Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	10.00.00		_			
Submi	ssion Identification Number (SID)					
Taxpaye	or's name	Social securi	ty numl	per		
NARI	ENDRA PRASAD REDDIM	177-65	-895	8		
Spouse'	s name	Spouse's soo	ial sec	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r vear vou a	re au	thorizina	- l	
	whole dollars only on lines 1 through 5.	ycai you c	iic au	ιποπειπ	9./	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	8	0,8	69.
2	Total tax		2			03.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			72.
4	Amount you want refunded to you		4			69.
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	кеер а сор	y of y	our ret	urn)	
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording a mended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomposition of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the paint of the payment (PIN) below is my signature for the income tax return (original or amended) I among the I among the Mithelman of the payment of the payment of the payment (original or amended) I among the Mithelman of the payment of the payment (original or amended) I among the Mithelman of the payment of	itter, or electricection of the to a.S. Treasury a icated in the to to debit the ethe authorizuests must be processing opayment. I fur	onic reransmismod its of ax prepartion. The receiff the elanger according to the receiff the receiff the according to the according to the receiff the according to the according to the receiff the according to th	turn origin ssion, (b) designated paration so to this according for evoke ved no la ectronic paration or ectronic paration or ectronic paratic structure or ectronic paratic p	the red final fina	(ERO) eason ancial are for This cel) a nan 2 ent of at the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1	
X		mv PIN 5	8 9	9 5 8] as	s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	ac	Jilly
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Your s	ignature ▶ Date ▶ _					
Spous	se's PIN: check one box only				,	
Г	I authorize to enter or generate	mv PIN			a	s my
	ERO firm name	-	ter five	digits, but	_	Jilly
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	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 Don't ent	8 6		8 9	9
		Don't ent	J. un 20			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	urn in a	accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	ame of	ed filing separately your spouse. If you	,	_		, ,	_	, ,	. , . ,	
Your first name	and m	iddle initial	Last na	ıme					Your social security number			
NARENDR	A PR.	ASAD	REDI	EDDIM						177-65-8958		
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					Spouse's	s social se	curity number	
	•	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no. 608	1	ntial Electinere if you	ion Campaigr	
7914 11		AVE SE ce. If you have a foreign address, also co	· manlata a	manan halaw	Sta		ZID	code			ntly, want \$3	
		ce. If you have a foreign address, also co	mpiete s	·				3056			Checking a	
NEW CAS'										ow will not or refund		
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	eign postal code	your tax	You	Spouse	
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ıny fina	ancial intere	st in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:					nt					
Age/Blindnes	s You	: Were born before January 2, 1	957	Are blind S	pouse	: Was	born be	efore January	2, 1957	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relatio	nship	(4) ✓ if q	ualifies for	r (see instru	uctions):	
If more	(1) F	irst name Last name		number		to you	J	Child tax c	redit	Credit for o	ther dependents	
than four												
dependents, see instruction	s											
and check	·											
here ▶												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					. 1		89,071.	
Attach	2a	Tax-exempt interest	2a		b T	axable inter	rest		. 2b		63.	
Sch. B if required.	3a	Qualified dividends	3a	72.	b C	Ordinary divi	dends		. 3b		75.	
required.	4a	IRA distributions	4a		b T	axable amo	ount .		. 4b			
	5a	Pensions and annuities	5a		b T	axable amo	ount .		. 5b			
Standard	6a	Social security benefits	6a		b T	axable amo	ount .		. 6b			
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not re	quired	, check here	е.	▶[_ _ 7			
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10						. 8		-8,340.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	This is your total in	come				▶ 9		80,869.	
Married filing	10	Adjustments to income from Sche	dule 1,	line 26					. 10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome				▶ 11		80,869.	
widow(er), \$25,100	12a	Standard deduction or itemized					12a	12,55	0.			
Head of	b	Charitable contributions if you take		,		ructions)	12b	30	0.			
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.	
If you checked	13	Qualified business income deduct	ion from	n Form 8995 or For	m 899	95-A			. 13		0.	
any box under Standard	14	Add lines 12c and 13							. 14		12,850.	
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			. 15		68,019.	

	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	10,703.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,703.
	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	10,703.
	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	10,703.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,672.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
attach Sch. EIC.		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 ▶ □		
	b	Nontaxable combat pay election 27b		
	С	Prior year (2019) earned income		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	10.650
	33	Add lines 25d, 26, and 32. These are your total payments	33	12,672.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,969.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □	35a	1,969.
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 2 5		
	►d	Account number 4 8 8 0 5 7 1 0 5 8 8 4		
	36	Amount of line 34 you want applied to your 2022 estimated tax • 36		
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
You Owe	38	Estimated tax penalty (see instructions)		
Third Party Designee	ins	you want to allow another person to discuss this return with the IRS? See tructions		X No
		signee's Phone Personal identific ne ► no. ► number (PIN) ►		
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to tef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the best	
Here				t vou an Identity
	,			N, enter it here
Joint return?		VALIDATION ENGINEER (see in	nst.) 🕨	
See instructions. Keep a copy for your records.	Spo		ty Prote	t your spouse an ction PIN, enter it here
	Pho	one no. (832)918-9550 Email address NARENHANNU@GMAIL.COM		
Deid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2022 P02082	703	Self-employed
Preparer	Firr			678)965-9522
Use Only	Firr		EIN ►	
Go to www.irs.go		11040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service

NARENDRA PRASAD REDDIM

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 177-65-8958

Par	t 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		
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attack Schedule E		-8,340.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling income		
С	Cancellation of debt		
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		
h	Prizes and awards		
i	Activity not engaged in for profit income		
j	Stock options		
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		
I	Olympic and Paralympic medals and USOC prize money (see instructions)		
m	Section 951(a) inclusion (see instructions)		
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) . 8p		
Z	Other income. List type and amount ▶		
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, c 1040-NR, line 8	or 10	-8.340

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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	>		ı
С	Date of original divorce or separation agreement (see instructions)	-		ı
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			ı
а	Jury duty pay (see instructions)	24a		ı
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		ı
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		ı
d	Reforestation amortization and expenses	24d		ı
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		ı
f	Contributions to section 501(c)(18)(D) pension plans	24f		ı
g	Contributions by certain chaplains to section 403(b) plans	24g		ı
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		ı
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		ſ
j	Housing deduction from Form 2555	24j		ı
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		ſ
Z	Other adjustments. List type and amount ▶	24z		1
25	Total other adjustments. Add lines 24a through 24z		25	1
26	Add lines 11 through 23 and 25. These are your adjustments to			
	here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line	e 10a	26	1

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return

NARENDRA PRASAD REDDIM

Your social security number

	NARENDRA PRASAD REDDIM 1//-65-8958										
	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.										
		nts in 2021 that would require you to									es 🛛 No
B If "	Yes," did you or will you	ou file required Form(s) 1099?								_ Y	es 🗌 No
1a	Physical address of	each property (street, city, state, ZIP	, code	e)							
Α	BADEVARI STREE	T VIJAYAWADA ANDHRA PRAD	ESH	IN 52	21108	3					
В											
С											
1b	Type of Property	2 For each rental real estate prop	erty I	listed		_	Rental Days	Pei	rsonal U	se	QJV
	(from list below)	above, report the number of fall personal use days. Check the	above, report the number of fair rental and personal use days. Check the QJV box on						Days		
Α	3	if you meet the requirements to	if you meet the requirements to file as a						0		
В		qualified joint venture. See inst	ructio	ons.	В						
С					С						
	of Property:										
-	gle Family Residence	3 Vacation/Short-Term Rental				7 Self-					
	ti-Family Residence		6 Ro	oyalties		8 Othe	r (describe)			
Incom		Properties:			Α		E	3			С
3			3			620.					
4			4								
Expen											
5			5								
6		nstructions)	6								
7		nance	7		1	,090.					
8			8								
9			9								
10		essional fees	10								
11			11			900.					
12		d to banks, etc. (see instructions)	12								
13			13			,980.					
14			14			<u>,540.</u>					
15			15		1	,130.					
16			16								
17			17		1	,320.					
18		e or depletion	18								
19	Other (list)		19								
20	•	lines 5 through 19	20		8	,960.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must			_	0.4.0					
	file Form 6198		21		-8	,340.					
22		l estate loss after limitation, if any,		,			,				,
	•	structions)	22	(8,	340.)	()(
23a		eported on line 3 for all rental prope				23a		6	20.		
b		eported on line 4 for all royalty proper				23b					
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		8,9			
24	•	e amounts shown on line 21. Do no		-					24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lir	ne 22. I	Enter tota	al losses her	е.	25 (8,340.
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not a							26		-8.340.
	Schedule 1 (Form 10)	AUI TIME 5 CITNERWISE INCITION THIS AF	HOLIN:	T IN THA T	DTAL OF	1 IINA 41	on page 2		レンロー		- N . 14U

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. 55

Internal Revenue Service Name(s) shown on return

Department of the Treasury

NARENDRA PRASAD REDDIM

Your taxpayer identification number 177-65-8958

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20) $$. $$. $$. $$.		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
	(see instructions)	6 2.	-	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 (
8	year	1 ()		
0	or less, enter -0	8 2.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 an		10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 68,019.		
12	Net capital gain (see instructions)	12 72.		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20) \cdot		14	13,589.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)

Individual income lax Heturn 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

1989

177-65-8958

NARENDRA PRASAD

REDDIM

7914 110TH AVE SE

608

NEW CASTLE

WA 98056

	NAF	RENHANNU@GMAIL.COM			
С	Che	ng status: Single Married filing jointly Married filing separately Widowed eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. eck the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-ye	☐You ☐ Sp	ouse ttach Sch.	
1	1 2 3 4	p 2: Income 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-SR Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	, Line 2a.	1 2 3 4	dollars only) 80,869.00 .00 .00 80,869.00
Staple W-2 and 1099 forms here	5 6 7 8 9	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.		.00 .00 .00 8	.00 80,869.00
Staple W-2 a		p 4: Exemptions 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. d Exemption allowance. Add Lines 10a through 10d.		.00 .00 .00	2,375.00
4	Ste	p 5: Net Income and Tax			700
	11	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. Recapture of investment tax credits. Attach Schedule 4255.	ch Schedule N	12 12 13 14	78,494.00 3,885.00 .00 3,885.00
L-1		p 6: Tax After Nonrefundable Credits			
Staple your check and IL-1040-V		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. 15 16 17		.00 .00 .00	
r che	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on L Tax after nonrefundable credits. Subtract Line 18 from Line 14.		18 19	0 <u>.00</u> 3,885 <u>.00</u>
no.		p 7: Other Taxes			
le y		Household employment tax. See instructions.		20	.00
Stapi	21 22	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Ta in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee		21 22	0.00
V	23	Total Tax . Add Lines 19, 20, 21, and 22.	•	23	3,885.00

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.



24 Tot	al tax from Page 1,	Line 23.							24	3,885 <u>.00</u>	
Step 8:	Payments and F	Refundabl	e Credit								
	ois Income Tax withly mated payments fro						25	4,409.	<u>)00</u>		N
	iding any overpaym						26		<u>00</u>		J
	s-through withholdin	•					27	•	<u>)0</u>		HANDW
	s-through entity tax					– –	28		<u>)0</u>		D
	ned Income Credit fr		-			nedule IL-E/EIC	29).	<u>)0</u> 30	4,409.00	J
Step 9:		iundable c	realt. Add Lines	s 25 through	29.				30	<u> </u>	
-	ne 30 is greater than	Lina 2/ sul	ntract Line 24 fro	m Lina 30					31	524.00	Z
	ne 24 is greater than								32	.00.	
	: Underpayment				ations	- Only con	plete Step	10 for lat			NTRIE
for und	erpayment of es	timated ta	ax or to make	a voluntar	y char	itable dona	ition.				ŷ
33 Late	-payment penalty fo	or underpay	ment of estimat	ed tax.			33).	<u>)0</u>		9
	Check if at least to					•					OTHER
	Check if you or yo	-		-	-	-	-	-	II 001	0	R
c L	Check if your incor Attach Form IL-22		received evenly	during the	year and	ı you annualı	zea your incor	me on For	m IL-22 I	0.	THAN
dГ	Check if you were	-	ed to file an Illino	is Individual	Income	Tax return in	the previous	tax vear.			
	ntary charitable dor	-					34	-	00		SIGNA
35 Tota	I penalty and don	ations. Add	Lines 33 and 3	4.					35	.00	! N
Step 11	: Refund										URE
36 If yo	u have an amount o	on Line 31 a	and this amount	is greater th	an Line	35, subtract	Line 35 from l	_ine 31.			
	is your overpayme								36	524.00	Ž
	ount from Line 36 yo		inded to you. Ch	neck one box	x on Line	e 38. See inst	tructions.		37	524.00	Ξ
	oose to receive my	•								524 <u>.00</u>	S
a 🔼	direct deposit - C				_			Г			ÔH
	You may also conti	1 110	outing number	1 1 1 0	0 0 0	0 2 5	X Che	ecking or	Savir	ngs	Ŝ
	here. See instruct	ions! Ac	count number	4 8 8 C	5 7	1 0 5	8 8 4				
b□	paper check.										
	ount to be credited f o	orward. Sul	btract Line 37 fro	om Line 36.	See inst	ructions.			39	.00	<u>)</u>
Step 12	: Amount You O	we									
40 If you	u have an amount o	on Line 32,	add Lines 32 an	nd 35. - or -							
-	u have an amount o										
subt	ract Line 31 from Li	ine 35. This	is the amount y	you owe . Se	e instru	ctions.			40	.00	!
Step 13	3: If this is a joint retu	urn, both yo	u and your spous	se must sign	below.						
	Under penalties o	f perjury, I s	tate that I have e	xamined this	return a	nd, to the bes	st of my knowle	edge, it is t	rue, corre	ct, and complete	e.
Sign Here	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yy	yy) Dayti	me phone	number	
								(83		3-9550	
Paid	Print/Type paid prepa			Paid prepare			Date (mm/dd/yy		Check if	Paid Preparer's P	'ΤΙΝ
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2022								self-employed P02082703		
Use Only	/ Firm's name GLOBAL TAXES LLC Firm's FEIN								101719		
	Firm's address		ble Creek LnC	Cumming	GA 30		Firm's phone	▶ (67		5-9522	
Third Party	Designee's name (pl	ease print)			Designe	e's phone nun	nber		Check if the Department may discuss this return with the third		
Designee					()					e shown in this st	
		the 2021	I IL-1040 Ins	struction	s for	the addre	ess to mai	l vour r	eturn.		
					- · · ·			. ,			

IL-1040 Back (R-12/21) DF ID: 3WM REV 02/15/22 PRO DR_____ AP_____ RR DC ID





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)

NA	RENDRA PRASA	AD REDDIM	1	7	7 _	6	5	_ 8	9	5	8		
Yo	ur 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.			Illinois Distribu	Column E Illinois Income Tax Withheld						
1	W	46-0854153 000 0	_ \$	89,071	<u>•00</u>	\$		89,07	<u>1</u> •00	\$	4,4	09 <u>•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)

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	umn C , Winnings, Gross ompensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6			- \$	<u>•00</u>	\$	•00	\$	•00		
7			- \$	•00	\$	•00	\$	• <u>00</u>		
8			- \$	•00	\$	•00	\$	•00		
9			- \$	•00	\$	•00	\$	•00		
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 \$ 4,409**.00**

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





Illinois Department of Revenue

			_								_						
Submission ID																	

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail Form IL-8453 to th	e Illinois Depa	artment of Revenue un	less it is requested for review.)				
Step	1: Provide taxpayer information NARENDRA PRASAD	REDI	DTM	1 7 7 - 6 5 - 8 9 5 8				
		and last name if differ		Social Security number				
Print	7914 110TH AVE SE 608		•					
or type				Spouse's Social Security number				
.,,,,	NEW CASTLE	WA	98056	(832) 918-9550				
	City	State	ZIP	Daytime phone number				
Sten	2: Complete information from tax re	eturn						
	Net income from Form IL-1040, Line 11			1 78,494 _00 _				
	Tax from Form IL-1040, Line 14			2 3,885 00				
	Ilinois Income Tax withheld from Form IL-10	3 4,409 00						
	Overpayment from Form IL-1040, Line 36	,, ,	(011101)	4 524 _00				
	Total amount due from Form IL-1040, Line	40		5l <u>00</u> _				
6 F	Filing status: X Single Married filing	jointly Marri	ied filing separately Wi	idowed Head of household				
withir 7 F 8 # 9 1 10 E 11 E 12 N	Account no. (RN): 1 1 1 0 0 0 Account no. (AN): 4 8 8 0 5 7 Type of account: X Checking Sate the payment is to be electronically with Electronic funds withdrawal amount: 4: Taxpayer declaration and signature or account: I consent that my refund may be directly correct. If I have filed a joint return, this is I authorize the Illinois Department of Rewithdrawal as designated in the electron	nternational funds 0 2 5 1 0 5 8 avings ndrawn:/ 00 re (Sign only af deposited as des an irrevocable as venue (IDOR) and ic portion of my 2	Iter completing Step 2 assignated in Step 3 and deckappointment of the other sped its designated financial agreed Illinois Individual Incom	are the information on Lines 7 through 9 is ouse as an agent to receive the refund.				
	and resolve issues related to the paymen		i taxes to receive confident	iai information necessary to answer inquines				
	I do not want direct deposit of my refund	, or an electronic	funds withdrawal (direct de	bit) of my balance due.				
origin and a	accompanying information may be sent to ID	nowledge, my ret OR by my ERO. I	turn is true, correct, and com authorize IDOR to inform m	ormation I provided to my electronic return nplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.				
Sign		Date	Chausa's sign -t	(if joint voture hath must sign)				
	Your signature			(if joint return, both must sign) Date				
I decl		ectronic Form IL- nd declare, unde	1040, the information on thi	s Form IL-8453, and accompanying information. In the best of my knowledge the taxpayer's return				
	ERO's signature		Date	Check if paid preparer: (See instructions.)				
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3				
ERO	Firm's name or your name if self-employed			Your PTIN				
use only	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6				
Jilly	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).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

