Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer 3 hame	Social security number					
KIRITHIGAA ALAGIRISAMY JEYARAJ	199-61-9217					
Spouse's name	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Ente	r 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 40,222.					
2 Total tax	2 3,086.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 3,152.					
4 Amount you want refunded to you	4 66.					
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 periury. 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

1	9	2	1	7	
	er fiv i't en				as

my

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

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 mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 s	signature 🕨 🛛 🖸	ate							
	Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a	all zer		

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 🕨	
Don't S	ERO Must Retain This Form — Second Se		
For Denemicarly Deduction Act Nation of		BEV 02/16/22 BBO	Earm 8879 (Payr 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/22 PRO

Deduction for- 7 • Single or Married filing separately, \$12,550 7 • Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -4,510. • Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 40,222. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 • Married filing jointly or Qualifying widow(er), \$25,100 12a Standard deduction or itemized deductions (from Schedule A) 11 40,222. • Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b 300. • Lead of household, \$18,800 • Add lines 12a and 12b 122,850. 12c 12,850.	E 1040		rrtment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 154	5-0074	IRS U	se Only	–Do not v	vrite or staple	in this space.
Your first name and middle initial Last name Your social security number 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. Apt.no. 109 1600 LIGHT ROAD 109 Check here if you, roy our spouse if filing jointly, want 33 Gity, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code for gouse its filing jointly, want 33 Gow LiGHT ROAD 009 Check here if you, roy our spouse if filing jointly, want 33 social security number 109 Check here if you, roy our spouse if filing jointly, want 33 SwigGO Someone can claim: Your spouse as dependent Your spouse as dependent Your spouse as dependent Dependents (see instructions): Wages, salaries, tips, etc. Attach Form(p) W-2 Was born before January 2, 1957 Is blind Madd check	Check only	lf yo	u checked the MFS box, enter the r	name of	-									
KIRITHIGAA ALAGIRISAMY JEYARAJ 199-61-9217 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. Apt. no. 109 Check here if you, or your City, town, or poor office. If you have a foreign address, also complete spaces below. State 21 Coheck here if you, or your Foreign country name Foreign province/state/country Foreign postil code you tax or refund. Foreign country name Foreign province/state/country Foreign postil code you tax or refund. Standard Someone can claim: You as a dependent You respouse as a dependent You Dependents (see instructions): (19 coli ascurity (3) Relationship (4) for qualities tor (see instructions): To dependents If more dependents (see instructions): (2) Social security (3) Relationship (4) for qualities tor (see instructions): 1 44,732. If more dependents in and check in adverse in adverse in adverse in adverse in adverse Age/Blindess You: Ware salaries, tips, etc. Attach Form(s) W-2 b Toxable amount in adverse	Vour first some	•		1								Vour or		tunumbor
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. Apt. no. 109 1600 LIGHT ROAD 109 Check here if you, or you or you City, town, or post office. If you have a foreign address, also complete spaces below. State 12 6054.3 CSWEGO III. 6054.3 box below will not change you retain the during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You you ryous es as a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Image: salaries, tips, etc. Attach Form(s) (2) Social security (3) Relationship (4) 4' if qualifies to rise instructions; If more than four dependents, see instructions Image: salaries, tips, etc. Attach Form(s) W-2 Image: sal			ddie mitiai				גרוא	-						-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 1600_LIGHT_ROAD 109 Check here if you, or your spouse if filing jointly, want 33 State 21P code for heck here if you, or your spouse if filing jointly, want 33 GNWEGO TL 605 43 to this fund. Checking a box below will not change your tax or refund. You Spouse if filing jointly, want 33 Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as dependent You receive as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You (i) I ret name Last name (i) Social security (i) Poul cold for dependents than four dependents (ii) First name Last name (iii) Social security (i) Poul Chid tax credit Chid tax credit <td>-</td> <td>-</td> <td>first same and middle initial</td> <td>-</td> <td></td> <td>MI UEI.</td> <td>ARA</td> <td>J</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-	-	first same and middle initial	-		MI UEI.	ARA	J						
1600 LIGHT ROAD 109 Check here if you, or your sourd so pose if filing jointly, want \$3 OSWEGO IL 60543 box befow will not change Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse it minutes on a separate return or you were a dual-status alien Age/Blindness You: (I) First name Last name If more there be (I) First name Last name III 40 you Child tax credit Credit for other dependent see instructions: I 44 you D IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	n joint return, s	pouses	nist name and middle initial	Last na	une							Spouse	s social se	curity number
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, want \$3 OSWEGO IL 60543 box below will not change a box below. You Spouse if filing jointly, want \$3 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 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 Dependents (see instructions): (f) First name Last name (g) Social security (g) Relationship (f) V if qualifies for (see instructions): Chrid tax credit Credit or other dependents see instructions:				e instructi	ons.									
Cuty, own, or possibles in your have a foreight adultess, also complete spaces below. State Chr Cute to to this fund, checking a box below will not change box below will not change your tax or refund. OSWEGO TL 605 43 box below will not change your tax or refund. To u Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 Are bilind Spouse: Was born before January 2, 1957 Is bilind Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies for (see instructions): If data credit for differ dependents if more (1) First name Last name Image		-										1		
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Standard Deduction for - 6a Social security benefits		4a	IRA distributions	4a			bΤ	axable amou	nt.			. 4b)	
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		15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or less	ente	r-0				. 15	5	27,372.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check in						16	3,086.
	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	3,086.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, line						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	3,086.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	3,086.
	25	Federal income tax withheld t	from:			1 1			
	а	Form(s) W-2				25a 3	,152.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	3,152.
If you have a	26	2021 estimated tax payments			37			26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC) .				27a			
		Check here if you were be							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elect							
	c	Prior year (2019) earned incor				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit f				29			
	30	Recovery rebate credit. See in		·		30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through					lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th		•				33	3,152.
Defend	34	If line 33 is more than line 24,						34	66.
Refund	35a	Amount of line 34 you want r				•		35a	66.
Direct deposit?	►b	Routing number 3 0 3					Savings		
See instructions.	►d	Account number 0 0 6					9		
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract li	ine 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see ins				38			
Third Party	Do	you want to allow another				? See			
Designee		tructions	•			. —	omplete k	below.	🗙 No
		signee's		Phone			onal identi		
		ne 🕨		no. 🕨			ber (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation				it you an Identity
	. 10	ur signature		Dale					N, enter it here
Joint return?					STRUCTURA	L ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, b e	oth must sign.	Date	Spouse's occupa	tion			t your spouse an
Keep a copy for your records.	,							tity Prote inst.) ▶	ection PIN, enter it here
,				Free all a status as		COGNA TE GON		iiiiot.) 🕨	
		one no. (405)762-3582 parer's name	Preparer's signat	Email address	AJKIRTHII	6@GMAIL.COM	l PTIN		Check if:
Paid								~~~	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 02/21/2022	P0208		
Use Only		n's name ► GLOBAL TAX		m (1,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)965-9522
		n's address ► 2530 Pebbl		n cumming	-		Firm	's EIN ►	
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	t information.		BAA	REV 02/16/22 PRO			Form 1040 (2021)

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

		•
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your so
KIRITHIGAA ALA	GIRISAMY JEYARAJ	199-6

our social security number .99-61-9217

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, tru Schedule E		5	-4,510.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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	8k		
	property	οκ	-	
'	instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions).	8р		
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 10 1040-NR, line 8	040, 1040-SR, or	10	-4,510.

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

Schedule 1 (Form 1040) 2021

Par	t 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		
С	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:		
а	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		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
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)		
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 violations24i		
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	

BAA

REV 02/16/22 PRO

(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							1					
Departm	artment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								•				
Internal F	al Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 												
Name(s)	(s) shown on return Your social security number												
1			SAMY JEYARAJ								9-61-92		
Part			s From Rental Rea		-						0.1		use
			instructions. If you are										
A Dic	d you make any	payme	nts in 2021 that wou	uld require you to	file F	orm(s) 1	099? Se	e insti	ructions .		🗆	Yes 🛛	No
B If "	Yes," did you o	or will yo	ou file required Form	n(s) 1099?							🗆	Yes 🗌	No
_1a	Physical addr	ess of e	each property (stree	et, city, state, ZIP	, code	e)							
Α	SALAIPUDU	R KOV	/ILPATTI TAMII	NADU IN	628	503							
В													
C													
1b	Type of Pro	perty	2 For each renta	al real estate prop	oerty li	isted		Fair	Rental	Pers	sonal Use	0	JV
	(from list be	elow)	above, report	the number of fai days. Check the	ir renta	al and		0	Days		Days		
Α	3		if you meet th	e requirements to	o file a	sa	Α		365		0]
В			qualified joint	venture. See inst	ructio	ns.	В]
С							С]
Туре	of Property:												
1 Sing	gle Family Resid	dence	3 Vacation/Sho	ort-Term Rental	5 La	nd	7	' Self-	Rental				
2 Mul	ti-Family Reside	ence	4 Commercial		6 Ro	yalties	8	3 Othe	r (describe))			
Incom	ne:			Properties:			Α		E	3		С	
3	Rents received	t			3		ŗ	500.					
4	Royalties rece	ived.			4								
Expen													
5	Advertising .				5								
6	Auto and trave	el (see in	nstructions)		6								
7	Cleaning and r	mainter	nance		7		1,1	150.					
8	Commissions.				8								
9					9								
10	Legal and othe	er profe	essional fees		10								
11	Management f	ees .			11		ç	900.					
12	Mortgage inter	rest pai	id to banks, etc. (se	e instructions)	12								
13	Other interest.				13								
14					14		1,5	550.					
15	Supplies				15		1,4	410.					
16	Taxes				16								
17	Utilities				17								
18	Depreciation e	xpense	e or depletion .		18								
19	Other (list) 🕨				19								
20	Total expense	s. Add	lines 5 through 19		20		5,0	010.					
21	Subtract line 2	0 from	line 3 (rents) and/o	r 4 (rovalties). If									
			instructions to find										
	file Form 6198				21		-4,5	510.					
22	Deductible rer	ntal real	l estate loss after li	mitation, if any,									
			structions)		22	(4,5	10.)	()()
23a	Total of all am	ounts re	eported on line 3 fo	r all rental prope	rties			23a		50	0.		
b	Total of all am	ounts re	eported on line 4 fo	r all royalty prope	erties			23b					
с			eported on line 12 f					23c					
d			eported on line 18 f					23d					
е			eported on line 20 f					23e		5,01	.0.		
24			e amounts shown o		t inclu	ide any	losses				24		
25	Losses. Add ro	oyalty lo	sses from line 21 and	l rental real estate	losse	s from lii	ne 22. Er	nter tota	al losses her	e.	25 (4,5	510.)
26	Total rental re	eal est	ate and royalty inc	ome or (loss). (Comb	ine line	s 24 and	d 25. F	Enter the re	sult			
			V, and line 40 on										

Supplemental Income and Loss

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE E

4040

Schedule E (Form 1040) 2021

26

-4,510.

OMB No. 1545-0074



Illinois Department of Revenue 2021 Form IL-1040

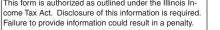
Individual Income Tax Return

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
------------------	-------------

				19	93				
	199	9-61-9217							
	KI	RITHIGAA	i	ALAGIRISAM	Y JEYARAJ				
	16	00 LIGHT ROAD			109				
	OSI	NEGO	IL	60543	KENDALL				
	AJI	(IRTHI16@GMAIL.(COM						
С	Ch	ng status: 🔀 Single eck If someone can clai eck the box if this appli	m you, c	or your spouse i	f filing jointly, as a dep	endent. See instruct	ions. 🗌 You 🗌	Spouse Attach Sch.	
	Ste	p 2: Income						(Whole	e dollars only) 40,222.00 .00 40,222.00 40,222.00 40,222.00 CONTRENSION
_	1 2	Federal adjusted gross Federally tax-exempt	s income	e from your fede	eral Form 1040 or 1040)-SR, Line 11. ral Form 1040 or 10	MO-SB Line 2a	1 2	$\frac{40,222.00}{00}$
T	3	Other additions. Attac			icome nom your lede		040-011, Line 2a.	3	.00 D
	4	Total income. Add Li						4	40,222.00
e	_	p 3: Base Income							Т
Staple W-2 and 1099 forms here	5	Social Security benefi received if included in					5	.00	E Z
IS	6	Illinois Income Tax ove				040-SB	5	.00	Щ
nn	•	Schedule 1, Ln. 1.				o . o o ,	6	.00	Z T
9 fc	7	Other subtractions. At				_	7	.00	뀌
60	8	Check if Line 7 inclu	des any	amount from	Schedule 1299-C.			0	Ö 00
d 1	9 9	Add Lines 5, 6, and 7 Illinois base income						8 9	<u>.00</u> 40,222.00
an		p 4: Exemptions							
1-2		a Enter the exemption	n amoun	t for vourself ar	nd vour spouse. See i	nstructions.	a 2,3	75.00	THIS FORM
e N		b Check if 65 or olde	er: 🛛	You + 🛛 Sp	bouse # of check	boxes X \$1,000	= b	.00	
h		c Check if legally blir				boxes X \$1,000		.00	PH OF
Sta		d If you are claiming d		nts, enter the an	nount from Schedule IL	-E/EIC, Step 2, Line		0.00	Ä
		Attach Schedule IL- Exemption allowance		ines 10a throu	ah 10d		d	<u>0.00</u> 10	2,375.00
	Sto	p 5: Net Income and			igit tou.				
	11	Residents: Net inco		tract Line 10 fr	om Line 9.				
		Nonresidents and p				me from Schedule N	IR. Attach Schedule	NR. 11	37,847.00
	12	Residents: Multiply L	ine 11 b.	y 4.95% (.0498	5). Cannot be less tha	n zero.			
>	40	Nonresidents and p				dule NR.	,	12	1,873.00
40	13 14	Recapture of investme Income tax. Add Line						13 14	<u>.00</u> 1,873.00
-10		p 6: Tax After Nonre							1,015.00
E	15	Income tax paid to an			nois resident Attach	Schedule CB	15	.00	
pu	16	Property tax and K-12					10	.00	
ka		Attach Schedule ICR					16	.00	
eci	17	Credit amount from S					17	.00	0.00
сh	18 19	Add Lines 15, 16, and Tax after nonrefundation				xceed the tax amol	Int on Line 14.	18 19	0 <u>.00</u> 1,873.00
ur	_	p 7: Other Taxes		uits. Oubtract				15	
Staple your check and IL-1040-V	20	Household employme	nt tav S	See instructions	3			20	.00
ple	21	Use tax on internet, n	nail orde	r, or other out-	 of-state purchases fro	m UT Worksheet o	r UT Table	LV	
Sta	_	in the instructions. Do	not lea	ve blank.				21	0.00
5	22	Compassionate Use o			gram Act and sale of a	assets by gaming lic	ensee surcharges.	22	.00
	23	Total Tax. Add Lines	19, 20, 2	21, and 22.				23	1,873.00
		IL-1040 2D Front (R-12/21) Printed by authority of the State	of Illinois - w	come Ta Failure t	m is authorized as outlined unde ax Act. Disclosure of this informa to provide information could resu	ation is required.			

IL-1040 2D Front (R-12/21) Printed by authority of the State of Illinois - web only, 1. ID: 3WM REV 02/15/22 PRO





24	Total tax from Page 1, Line 23.	24	1,873.00
Ste	ep 8: Payments and Refundable Credit		
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,093.	<u>00</u>	
26	Estimated payments from Forms IL-1040-ES and IL-505-I,		N
	including any overpayment applied from a prior year return. 26	<u>)0</u>	н
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	00	A
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	<u>00</u>	Ī
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	00	A A A
30	Total payments and refundable credit. Add Lines 25 through 29.	30	<u>2,093.00</u>
Ste	ep 9: Total		Ū.
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	220 <u>.00</u> m
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	00
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for lat	e-payment	penalty
for	underpayment of estimated tax or to make a voluntary charitable donation.		, S
33	Late-payment penalty for underpayment of estimated tax. 33	0	2
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.		Ë
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.		ÿ
	c 🔲 Check if your income was not received evenly during the year and you annualized your income on For	n IL-2210.	코
	Attach Form IL-2210.		AN
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		IS I
34	Voluntary charitable donations. Attach Schedule G. 34	0	G
35	Total penalty and donations. Add Lines 33 and 34.	35	<u>A</u> <u>00.</u>
Ste	ep 11: Refund		2,093.00 220.00 penalty .00 .00 .00
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	220 <u>.00</u>
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	220.00 –
38	I choose to receive my refund by		si
	a 🛛 direct deposit - Complete the information below if you check this box.		л Т
	You may also contribute Routing number 3 0 3 1 8 5 8 1 3 × Checking or	Savings	220.00 ON THIS FORM
	to college savings funds	Savings	5
	here. See instructions! Account number 0 0 6 3 8 4 8 6		
	b 🗌 paper check.		
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00
			.00
	ep 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
			100

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.

Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone number		
						(405) 762-3582		
Print/Type paid prepa	irer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
SYAM PRIYA RAM SAG	AR GUPTA TAI	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/21/2022	self-employed	P02082703	
Firm's name GLOBAL TAXES LLC					Firm's FEIN	6		
Firm's address 🕨 2530 Pebble Creek LnC			lumming	GA 30041	Firm's phone	(678) 965-9522		
Designee's name (please print)				Designee's phone num	nber	Check if the Department may		
				()		discuss this return with the third party designee shown in this st		
	Print/Type paid prepa SYAM PRIYA RAM SAGi Firm's name Firm's address Designee's name (pl	Print/Type paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TAI Firm's name GLOBAL Firm's address 2530 Pebl Designee's name (please print)	Print/Type paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek LnC Designee's name (please print)	Print/Type paid preparer's name Paid prepare SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA R Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek LnCumming Designee's name (please print) Firm's name	Print/Type paid preparer's name Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek LnCumming GA 30041 Designee's name (please print)	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2022 Firm's name GLOBAL TAXES LLC Firm's FEIN Firm's address 2530 Pebble Creek LnCumming GA 30041 Designee's name (please print) Designee's phone number	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Check if self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/21/2022 self-employed Firm's name GLOBAL TAXES LLC Firm's FEIN 30101719 Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's phone (678) 965 Designee's name (please print) Designee's phone number Check if the discuss this report of the discuss the discus	

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



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)

KIRITHIGAA ALAGIRISAMY C Your name as shown on Form IL-10	1 Your S	999 ocial Secu	6_ urity number		9 2	1	7			
Form type Emplo		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.								
1 <u>82-2</u>	<u>\$</u>	44,732	<u>00</u>	\$	44,732 •00	\$	2,09	93 •00		
2	\$	•	00	\$	•00	\$		•00		
3	\$	•	<u>00</u>	\$	<u>•00</u>	\$		•00		
4	\$	•	00	\$	•00	\$		•00		
5	\$	•	<u>00</u>	\$	•00	\$		•00		

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

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

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6		\$	•00	\$	•00	\$	•00		
7		- \$	•00	\$	•00	\$	•00		
8		- \$	•00	\$	•00	\$	•00		
9		- \$	•00	\$	•00	\$	•00		
10		- \$	•00	\$	•00	\$	•00		

Step 3: Total Illinois withholding

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

11 \$ 2,093**.00**

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

J Illinois Department of Revenue		<u> </u>] - [
(Do not mail Form IL-8453 to the Illinoi			Electr		; Filir	-			on	
Step 1: Provide taxpayer information	ALAGIRISA	MY JEYARA	лт	1 9	9	_ б	1 _	9	2	17
First name and middle initial Spouse's first name (and last na		Last name			Security n					<u> </u>
Print 1600 LIGHT ROAD 109					-	_	_			
or Mailing address				Spouse	s Social S	Security r	umber			
OSWEGO IL		60543		(405) 762	-3582				
City Stat	е	ZIP		Daytime	e phone n	umber				
Step 2: Complete information from tax return										
1 Net income from Form IL-1040, Line 11							1 _	37	,847	<u> 00 </u>
2 Tax from Form IL-1040, Line 14							2			<u> 00</u>
3 Illinois Income Tax withheld from Form IL-1040, Line	25 only (enter "	0" if none)					3	2		<u> 00</u>
4 Overpayment from Form IL-1040, Line 36							4		220	0 1_00 _
5 Total amount due from Form IL-1040, Line 40							5			<u> </u>
6 Filing status: X Single Married filing jointly	Married filing	separately _	Widow	/ed	_ Head	of hous	sehold			
 8 Account no. (AN): <u>0</u> <u>0</u> <u>6</u> <u>3</u> <u>8</u> <u>4</u> <u>8</u> <u>6</u> 9 Type of account: <u>×</u> Checking <u>Savings</u> 10 Date the payment is to be electronically withdrawn: 11 Electronic funds withdrawal amount: <u>Savings</u> 										
		·								
12 Name on account:	and a officer a com			16	llaskle	0100				
Step 4: Taxpayer declaration and signature (Sign	•					•	,			
I consent that my refund may be directly deposite correct. If I have filed a joint return, this is an irrev										
I authorize the Illinois Department of Revenue (II withdrawal as designated in the electronic portion involved in the processing of an electronic overpa and resolve issues related to the payment.	n of my 2021 Illino ayment of taxes to	ois Individual receive cont	Income Ta fidential ir	ax retu nforma	irn. I aut tion nec	horize essary	the fina	ancial	institu	
I do not want direct deposit of my refund, or an e	lectronic funds wi	thdrawal (dire	ect debit)	of my l	balance	due.				
Under penalties of perjury, I declare the information on my originator (ERO) are identical. To the best of my knowledg and accompanying information may be sent to IDOR by m been accepted or rejected. If rejected, I authorize IDOR to	e, my return is tru ny ERO. I authorize	e, correct, and e IDOR to info	d complet orm my El	te. I co RO and	onsent th d/or the	iat my r transmi	eturn, itter wh	this de	eclarat y retur	rn has
Sign			natura (if iai	nt roturn	hoth mu	ot oign)		Data		
	-	Spouse's sig				st sign)		Date		
Step 5: Electronic return originator (ERO) and p I declare that I have examined this taxpayer's electronic have followed all requirements of this program and decla and accompanying information are true, correct, and corr	Form IL-1040, the re, under penaltie	information	on this Fo	orm IL-	8453, a					
	0	2/21/2022	2	Check	t if paid j	orenare	r: 🔽 ((See in	structi	ons)
ERO's signature		Date		CHECK		- opare	·· • • (000 11	51 0010	0110.7
GLOBAL TAXES LLC				P	0 2	0	8	2 7	/0	3
Firm's name or your name if self-employed				Your PT	FIN					

2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
Mailing address			Federal employer identification number (FEIN)
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.

only

