

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 587278201910101yqa10

Taxpayer's name RAHUL PENUBALA	Social security number 086-55-2851
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	59,821.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	6,461.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	7,445.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	984.
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

**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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	2	8	5	1
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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name
  - I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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 ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name
  - I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return 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 ▶ \_\_\_\_\_

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

**Acknowledgement and General Information for  
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS *e-file*.

086-55-2851

Taxpayer name RAHUL PENUMBALA

Taxpayer address (optional)

4228 N KEYSTONE AVE APT 3B

CHICAGO IL 60641

1.  Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 04/11/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201910101yqa10.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

**If You Need to Ask About Your Refund**

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

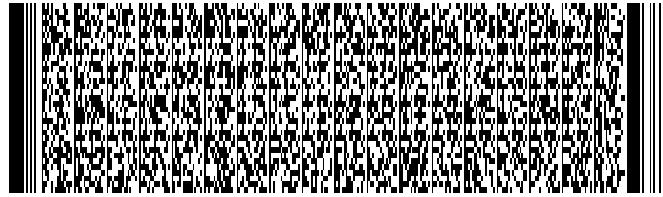
### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**





1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

**2018** (Approved software version)

Page 1

Fiscal Year  
Beginning

Fiscal Year  
Ending

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME  
1. RAHUL

MI YOUR SOCIAL SECURITY NUMBER  
086-55-2851

LAST NAME (For Name Change See IT-511 Tax Booklet)  
PENUBALA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
2. 4228 N KEYSTONE AVE

APT NO 3B

CITY (Please insert a space if the city has multiple names)  
3. CHICAGO

STATE ZIP CODE  
IL 60641

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 2

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2018 TO 05/05/2018 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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**YOUR SOCIAL SECURITY NUMBER**  
 086-55-2851

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**First Name, MI.** **Last Name**  
**Social Security Number** **Relationship to You**

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 59821  
 (Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**)..... 11a.  
 (See IT-511 Tax Booklet)
  - b. Self: 65 or over?  Blind?  Total x 1,300=..... 11b.  
 Spouse: 65 or over?  Blind?
  - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
  - a. Federal Itemized Deductions (Schedule A-Form 1040) ..... 12a.
  - b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.
  - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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**YOUR SOCIAL SECURITY NUMBER**  
 086-55-2851

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	26031
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	1373
17. Low Income Credit 17a. 17b. ....	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....	18.	
19. Credits used from IND-CR Summary Worksheet .....	19.	
20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero .....	22.	1373

**INCOME STATEMENT DETAILS** Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

**(INCOME STATEMENT A)**

1. WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN   
 522207301

3. EMPLOYER/PAYER STATE WITHHOLDING ID  
 3235639RL

4. GA WAGES / INCOME  
 29649

5. GA TAX WITHHELD  
 1534

**(INCOME STATEMENT B)**

1. WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

**(INCOME STATEMENT C)**

1. WITHHOLDING TYPE:  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

**ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING**



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**YOUR SOCIAL SECURITY NUMBER**  
 086-55-2851

**(INCOME STATEMENT D)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT E)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

**(INCOME STATEMENT F)**

1. **WITHHOLDING TYPE:**  
 W-2    G2-A    G2-LP  
 1099    G2-FL    G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)**    **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**   3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**   4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**   5. **GA TAX WITHHELD**

23. <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....	23.	1534
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. <b>Other Georgia Income Tax Withheld</b> .....	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2018 and Form IT-560 .....	25.	
26. Total prepayment credits (Add Lines 23, 24 and 25).....	26.	1534
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment .....	28.	161
29. <b>Amount to be credited to 2019 ESTIMATED TAX</b> .....	29.	0
30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	30.	
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	31.	
32. Georgia Cancer Research Fund (No gift of less than \$1.00) .....	32.	
33. Georgia Land Conservation Program (No gift of less than \$1.00).....	33.	
34. Georgia National Guard Foundation (No gift of less than \$1.00) .....	34.	
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	35.	
36. Saving the Cure Fund (No gift of less than \$1.00).....	36.	
37. Realizing Educational Achievement Can Happen (REACH) Program .....	37.	
<small>(No gift of less than \$1.00)</small>		
38. Public Safety Memorial Grant (No gift of less than \$1.00).....	38.	



Georgia Form **500**  
Individual Income Tax Return  
Georgia Department of Revenue  
**2018**



1900411559

YOUR SOCIAL SECURITY NUMBER  
086-55-2851

Page 5

39. Form 500 UET (Estimated tax penalty)  500 UET exception attached 39.  
40. (If you owe) Add Lines 27, 30 thru 39  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740399  
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
THIS IS YOUR REFUND..... 41. 161

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking   
Savings

Routing Number 321171184  
Account Number 42011220193

Refund Due Mail To:  
GEORGIA DEPARTMENT OF REVENUE  
PROCESSING CENTER, PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

669-300-8634

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer  
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1907411519

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

Table with 3 columns: FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A), INCOME NOT TAXABLE TO GEORGIA (COLUMN B), and GEORGIA INCOME (COLUMN C). Rows include WAGES, INTEREST, BUSINESS INCOME, OTHER INCOME, TOTAL INCOME, ADJUSTMENTS, ADJUSTED GROSS INCOME, RATIO, Deductions (Itemized, Additional Standard, Personal Exemption), and Georgia Taxable Income.

List the state(s) in which the income in Column B was earned and/or to which it was reported.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: RAHUL Last name: PENUBALA Your social security number: 086-55-2851

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 4228 N Keystone Ave Apt. no. 3B Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. CHICAGO IL 60641 If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			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"/>

**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: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SYSTEM ENGINEER Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Paid Preparer Use Only**

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if:  3rd Party Designee  Self-employed

Firm's name: GLOBAL TAXES LLC Phone no.:

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	59,821.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	59,821.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	59,821.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	47,821.
11	a Tax (see inst.) 6,461. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	6,461.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	6,461.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	6,461.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	6,461.
16	Federal income tax withheld from Forms W-2 and 1099	16	7,445.
17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	7,445.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	984.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	984.
▶ b	Routing number 3 2 1 1 7 1 1 8 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 4 2 0 1 1 2 2 0 1 9 3		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22		
23	Estimated tax penalty (see instructions) ▶ 23		



Illinois Department of Revenue  
**2018 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**

**A**

086-55-2851

RAHUL

PENUBALA

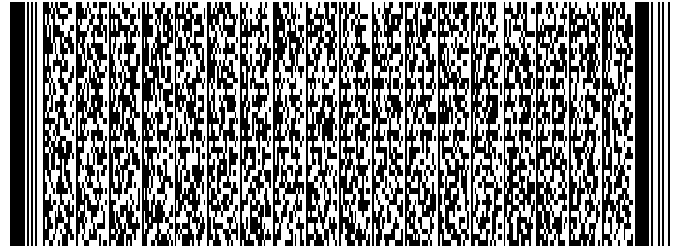
4228 N Keystone Ave

3B

CHICAGO

IL

60641



**B** Filing status:  Single or head of household  Married filing jointly  Married filing separately  Widowed

**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 2018:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b>	Federal adjusted gross income from your federal Form 1040, Line 7.	<b>1</b>	59,821.00
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.	<b>2</b>	.00
<b>3</b>	Other additions. <b>Attach</b> Schedule M.	<b>3</b>	.00
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	59,821.00

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 2 of federal return.	<b>5</b>	.00
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	<b>6</b>	.00
<b>7</b>	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b>	.00
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	.00
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	59,821.00

**Step 4: Exemptions**

<b>10 a</b>	Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	<b>a</b>	2,225.00
<b>b</b>	<b>Check</b> if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>b</b>	.00
<b>c</b>	<b>Check</b> if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>c</b>	.00
<b>d</b>	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	<b>d</b>	0.00
	<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b>	2,225.00

**Step 5: Net Income and Tax**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b>	29,051.00
<b>12</b>	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b>	1,438.00
<b>13</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b>	.00
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	1,438.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>15</b>	.00
<b>16</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>16</b>	.00
<b>17</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>17</b>	.00
<b>18</b>	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b>	0.00
<b>19</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	1,438.00

**Step 7: Other Taxes**

<b>20</b>	Household employment tax. See instructions.	<b>20</b>	.00
<b>21</b>	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.	<b>21</b>	0.00
<b>22</b>	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	<b>22</b>	.00
<b>23</b>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	1,438.00

IL-1040 Front (R-12/18)

Printed by authority of the State of Illinois, 1.

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.

ID: 3WM REV 01/08/19 PRO



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24 Total tax from Page 1, Line 23.

24 1,438.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,442.00
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 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 1,442.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 4.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .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.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 4.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 4.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 3 2 1 1 7 1 1 8 4 X Checking or Savings
Account number 4 2 0 1 1 2 2 0 1 9 3

b Illinois Individual Income Tax refund debit card.
c paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date, Spouse's signature, Date, Daytime phone number. Includes fields for Paid Preparer Use Only (Firm name, address, FEIN, phone) and Third Party Designee (Name, phone).



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**  
**2018 Schedule NR**  
 Attach to your Form IL-1040

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

IL Attachment No. 2

RAHUL PENUBALA  
 Your name as shown on your Form IL-1040

0 8 6 - 5 5 - 2 8 5 1  
 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 2018.
  - I lived in **Illinois** from 05 / 06 / 18 to 12 / 31 / 18 I lived in Georgia from 01 / 01 / 18 to 05 / 05 / 18  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from    /    / 18 to    /    / 18, and    from    /    / 18 to    /    / 18  
 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, Line 1)	<u>5</u> 59,821.00	<u>  </u> 30,172.00
<b>6</b> Taxable interest (federal Form 1040, Line 2b)	<u>6</u> .00	<u>  </u> .00
<b>7</b> Ordinary dividends (federal Form 1040, Line 3b)	<u>7</u> .00	<u>  </u> .00
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Schedule 1, Line 10)	<u>8</u> .00	<u>  </u> .00
<b>9</b> Alimony received (federal Form 1040, Schedule 1, Line 11)	<u>9</u> .00	<u>  </u> .00
<b>10</b> Business income or loss (federal Form 1040, Schedule 1, Line 12)	<u>10</u> .00	<u>  </u> .00
<b>11</b> Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	<u>11</u> .00	<u>  </u> .00
<b>12</b> Other gains or losses (federal Form 1040, Schedule 1, Line 14)	<u>12</u> .00	<u>  </u> .00
<b>13</b> Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	<u>13</u> .00	<u>  </u> .00
<b>14</b> RESERVED	<u>14</u>	<u>  </u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Schedule 1, Line 17)	<u>15</u> .00	<u>  </u> 0.00
<b>16</b> Farm income or loss (federal Form 1040, Schedule 1, Line 18)	<u>16</u> .00	<u>  </u> .00
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Schedule 1, Line 19)	<u>17</u> .00	<u>  </u> .00
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 5b)	<u>18</u> .00	<u>  </u> .00
<b>19</b> Other income. See instructions. (federal Form 1040, Schedule 1, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>  </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> 30,172.00	<u>  </u> 30,172.00



**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>	30,172.00
	<b>22</b> Educator expenses (federal Form 1040, Schedule 1, Line 23)	<b>22</b>	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040, Schedule 1, Line 24)	<b>23</b>	.00
	<b>24</b> Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	<b>24</b>	.00
	<b>25</b> Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26)	<b>25</b>	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	<b>26</b>	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	<b>27</b>	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	<b>28</b>	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	<b>29</b>	.00
	<b>30</b> Alimony paid (federal Form 1040, Schedule 1, Line 31a)	<b>30</b>	.00
	<b>31</b> IRA deduction (federal Form 1040, Schedule 1, Line 32)	<b>31</b>	.00
	<b>32</b> Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	<b>32</b>	.00
	<b>33</b> RESERVED	<b>33</b>	
	<b>34</b> RESERVED	<b>34</b>	
	<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>	59,821.00
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	30,172.00

**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>	30,172.00
	<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 fed. Form 1040, Sch. 1, 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 Illinois base income.	<b>46</b>	30,172.00
	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>	59,821.00
	<b>48</b> 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.	<b>48</b>	0.504
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	2,225.00
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	1,121.00
	<b>51</b> Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11.	<b>51</b>	29,051.00
	<b>52</b> Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your <b>tax</b> .	<b>52</b>	1,438.00





2018 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

RAHUL PENUBALA 086-55-2851
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
4228 N Keystone Ave 3B
Mailing address
CHICAGO IL 60641 (669) 300-8634
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 29,051.00
2 Tax from Form IL-1040, Line 12 2 1,438.00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 1,442.00
4 Overpayment from Form IL-1040, Line 35 4 4.00
5 Total amount due from Form IL-1040, Line 39 5 1.00
6 Filing status: X Single/head of household Married filing jointly Married filing separately Widowed

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): 321171184
8 Account no. (AN): 42011220193
9 Type of account: X Checking Savings
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. 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 2018 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 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
GLOBAL TAXES LLC
Firm's name or your name if self-employed
2530 Pebble Creek Ln
Mailing address
Cumming GA 30041
City State ZIP

Check if paid preparer: X (See instructions.)
P 02090332
Your PTIN
30-1017196
Federal employer identification number (FEIN)
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.







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	B
1099-MISC	M	1099-K	K
1099-OID	O		

### Step 1: Provide your withholding records (includes all W-2 and 1099 forms)

RAHUL PENUBALA

Your name as shown on Form IL-1040

0 8 6 - 5 5 - 2 8 5 1  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	52-2207301	\$ 59,821.00	\$ 30,172.00	\$ 1,442.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

### Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

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	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,442.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔

