

**Illinois Department of Revenue** 

Enter your Social Security numbers in the order they appear on your federal return.

IL-1040-ES 2022

ID: 3WM

**Estimated Income Tax Payment for Individuals** 

123-45-9007 1

GAND

0

Your Social Security number

Spouse's Social Security number

MEGHANA GANDI 1032 EMERALD DR SCHAUMBURG IL 60173

(954)254-1812

IL-1040-ES (R-12/21)



REV 02/24/22 PRO

Official Use

Calendar-Year Taxpayers — Your estimated tax payments are due on

- April 18, 2022
   September 15, 2022
- June 15, 2022
   January 17, 2023

366.00

Amount of payment (Whole dollars only)

Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62736-0001





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Amount of payment (Whole dollars only)

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We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
  - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





Illinois Department of Revenue 2021 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

123-45-9007

Your Social Security number

Spouse's Social Security number

\$\_

1,464.00

REV 02/24/22 PRO

Payment amount

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.

Your payment is due April 18, 2022.

MEGHANA GANDI 1032 EMERALD DR SCHAUMBURG IL 60173 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**

		1992
123-45-9007		
MEGHANA	GANDI	
1032 EMERALD DR		

 $_{
m IL}$ 

60173

COOK



SCHAUMBURG

	MEG	GHANA.GANDI12@GMAIL.COM			
С	Che	ng status: X Single Married filing jointly Married filing separately Widowed <b>eck</b> If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. <b>eck</b> the box if this applies to you during 2021: Nonresident - <b>Attach</b> Sch. NR Part-year	☐You ☐ S	Spouse	NR Z
Ļ	Ste 1 2 3 4	<b>p 2: Income</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SF Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	R, Line 2a.	1 2 3 4	dollars only) 56,616.00 .00 .00 56,616.00
66	Ste 5 6 7 8 9	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		.00	.00 56,616.00
Staple W-2 an		a Enter the exemption amount for yourself and your spouse. See instructions.  b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.  Attach Schedule IL-E/EIC.  Exemption allowance. Add Lines 10a through 10d.		5.00 .00 .00	2,375.00
4	Ste	p 5: Net Income and Tax		10	27373.00
		Residents: Net income. Subtract Line 10 from Line 9.			
040-V ▶	12 13 14	Nonresidents and part-year residents: Enter the tax from Schedule NR.	ach Schedule I	NR. 11 12 13 14	2,685.00 2,685.00 2,685.00
7-1	Ste	p 6: Tax After Nonrefundable Credits			
k and IL-1040-V	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		.00 .00	
Staple your check	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.		 18 19	0 <sub>.00</sub> 2,685 <sub>.00</sub>
on	Ste	p 7: Other Taxes			
e y	20	Household employment tax. See instructions.		20	.00
Stapi		Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Tain the instructions. <b>Do not</b> leave blank.  Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee		21 22	0.00
•	23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	v y v v.	23	2,685.00

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.





<b>24</b> Tot	al tax from Page 1,	Line 23.					24	2,685.00
Step 8:	Payments and F	Refundabl	le Credit					
25 Illino	ois Income Tax with	neld <b>Attac</b> l	<b>h</b> Schedule II -W	IT		<b>25</b> 1,	221.00	
	mated payments fro						.00	Z
	iding any overpaym					26	.00	
	s-through withholdin					27	.00	H A U W
	s-through entity tax	•				28	.00	Ę
					ttach Schedule IL-E/EIC.	. 29	.00	<b>\{</b>
30 Tota	al payments and re	fundable o	credit. Add Lines	25 through	29.		30	1,221.00
Step 9:	Total							
<b>31</b> If Lir	ne 30 is greater than	Line 24, su	btract Line 24 fror	n Line 30.			31	.00 m
	ne 24 is greater than						32	
Step 10	): Underpayment	of Estima	ted Tax Penalt	v and Don	ations - Only com	plete Step 10 fo	or late-paym	ent penalty  O  O  O  O  O  O  O  O  O  O  O  O  O
-				-	y charitable dona		, ,	Ç.
	-payment penalty fo				•	33	.00	C
	Check if at least to				from farming.			굴
b [	Check if you or yo	ur spouse	are 65 or older a	nd permane	ntly living in a nursing	g home.		<b>#</b>
c [	Check if your incor	me was not	t received evenly	during the y	ear and you annualiz	ed your income o	n Form IL-221	o. 🚽
	Attach Form IL-22	210.						Ž
d□	Check if you were	not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax y	ear.	
	ntary charitable dor					34	.00	G
35 Tota	I penalty and don	ations. Add	d Lines 33 and 34	4.			35	.00
Step 11	: Refund							.00 .00
<b>36</b> If yo	u have an amount o	on Line 31	and this amount	is greater th	an Line 35, subtract L	ine 35 from Line	31.	
This	is your <b>overpayme</b>	ent.					36	.00
<b>37</b> Amo	ount from Line 36 yo	u want <b>refu</b>	<b>ınded to you</b> . Ch	eck <b>one</b> box	on Line 38. See instr	ructions.	37	.00
<b>38</b> I cho	oose to receive my	refund by						.00
а 🗆	direct deposit - C	Complete th	ne information be	low if you ch	neck this box.			
	You may also conti	ribute	outing number			Checkin	g or Savir	ngs P
	to college savings here. See instruct	funds				Griodian	g or cavii	- S
	Tiere. See instructi	AC	count number					
b 🗆	paper check.							
	ount to be <b>credited f</b>	<b>orward.</b> Su	btract Line 37 fro	m Line 36.	See instructions.		39	.00
Step 12	2: Amount You O	we						
•			add Lines 20 an	d 25 <b>0 2</b>				
-	u have an amount ou have an amount o				Lino 25			
,	ract Line 31 from Li				•		40	1,464.00
Step 13	3: If this is a joint retu							
	Under penaities o	t perjury, i s	tate that I have ex	camined this	return and, to the bes	t of my knowledge,	it is true, corre	ct, and complete.
	l				I		1	
Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sign	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here ———							(954) 254	1-1812
	Print/Type paid prepa	ırer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGA	AR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/16/2022	self-employed	P02082703
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	30101719	6
OSE OIIIY	Firm's address		ble Creek LnC	ummina		Firm's phone	(678) 965	
Third	Designee's name (pl				Designee's phone num	·		e Department may
Party	\(\(\text{\tint{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\tint{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tin{\tin	, ,			, , ,		_	eturn with the third
Designee					( )		party designe	e shown in this step.
	Refer to	the 2021	1 IL-1040 Ins	struction	s for the addre	ss to mail vo	ur return.	
	,							

IL-1040 Back (R-12/21) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 02/24/22 PRO





### Illinois Department of Revenue

## 2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

ME	GHANA GANDI			12	3		4 5	9	0	0	_ 7
Υοι	ır name as shown	on Form IL-1040	Your Soc	ial Secur	rity numbe	er					
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	column C ges, Winnings, G s, Compensation		Illinois Wages, V		umn D s, Winnings, Gross Compensation, etc.		Columr nois Inc ax Withh	ome
1	W	84-1764320 000 5	_ \$	63,116 <b>•00</b>	<u>)</u>	\$	24,6	68 <b>•00</b>	\$	1,2	21 <b>•00</b>
2			- \$	•00	<u>)</u>	\$		<u>•00</u>	\$		<u>•00</u>
3			- \$	•00	<u>)</u>	\$		<u>•00</u>	\$		<u>•00</u>
4			- \$	•00	<u>)</u>	\$		<u>•00</u>	\$		<u>•00</u>
5			- \$	•00	<u>)</u>	\$		<u>•00</u>	\$		<u>•00</u>

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

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

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	mn C Winnings, Gross ompensation, etc.	Co Illinois Wages Distributions,	Column E Illinois Income Tax Withheld		
6			_ \$	•00	\$	<u>•00</u>	\$	•00
7			_ \$	•00	\$	<u>•00</u>	\$	• <u>00</u>
8			_ \$	•00	\$	•00	\$	<u>•00</u>
9			_ \$	•00	\$	•00	\$	• <u>00</u>
10			_ \$	•00	\$	•00	\$	<u>•00</u>

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 1,221**.00** 

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





			_						_				
			-	S	uhmi	eeior	ID						

# 

_	(Do not mail Form IL-8453		artificiti di ricveride di	iless it is requested for review.	
Step	1: Provide taxpayer informatio  MEGHANA	<b>n</b> GAN	DT	1 2 3 - 4 5 - 9 0	0 7
		t name (and last name if diffe			
Print	t 1032 EMERALD DR	triamo (ana laot hamo il amo	Last Hamo	Coolar Coolarity Hambor	
or type				Spouse's Social Security number	
type	SCHAUMBURG	IL	60173	(954) 254-1812	
	City	State	ZIP	Daytime phone number	
Ston	2: Complete information from	tav return			
	Net income from Form IL-1040, Line			<b>1</b> 54,241	1.00
	Tax from Form IL-1040, Line 14	11		<b>2</b> 2,685	
	Illinois Income Tax withheld from Forn	n II -1040 Line 25 <b>onl</b>	(enter "O" if none)	3 1,221	
	Overpayment from Form IL-1040, Line		(criter o irriorie)	4	00
	Total amount due from Form IL-1040,			5 1,464	1 00
	Filing status: X Single Married		ied filing separately V	/idowed Head of household	
withir 7 I 8 /		d by international funds		e.g., debit, deposit) with financial institutions to not be accepted and refunds will be via paper	
<b>10</b> I	Date the payment is to be electronical	lly withdrawn:/			
	Electronic funds withdrawal amount: _				
		·			
	Name on account:				
Step	4: Taxpayer declaration and sig	nature (Sign only a	fter completing Step 2	and, if applicable, Step 3.)	
				elare the information on Lines 7 through 9 is bouse as an agent to receive the refund.	
	withdrawal as designated in the ele	ectronic portion of my 2 ectronic overpayment of	2021 Illinois Individual Inco	gent to initiate an ACH electronic funds me Tax return. I authorize the financial institu itial information necessary to answer inquirie	itions s
×	I do not want direct deposit of my r	efund, or an electronic	funds withdrawal (direct d	ebit) of my balance due.	
originand a	nator (ERO) are identical. To the best o accompanying information may be sen	of my knowledge, my re t to IDOR by my ERO.	turn is true, correct, and co I authorize IDOR to inform	formation I provided to my electronic return mplete. I consent that my return, this declarat my ERO and/or the transmitter when my retur may be corrected and retransmitted if possib	n has
Sigr here	Your signature	Date	Spouse's signatur	e (if joint return, <b>both</b> must sign) Date	
Step I dec	5: Electronic return originator				
	lare that I have examined this taxpaye	ram and declare, unde	er penalties of perjury, that	to the best of my knowledge the taxpayer's re	
	lare that I have examined this taxpaye followed all requirements of this prog	ram and declare, unde			eturn
and a	lare that I have examined this taxpayer followed all requirements of this prograccompanying information are true, continued in the second in t	ram and declare, unde	er penalties of perjury, that 03/16/2022	to the best of my knowledge the taxpayer's re	eturn ons.)
and a	lare that I have examined this taxpayer followed all requirements of this prograccompanying information are true, continued in the second in t	ram and declare, unde	er penalties of perjury, that 03/16/2022	to the best of my knowledge the taxpayer's re	eturn
ERO use	lare that I have examined this taxpayer followed all requirements of this prograccompanying information are true, contained the second true, contained the second true of the second tru	ram and declare, unde	er penalties of perjury, that 03/16/2022	to the best of my knowledge the taxpayer's re  Check if paid preparer:   (See instruction of the paid preparer)    P 0 2 0 8 2 7 0	eturn ons.)
and a	lare that I have examined this taxpayer followed all requirements of this prograccompanying information are true, contained the second true, contained the second true of the second tru	ram and declare, unde	er penalties of perjury, that 03/16/2022	to the best of my knowledge the taxpayer's re  Check if paid preparer: (See instruction of the paid preparer) (See instruction of the p	eturn ons.)
ERO use	lare that I have examined this taxpayer followed all requirements of this prograccompanying information are true, contained the signature GLOBAL TAXES LLC Firm's name or your name if self-employed 2530 Pebble Creek Ln	ram and declare, unde	er penalties of perjury, that 03/16/2022	to the best of my knowledge the taxpayer's re  Check if paid preparer:   (See instruction of the property of the paid preparer:   (See instruction of the paid p	eturn ons.)

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.

