Illinois Department of Revenue

2017 Form IL-1040

ΙL

C Filing status (see instructions)

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

122-31-1487

GOUTHAM GANDHAM

2851 SOUTH KING DRIVE

1217

CHICAGO

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V ▶

60616

		⊠ Single or head of household	☐ Wid	owed			
Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or	(Whole o	dollars only)			
Income		1040EZ, Line 4	1	7,400.00			
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A,					
	_	Line 8b; or federal Form 1040EZ	2				
	3	Other additions. Attach Schedule M.	3	.00			
	4	Total income. Add Lines 1 through 3.	4	7,400.00			
Step 3:	5	Social Security benefits and certain retirement plan income					
Base		received if included in Line 1. Attach Page 1 of federal return. 5	0				
Income	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10 6	0				
	7		0				
		Check if Line 7 includes any amount from Schedule 1299-C.					
	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	7,400.00			
Step 4:		instructions before completing Step 4.					
Exemptions	10	a Number of exemptions from your federal return $\frac{1}{\sqrt{3}}$ X \$2,175 a $\frac{2,175}{\sqrt{3}}$					
		b If someone can claim you as a dependent, see instructions X \$2,175 b					
		c Check if 65 or older: ☐ You + ☐ Spouse = X \$1,000 c 0 d Check if legally blind: ☐ You + ☐ Spouse = X \$1,000 d 0	<u>0</u>				
		Exemption allowance. Add Lines a through d.	<u>∪</u> 10	2,175.00			
Step 5:	11		11				
•	11		''	3,223.00			
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 ☐ Nonresident ☐ Part-year resident, and					
Income		enter the Illinois base income from Schedule NR. Attach Schedule NR. 12	0				
Step 6:	12	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero.	<u> </u>				
•	13	Nonresidents and part-year residents: Enter the tax from Schedule NR.					
Tax		Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA.	10	228.00			
	14		14				
		Income tax. Add Lines 13 and 14. Cannot be less than zero.	15				
Step 7:	16	Income tax paid to another state while an Illinois resident.					
•		Attach Schedule CR. 16	0				
Tax After	17						
Non-		Schedule ICR. Attach Schedule ICR. 17					
refundable Credits		Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18	0				
Oreulis	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot	40	0.0-			
	00	exceed the tax amount on Line 15.	19	0.00			
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	228.00			

	21	Tax after nonrefunda	ble credits from	Page 1, Line	20	21	22	28.00	
Step 8:	22					.00			
Other	23								
Taxes		UT Worksheet or UT				23		0.00	
		Compassionate Use			gram Act Surcharge	24		.00	220.00
	25	Total Tax. Add Lines						25	228.00
Step 9:	26	Illinois Income Tax w				26	36	56 <u>.00</u>	
Payments	27	Estimated payments				27		.00	
and Refundable	28	including any overpa Pass-through withhol				'			
Credit	29	Earned Income Cred							
	30	Total payments and						30	366 _{.00}
Step 10:	31	If Line 30 is greater th	an Line 25, subtr	act Line 25 fr	rom Line 30.			31	138.00
Total		If Line 25 is greater th						32	
		Only complete this				ent			
Step 11:		of estimated tax or				CIIL			
Underpayment of Estimated		Late-payment penalt	y for underpaym	ent of estima	ated tax	33		.00	
Tax Penalty		a Check if at least tw	o-thirds of your	ederal gross	income is from farr	ning.			
and		b Check if you or you	-	or older and	d permanently				
Donations		living in a nursing h							
		c Check if your incom		-		0	_		
		d Check if you were			Attach Form IL-221				
		return in the previo	=	ie an illinois	marviada meome n	ах			
	34	Voluntary charitable	-	h Schedule	G	34	_	.00	
		Total penalty and d				•		<u></u> 35	.00
Step 12:	36								
•	30	Line 35, subtract Line			-			36	138.00
Refund	37	Amount from Line 36		-		ne 38. See	e instructi		
		I choose to receive m	-	•					
		a 🗵 direct deposit	- Complete the i	nformation b	elow if you check th	is box.			
	Routing number 1 1 1 0 0 0 6 1 4 X Checking or		Sav	ings					
		Account numbe				TŤ			
		A COOCATE HATTIE	7 0 2 2						
		b Illinois Individ	ual Income Tax	refund debi	t card				
	00	c ☐ paper check						00	
Cton 12:		Amount to be credite				structions		39	.00
•	ep 13: 40 If you have an amount on Line 32, add Lines 32 and 35 or -								
	Amount 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								
You Owe)	Subtract Line 31 from	T LINE 35. THIS IS	the amoun	you owe. See inst	ructions.		40	.00
Step 14:		s a joint return, both yo penalties of perjury, I s		-		est of my kr	nowledge,	, it is true, corre	ect, and complete.
Sign									
Here	Your signature Date (mm/dd/yyyy)		Spouse's signature		Date (mm/dd/yyyy)		Daytime phone	number	
	APPANA RUPA VENKATA SA					/2018	Check if	P02090332	
Paid	Print/Type	e paid preparer's name		Paid preparer's signature		Date (mm/	'dd/yyyy)	self-employed	Paid Preparer's PTIN
Preparer F			TAXES LLC		Firm's FEIN		30101719	6	
Use Only F			bble CreekCumming GA 30041		Firm's pho		(678)965	-9729	
Third								Check if the	e Department may
Party	Decimals and the second of the					discuss this re	eturn with the third		
	Designee's name (please print) Designee's phone number					party designe	e shown in this step.		
If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF REVENUE									

ID: 3WM SPRINGFIELD IL 62719-0001 IL-1040 Back (R-12/17) REV 01/23/18 PRO DR_

DR_

SPRINGFIELD IL 62726-0001

RR DC IR





Illinois Department of Revenue 2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail Form IL-8453 to	·	tment of Revenue uni	less it is requested for review.)
Step	o 1: Provide taxpayer informa			
	GOUTHAM First name and middle initial Spouse's first name	GAND: ne (and last name if differe		
Print	2051 COLUMN WATER DETAILS 1217	ne (and last hame if differe	nt) Last name	Social Security Humber
or type	2851 SOUTH KING DRIVE 1217 Mailing address			Spouse's Social Security number
.,,,,	CHICAGO	IL	60616	opodoo oosaa oosaany nambo
	City	State	ZIP	
Star	2: Complete information from	om tav return		
	let income from Form IL-1040, Line 11,		n 5 Line 51	1 5,225 0 0
	ax from Form IL-1040, Line 13	or ochedule ivi i, ote	p 5, Line 51	228 00
	linois Income Tax withheld from Form IL	-1040. Line 26 only ((enter "0" if none)	366 00
	Overpayment from Form IL-1040, Line 36	-	(0.110.	4 138 00
	otal amount due from Form IL-1040, Lin			5l <u>00</u>
	Filing status: X Single/head of househ		g jointly Married filing	separately Widowed
To inition does within 7 F 8 A 9 T 10 E 11 E 12 N	tiate a payment or refund transaction, not support international ACH transaction, the United States or those not funded by Routing no. (RN): 1 1 1 1 0 0 Account no. (AN): 7 6 2 2 8 Type of account: X Checking Date the payment is to be electronically velocities the payment is to be electronically velocities and account: Alame on account: D4: Taxpayer declaration and I consent that my refund may be direct correct. If I have filed a joint return, this	the information in to the information in the information in the instance of th	his Step must be included form direct transactions (e. Electronic payments will not be a complete or and after completing gnated in Step 3 and declar pointment of the other specific pointmen	hdrawal information (Optional) d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located at be accepted and refunds will be via paper check. ng Step 2 and, if applicable, Step 3.) are the information on Lines 7 through 9 is buse as an agent to receive the refund.
	withdrawal as designated in the electr	onic portion of my 20 onic overpayment of nent.	117 Illinois Individual Incom taxes to receive confidenti	pent to initiate an ACH electronic funds the Tax return. I authorize the financial institutions ial information necessary to answer inquiries bit) of my balance due.
origin and a been Sign	ator (ERO) are identical. To the best of moccompanying information may be sent to accepted or rejected. If rejected, I authorically	y knowledge, my retu IDOR by my ERO. I a	rn is true, correct, and com authorize IDOR to inform m ne reason(s) so the return r	ormation I provided to my electronic return aplete. I consent that my return, this declaration, by ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date
I deci have	followed all requirements of this program ccompanying information are true, corre	electronic Form IL-10 and declare, under	040, the information on this	s Form IL-8453, and accompanying information. In the best of my knowledge the taxpayer's return Check if paid preparer: (See instructions.)
ERO	GLOBAL TAXES LLC			$\frac{P}{V_{\text{CM}}} = \frac{0}{P_{\text{CM}}} = \frac{2}{V_{\text{CM}}} = \frac{0}{V_{\text{CM}}} = \frac{9}{V_{\text{CM}}} = \frac{3}{V_{\text{CM}}} = \frac{3}{V_{$
use	Firm's name or your name if self-employed			Your PTIN
only	2530 Pebble Creek Ln Mailing address			3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
	Cumming	GA	30041	(678)965-9729
	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.

