

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BALAJI SIDDHARTH	Last name BHARADE	Your social security number 653-84-2611
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2716 RAINBOW AVE		Apt. no. 2	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Bloomington	State IL	ZIP code 61704	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit		Credit for other dependents
						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	55,757
	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 10		8	(17,518)
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	38,239
	10	Adjustments to income from Schedule 1, line 26		10	
11	Subtract line 10 from line 9. This is your adjusted gross income		11	38,239	
Standard Deduction for- • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550	
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300	
	c	Add lines 12a and 12b	12c	12,850	
13	Qualified business income deduction from Form 8995 or Form 8995-A		13		
14	Add lines 12c and 13		14	12,850	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	25,389	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	2,846																
17	Amount from Schedule 2, line 3	17																	
18	Add lines 16 and 17	18	2,846																
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19																	
20	Amount from Schedule 3, line 8	20	990																
21	Add lines 19 and 20	21	990																
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,856																
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23																	
24	Add lines 22 and 23. This is your total tax ▶	24	1,856																
25	Federal income tax withheld from:																		
a	Form(s) W-2	25a	8,426																
b	Form(s) 1099	25b																	
c	Other forms (see instructions)	25c																	
d	Add lines 25a through 25c	25d	8,426																
26	2021 estimated tax payments and amount applied from 2020 return	26																	
27a	Earned income credit (EIC)	27a																	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>																		
b	Nontaxable combat pay election	27b																	
c	Prior year (2019) earned income	27c																	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28																	
29	American opportunity credit from Form 8863, line 8	29																	
30	Recovery rebate credit. See instructions	30	0																
31	Amount from Schedule 3, line 15	31																	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits . . ▶	32	0																
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	8,426																
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,570																
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	6,570																
Direct deposit? See instructions.	▶ b Routing number <table border="1"><tr><td>1</td><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td><td>4</td><td>5</td><td>3</td></tr></table> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	0	1	2	0	0	4	5	3									
1	0	1	2	0	0	4	5	3											
	▶ d Account number <table border="1"><tr><td>1</td><td>5</td><td>2</td><td>3</td><td>1</td><td>6</td><td>6</td><td>7</td><td>4</td><td>0</td><td>1</td><td>8</td><td></td><td></td><td></td><td></td></tr></table>	1	5	2	3	1	6	6	7	4	0	1	8						
1	5	2	3	1	6	6	7	4	0	1	8								
	36 Amount of line 34 you want applied to your 2022 estimated tax ▶	36																	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	0																
	38 Estimated tax penalty (see instructions) ▶	38																	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature <i>Balaji Siddharth</i>	Date 04/02/2022	Your occupation JAVA DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

Phone no. 747-334-7817 Email address balajisiddharth92@gmail.com

Paid Preparer Use Only

Preparer's signature JOBY THOMAS	Date 04-02-2022	PTIN P01614202	Check if: <input type="checkbox"/> Self-employed
Preparer's name JOBY THOMAS	Phone no. 703-829-4357		
Firm's name ▶ E TAX PLANNER, LLC			
Firm's address ▶ 6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645	Firm's EIN ▶ 27-4777200		

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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. **03**

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

Your social security number

BALAJI SIDDHARTH BHARADE

653-84-2611

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	990
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	990

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II		Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b			
c	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g			
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h			
z	Other payments or refundable credits. List type and amount ► _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Attachment
Sequence No. **50**

BALAJI SIDDHARTH BHARADE

Your social security number
653-84-2611

!
CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30		1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, qualifying widow(er)	2	90,000	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	38,239	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	51,761	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000	
6	If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	1.000	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7		
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8		

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)		9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	4,950	
11	Enter the smaller of line 10 or \$10,000	11	4,950	
12	Multiply line 11 by 20% (0.20)	12	990	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	90,000	
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	38,239	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	51,761	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000	
17	If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	990	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	990	

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

Name(s) shown on return

Your social security number

BALAJI SIDDHARTH BHARADE

653-84-2611



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>BALAJI SIDDHARTH BHARADE</p>	<p>21 Student social security number (as shown on page 1 of your tax return)</p> <p>653-84-2611</p>
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<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution</p> <p>Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>1 University Drive Campbellsville, KY 42718</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p>(2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>(3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>61-0469267</p>	<p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>

<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?</p>	<p><input checked="" type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Go to line 24.</p>
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.</p>	<p><input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.</p>
<p>25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions.</p>	<p>Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> <input type="checkbox"/> No - Go to line 26.</p>
<p>26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?</p>	<p>Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Complete lines 27 through 30 for this student. <input checked="" type="checkbox"/></p>



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

<p>27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000</p>	<p>27</p>
<p>28 Subtract \$2,000 from line 27. If zero or less, enter -0-</p>	<p>28</p>
<p>29 Multiply line 28 by 25% (0.25)</p>	<p>29</p>
<p>30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1</p>	<p>30</p>

Lifetime Learning Credit

<p>31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10</p>	<p>31</p>
	<p>4,950</p>

IRS e-file Signature Authorization

OMB No. 1545-0074

2021

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

Submission Identification Number (SID) ▶

Taxpayer's name BALAJI SIDDHARTH BHARADE		Social security number 653-84-2611
Spouse's name		Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	38,239
2	Total tax	2	1,856
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,426
4	Amount you want refunded to you	4	6,570
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Refund will be deposited to: RTN=101200453 Acct=152316674018

I authorize E TAX PLANNER, LLC to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but don't enter all zeros
 signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 04/02/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but don't enter all zeros
 signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 04-02-2022

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Illinois Department of Revenue

Submission ID

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type

BALAJI SIDDHARTH BHARADE 653-84-2611

First name and middle initial Spouse's first name (and last name if different) Last name Social Security number

2716 RAINBOW AVE APT 2

Mailing address Spouse's Social Security number

Bloomington, IL 61704

City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 35,864.00

2 Tax from Form IL-1040, Line 14 2 1,775.00

3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 2,760.00

4 Overpayment from Form IL-1040, Line 36 4 985.00

5 Total amount due from Form IL-1040, Line 40 5 00

6 Filing status: Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 101200453

8 Account no. (AN): 152316674018

9 Type of account: Checking Savings

10 Date the payment is to be electronically withdrawn:

11 Electronic funds withdrawal amount: 00

12 Name on account:

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

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here

Balaji Siddharth 04/02/2022

Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

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

ERO use only

JOBY THOMAS 04-02-2022 Check if paid preparer: (See instructions.)

ERO's signature Date

E TAX PLANNER, LLC Your PTIN

Firm's name or your name if self-employed P01614202

6418 N MAPLEWOOD AVE, 2W Federal employer identification no. (FEIN)

Mailing address 27-4777200

CHICAGO IL 60645 703-829-4357

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.



Illinois Department of Revenue
2021 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____/_____/_____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

653-84-2611
 1992
 BALAJI SIDDHARTH BHARADE



2716 RAINBOW AVE APT 2
 Bloomington, IL 61704
 MCLEAN

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2021: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 38,239.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 38,239.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 38,239.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d .00
Exemption allowance. Add Line 10a through 10d.	10 2,375.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. <i>Nonresidents and part-year residents:</i> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 35,864.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	12 1,775.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,775.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 .00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,775.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,775.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM



24 Total tax from Page 1, Line 23.



24 1,775.00

Step 8: Payments and Refundable Credit

25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	2,760.00
26	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	26	.00
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29	.00
30	Total payments and refundable credit. Add Lines 25 through 28.	30	2,760.00

Step 9: Total

31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	985.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00

Step 10: Underpayment of Estimated Tax Penalty and Donations-Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33	Late-payment penalty for underpayment of estimated tax.	33	.00
a	<input type="checkbox"/> Check if at least two-thirds of your federal gross income is from farming.		
b	<input type="checkbox"/> Check if you or your spouse are 65 or older and permanently living in a nursing home.		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		
34	Voluntary charitable donations. Attach Schedule G.	34	.00
35	Total penalty and donations. Add Lines 33 and 34.	35	.00

Step 11: Refund

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment .	36	985.00						
37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	985.00						
38	I choose to receive my refund by								
a	<input checked="" type="checkbox"/> direct deposit - Complete the information below if you check this box.								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> You may contribute to college savings funds here. See instructions! </div> </td> <td style="width: 50%; padding: 2px;"> Routing number <u>101200453</u> </td> <td style="width: 25%; padding: 2px;"> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings </td> </tr> <tr> <td></td> <td style="padding: 2px;"> Account number <u>152316674018</u> </td> <td></td> </tr> </table>	<div style="border: 1px solid black; padding: 2px; font-size: 8px;"> You may contribute to college savings funds here. See instructions! </div>	Routing number <u>101200453</u>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		Account number <u>152316674018</u>			
<div style="border: 1px solid black; padding: 2px; font-size: 8px;"> You may contribute to college savings funds here. See instructions! </div>	Routing number <u>101200453</u>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings							
	Account number <u>152316674018</u>								
b	<input type="checkbox"/> 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	0.00
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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 Here	Your signature <i>Bob Thomas</i>	Date (mm/dd/yyyy) 04/02/2022	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
	Print/Type paid preparer's name JOBY THOMAS		Paid preparer's signature JOBY THOMAS		Date (mm/dd/yyyy) 04/02/2022
Paid Preparer Use Only	Firm's name ▶ E TAX PLANNER, LLC		Firm's FEIN ▶ 27-4777200		<input type="checkbox"/> Check if self-employed <input type="checkbox"/> Paid Preparer's PTIN P01614202
	Firm's address ▶ 6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645,		Firm's phone ▶ 703-829-4357		
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.

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

NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM

IL-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return BALAJI SIDDHARTH BHARADE			Taxpayer ID Number 653-84-2611	
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status			S	
Gross Income			38,239	38,239
Additions				
Subtractions				
Exemptions			2,375	2,375
Standard Deduction				
Itemized Deduction				
Deductions				
Taxable Income			35,864	35,864
Actual State Income			35,864	35,864
State Income Tax			1,775	1,775
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			2,760	2,760
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			985	985
Balance Due				
Marginal tax rate			4.950000	4.950000
Effective tax rate			4.949300	4.949300