



0033  
 Department of  
 Taxation  
 Rev. 9/16

Do not use staples. Use only black ink and UPPERCASE letters.

**2016 Ohio IT 1040**  
**Individual Income Tax Return**



16000133

04 17 17

**Note: This form encompasses the IT 1040, IT 1040EZ and amended IT 1040X.**

Is this an amended return? Yes  No  If yes, include Ohio IT RE (do not include a copy of the previously filed return)

Is this a Net Operating Loss (NOL) carryback? Yes  No  If yes, include Schedule IT NOL  
 Taxpayer's SSN (required)  If deceased Spouse's SSN (if filing jointly)  If deceased

674 11 3739

Enter school district # for this return (see instructions).

check box **SD#**  6705

First name  M.I. Last name  
 PRANEETHA GATTA

Spouse's first name (only if married filing jointly)  M.I. Last name

Mailing address (for faster processing, use a street address)

12311 ASHFORD GABLES DR,

City	State	ZIP code	Ohio county (first four letters)
DUNWOODY	GA	30338	PORT
Home address (if different from mailing address) – do <b>NOT</b> include city or state		ZIP code	Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

**Ohio Residency Status** – Check applicable box  
 Full-year resident  Part-year resident  Nonresident Indicate state

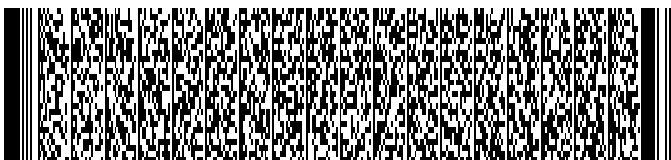
Check applicable box for spouse (only if married filing jointly)  
 Full-year resident  Part-year resident  Nonresident Indicate state

**Ohio Political Party Fund**  
 Do you want \$1 to go to this fund? ..... Yes No  
 If joint return, does your spouse want \$1 to go to this fund? .....

**Filing Status** – Check one (as reported on federal income tax return, with limited exceptions – see instructions)  
 Single, head of household or qualifying widow(er)  
 Married filing jointly  Married filing separately  
 Yes No  
 Did you file the federal extension 4868? .....  Yes  No  
 Is someone else claiming you or your spouse (if joint return) as a dependent? If yes, enter "0" on line 4.....  Yes  No

**Note:** Checking "Yes" will not increase your tax or decrease your refund.

1. <b>Federal adjusted gross income</b> (from the federal 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)..... 1.	8446 00
2a. Additions to federal adjusted gross income (include Ohio Schedule A, line 10) .....	00
2b. Deductions from federal adjusted gross income (include Ohio Schedule A, line 35)..... 2b.	00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b) .....	8446 00
1 4. Personal and dependent exemption deduction (if claiming dependent(s), include Schedule J) ... 4.	2250 00
5. Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)..... 5.	6196 00
6. Taxable business income (include Ohio Schedule IT BUS, line 13)..... 6.	00
7. Line 5 minus line 6 (if less than -0-, enter -0-)..... 7.	6196 00



**Include your federal income tax return if line 1 of this return is -0- or negative.**

Postmark date Code



2016 Ohio IT 1040 Individual Income Tax Return



SSN 674 11 3739

Table with 2 columns: Description (lines 7a-20) and Amount. Includes items like 'Amount from line 7 on page 1', 'Nonbusiness income tax liability', 'Business income tax liability', etc.

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

Table with 2 columns: Description (lines 21-27) and Amount. Includes items like 'Tax liability (line 13 minus line 20)', 'Interest and penalty due on late filing', 'TOTAL AMOUNT DUE', etc.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

Signature and information fields: Your signature, Date (MM/DD/YY), Spouse's signature, Preparer's printed name, PTIN, and authorization for preparer contact.

NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679. Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057.



# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable



16280133

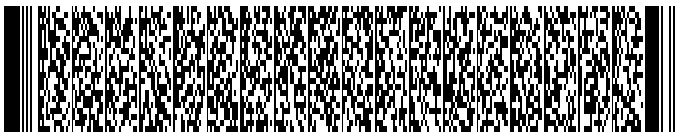
SSN of primary filer

04 17 17

674 11 3739

### Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	35 00
2. Retirement income credit ( <b>limit \$200 per return</b> ). See the table in the instructions .....	2.	00
3. Lump sum retirement credit (include Ohio LS WKS, line 6).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; <b>limit \$50 per return</b> ) .....	4.	00
5. Lump sum distribution credit (must be 65 or older to claim this credit; include Ohio LS WKS, line 3)....	5.	00
6. Child care and dependent care credit (see the worksheet in the instructions).....	6.	00
7. If Ohio IT 1040, line 5 is \$10,000 or less, enter \$88; otherwise, enter -0- (low income credit) .....	7.	88 00
8. Displaced worker training credit (see the worksheet in the instructions) ( <b>limit \$500 per taxpayer</b> ) .....	8.	00
9. Campaign contribution credit for Ohio statewide office or General Assembly ( <b>limit \$50 per taxpayer</b> ) ..	9.	0 00
10. Income-based exemption credit (\$20 personal/dependent exemption credit) .....	10.	20 00
11. Total (add lines 2 through 10) .....	11.	108 00
12. Tax less credits (line 1 minus line 11; if less than -0-, enter -0-) .....	12.	0 00
13. Joint filing credit. See the instructions for eligibility and documentation requirements. This credit is for married filing jointly status only. _____% times amount on line 12 ( <b>limit \$650</b> ) .....	13.	0 00
14. Earned income credit .....	14.	00
15. Ohio adoption credit ( <b>limit \$10,000 per adopted child</b> ) .....	15.	00
16. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	16.	00
17. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	17.	00
18. Credit for purchases of grape production property .....	18.	00
19. Invest Ohio credit (include a copy of the credit certificate) .....	19.	00
20. Technology investment credit carryforward (include a copy of the credit certificate) .....	20.	00
21. Enterprise zone day care and training credits (include a copy of the credit certificate) .....	21.	00
22. Research and development credit (include a copy of the credit certificate).....	22.	00
23. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate) .....	23.	00
24. Total (add lines 13 through 23) .....	24.	0 00
25. Tax less additional credits (line 12 minus line 24; if less than -0-, enter -0-) .....	25.	0 00





0033

Department of Taxation  
Rev. 11/16

Do not use staples. Use only black ink.

# 2016 Ohio Schedule of Credits

## Nonrefundable and Refundable

SSN of primary filer

674 11 3739



16280233

### Nonresident Credit

Date of nonresidency 09/09/16 to 12/31/16 State of residency IL

- 26. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.....26. 5555 00
- 27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....27. 8446 00
- 28. Divide line 26 by line 27 and enter the result here (four digits; do not round). .6577  
Multiply this factor by the amount on line 25 to calculate your nonresident credit ..... 28. 0 00

### Resident Credit

- 29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply)..... 29. 00
- 30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....30. 00
- 31. Divide line 29 by line 30 and enter the result here (four digits; do not round).  
Multiply this factor by the amount on line 25 and enter the result here .....31. 00
- 32. Enter the 2016 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply)..... 32. 00
- 33. Enter the smaller of line 31 or line 32. This is your Ohio resident tax credit. If you filed a return for 2016 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below ..... 33. 00
- 34. **Total nonrefundable credits** (add lines 11, 24, 28 and 33; enter here and on Ohio IT 1040, line 9).... 34. 108 00

### Refundable Credits

- 35. Historic preservation credit (include a copy of the credit certificate)..... 35. 00
- 36. Business jobs credit (include a copy of the credit certificate)..... 36. 00
- 37. Pass-through entity credit (include a copy of the federal K-1) ..... 37. 00
- 38. Motion picture production credit (include a copy of the credit certificate) ..... 38. 00
- 39. Financial Institutions Tax (FIT) credit (include a copy of the federal K-1) ..... 39. 00
- 40. Venture capital credit (include a copy of the credit certificate)..... 40. 00
- 41. **Total refundable credits** (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)..... 41. 00



2016 Ohio IT NRC – Income Allocation and Apportionment Nonresident Credit and Part-Year Resident Credit

Include this three-page form with the Ohio IT 1040 (individuals).

Important: This form is for taxpayers claiming the nonresident credit on the Ohio IT 1040 for tax years 2016 and forward. Taxpayers completing the Ohio IT 1041 for trusts and taxpayers completing the Ohio IT 1040 for tax years 2015 and prior should not use this form and should refer to the instructions for those tax years.

Table with 2 columns: Taxpayer name (PRANEETHA GATTA) and SSN (674 11 3739)

Note: In Part I, Part IV and Part V, the amount shown in column C for all lines must equal column A plus column B.

Part I – Nonbusiness Income and Deductions (See definitions and discussion in the instructions.)

Allocate in Part I all items of income and/or deduction included in federal adjusted gross income that constitute nonbusiness income. See Ohio Revised Code (R.C.) section 5747.01(C). Only include the nonbusiness portion of the noted federal schedules. Note: Do not include on line 1 any guaranteed payments or compensation you received from a pass-through entity in which you have at least a 20% direct or indirect ownership interest. Show any such payments in Part II, A, line 5.

Main table with 3 columns: (A) Ohio Portion, (B) Non-Ohio Portion, (C) Total. Rows include A. Nonbusiness Income (lines 1-12) and B. Deductions From Income (lines 13-28).



10211411

Taxpayer name PRANEETHA GATTA	SSN 674 11 3739
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### Part IV – Summary of Business Income from All Entities

From each Part II, section C that was completed, enter line 18 in column A, line 19 in column B and line 12 in column C. Enter each entity in the same order that you assigned them in Part II. If you have more than 16 entities, include additional Part IV(s) as needed. Total the additional entities on line 17.

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Apportionable income from Entity # _____ 1. _____	00	00	00
2. Apportionable income from Entity # _____ 2. _____	00	00	00
3. Apportionable income from Entity # _____ 3. _____	00	00	00
4. Apportionable income from Entity # _____ 4. _____	00	00	00
5. Apportionable income from Entity # _____ 5. _____	00	00	00
6. Apportionable income from Entity # _____ 6. _____	00	00	00
7. Apportionable income from Entity # _____ 7. _____	00	00	00
8. Apportionable income from Entity # _____ 8. _____	00	00	00
9. Apportionable income from Entity # _____ 9. _____	00	00	00
10. Apportionable income from Entity # _____ 10. _____	00	00	00
11. Apportionable income from Entity # _____ 11. _____	00	00	00
12. Apportionable income from Entity # _____ 12. _____	00	00	00
13. Apportionable income from Entity # _____ 13. _____	00	00	00
14. Apportionable income from Entity # _____ 14. _____	00	00	00
15. Apportionable income from Entity # _____ 15. _____	00	00	00
16. Apportionable income from Entity # _____ 16. _____	00	00	00
17. Enter the totals of all additional entities from included Part IV(s), if any ..... 17. _____	00	00	00
18. Total apportionable income from all entities (sum of lines 1 through 17 by column) ..... 18. _____	00	00	00

### Part V – Summary of Business and Nonbusiness Income

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Total business income from Part IV, line 18 (enter in A, B and C respectively) ..... 1. _____	00	00	00
2. Total nonbusiness income from Part I, line 28 (enter in A, B and C respectively) ..... 2. _____	2891 00	5555 00	8446 00
3. Total business and nonbusiness income (add lines 1 and 2, by column) ..... 3. _____	2891 00	5555 00	8446 00
4. Total Ohio Schedule A additions from Ohio IT 1040, line 2a (see Note #3 below) ..... 4. _____	00	00	00
5. Total Ohio Schedule A deductions from Ohio IT 1040, line 2b (see Note #3 below) ..... 5. _____	00	00	00
6. Line 3 plus line 4 minus line 5, by column (see Notes #1 and #2 below) ..... 6. _____	2891 00	5555 00	8446 00

**Note 1:** Enter the amount shown on line 6, column B on the Ohio Schedule of Credits. The amount shown on line 6, column B is the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned in or received in Ohio.

**Note 2:** The amount shown on line 6, column C should be the same amount shown on line 3 of Ohio IT 1040.

**Note 3:** Exclude from lines 4 and 5 the depreciation adjustment(s) and miscellaneous federal income tax adjustments, if any, reported in Part II of this worksheet.



Illinois Department of Revenue  
**2016 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](http://tax.illinois.gov).

**Step 1: Personal Information**

Do not write above this line.

674-11-3739

PRANEETHA

GATTA



12311 Ashford Gables Dr,

Dunwoody

GA

30338

**C** Filing status (see instructions)  
 Single or head of household     Married filing jointly     Married filing separately     Widowed

↓ Staple W-2 and 1099 forms here  
 ↑  
 ▲ Staple your check and IL-1040-V  
 ▼

Step	Line	Description	Amount
<b>Step 2: Income</b>	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	8,446.00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ	.00
	3	Other additions. <b>Attach</b> Schedule M.	.00
	4	<b>Total income.</b> Add Lines 1 through 3.	8,446.00
<b>Step 3: Base Income</b>	5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	.00
	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10	.00
	7	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	.00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	.00
	9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	8,446.00
<b>Step 4: Exemptions</b>	10 a	Number of exemptions from your federal return <u>1</u> X \$2,175	2,175.00
	b	If someone can claim you as a dependent, see instructions. <input checked="" type="checkbox"/> X \$2,175	.00
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input checked="" type="checkbox"/> X \$1,000	.00
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input checked="" type="checkbox"/> X \$1,000	.00
	10	<b>Exemption allowance.</b> Add Lines a through d.	2,175.00
<b>Step 5: Net Income</b>	11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	.00
	12	<b>Nonresidents and part-year residents:</b> Check the box that applies to you during 2016 <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Schedule NR. <b>Attach</b> Schedule NR.	5,555.00
<b>Step 6: Tax</b>	13	<b>Residents:</b> Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	155.00
	14	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	.00
	15	<b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.	155.00
<b>Step 7: Tax After Non-refundable Credits</b>	16	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	.00
	17	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	.00
	18	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	.00
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	0.00
	20	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	155.00



	21	Tax after nonrefundable credits from Page 1, Line 20	21	155.00
<b>Step 8:</b>	22	Household employment tax. See instructions.	22	.00
<b>Other Taxes</b>	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	23	0.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	<b>Total Tax.</b> Add Lines 21, 22, 23, and 24.	25	155.00
<b>Step 9:</b>	26	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	26	195.00
<b>Payments and Refundable Credit</b>	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28	Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule ICR. <b>Attach</b> Schedule ICR.	29	.00
	30	<b>Total payments and refundable credit.</b> Add Lines 26 through 29.	30	195.00
<b>Step 10:</b>	31	<b>Overpayment.</b> If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	40.00
<b>Result</b>	32	<b>Underpayment.</b> If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00
<b>Step 11:</b>	33	Late-payment penalty for underpayment of estimated tax	33	.00
<b>Underpayment of Estimated Tax Penalty and Donations</b>	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.	<input type="checkbox"/>	
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
	34	Voluntary charitable donations. <b>Attach</b> Schedule G.	34	.00
	35	<b>Total penalty and donations.</b> Add Lines 33 and 34.	35	.00
<b>Step 12:</b>	36	If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining <b>overpayment.</b>	36	40.00
<b>Refund or Amount You Owe</b>	37	Amount from Line 36 you want <b>refunded to you.</b> Check one box on Line 38. See instructions.	37	40.00
	38	I choose to receive my refund by		
		<input checked="" type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
		Routing number 0 4 4 0 0 0 0 3 7 <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number 6 7 2 0 9 9 1 7 8		
		<input type="checkbox"/> <b>Illinois Individual Income Tax refund debit card</b>		
		<input type="checkbox"/> <b>paper check</b>		
	39	Amount to be <b>applied to estimated tax.</b> Subtract Line 37 from Line 36. See instructions.	39	.00
	40	If you have an underpayment on Line 32, add Lines 32 and 35. <b>OR</b> If you have an overpayment on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the <b>amount you owe.</b> See instructions.	40	.00

**Step 13:** 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 and Date**

_____ Your signature	_____ Date	(669) 241-8140 Daytime phone number	_____ Your spouse's signature	_____ Date
MOHMMAD FAREED MOHIUDD Paid preparer's signature	04/17/2017 Date	(773) 273-7044 Preparer's phone number	P01460202 Paid preparer's PTIN	

**Third Party Designee**

Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

\_\_\_\_\_  
Designee's name (please print)

\_\_\_\_\_  
Designee's phone number



**If no payment enclosed, mail to:**  
ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62719-0001



**If payment enclosed, mail to:**  
ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62726-0001







**Illinois Department of Revenue**  
**2016 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident**  
**Computation of Illinois Tax**

IL Attachment No. 2

PRANEETHA GATTA  
 Your name as shown on your Form IL-1040

6 7 4 - 1 1 - 3 7 3 9  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2016.
  - I lived in **Illinois** from 09 / 09 / 16 to 12 / 31 / 16 I lived in Ohio from 01 / 01 / 16 to 09 / 08 / 16  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from    /    / 16 to    /    / 16, and    /    / 16 to    /    / 16, and    /    / 16 to    /    / 16  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5</u> 8,446.00	<u>5</u> 5,555.00
<b>6</b> Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6</u> .00	<u>6</u> .00
<b>7</b> Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7</u> .00	<u>7</u> .00
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8</u> .00	<u>8</u> .00
<b>9</b> Alimony received (federal Form 1040, Line 11)	<u>9</u> .00	<u>9</u> .00
<b>10</b> Business income or loss (federal Form 1040, Line 12)	<u>10</u> .00	<u>10</u> .00
<b>11</b> Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11</u> .00	<u>11</u> .00
<b>12</b> Other gains or losses (federal Form 1040, Line 14)	<u>12</u> .00	<u>12</u> .00
<b>13</b> Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13</u> .00	<u>13</u> .00
<b>14</b> Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14</u> .00	<u>14</u> .00
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	<u>15</u> .00	<u>15</u> .00
<b>16</b> Farm income or loss (federal Form 1040, Line 18)	<u>16</u> .00	<u>16</u> .00
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17</u> .00	<u>17</u> .00
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18</u> .00	<u>18</u> .00
<b>19</b> Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>19</u> .00
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> 5,555.00	<b>20</b> 5,555.00



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	5,555.00
	<b>22</b> Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	<b>22</b>	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	<b>23</b>	.00
	<b>24</b> Health savings account deduction (federal Form 1040, Line 25)	<b>24</b>	.00
	<b>25</b> Moving expenses (federal Form 1040, Line 26)	<b>25</b>	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040, Line 27)	<b>26</b>	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	<b>27</b>	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040, Line 29)	<b>28</b>	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040, Line 30)	<b>29</b>	.00
	<b>30</b> Alimony paid (federal Form 1040, Line 31a)	<b>30</b>	.00
	<b>31</b> IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	<b>31</b>	.00
	<b>32</b> Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	<b>32</b>	.00
	<b>33</b> Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	<b>33</b>	.00
	<b>34</b> Domestic production activities deduction (federal Form 1040, Line 35)	<b>34</b>	.00
	<b>35</b> Other adjustments (see instructions)	<b>35</b>	.00
	<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b>	8,446.00
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	5,555.00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b>	.00
	<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b>	.00
	<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	5,555.00
	<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b>	.00
	<b>43</b> Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	<b>43</b>	.00
<b>44</b> Other subtractions (Form IL-1040, Line 7)	<b>44</b>	.00	
<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00	

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your <b>Illinois base income</b> . Enter this amount on your Form IL-1040, Line 12. <span style="float: right;">➔</span>	<b>46</b>	5,555.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		
	<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b>	8,446.00
	<b>48</b> Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b>	0.658
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	2,175.00
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	1,431.00
	<b>51</b> Subtract Line 50 from Line 46. This is your Illinois net income.	<b>51</b>	4,124.00
	<b>52</b> Multiply the amount on Line 51 by 3.75% (.0375). This amount may not be less than zero. This is your <b>tax</b> . Enter this amount on your Form IL-1040, Line 13. <span style="float: right;">➔</span>	<b>52</b>	155.00





Illinois Department of Revenue

Submission ID boxes

Submission ID

2016 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

PRANEETHA GATTA Social Security number 6 7 4 - 1 1 - 3 7 3 9
12311 Ashford Gables Dr, Dunwoody GA 30338 (669) 241-8140

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51 4,124.00
2 Tax from Form IL-1040, Line 13 155.00
3 Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none) 195.00
4 Overpayment from Form IL-1040, Line 36 40.00
5 Total amount due from Form IL-1040, Line 40 1.00
6 Filing status: X Single/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.

7 Routing no. (RN): 0 4 4 0 0 0 0 3 7
8 Account no. (AN): 6 7 2 0 9 9 1 7 8
9 Type of account: X Checking
10 Date the payment is to be electronically withdrawn:
11 Electronic funds withdrawal amount: 1.00
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.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal...
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.

Sign here 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's signature Date 04/17/2017 Check if paid preparer: X (See instructions.)
GLOBAL PRIME TAXATION, LLC Your PTIN P 0 1 4 6 0 2 0 2
6418 N MAPLEWOOD AVE, 2W Federal employer identification number (FEIN) 2 7 - 4 7 0 0 2 7 7
CHICAGO IL 60645 (773) 273-7044
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.