_\_/\_\_\_/21 to \_\_\_/\_\_\_/21  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - 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<br>Federal Total | Column B<br>Illinois Portion |
|---|---------------------------|------------------------------|
| <b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)   | 5 75,853.00               | 15,334.00                    |
| <b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)   | 6 .00                     | .00                          |
| <b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)   | 7 .00                     | .00                          |
| <b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)  | 8 .00                     | .00                          |
| <b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)   | 9 .00                     | .00                          |
| <b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)  | 10 .00                    | .00                          |
| <b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)   | 11 .00                    | .00                          |
| <b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)  | 12 .00                    | .00                          |
| <b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)   | 13 .00                    | .00                          |
| <b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)  | 14 .00                    | .00                          |
| <b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)  | 15 -7,420.00              | 0.00                         |
| <b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)  | 16 .00                    | .00                          |
| <b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)  | 17 .00                    | .00                          |
| <b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)  | 18 .00                    | .00                          |
| <b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)<br>Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B. | 19 .00                    | .00                          |
| <b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.  | 20                        | 15,334.00                    |

Continue with Step 3 on Page 2 →



**Step 3: Continued**

|                              |  | Column A<br>Federal Total | Column B<br>Illinois Portion |
|------------------------------|--|---------------------------|------------------------------|
| <b>Adjustments to Income</b> | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   | <b>21</b>                 | 15,334.00                    |
|                              | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)   | <b>22</b>                 | .00                          |
|                              | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | <b>23</b>                 | .00                          |
|                              | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)  | <b>24</b>                 | .00                          |
|                              | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)   | <b>25</b>                 | .00                          |
|                              | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)  | <b>26</b>                 | .00                          |
|                              | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)  | <b>27</b>                 | .00                          |
|                              | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | <b>28</b>                 | .00                          |
|                              | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)  | <b>29</b>                 | .00                          |
|                              | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)   | <b>30</b>                 | .00                          |
|                              | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | <b>31</b>                 | .00                          |
|                              | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)   | <b>32</b>                 | .00                          |
|                              | 33 RESERVED  | <b>33</b>                 |                              |
|                              | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)  | <b>34</b>                 | .00                          |
|                              | 35 Other adjustments (see instructions)  | <b>35</b>                 | .00                          |
|                              | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.  | <b>36</b>                 | .00                          |
|                              | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | <b>37</b>                 | 68,433.00                    |
|                              | 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.  | <b>38</b>                 | 15,334.00                    |

**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<br>Form IL-1040 Total | Column B<br>Illinois Portion |
|-----------------------------|---|--------------------------------|------------------------------|
| <b>Illinois Adjustments</b> | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)   | <b>39</b>                      | .00                          |
|                             | 40 Other additions (Form IL-1040, Line 3)   | <b>40</b>                      | .00                          |
|                             | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.                                 | <b>41</b>                      | 15,334.00                    |
|                             | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)   | <b>42</b>                      | .00                          |
|                             | 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | <b>43</b>                      | .00                          |
|                             | 44 Other subtractions (Form IL-1040, Line 7)  | <b>44</b>                      | .00                          |
|                             | 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.                                    | <b>45</b>                      | .00                          |

**Step 5: Figure your Illinois income and tax**

|                         |   |           |           |
|-------------------------|---|-----------|-----------|
| <b>Tax Calculations</b> | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.                                   | <b>46</b> | 15,334.00 |
|                         | 47 Enter the base income from Form IL-1040, Line 9.   | <b>47</b> | 68,433.00 |
|                         | 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.         | <b>48</b> | 0.224     |
|                         | 49 Enter your exemption allowance from your Form IL-1040, Line 10.  | <b>49</b> | 2,375.00  |
|                         | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.   | <b>50</b> | 532.00    |
|                         | 51 Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11. →                | <b>51</b> | 14,802.00 |
|                         | 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. → | <b>52</b> | 733.00    |



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)

PAVAN CHANDRA YELAKAYALA

Your name as shown on Form IL-1040

6 5 1 - 8 1 - 5 9 1 7  
Your Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 84-3443670  | \$ 75,853.00  | \$ 15,334.00   | \$ 759.00                                   |
| 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<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>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 \$ 759.00

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



Illinois Department of Revenue

Submission ID

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

PAVAN CHANDRA YELAKAYALA 6 5 1 - 8 1 - 5 9 1 7
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
19 FETZER CT 4
Mailing address
BLOOMINGTON IL 61704 (213) 373-5287
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 14,802 | 00
2 Tax from Form IL-1040, Line 14 2 733 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 759 | 00
4 Overpayment from Form IL-1040, Line 36 4 26 | 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): 0 7 1 0 0 0 0 1 3
8 Account no. (AN): 3 1 6 3 9 9 6 7 1
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 04/05/2022 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.





04 05 22

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 651 81 5917

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district #

8304

First name PAVAN CHANDRA

M.I. Last name YELAKAYALA

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

19 FETZER CT

Address line 2 (apartment number, suite number, etc.)

APT 4

City

BLOOMINGTON

State

IL

ZIP code

61704

Ohio county (first four letters)

FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary

X Resident Part-year resident Nonresident Indicate state

Check only one for spouse (if filing jointly)

Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 3 columns: Description, Amount, and Total. Rows include Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2021 Ohio IT 1040 Individual Income Tax Return



SSN 651 81 5917

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax due, 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (donations), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (213) 373-5287

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057





# 2021 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

651 81 5917



21350198

Sequence No. 11

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here  
and on line 14 of your Ohio IT 1040 .....1. 1764 00

### Part B - W-2s

|        |                                    |   |                                     |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P      | 843443670                          | 75853 00                                | 9979 00                             |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        | 54131286                           | 60519 00                                | 1764 00                             |
| 2. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 3. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 4. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 5. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 6. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |
| 7. P/S | Box b - EIN                        | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
|        |                                    | 00                                      | 00                                  |
|        | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc.         | Box 17 - Ohio income tax            |
|        |                                    | 00                                      | 00                                  |



# 2021 Schedule of Ohio Withholding

Primary taxpayer's SSN  
651 81 5917



21350298

Sequence No. 12

### Part C - 1099-Rs

1. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

3. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

4. P/S Payer's TIN

Box 1 - Gross distribution  
00

Total distribution

Box 7 - Distribution code

Box 15 - Payer's Ohio number

Box 4 - Federal income tax withheld  
00

Box 14 - Ohio tax withheld  
00

### Part D - W-2Gs

1. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

2. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

3. P/S Payer's federal ID number

Box 1 - Reportable winnings  
00

Box 4 - Federal income tax withheld  
00

Box 13 - Ohio state ID number

Box 14 - Ohio state winnings  
00

Box 15 - Ohio income tax withheld  
00

### Part E - 1099-NECs

1. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00

2. P/S Payer's TIN

Box 1 - Nonemployee compensation  
00

Box 4 - Federal income tax withheld  
00

Box 6 - Payer's Ohio number

Box 7 - State income  
00

Box 5 - Ohio tax withheld  
00



# 2021 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

651 81 5917



21280198 Sequence No. 7

04 05 22

## Nonrefundable Credits

|   |     |      |    |
|---|-----|------|----|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) .....  | 1.  | 1589 | 00 |
| 2. Retirement income credit (see instructions for table; <b>include 1099-R forms</b> ) .....                        | 2.  |      | 00 |
| 3. Lump sum retirement credit (see instructions for worksheet; <b>include a copy</b> ) .....                        | 3.  |      | 00 |
| 4. Senior citizen credit (must be 65 or older to claim this credit) .....   | 4.  |      | 00 |
| 5. Lump sum distribution credit (see instructions for worksheet; <b>include a copy</b> ) .....                      | 5.  |      | 00 |
| 6. Child care & dependent care credit (see instructions for worksheet; <b>include a copy</b> ) .....                | 6.  |      | 00 |
| 7. Displaced worker training credit (see instructions for all required documentation; <b>include copies</b> ) ..... | 7.  |      | 00 |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly .....                                 | 8.  | 0    | 00 |
| 9. Income-based exemption credit (\$20 times the number of exemptions) .....  | 9.  | 0    | 00 |
| 10. Total (add lines 2 through 9) .....   | 10. | 0    | 00 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....  | 11. | 1589 | 00 |
| 12. Joint filing credit (see instructions for table).           % times line 11, up to \$650 .....                  | 12. | 0    | 00 |
| 13. Earned income credit .....  | 13. |      | 00 |
| 14. Home school expenses credit .....   | 14. |      | 00 |
| 15. Scholarship donation credit .....   | 15. |      | 00 |
| 16. Nonchartered, nonpublic school tuition credit .....   | 16. |      | 00 |
| 17. Ohio adoption credit .....  | 17. |      | 00 |
| 18. Nonrefundable job retention credit ( <b>include a copy of the credit certificate</b> ) .....                    | 18. |      | 00 |
| 19. Credit for eligible new employees in an enterprise zone ( <b>include a copy of the credit certificate</b> ) ... | 19. |      | 00 |
| 20. Grape production credit .....   | 20. |      | 00 |
| 21. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....                                     | 21. |      | 00 |
| 22. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....                                 | 22. |      | 00 |
| 23. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....                    | 23. |      | 00 |
| 24. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....             | 24. |      | 00 |
| 25. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....           | 25. |      | 00 |
| 26. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....                         | 26. |      | 00 |



# 2021 Ohio Schedule of Credits

Primary taxpayer's SSN

651 81 5917



21280298

Sequence No. 8

|   |     |         |
|---|-----|---------|
| 27. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 27. | 00      |
| 28. Total (add lines 12 through 27) .....   | 28. | 0 00    |
| 29. Tax less additional credits (line 11 minus line 28; if negative, enter zero).....               | 29. | 1589 00 |

### Nonresident Credit

| Dates of Ohio residency  | to  | Other state of residency |    |
|--|-----|--------------------------|----|
| 30. Nonresident Portion of Ohio adjusted gross income -<br>Ohio IT NRC Section I, line 18 (include a copy) ..... |     |                          | 00 |
| 31. Ohio adjusted gross income (Ohio IT 1040, line 3).....   |     |                          | 00 |
| 32a. Divide line 30 by line 31 (four decimals; do not round;<br>if greater than 1, enter 1.0000) .....           |     | 32a.                     |    |
| 32. Nonresident credit (line 29 times line 32a) .....  | 32. |                          | 00 |

### Resident Credit

|  |      |          |
|--|------|----------|
| 33. Portion of Ohio adjusted gross income taxed by another<br>state or the District of Columbia while an Ohio resident -<br>Ohio IT RC, line 1a (include a copy) .....             | 33.  | 15334 00 |
| 34. Ohio adjusted gross income (Ohio IT 1040, line 3).....   | 34.  | 68433 00 |
| 35a. Divide line 33 by line 34 (four decimals; do not round;<br>if greater than 1, enter 1.0000).....  | 35a. | 0.2240   |
| 35. Line 29 times line 35a .....   | 35.  | 356 00   |
| 36. 2021 income tax liability after credits paid to<br>another state or the District of Columbia -<br>Ohio IT RC, line 1b (include a copy) .....                                   | 36.  | 733 00   |
| 37. Resident credit (enter the lesser of line 35 or line 36) Enter the two-letter state abbreviation<br>in the boxes below for each state in which income was subject to tax ..... | 37.  | 356 00   |
| IL   |      |          |
| 38. Total nonrefundable credits (add lines 10, 28, 32 and 37; enter here and on Ohio IT 1040, line 9) ..   | 38.  | 356 00   |

### Refundable Credits

|  |     |    |
|--|-----|----|
| 39. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....           | 39. | 00 |
| 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) ..... | 40. | 00 |
| 41. Pass-through entity credit (include a copy of the Ohio IT K-1s).....                                   | 41. | 00 |
| 42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 42. | 00 |
| 43. Venture capital credit (include a copy of the credit certificate) .....                                | 43. | 00 |
| 44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16).....       | 44. | 00 |



# IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

|   |                    |
|---|--------------------|
| Taxpayer name<br>PAVAN CHANDRA YELAKAYALA | SSN<br>651 81 5917 |
|---|--------------------|

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." You should include taxes paid on a composite income tax return if the taxes were not deductible in computing your federal adjusted gross income. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

**Important:** Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

|    | (A)<br>Income Taxed |    | (B)<br>Tax Paid |    | (A)<br>Income Taxed |  | (B)<br>Tax Paid |    |
|----|---------------------|----|-----------------|----|---------------------|--|-----------------|----|
| AL |                     | 00 |                 | 00 | MN                  |  | 00              | 00 |
| AR |                     | 00 |                 | 00 | MO                  |  | 00              | 00 |
| AZ |                     | 00 |                 | 00 | MS                  |  | 00              | 00 |
| CA |                     | 00 |                 | 00 | MT                  |  | 00              | 00 |
| CO |                     | 00 |                 | 00 | NC                  |  | 00              | 00 |
| CT |                     | 00 |                 | 00 | ND                  |  | 00              | 00 |
| DC |                     | 00 |                 | 00 | NE                  |  | 00              | 00 |
| DE |                     | 00 |                 | 00 | NH                  |  | 00              | 00 |
| GA |                     | 00 |                 | 00 | NJ                  |  | 00              | 00 |
| HI |                     | 00 |                 | 00 | NM                  |  | 00              | 00 |
| IA |                     | 00 |                 | 00 | NY                  |  | 00              | 00 |
| ID |                     | 00 |                 | 00 | OK                  |  | 00              | 00 |
| IL | 15334               | 00 | 733             | 00 | OR                  |  | 00              | 00 |
| IN |                     | 00 |                 | 00 | PA                  |  | 00              | 00 |
| KS |                     | 00 |                 | 00 | RI                  |  | 00              | 00 |
| KY |                     | 00 |                 | 00 | SC                  |  | 00              | 00 |
| LA |                     | 00 |                 | 00 | UT                  |  | 00              | 00 |
| MA |                     | 00 |                 | 00 | VA                  |  | 00              | 00 |
| MD |                     | 00 |                 | 00 | VT                  |  | 00              | 00 |
| ME |                     | 00 |                 | 00 | WI                  |  | 00              | 00 |
| MI |                     | 00 |                 | 00 | WV                  |  | 00              | 00 |

1a. **Ohio Adjusted Gross Income Taxed by Other States and the District of Columbia** (sum of all Column A amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits .... 1a. 15334 00

1b. **Tax Paid to Other States and the District of Columbia** (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits..... 1b. 733 00