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

Internal Revenue Service		do to www.ms	s.gov/i orinoc	77 101 1110	iatest iiii	Torritat									
Submission Identific	ation Number (SID)														
Taxpayer's name		<u>, </u>							Socia	seci	ırity nu	mbe	er		
GOPI REDDY MA	ARRT										1-18				
Spouse's name											ocial s			nber	
					•										
	eturn Information		Ending De	cember	31,	2021	(E	nter	year	you	are a	aut	norizi	ng.)	
	only on lines 1 through	•		· In I a so I a											
	S filers use line 4 only										1.4	1	1	16	160
	ss income										1	_			$\frac{460.}{0.07}$
	ne tax withheld from										3	-			887.
	want refunded to you	` '	. ,								4	-			909. 022.
5 Amount you											5			3,	022.
	yer Declaration ar												our r	etur	n)
	ury, I declare that I have			•											
for any delay in proces Agent to initiate an AC payment of my federal authorization is to rem payment, I must conta business days prior to taxes to receive confic	ne IRS and to receive fr ssing the return or refun H electronic funds with taxes owed on this retunain in full force and eff act the U.S. Treasury the payment (settlement dential information neconumber (PIN) below is	d, and (c) the dadrawal (direct dourn and/or a pay fect until I notify Financial Agent nt) date. I also a essary to answ	ate of any refuebit) entry to to the control of estimated the U.S. Treat 1-88-353 authorize the fiver inquiries and the control of the contro	und. If app the financia nated tax, a easury Fina 3-4537. Pa financial ins nd resolve	licable, I a al institution and the firancial Age ayment ca stitutions issues re	authorized authorized auconal	ze the ount instermation to the terme	ne U. indi- itutio inate requ the he p	S. Treat cated in to detect the an ests reproces aymen	asury n the ebit t uthor nust ssing t. I f	and it at a person to the entrology and it at a time are at a time at a time are at a time are at a time at a time at a time are at a time	reparty to the control of the contro	esigna aration this a revo ed no ctronic	ted For soft of the soft of th	inancial ware for int. This ancel) a than 2 ment of that the
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Taxpayer's PIN: che	GLOBAL TAXES	TTO			44-			_4	DI	.	1 1	8	4	3	
✓ I authorize	GLUBAL TAXES	ERO firm name			to enter	r or ge	ener	ate r	пу Рп		Enter fi			out	as my
signature o	n the income tax retu			am now a	uthorizin	ıg.					don't e	nter	all zer	os	
	my PIN as my signat entering your own PIN														
Your signature ►						Da	ate I	_							
Spouse's PIN: chec	sk one hov only														
authorize	, K OHE DOX OHLY				to enter	r or ao	nor	ata r	my DII	. [ac my
rautilonze		ERO firm name			to enter	or ge	HE	ale i	пу гп		 Enter fi	Ve C	liaits h	out.	as my
signature o	n the income tax retu			am now a	uthorizin	ıg.					don't e				
	my PIN as my signat entering your own PII			, ,		,	,				_				-
Spouse's signature	•					Da	ate I	•							
		ctitioner PIN	Method Re	turns On	ly—con	tinue	be	low							
Part III Certific	cation and Auther	ntication — F	Practitione	r PIN Me	ethod O	nly									
ERO's EFIN/PIN. Er	nter your six-digit EFI	N followed by	your five-dig	git self-se	lected Pl	IN.	5	8	7 2 D		8 nter al	l zer	ros		
authorized to file for ta	e numeric entry is my P ax year indicated above actitioner PIN method a	e for the taxpay	/er(s) indicated	d above. I	confirm t	hat I a	ım s	ubm	itting t	his r	eturn i	n a	ccorda	ınće v	
ERO's signature ▶						Da	ate I	•							
	F	RO Must Re	tain This F	orm — S	See Inst										

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of	ried filing separately f your spouse. If you	` ′	_		` ,	_	, ,	` , ` ,
Your first name	and mi	ddle initial	Last n	name					Your so	cial securi	ty number
GOPI REI	DDY		MAR	RI					708-	91-184	3
If joint return, s	pouse's	first name and middle initial	Last n	name					Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ntial Electi	on Campaign
806 W R	JAYC	LANE						221		here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP o	ode	•	· ·	ntly, want \$3 Checking a
Irving					T	X	75	039		ow will not	
Foreign country	y name			Foreign province/state	e/coun	ty	Fore	gn postal code	your tax	or refund.	. Spouse
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	nerwise dispose of a	ny fina	ancial interest	in any	virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	eone can claim:									
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind S	oouse	: Was bo	rn bet	ore January 2	2, 1957	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relations	hip	(4) 🗸 if qu	ualifies fo	r (see instru	ictions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	redit	Credit for ot	her dependents
than four											
dependents, see instruction	s ——										
and check											
here ▶											
	1	Wages, salaries, tips, etc. Attach F	orm(s)) W-2					. 1	1	30,460.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st .		. 2b)	
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	ends		. 3b)	
required.	4a	IRA distributions	4a		b T	axable amour	nt.		. 4b)	
	5a	Pensions and annuities	5a		b T	axable amour	nt.		. 5b)	
Standard	6a	Social security benefits	6a		b T	axable amour	nt.		. 6b)	
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not red	quired	l, check here		▶[7		-3,000.
Single or Married filing	8	Other income from Schedule 1, line	e 10						. 8	-:	11,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	This is your total in	come				▶ 9	1:	16,460.
Married filing	10	Adjustments to income from Schee	dule 1,	, line 26					. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	adjusted gross inco	ome			1	▶ 11	1:	16,460.
widow(er),	12a	Standard deduction or itemized	deduc	ctions (from Schedul	le A)	12	2a	12,550	o. 📉		
\$25,100 • Head of	b	Charitable contributions if you take		•	,	ructions) 12	2b	300			
household, \$18,800	С	Add lines 12a and 12b							. 120	c i	12,850.
If you checked	13	Qualified business income deducti	on froi	m Form 8995 or For	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14	. :	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ine 11. If zero or less	s, ente	er-0			. 15	1	03,610.

Form 1040 (2021	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	18,	887.
	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	18,	887.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,	887.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. ▶	24	18,	887.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 21	,909.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	21,	909.
K	26	2021 estimated tax payment						26		
If you have a L qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least at	u satisfy all the ge 18, to claim t	e other requi	rements for					
	b	Nontaxable combat pay elec								
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or				28		_		
	29	American opportunity credit				29		_		
	30	Recovery rebate credit. See				30		_		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug						32		
	33	Add lines 25d, 26, and 32. T					. ▶	33		909.
Refund	34	If line 33 is more than line 24				•		34		022.
	35a	Amount of line 34 you want i						35a	3,	022.
Direct deposit? See instructions.	►b	Routing number 0 2 1			▶ c Type: 🔀	Checking :	Savings			
occ instructions.	►d	Account number 4 9 9								
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract				1 1	. ▶	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38				
Third Party Designee	ins	you want to allow another tructions	•		rn with the IRS?	. 🕨 🗌 Yes. Co	omplete k		X No	
		signee's ne ▶		Phone no. ▶			onal identitoer (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com								
TICIC	You	ur signature		Date	Your occupation				nt you an Iden	•
	N				ENGINEED		I .	inst.) ▶	N, enter it her	e T
Joint return? See instructions.	Sn	ouse's signature. If a joint return, t	acth must sign	Date	ENGINEER Spouse's occupat	tion	,	•	nt your spouse	
Keep a copy for your records.	. Бро	ouse's signature. If a joint return, L	Jour must sign.	Date	Spouse's occupat	lion	Ident		ection PIN, en	
	Pho	one no. (516)728-0843	3	Email address	GOPIREDDY.M	ARRI@GMAIL.CO	M			
Poid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Proporor	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/2022	P0208	2703	Self-em	ployed
Preparer	Firr	m's name ► GLOBAL TAX	XES LLC				Phor	ne no. (678)965-	-9522
Use Only	Firr	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶	30-101	L7196
Go to www.irs.go	ov/Form	11040 for instructions and the late	st information.		BAA	REV 02/16/22 PRO			Form 10	40 (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service ► 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
GOPI REDDY MARRI
708-91-1843

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
2 a	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, truschedule E	•	5	-11,000.
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 property	8k		
I	Olympic and Paralympic medals and USOC prize money (see 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) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	·	10	-11,000.

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			
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 708-91-1843

GOPI REDDY MARRI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 15,132.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -15,132. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked

15

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -15,132. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Cs, etc.)	2021
	Attachment Sequence No. 13
Your soci	al security number

Name(s)	shown on return								Your	social securi	ty number
GOPI	REDDY MARRI								708	8-91-184	3
Part		s From Rental Real Esta instructions. If you are an in		-		-				• .	
A Dic	l you make any payme	nts in 2021 that would re	quire you to	file F	orm(s) 1	099? 8	See inst	ructions .		🗆 '	Yes 🛛 No
		ou file required Form(s) 1			. ,						Yes 🗌 No
1a		each property (street, city									
Α		KA NAGAR UPPAL,H				IA IN	5000)39			
В		·									
С											
1b	Type of Property	2 For each rental real	l estate pror	perty l	isted		Faiı	Rental	Pers	onal Use	0.11/
	(from list below)	above, report the n	umber of fa	ir rent	al and		1	Days	I	Days	QJV
Α	3	personal use days.	Uneck the Universe to	o file a	ox only s a	Α		365		0	
В		qualified joint ventu	ire. See inst	ructio	ns.	В					
С		•				С					
Туре	of Property:										
1 Sing	gle Family Residence	3 Vacation/Short-Te	rm Rental	5 La	nd		7 Self-	Rental			
2 Mult	ti-Family Residence	4 Commercial		6 Ro	yalties		8 Othe	er (describe))		
Incom	e:	P	roperties:			Α		E			С
3	Rents received			3			600.				
4				4							
Expen											
5	Advertising			5							
6	Auto and travel (see i	nstructions)		6							
7	Cleaning and mainter	nance		7		1,	600.				
8	Commissions			8							
9	Insurance			9							
10	Legal and other profe	essional fees		10							
11	Management fees .			11		1,	000.				
12	Mortgage interest pai	id to banks, etc. (see inst	tructions)	12							
13	Other interest			13							
14	Repairs			14		2,	500.				
15	Supplies			15		2,	500.				
16	Taxes			16							
17	Utilities			17		4,	000.				
18	Depreciation expense	e or depletion		18							
19	Other (list)			19							
20	Total expenses. Add	lines 5 through 19		20		11,	600.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (re	oyalties). If								
	result is a (loss), see	instructions to find out if	you must								
	file Form 6198			21		-11,	000.				
22	Deductible rental real	l estate loss after limitati	ion, if any,								
	on Form 8582 (see in	,		22	(11,	000.)	() ()
23a		eported on line 3 for all re					23a		60	0.	
b	Total of all amounts r	eported on line 4 for all r	oyalty prop	erties			23b				
С		eported on line 12 for all					23c				
d		eported on line 18 for all					23d				
е		eported on line 20 for all					23e	1	1,60	0.	
24	•	e amounts shown on line			-				_	24	
25	Losses. Add royalty lo	sses from line 21 and renta	al real estate	losse	s from li	ne 22. E	Enter tot	al losses her	e	25 (11,000.)
26	Total rental real est	ate and royalty income	or (loss).	Comb	ine line	s 24 ar	nd 25. E	Enter the re	sult		
		V, and line 40 on page									
	Schedule 1 (Form 104	40), line 5, Otherwise, inc	lude this ar	nount	in the t	otal or	line 41	on page 2	.	26	-11,000.

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99) ► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Name(s) shown on return Identifying number GOPI REDDY MARRI 708-91-1843 Part I 2021 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 11,000. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -11,000. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . 2a **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -11,000. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 4 11,000. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 127,460. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 22,540. Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 11,270. 8 Enter the **smaller** of line 4 or line 8 9 9 11,000. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find 11,000. 11 Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 2-21-81/4, CHILKA NAGAR 11,000. 11,000.

0.

BAA

11,000.

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

Form 8582 (2021) Page **2**

									. 490 =
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•
Name of a district		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall- loss (line		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶									
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).
2-21-81/4,CHILKA NAGAR		E Ln 22		11,000.	1.0000	0000	11,00	0.	0.
Total		>		11,000.	1.00)	11,00	0.	0.
Part VII Allocation of Unallowed L	.05	Form or sche		s.					
Name of activity		and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ratio	(c)	Unallowed loss
Total			. ▶				1.00		
Part VIII Allowed Losses. See instr	uGti	Form or sche	ماريام						
Name of activity		and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
Total		<u></u>	. ▶						

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

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

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

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





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

Payment Voucher for Individual Income Tax

708-91-1843 Your Social Security number

GOPI REDDY MARRI 806 W ROYAL LANE 221 Irving TX 75039 Spouse's Social Security number

\$ _____

60.00

REV 02/15/22 PRO

Payment amount

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

Your payment is due April 18, 2022.

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



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

1993

708-91-1843

GOPI REDDY

MARRI

806 W ROYAL LANE

221

Irving

TX 75039

	COL	PIREDDY.MARRI@GMAIL.COM		
	GOE	TREDDI.MARKI@GMAIL.COM		
В	Fili	ng status: 🗵 Single 🗌 Married filing jointly 🔲 Married filing separately 🔲 Widowed 🔲 Head of	household	
		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: X Nonresident - Attach Sch. NR Part-year resident -		ND 7
_				_
	_ '	p 2: Income	(Who	le dollars only) 116,460.00 .00 116,460.00
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	110,400.00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 3	
	4	Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	3	<u>.00</u> ≤
				110,400.00
D		p 3: Base Income		Ξ
liere	5	Social Security benefits and certain retirement plan income	00	" 2
	6	received if included in Line 1. Attach Page 1 of federal return. 5 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	П
Ξ.	O	Schedule 1, Ln. 1. 6	.00	Z
	7	Other subtractions. Attach Schedule M.	.00	프
9	•	Check if Line 7 includes any amount from Schedule 1299-C.	.00	ĪŢ
2	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	116,460.00
zana	Ste	p 4: Exemptions		.00 116,460.00
Ä		a Enter the exemption amount for yourself and your spouse. See instructions. a2,3"	75.00	
_	-	b Check if 65 or older:	.00	Ť
ž		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c	.00	<u> </u>
orapie		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		T C X
מ		Attach Schedule IL-E/EIC. d	0.00	
		Exemption allowance. Add Lines 10a through 10d.	10	2,375.00
	Ste	p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		
		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	56,738 <u>.00</u>
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
>		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	2,809 <u>.00</u>
		Recapture of investment tax credits. Attach Schedule 4255.	13	00.
_		Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	2,809.00
		p 6: Tax After Nonrefundable Credits		
		Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
ם ס	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
<	17	Attach Schedule ICR. 16	.00	
ນ		Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17		0.00
5		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	2,809.00
3			19	2,000.00
2		p 7: Other Taxes	00	25
Ā.		Household employment tax. See instructions.	20	.00
a D	21	, , , , , , , , , , , , , , , , , , ,	21	0.00
20	22	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22	.00.0
	23		23	2,809.00
▼	4 3	Total Tax . Add Lines 19, 20, 21, and 22.	۷۵	∠,009. <u>00</u>

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.

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 To	tal tax from Page 1,	Line 23.					24	2,809.00	
Step 8:	: Payments and F	Refundabl	e Credit						
25 Illino	ois Income Tax withh	neld. Attacl	h Schedule IL-W	IT.		25 2,	749.00		
26 Esti	mated payments fro	m Forms II	1040-ES and II	505-I,					NO
inclu	uding any overpaym	ent applied	l from a prior yea	ır return.		26	.00		
27 Pas	s-through withholdin	g. Attach S	Schedule K-1-P o	r K-1-T.		27	.00		₽
28 Pas	s-through entity tax	credit. Atta	ch Schedule K-1	-P or K-1-T.		28	.00		HANDW
			-		ttach Schedule IL-E/EIC.	29	.00		¥
	al payments and re	fundable o	credit. Add Lines	25 through	29.		30	2,749.00	ヨ
Step 9:									
	ne 30 is greater than						31		Ш
	ne 24 is greater than						32	60.00	₹
-				-	ations - Only com		or late-payme	nt penalty	NTRIES,
					y charitable donat				
	e-payment penalty for					33	.00		9
_	Check if at least to				•				OTHER
_	_			•	ntly living in a nursing		E !! 0040		R
c L	_		received evenly	during the y	ear and you annualiz	ed your income o	n Form IL-2210.		THAN
a -	Attach Form IL-22			ا منامان بالمصا	la a a sa a Tay, waterway in	Alaa muardarra Aarri			
_	Intary charitable dor	•			Income Tax return in	34	.00		<u>S</u>
	al penalty and don					04	<u></u> 35	.00	ž
	1: Refund	ations . 7 tac	Lines do ana o	т.				.00	SIGNATURE
•		1. 04					0.4		교
-			and this amount	is greater th	an Line 35, subtract L	line 35 from Line			8
	s is your overpayme		unded to you. Ch	ook ono hov	on Line 38. See instr	uctions	36 37	.00.	Z
	_		inded to you. Or	ieck one box	t on Line 30. See insti	uctions.	37	.00	SIHT
	oose to receive my	-	- :	l	a ali Alata Ia arr				
а∟	direct deposit - C	$\overline{}$	e information be	low if you cr	ieck this dox.				FORM
	You may also conti		outing number			Checkin	g or Saving	S	Ŝ
	here. See instruct		count number					J	
.	7								
	paper check.	amusand Co.	htun at 1 in a 07 fua		Dan inntmustinus		20	00	
	ount to be credited for		btract Line 37 ird	om Line 36.	See instructions.		39	.00	
Step 12	2: Amount You O	we							
-	ou have an amount o								
_	ou have an amount o								
sub	tract Line 31 from Li	ne 35. This	is the amount y	/ou owe . Se	e instructions.		40	60.00	
Step 13	3: If this is a joint retu	urn, both yo	u and your spous	e must sign	below.				
	Under penalties o	f perjury, I s	tate that I have ex	kamined this	return and, to the best	of my knowledge,	it is true, correct	, and complete	
									_
Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone r	umber	
Here							(516) 728-	0843	
	Print/Type paid prepa	ırer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	1 ` ′ 	aid Preparer's P1	ΓIN
Paid	SYAM PRIYA RAM SAGA		LLAM		-	02/21/2022	self-employed P		
Preparer	Firm's name		TAXES LLC			Firm's FEIN	301017196		_
Use Only	Firm's address			lummina		Firm's phone	t	9522	_
Third	Designee's name (pl		ble Creek LnC	.uiiiiiIIIg			<u> </u>		
Party	2001g.1000 Tiarrio (pi	- Jaco pinit)			Designee's phone num	per	discuss this retu	Department may Irn with the third	
Designee					()		party designee		
	•	the 2021	I II -1040 Ind	struction	s for the addre	ss to mail vo			
	ricici lo	2021	LE IUTU IIIS	,u aouon	o ioi liie addie	oo to man yo	ai ictuiii.		

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





Illinois Department of Revenue 2021 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

ш	Attachment	No	2
- 11	Attachment	NO.	_

	GOF	PI REDDY MARRI 7 0 8 _	91.	1 8 4 3	
	Your	name as shown on your Form IL-1040 Your Social Sect	urity numbe	r — — — —	
S	tep	1: Provide the following information			
	_	e you, or your spouse if "married filing jointly," a full-year resident of Illinois during	g the tax y	ear?	
		Yes X No If you answered "Yes," you cannot use this	s form (see	e instructions)	
2		ou, or your spouse if "married filing jointly," were a part-year resident during the ta			ites for 2021
	-	ed in Illinois from / / <u>2</u> <u>1</u> to / / <u>2</u> <u>1</u> lived in	-	-	
C	a i iive	Month Day Year Month Day Year State		— — / — — / — → 10 — Month Day Year M	
k	o My s	spouse lived in Illinois from / / <mark>2 1</mark> to / / <mark>2 1</mark> , and	from	// <u>2</u> <u>1</u> to _	// <u>2</u> _1
		Month Day Year Month Day Year State			lonth Day Year
3		ou were a resident of any of the states listed below during the tax year, if you wer in the military, or if you elected to use your service member spouse's state of re			
		Iowa Kentucky Michigan Wisconsin	Г	Military Spouse	
4		any state other than Illinois or any states already indicated on Line 2 or 3 above,	_		tax purposes in 2021.
		er the two-letter abbreviation of that state.	, ,	,	
_					
S	-	2: Complete Form IL-1040			
		ete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as i	•	-	
Co			eanie NR 1	O Vour Form IL-1040).
Co	rema	ainder of this schedule following the instructions for your residency. Attach Sche			
the		<u> </u>			,
the S	tep	3: Figure the Illinois portion of your federal adju	usted (gross income	
the S	tep	<u> </u>	usted (gross income of the Column B instr	ructions.
the S	tep	3: Figure the Illinois portion of your federal adju	usted (gross income	
the S	tep	3: Figure the Illinois portion of your federal adju	usted (gross income of the Column B instr Column A	ructions. Column B Illinois Portion
the S	tep	3: Figure the Illinois portion of your federal adjunction and the amounts from your federal return in Column A. Before completing Column A. Before column A.	usted (gross income the Column B instr Column A Federal Total	Column B Illinois Portion 57,918.00
the S	tep nter th	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	usted (mn B, read 5 _ 6 _	gross income the Column B instr Column A Federal Total	Column B Illinois Portion 57,918.00
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the S	5 6 7	3: Figure the Illinois portion of your federal adjunte amounts from your federal return in Column A. Before completing Column 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)	usted (mn B, read 5 _ 6 _	Column A Federal Total 130,460.00 .00	Column B Illinois Portion 57,918.00
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the S	5 6 7 8	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column 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 _ 10 _	Column A Federal Total 130,460.00 .00 .00 .00 .00	Column B Illinois Portion 57,918.00 .00 .00 .00 .00
the S	5 6 7 8	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column 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 _ 10 _	Column A Federal Total 130,460.00 .00 .00	Column B Illinois Portion 57,918.00 .00
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Si En	5 6 7 8 9 10 11 12	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column 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 _ 11 _ 12 _ 12 _	Column A Federal Total 130,460.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00
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Si En	5 6 7 8 9 10 11 12	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column Column Column A. Before completing Column A. Before completing Column A. Before completing Column A. Before completing Column Column Column A. Before completing Co	5 _ 6 _ 7 _ 8 _ 9 _ 11 _ 12 _ 13 _ 13 _	Column A Federal Total 130 , 460 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00
the S	5 6 7 8 9 10 11 12	3: Figure the Illinois portion of your federal adjuste amounts from your federal return in Column A. Before completing Column 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) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	5 _ 6 _ 7 _ 8 _ 9 _ 11 _ 12 _ 13 _ 14	Column A Federal Total 130 , 460 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00
Si En	5 6 7 8 9 10 11 12 13 14 15	3: Figure the Illinois portion of your federal adjunte amounts from your federal return in Column A. Before completing Column 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 _	Column A Federal Total 130,460.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00
Si En	5 6 7 8 9 10 11 12 13 14 15	3: Figure the Illinois portion of your federal adjunte amounts from your federal return in Column A. Before completing Column As Before completing Column Column As Before completing Column Column As Before completing Column Column Column Column Column As Before completing Column Column Column As Before completing Column Co	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _ 14 _ 15 _ 16 _ 16 _	Column A Federal Total 130,460.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00
Si En	5 6 7 8 9 10 11 12 13 14 15 16	3: Figure the Illinois portion of your federal adjuntation and the amounts from your federal return in Column A. Before completing Column Column A. Before completing Column Column A. Before completing Column Colu	5 _ 6 _ 7 _ 10 _ 11 _ 12 _ 13 _ 14 _ 16 _ e 7) 17 _ 17 _	Column A Federal Total 130,460.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00
Si En	5 6 7 8 9 10 11 12 13 14 15 16 17	3: Figure the Illinois portion of your federal adjuntaries amounts from your federal return in Column A. Before completing Column Column A. Before completing Column Colum	5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _ 14 _ 15 _ 16 _ e 7) 17 _ 18 _ 18	Column A Federal Total 130,460.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	Column B Illinois Portion 57,918.00 .00 .00 .00 .00 .00 .00 .00

Continue with Step 3 on Page 2

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

20

57,918.00



Schedule NR - Page 2

_					
St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	57,918 <u>.00</u>
1	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
1		Certain business expenses of reservists, performing artists, and fee-basis			
1		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
၂ ခု	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
15		Schedule 1, Line 14)	25 _		
to Income		Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	
1=	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
	l				
djustments		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			
<u>آةِ</u> ا		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
1=		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 _	.00	
S		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 _	.00	
Ϊ́̈́	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 _	.00	.00
4	33				
1	34			.00	
1	35	Other adjustments (see instructions)	35 _	.00	
1	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
1		adjustments to income.		36	
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	116,460 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inc	ome. 38	57,918 _{.00}
djustments	39 40		39 _	.00 .00 41	.00 .00 .00 57,918.00
Sn					
Ϊ́Θ			42 _	.00	00
A (43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			.00
ois	١				
jë E				.00	
匡	145	Other subtractions (Form IL-1040, Line 7)	43 _ 44 _	.00	.00
C+	1				
5 [_	Other subtractions (Form IL-1040, Line 7)		.00	.00
⊃ (ер	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		.00	.00
	ер	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax		.00	.00
Г	ер	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		.00 45	.00 .00 .00
Г	ep 46	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		.00 45	.00 .00 .00
Г	ep 46 47	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	44	.00 45 46	.00 .00 .00
Г	ep 46 47	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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	47	.00 45 46	.00 .00 .00
Г	ep 46 47 48	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	47	.00 45 46 116,460.00	.00 .00 .00
Г	ep 46 47 48 49	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	44 47 48	.00 45 46 116,460.00	.00 .00 .00
Calculations	ep 46 47 48 49	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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	44 47 48	.00 45 46 116,460.00	.00 .00 .00
Calculations	ep 46 47 48 49 50	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	44 47 48	.00 45 46 116,460.00 0 • 497 2,375.00	
Г	ep 46 47 48 49 50	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	44 47 48	.00 45 46 116,460.00 0 • 497 2,375.00	
Calculations	ep 46 47 48 49 50 51	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	47 48 49	.00 45 46 116,460.00 0 • 497 2,375.00 50	
Calculations	ep 46 47 48 49 50 51	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	47 48 49	.00 45 46 116,460.00 0 • 497 2,375.00 50	
Calculations	ep 46 47 48 49 50 51	Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is 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.	47 48 49	.00 45 46 116,460.00 0 • 497 2,375.00 50	





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)

GOPI REDDY Your name as	MARRI shown on Form IL-1040			Your Social Security number							
Column Form type		Federal Wag	column C ges, Winnings, C s, Compensatio		Illinois Wa Distributio		Illi	Column E Illinois Income Tax Withheld			
1 <u>W</u>	48-1215361	\$	57,918 •0	<u>0</u>	\$	57,9	18 •00	\$	2,74	9 •00	
2		\$	<u>•0</u>	0	\$		<u>•00</u>	\$		<u>•00</u>	
3		\$	<u>•0</u>	0	\$		<u>•00</u>	\$		<u>•00</u>	
4	_	\$	<u>•0</u>	<u>0</u>	\$		<u>•00</u>	\$		<u>•00</u>	
5	_	\$	<u>•0</u>	<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 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>	\$	•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 \$ 2,749**.00**

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





Illinois Department of Revenue

1			_						_				
				S	ubmi	ssior	ID						

Step	1: Provide taxpayer information			
·	GOPI REDDY	MARR		<u>7 0 8 - 9 1 - 1 8 4 3</u>
Dulas		name (and last name if differen	ent) Last name	Social Security number
or	t 806 W ROYAL LANE 221			
type	Mailing address		=====	Spouse's Social Security number
	Irving	TX	75039	(516) 728-0843
	City	State	ZIP	Daytime phone number
Step	2: Complete information from to	ax return		
	Net income from Form IL-1040, Line 1	1		1 56,738 00
	Tax from Form IL-1040, Line 14			2 2,809 00
	Illinois Income Tax withheld from Form		(enter "0" if none)	3 2,749 00
	Overpayment from Form IL-1040, Line			4 <u>00</u> 560 <u>00</u>
	Total amount due from Form IL-1040, I Filing status: X Single Married		ad filing concretchy	
6 F	Filing status: A Single Married	nling jointly warns	ed filing separately v	vidowed Head of nousehold
does withir	not support international ACH transact	ions. IDOR will only per by international funds.	rform direct transactions (ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
8 /	Account no. (AN):			<u> </u>
9	Type of account: Checking	_ Savings		
10 [Date the payment is to be electronically	y withdrawn://		
11	Electronic funds withdrawal amount:	I_ <u>00</u> _		
12	Name on account:			
Step	4: Taxpayer declaration and sigr	ature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)
				clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designated in the elec	ctronic portion of my 20 ctronic overpayment of	021 Illinois Individual Inco	agent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
×			•	•
origir and a been	nator (ERO) are identical. To the best of accompanying information may be sent accepted or rejected. If rejected, I auth	my knowledge, my retuto IDOR by my ERO. I	urn is true, correct, and co authorize IDOR to inform	Information I provided to my electronic return mplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sigr	Your signature	Date	Spouse's signatur	e (if joint return, both must sign) Date
	5: Electronic return originator (- · · · · · · · · · · · · · · ·
I dec have	lare that I have examined this taxpayer followed all requirements of this progra	's electronic Form IL-1 am and declare, under	040, the information on the	nis Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
and a	accompanying information are true, co	rrect, and complete.		
	ERO's signature		02/21/2022 Date	Check if paid preparer: ☑ (See instructions.)
	-		Dale	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} \frac{3}{PTIN} \frac{3}{PTIN} \frac{1}{PTIN} 1$
use	2530 Pebble Creek In			3 0 - 1 0 1 7 1 9 6
only	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.

