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

1996

586-67-9219

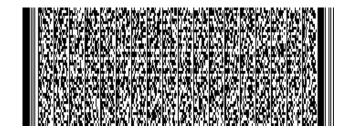
HARSHAVARDHAN RAO CHUNDURI

3803 WELLBORN ROAD

CHUNDURIH@TAMU.EDU

1933

BRYAN TX 77801



(C Ch	ing status: X Single Married filing jointly Married filing separately Widowe leck If someone can claim you, or your spouse if filing jointly, as a dependent. See instruction leck the box if this applies to you during 2021: X Nonresident - Attach Sch. NR Par	s. 🔲 You 🏻	Spouse	. NR Z
1	Ste 1 2 , 3 4	Pp 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 Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.)-SR, Line 2a.	1(Whole 234	e dollars only) 78,793.00 .00 .00 78,793.00
Staple W-2 and 1099 forms here	Ste 5 6 7	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M.	5 <u>4</u> 6	.00 .00	
and 109	8 9	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.		8 9	4,316.00 74,477.00
Staple W-2	10	b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	b	0.00	HISTORM
4	Ste	Exemption allowance. Add Lines 10a through 10d. Exemption allowance. Add Lines 10a through 10d.		10	2,375.00
■ 4 0-V	13	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	Attach Sched	ule NR. 11 12 13 14	30,680.00 1,519.00 .00 1,519.00
nd IL-10	Ste	ep 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00	
our check and IL-1040-V	17 18 19	Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount Tax after nonrefundable credits. Subtract Line 18 from Line 14.	16 17 on Line 14.	.00 .00 18 19	0.00 1,519.00

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.

Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table

Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.



20

21

0.00

.00 1,519.00

20 Household employment tax. See instructions.

in the instructions. **Do not** leave blank.

Total Tax. Add Lines 19, 20, 21, and 22.



24 1,519.00 Total tax from Page 1, Line 23. Step 8: Payments and Refundable Credit 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,569.00 NO HANDWRITT 26 Estimated payments from Forms IL-1040-ES and IL-505-I, 26 including any overpayment applied from a prior year return. .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 .00 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 1,569.00 30 Total payments and refundable credit. Add Lines 25 through 29. 30 EN ENTRIES, OTHER THAN SIGNATURE Step 9: Total 50,00 **31** If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 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. 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. .00 35 Total penalty and donations. Add Lines 33 and 34. 35 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. **ON THIS** This is your overpayment. 36 50.00 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 38 I choose to receive my refund by a I direct deposit - Complete the information below if you check this box. You may also contribute Routing number 9 X Checking or 1 1 Savings to college savings funds here. See instructions! Account number 2 3 2 5 2 8 b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00 Step 12: Amount You Owe 40 If you have an amount on Line 32, add Lines 32 and 35. - or -If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00 **Step 13:** If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. Sign Date (mm/dd/yyyy) Your signature Spouse's signature Date (mm/dd/yyyy) Daytime phone number Here (979)422-9038 Print/Type paid preparer's name Paid preparer's signature Paid Preparer's PTIN Check if Date (mm/dd/yyyy) **Paid** self-employed P02082703 SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/14/2022 **Preparer** Firm's name GLOBAL TAXES LLC Firm's FEIN 301017196 **Use Only** Firm's address (678) 965-9522 2530 Pebble Creek LnCumming GA 30041 Firm's phone **Third** Designee's name (please print) Check if the Department may Designee's phone number **Party** discuss this return with the third party designee shown in this step Designee

IL-1040 Back (R-12/21) DR______ AP_____ RR DC IR ID ID: 3WM REV 03/29/22 PRO

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





Illinois Department of Revenue 2021 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

HARSHAVARDHAN RAO CHUNDURI	5 8 6 _ 6 7 _ 9 2 1 9
Your name as shown on your Form II -1040	Your Social Security number

St		name as snown on your Form IL-1040 Your Social Security		**	
	tep	1: Provide the following information			
1	Wer	e you, or your spouse if "married filing jointly," a full-year resident of Illinois during the	e tax y	/ear?	
		Yes X No If you answered "Yes," STOP you cannot use this for	m (se	e instructions).	
2		u, or your spouse if "married filing jointly," were a part-year resident during the tax ye			tes for 2021.
	-			// <u>2_1</u> to _	
a	i i iive	Month Day Year Month Day Year State			onth Day Year
b	My s	spouse lived in Illinois from//2_1 to//2_1, and	_ from	n / / <mark>2 1</mark> to _ Month Day Year M	// <u>2</u> 1 onth Day Year
3		u were a resident of any of the states listed below during the tax year, if you were in in the military, or if you elected to use your service member spouse's state of reside			
		Iowa Kentucky Michigan Wisconsin		Military Spouse	
4		any state other than Illinois or any states already indicated on Line 2 or 3 above, that the two-letter abbreviation of that state.	t you	claimed residency for t	tax purposes in 2021.
– Si	tep	3: Figure the Illinois portion of your federal adjust	ed	gross income	<u>.</u>
		ne amounts from your federal return in Column A. Before completing Column E	s, rea		
	,	ie amounts from your lederal return in Column A. Belore completing Column t	s, rea	d the Column B instr Column A Federal Total	cuctions. Column B Illinois Portion
Г	1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	Column A Federal Total 71,622.00	Column B Illinois Portion 31,692.00
	5		5 _	Column A Federal Total	Column B Illinois Portion 31,692.00
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 ₋	Column A Federal Total 71,622.00	Column B Illinois Portion
	5 6 7	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	5 ₋	Column A Federal Total 71,622.00 4.00	Column B Illinois Portion 31,692.00
	5 6 7	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	5 ₋ 6 ₋ 7 ₋	Column A Federal Total 71,622.00 4.00	Column B Illinois Portion 31,692.00 0.00
	5 6 7 8	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes	5 _ 6 _ 7 _ 8 _	Column A Federal Total 71,622.00 4.00 22.00	Column B Illinois Portion 31,692.00
	5 6 7 8	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _	Column A Federal Total 71,622.00 4.00 22.00 .00 .00	Column B Illinois Portion 31,692.00 0.00 .000 .000
	5 6 7 8 9 10	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _	Column A Federal Total 71,622.00 4.00 22.00 .00	Column B Illinois Portion 31,692.00 0.00 .000 .000
	5 6 7 8 9 10 11 12	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _	Column A Federal Total 71,622.00 4.00 22.00 .00 .00	Column B Illinois Portion 31,692.00 0.00 .00 .00 .00 .00
ne	5 6 7 8 9 10 11 12	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 -	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 .00 .00	Column B Illinois Portion 31,692,00 0,00 .00 .00 .00 .00 .00 .00
ome	5 6 7 8 9 10 11 12	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00	Column B Illinois Portion 31,692.00 0.00 .000 .000 .000 .000 .000 .000 .000 .000 .000
Income	5 6 7 8 9 10 11 12	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 .00 .00	Column B Illinois Portion 31,692,00 0.00 .000
Income	5 6 7 8 9 10 11 12	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 5b)	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 .00 .00	Column B Illinois Portion 31,692.00 0.00 .000 .000 .000 .000 .000 .000 .000 .000 .000
Income	5 6 7 8 9 10 11 12 13 14 15	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 .00 4,316.00	Column B Illinois Portion 31,692,00 0,00 .00 .00 .00 .00 .00 .00
Income	5 6 7 8 9 10 11 12 13 14 15	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 16 - 16 - 16 - 16 - 16 - 16	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 .00 2,829.00 .00 .00 4,316.00	Column B Illinois Portion 31,692.00 0.00 .00 .00 .00 .00 .00 .0
Income	5 6 7 8 9 10 11 12 13 14 15	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 -	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 4,316.00 .00 .00 .00	Column B Illinois Portion 31,692,00 0,00 .00 .00 .00 .00 .00 .00
Income	5 6 7 8 9 10 11 12 13 14 15	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18	Column A Federal Total 71,622.00 4.00 22.00 .00 .00 2,829.00 .00 4,316.00 .00 .00 .00	Column B Illinois Portion 31,692,00 0,00 0.00 .00 .00 .00 .00 .0

Continue with Step 3 on Page 2

IL-1040 Schedule NR Front (R-12/21)
Printed by authority of the State of Illinois - web only, one copy.

20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.

20

31,692,00



Schedule NR – Page 2

St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
г	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	31,692 _{.00}
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 _	.00	.00.
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
٥		Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
١Ĕ			25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
=		Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,		.00	
12		Schedule 1 Line 16)	27	.00	.00
S	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			
۱ţ	20	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
18	20	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)		.00	
ΙË	30	Allmony paid (lederal Form 1040 of 1040-5R, Schedule 1, Line 19a)			
🖺	31	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) RESERVED	31 _	.00	
Ιġ	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	$^{32} =$.00	.00
ام	33	RESERVED			
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34		
	35	Other adjustments (see instructions)	35	.00	.00
1	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37		37	78,793 _{.00}	
		,			31,692.00
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inco	ome. 38	
Adjustments	39 40		39	.00 .00 41	.00
l S	١٠٠				
Įΰ	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 _	4,316.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
ois		Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	
를	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00
St		5: Figure your Illinois income and tax			
	40	Cubtract Line 45 from Line 41 If Line 45 is larger than Line 41 anter are This is			
		Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is		46	21 602 00
		your Illinois base income.		46	31,692.00
S	l	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		-	31,692.00
ons		your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	47	46 74,477 <u>.00</u>	31,692.00
ations		your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate		74,477.00	31,692.00
ulations		your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate		-	31,692.00
Iculations	48	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.		74,477.00	31,692.00
Salculations	48 49	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	48 _0	74,477.00 • 426	31,692.00
c Calculations	48 49	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	48 _0	74,477.00 • 426 2,375.00	
	48 49 50	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	48 _0	74,477.00 • 426	1,012.00
Tax Calculations	48 49 50	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	48 _0	74,477.00 • 426 2,375.00 50	1,012.00
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	48 _0 49 _	74,477.00 • 426 2,375.00	
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	48 _0 49 _	74,477.00 • 426 2,375.00 50	1,012.00
	48 49 50 51	your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	48 _0 49 _	74,477.00 • 426 2,375.00 50	1,012.00





Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

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

IL Attachment No. 31

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

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	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)

HARSHAVARDHAN RA	AO CHUNDURI		58	6		6 7	9	2	1_	9			
Your name as shown or	n Form IL-1040		Your Social Security number										
Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	olumn C es, Winnings, G , Compensation			Column ages, Winn ons, Compe	Illi	Column E Illinois Income Tax Withheld					
1 <u>W</u>	48-1304650	\$	31,692 •0 0	<u>0</u>	\$	31,6	92 •00	\$	1,56	59 •00			
2		\$	•00	<u>0</u>	\$		<u>•00</u>	\$		<u>•00</u>			
3		\$	•00	<u>0</u>	\$		<u>•00</u>	\$		<u>•00</u>			
4		\$	•00	<u>0</u>	\$		<u>•00</u>	\$		<u>•00</u>			
5		\$	•00	<u>0</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 compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6			. \$	•00	\$	<u>•00</u>	\$	•00		
7			. \$	•00	\$	•00	\$	•00		
8			\$	•00	\$	•00	\$	•00		
9			. \$	•00	\$	•00	\$	•00		
10			. \$	•00	\$	<u>•00</u>	\$	•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 \$ 1,569**.00**

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





Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(DO HOL IIIAII FOII		nois Departmen	t of Revenue unless	s it is requested for review.)		
Step	1: Provide taxpayer i HARSHAVARDHAN RAO		CHUNDURI		5 8 6 _ 6 7 _ 9 2 1 9		
	First name and middle initial	Spouse's first name (and las	st name if different)	Last name	Social Security number		
Print or	3803 WELLBORN RO	AD 1933					
type	Mailing address				Spouse's Social Security number		
	BRYAN		TX	77801	(979) 422-9038		
	City		State	ZIP	Daytime phone number		
Step	2: Complete informa	ition from tax return					
1 1	Net income from Form IL-	-1040, Line 11			1 <u>30,680</u> 1 <u>00</u>		
2 7	ax from Form IL-1040, L	ine 14			2 1,519 <u>00</u>		
3 I	llinois Income Tax withhe	ld from Form IL-1040, L	ine 25 only (enter	"0" if none)	3 1,569 <u>00</u>		
4 (Overpayment from Form I	IL-1040, Line 36			450 <u>l</u> 00		
5	otal amount due from Fo	orm IL-1040, Line 40			5l <u>00</u>		
6 F	Filing status: X Single	Married filing jointly	/ Married filing	separately Widow	ved Head of household		
8	Routing no. (RN): 1 1 Account no. (AN): 9 2 Type of account: X Ch Date the payment is to be Electronic funds withdraw Name on account:	3 2 7 5 9 necking Savings electronically withdraw ral amount:	2 8 3 n: _/_/		- (Constitution Objection		
Step	4: Taxpayer declaration	on and signature (Si	gn only after col	mpleting Step 2 and,	if applicable, Step 3.)		
×					the information on Lines 7 through 9 is a san agent to receive the refund.		
	withdrawal as designat	ted in the electronic por sing of an electronic ove	tion of my 2021 Illir	nois Individual Income T	to initiate an ACH electronic funds ax return. I authorize the financial institutions information necessary to answer inquiries		
	I do not want direct de	posit of my refund, or ar	n electronic funds v	vithdrawal (direct debit)	of my balance due.		
origin and a been	ator (ERO) are identical. ccompanying information accepted or rejected. If re	To the best of my knowle may be sent to IDOR by	edge, my return is tr y my ERO. I authori	ue, correct, and complet ze IDOR to inform my E	ation I provided to my electronic return te. I consent that my return, this declaration, RO and/or the transmitter when my return has be corrected and retransmitted if possible.		
Sign	Your signature		Date	Spouse's signature (if io	nt return, both must sign) Date		
Step I decl	5: Electronic return of are that I have examined	originator (ERO) and this taxpayer's electron	d paid preparer of ic Form IL-1040, th	declaration and sign			
	ccompanying information		complete.		, 5		
				04/14/2022	Check if paid preparer: ☒ (See instructions.)		
	ERO's signature			Date			
ERO	GLOBAL TAXES LLC				P 0 2 0 8 2 7 0 3		
use	Firm's name or your name if se				Your PTIN		
only	2530 Pebble Cree	$\frac{3}{5}$ $\frac{0}{6}$ $\frac{1}{6}$ $\frac{0}{6}$ $\frac{1}{6}$ $\frac{7}{6}$ $\frac{1}{6}$ $\frac{9}{6}$ $\frac{6}{6}$					
•	Mailing address		~ ~	20041	Federal employer identification number (FEIN)		
	Cumming	(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.



£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

202	1
_	

OMB No. 1545-0074

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 notes on is a child but not your dependent	ame of	ed filing separately your spouse. If you	` ,	_		, ,	_	, 0	, , , ,	
Your first name	and m	iddle initial	Last na	ame	Your social security number							
HARSHAV	ARDH.	AN RAO	CHUI	NDURI					586-67-9219			
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	nstructions.					Preside	Presidential Election Campaign		
3803 WE	LLBO	RN ROAD						1933		nere if you		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	plete spaces below. State ZIF					1 '	0,	ntly, want \$3	
BRYAN					T	X	77	801		ow will not	Checking a t change	
Foreign countr	y name			Foreign province/stat	e/coun	ty	Fore	ign postal code		or refund		
At any time du	ıring 20	021, did you receive, sell, exchange,	, or othe	erwise dispose of a	ny fina	ancial interest	in any	/ virtual curre	ency?	Yes	⊠ No	
Standard Deduction	_	neone can claim:	•									
Age/Blindness	s You	: Were born before January 2, 1	957	Are blind S	pouse	: Was bo	orn be	fore January	2, 1957	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relations	hip	(4) ✓ if c	qualifies fo	r (see instru	uctions):	
If more	(1) F	irst name Last name		number to you				Child tax of	redit	Credit for of	ther dependents	
than four												
dependents, see instruction												
and check	5											
here ►												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		71,622.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st		. 2b)	4.	
Sch. B if required.	3a	Qualified dividends	3a	20.	b C	Ordinary divide	ends		. 3b	,	22.	
required.	4a	IRA distributions	4a		b T	axable amour	nt .		. 4b	,		
	5a	Pensions and annuities	5a		b T	axable amour	nt.		. 5b)	4,316.	
Standard	6a	Social security benefits	6a		b T	axable amour	nt.		. 6b	,		
Deduction for—	7	Capital gain or (loss). Attach Schee	dule D i	f required. If not re	quired	l, check here		🕨	_ 7		2,829.	
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10						. 8			
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 7	Γhis is your total in	come				▶ 9		78,793.	
 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		78,793.	
widow(er), \$25,100	12a	Standard deduction or itemized	-	-		12	2a	12,55	0.			
• Head of	b	Charitable contributions if you take	the star	ndard deduction (se	e insti	ructions) 12	2b					
household, \$18,800	С	Add lines 12a and 12b							. 120		12,550.	
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or For	m 899	95-A			. 13		0.	
any box under Standard	14	Add lines 12c and 13							. 14		12,550.	
Deduction,	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	s, ente	er -0			. 15	i	66,243.	

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 49	972	3 🗌			16	10,247.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	10,247.
	19	Nonrefundable child tax credit or credit for other dependents from Sch	nedule	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	10,247.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21					23	432.
	24	Add lines 22 and 23. This is your total tax				. ▶	24	10,679.
	25	Federal income tax withheld from:						
	а	Form(s) W-2	.	25a	8,	287.		
	b	Form(s) 1099		25b		863.		
	С	Other forms (see instructions)	t	25c				
	d	Add lines 25a through 25c					25d	9,150.
	26	2021 estimated tax payments and amount applied from 2020 return .					26	•
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)	.	27a				
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	r					
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶	· 📙					
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child tax credit from Schedule 88	t t	28				
	29	American opportunity credit from Form 8863, line 8	- t	29				
	30	Recovery rebate credit. See instructions	1	30				
	31	Amount from Schedule 3, line 15		31				
	32	Add lines 27a and 28 through 31. These are your total other payment :					32	0.150
	33	Add lines 25d, 26, and 32. These are your total payments				. •	33	9,150.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the a		-	-		34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached				▶ □	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X X Checking ☐ Savings Account number X X X X X X X X X X X X X X X X X X X						
	► d		i i		2			
A	36	Amount of line 34 you want applied to your 2022 estimated tax		36			07	1,529.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to			ructions	. ▶	37	1,529.
	38	Estimated tax penalty (see instructions)		38				
Third Party Designee		you want to allow another person to discuss this return with the tructions			Yes. Com	nlete h	elow	× No
Designee		signee's Phone				al identif		
	nar	ne ▶ no. ▶				(PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying						
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer	•	sed on	all information			,
	You	ur signature Date Your occupa	ation					nt you an Identity IN, enter it here
Joint return?		SOFTWAR					nst.) ▶	IN, enter it fiere
See instructions.	Spo					If the	IRS ser	nt your spouse an
Keep a copy for			Iden			Ident	ty Prote	ection PIN, enter it here
your records.		(see ii					nst.) ►	
		one no. (979)422-9038 Email address CHUNDUR	RIH@					
Paid		parer's name Preparer's signature		Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TAL	LLAM	04/1	.4/2022 P	02082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC						678)965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln Cumming GA 300	<u> </u>			Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		REV 04	/01/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

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

Additional Taxes

► 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. 02

Sequence No. 02

Your social security number
586-67-9219

пак	SHAVARDHAN RAO CHUNDURI	30-07	ノムエフ	
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962			
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			
Par	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919			
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required			432.
9	Household employment taxes. Attach Schedule H			
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			
11	1 Additional Medicare Tax. Attach Form 8959			
12	Net investment income tax. Attach Form 8960	. 1	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			
15	Interest on the deferred tax on gain from certain installment sales with a sales prover \$150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611	. 1	16	
		(con	tinued	on page 2)

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ▶	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount ▶	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	432.	