

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name GOUTHAM PATANGE	Social security number 862-33-4202
Spouse's name NEHA GANDHE	Spouse's social security number 753-42-7739

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	101,018.
2 Total tax	2	8,641.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,453.
4 Amount you want refunded to you	4	8,370.
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

3	4	2	0	2
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 GLOBAL TAXES LLC to enter or generate my PIN

2	7	7	3	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 [] Single [X] 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

Form fields for personal information: Your first name and middle initial (GOUTHAM), Last name (PATANGE), Your social security number (862-33-4202), Spouse's social security number (753-42-7739), Home address (1711 CARDINAL CT), City (WHEELING), State (IL), ZIP code (60090).

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) Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions)'. The table is currently empty.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for'. Key values: Line 1 (112,148), Line 9 (101,018), Line 11 (101,018), Line 12a (25,100), Line 12b (600), Line 12c (25,700), Line 15 (75,318).

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,641.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,641.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,641.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	8,641.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,453.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,453.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) NO 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"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,558.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,558.
33	Add lines 25d, 26, and 32. These are your total payments	33	17,011.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,370.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	8,370.
Direct deposit? See instructions.	b Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 8 8 0 5 0 6 1 4 1 4 9		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (972) 654-2309 Email address GOUTHAM.6785@GMAIL.COM

Paid Preparer Use Only

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

Your social security number
862-33-4202

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-11,130.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-11,130.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

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

**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 for instructions and the latest information.

Name(s) shown on return

Your social security number

GOUTHAM PATANGE & NEHA GANDHE

862-33-4202

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

1a	Physical address of each property (street, city, state, ZIP code)					
A	H.NO:11-13-1089,VASAVI CLY SAROORNAGAR HYDERABAD,TELANGANA IN 500035					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<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
3	Rents received	3	610.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	1,690.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10	1,960.		
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	2,150.		
15	Supplies	15	2,950.		
16	Taxes	16			
17	Utilities.	17	2,990.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	11,740.		
21	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	21	-11,130.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,130.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		610.	
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e		11,740.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,130.)		
26	Total rental real estate and royalty income or (loss). 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	26			-11,130.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-11,130.

Schedule E (Form 1040) 2021



Illinois Department of Revenue
2021 Form IL-1040

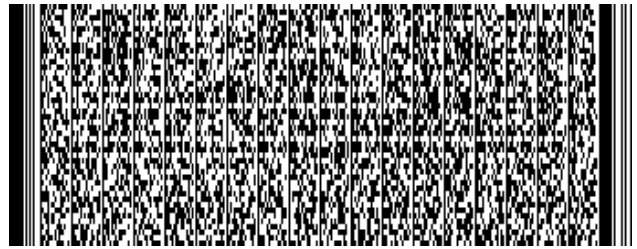
Individual Income Tax Return

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

1992
 862-33-4202 753-42-7739 1993
 GOUTHAM PATANGE
 NEHA GANDHE
 1711 CARDINAL CT
 WHEELING IL 60090 COOK



GOUTHAM.6785@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.	1 101,018.00
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.	4 101,018.00

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.	9 101,018.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 4,750.00
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 4,750.00

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 96,268.00
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 4,765.00
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 4,765.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 914.00
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.	18 914.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 3,851.00

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 3,851.00

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 3,851.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 4,214.00
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 4,214.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 363.00
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. 36 363.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 363.00
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 1 1 0 0 0 0 2 5 X Checking or Savings
Account number 4 8 8 0 5 0 6 1 4 1 4 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



2021 Schedule CR Credit for Tax Paid to Other States

Attach to your Form IL-1040

Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

GOUTHAM PATANGE & NEHA GANDHE

Your name as shown on your Form IL-1040

8 6 2 - 3 3 - 4 2 0 2

Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A	Column B
Total	Non-Illinois Portion
(Whole dollars only)	(Whole dollars only)

Read the instructions before completing this step.

Income	1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	1	112,148.00	27,014.00
	2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	2	.00	.00
	3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	3	.00	.00
	4	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	4	.00	
	5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	5	.00	
	6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	6	.00	.00
	7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	7	.00	.00
	8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	8	.00	.00
	9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	9	.00	
	10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	10	.00	
	11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	11	-11,130.00	0.00
	12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	12	.00	.00
	13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	13	.00	.00
	14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	14	.00	
	15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Identify each item. _____	15	.00	.00
	16	Add Columns A and B, Lines 1 through 15.	16	101,018.00	27,014.00

Continue with Step 2 on Page 2 →

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.



Column A	Column B
Total	Non-Illinois Portion
(Whole dollars only)	(Whole dollars only)

	17 Enter the amounts from Page 1, Line 16.	17	101,018.00	27,014.00
<hr/>				
Adjustments to Income	18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18	.00	.00
	19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19	.00	.00
	20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20	.00	.00
	21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21	.00	.00
	22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22	.00	.00
	23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23	.00	.00
	24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24	.00	.00
	25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25	.00	.00
	26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26	.00	.00
	27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27	.00	.00
	28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28	.00	.00
	29 RESERVED	29		
	30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30	.00	.00
	31 Other adjustments. See instructions.	31	.00	.00
	32 Add Columns A and B, Lines 18 through 31.	32	.00	.00
33 Subtract Columns A and B, Line 32 from Line 17.	33	101,018.00	27,014.00	

Step 3: 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	Column B
Form IL-1040 Total	Non-Illinois Portion
(Whole dollars only)	(Whole dollars only)

Illinois Adjustments	34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34	.00	.00	
	35 Other additions (Form IL-1040, Line 3)	35	.00	.00	
	36 Add Columns A and B, Lines 33, 34, and 35.	36	101,018.00	27,014.00	
	<hr/>				
	37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37	.00	.00	
	38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38	.00		
	39 Other subtractions (Form IL-1040, Line 7)	39	.00	.00	
40 Add Columns A and B, Lines 37 through 39.	40	.00	.00		
41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41	101,018.00	27,014.00		

Continue to Page 3 ➔



Step 4: Figure your Schedule CR decimal

		Column A	Column B
Decimal	42	101,018.00	27,014.00
	43		0.267

Step 5: Part-year residents only (Full year residents, go to Step 6.)

Part-Year Only	44	_____	.00
	45	_____	_____
	46	_____	.00
	47	_____	.00
	48	_____	.00
	49	_____	.00

Step 6: Figure your credit

Credit for Tax Paid to Other States	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include only : <ul style="list-style-type: none"> • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed. 	
	52	_____	4,765.00
	53	_____	0.267
	54	_____	1,272.00
	55	_____	914.00



Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.





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)

GOUTHAM PATANGE 8 6 2 - 3 3 - 4 2 0 2
 Your name as shown on Form IL-1040 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 <u>W</u>	<u>37-1795098</u>	\$ <u>85,134.00</u>	\$ <u>85,134.00</u>	\$ <u>4,214.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</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)

NEHA GANDHE 7 5 3 - 4 2 - 7 7 3 9
 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 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
7 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <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 \$ 4,214.00

➔ 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

Form fields for Step 1: GOUTHAM NEHA GANDHE PATANGE, 1711 CARDINAL CT, WHEELING IL 60090, Social Security number 862-33-4202, Spouse's Social Security number 753-42-7739, Daytime phone number (972) 654-2309

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11 96,268.00; 2 Tax from Form IL-1040, Line 14 4,765.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only 4,214.00; 4 Overpayment from Form IL-1040, Line 36 363.00; 5 Total amount due from Form IL-1040, Line 40 0.00; 6 Filing status: Single [X] Married filing jointly

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.

Form fields for Step 3: 7 Routing no. (RN): 111000025; 8 Account no. (AN): 488050614149; 9 Type of account: [X] Checking; 10 Date the payment is to be electronically withdrawn: / /; 11 Electronic funds withdrawal amount: 0.00; 12 Name on account:

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

- [X] 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 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

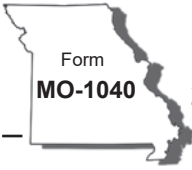
I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying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

Form fields for Step 5: ERO's signature, Date 04/04/2022, Firm's name GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming GA 30041, Check if paid preparer: [X] (See instructions.), Your PTIN P 02082703, Federal employer identification number (FEIN) 30-1017196, Daytime phone number (678) 965-9522

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.

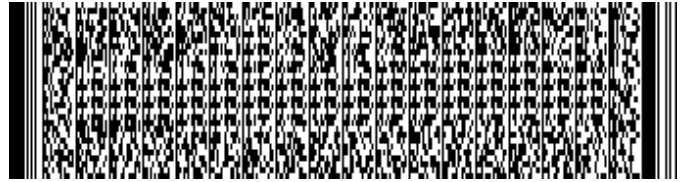




2021 Individual Income Tax Return - Long Form

For Calendar Year January 1 - December 31, 2021

Print in BLACK ink only and DO NOT STAPLE.



Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)

Input boxes for fiscal year beginning and ending dates.

Vendor Code

Vendor Code input box containing 1555

Department Use Only

Input boxes for Department Use Only.

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 Age 65 or Older Blind 100% Disabled Non-Obligated Spouse

Yourself Spouse input boxes for age and disability categories.

Social Security Number in 2021 Deceased Spouse's Social Security Number in 2021 Deceased

Input boxes for Social Security Numbers: 862-33-4202 and 753-42-7739

Name

First Name M.I. Last Name Suffix Spouse's First Name M.I. Spouse's Last Name Suffix

Name input boxes: GOUTHAM PATANGE NEHA GANDHE

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Input box for In Care Of Name.

Address

Present Address (Include Apartment Number or Rural Route)

Address input box: 1711 CARDINAL CT

City, Town, or Post Office

State

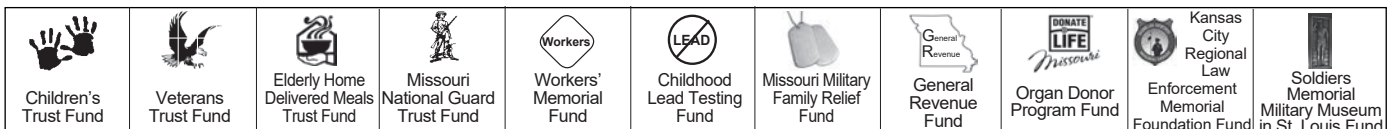
ZIP Code

Address input boxes: WHEELING IL 60090

County of Residence

County of Residence input box: NONR

You may contribute to any one or all of the trust funds on Line 48. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	74004 .00	1S	27014 .00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y	.00	2S	.00
3. Total income - Add Lines 1 and 2	3Y	74004 .00	3S	27014 .00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	.00	4S	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	74004 .00	5S	27014 .00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	101018 .00		
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	73 %	7S	27 %

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8	.00
9. Tax from federal return	9	8641 .00
10. Other tax from federal return	10	.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	8641 .00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	5.00 %

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	432 .00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,550 • Head of Household-\$18,800 • Married Filing Combined or Qualifying Widow(er)-\$25,100 Note: If age 65 or older, blind, or claimed as a dependent, see page 8	14	25100 .00
15. Long-term care insurance deduction	15	.00
16. Health care sharing ministry deduction	16	.00
17. Active Duty Military income deduction	17	.00
18. Inactive Duty Military income deduction	18	.00
19. Bring jobs home deduction	19	.00
20. Transportation facilities deduction	20	.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A.	<input type="text"/>	B.	<input type="text"/>	21	<input type="text"/>	.00
22. Long Term Dignity Savings Account Deduction.....					22	<input type="text"/>	.00
23. Total deductions - Add Lines 8 and 13 through 22.....					23	25532	.00
24. Subtotal - Subtract Line 23 from Line 6.....					24	75486	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S.....	25Y	55105	.00	25S	20381	.00	
26. Enterprise zone or rural empowerment zone income modification.....	26Y	<input type="text"/>	.00	26S	<input type="text"/>	.00	

Tax

27. Taxable income - Subtract Line 26 from Line 25.....	27Y	55105	.00	27S	20381	.00
28. Tax (see tax chart on page 26 of the instructions),.....	28Y	2789	.00	28S	914	.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).....	29Y	<input type="text"/>	.00	29S	<input type="text"/>	.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%.....	30Y	0	%	30S	100	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30.....	31Y	0	.00	31S	914	.00
32. Other taxes - Select box and attach federal form indicated. <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y	<input type="text"/>	.00	32S	<input type="text"/>	.00
33. Subtotal - Add Lines 31 and 32.....	33Y	0	.00	33S	914	.00
34. Total Tax - Add Lines 33Y and 33S.....				34	914	.00

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.....	35	1171	.00
36. 2021 Missouri estimated tax payments - Include overpayment from 2020 applied to 2021.....	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37	<input type="text"/>	.00
38. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38	<input type="text"/>	.00
39. Amount paid with Missouri extension of time to file (Form MO-60).....	39	<input type="text"/>	.00
40. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC.....	40	<input type="text"/>	.00
41. Property tax credit - Attach Form MO-PTS	41	<input type="text"/>	.00
42. Total payments and credits - Add Lines 35 through 41.....	42	1171	.00



21322031555

Amount Due

- 51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
Amount of UNDERPAYMENT 51 . 00
- 52. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here . . . 52 . 00
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 53. **AMOUNT DUE** - Add Lines 51 and 52.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53 . 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text" value="9726542309"/>		
Preparer's Signature	<input type="text" value="SYAM PRIYA RAM SAGAR GUPTA TALLAM"/>			Date (MM/DD/YY)	<input type="text" value="04"/>	<input type="text" value="04"/>	<input type="text" value="22"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="30-1017196"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="2530 PEBBLE CREEK LN CUMMING"/>			State	<input type="text" value="GA"/>	ZIP Code	<input type="text" value="30041"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



21322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2021)

Mail to: **Balance Due:**
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: income@dor.mo.gov



Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

862 - 33 - 4202

Name

PATANGE, GOUTHAM

Address

1711 CARDINAL CT

City, State, ZIP Code

WHEELING IL 60090

- 1. Nonresident of Missouri
State of residence during 2021 ILLINOIS
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
Date From: _____ Date To: _____

Spouse's Social Security Number

753 - 42 - 7739

Spouse's Name

GANDHE, NEHA

Address

1711 CARDINAL CT

City, State, ZIP Code

WHEELING IL 60090

- 1. Nonresident of Missouri
State of residence during 2021 ILLINOIS
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
 Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2021.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 30 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
 - Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
 - Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
 - Missouri Home of Record
I did not at any time during the tax year 2021 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
 - Non-Missouri Home of Record
I resided in Missouri during 2021 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)	
		Missouri Sources		Missouri Sources	
A. Wages, salaries, tips, etc.	1	A	0 .00	A	27014 .00
B. Taxable interest income	2b	B	.00	B	.00
C. Dividend income	3b	C	.00	C	.00
D. State and local income tax refunds (from schedule 1, part 1)	1	D	.00	D	.00
E. Alimony received (from schedule 1, part 1)	2a	E	.00	E	.00
F. Business income or (loss) (from schedule 1, part 1)	3	F	.00	F	.00
G. Capital gain or (loss)	7	G	.00	G	.00
H. Other gains or (losses) (from schedule 1, part 1)	4	H	.00	H	.00
I. Taxable IRA distributions	4b	I	.00	I	.00
J. Taxable pensions and annuities	5b	J	.00	J	.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	0 .00	K	.00
L. Farm income or (loss) (from schedule 1, part 1)	6	L	.00	L	.00
M. Unemployment compensation (from schedule 1, part 1)	7	M	.00	M	.00
N. Taxable social security benefits	6b	N	.00	N	.00
O. Other income (from schedule 1, part 1)	9	O	.00	O	.00
P. Total - Add Lines A through O		P	0 .00	P	27014 .00
Q. Less: federal adjustments to income	10	Q	.00	Q	.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	0 .00	R	27014 .00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S	.00	S	.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T	.00	T	.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, less Line T. Enter this amount on Part C, Line 1.		U	.00	U	.00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)	
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	0 .00	1S	27014 .00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	74004 .00	2S	27014 .00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 30Y and 30S	3Y	0 %	3S	100 %

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.