**Illinois Department of Revenue** 2017 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**

517-59-1647				
KALYAN CHAKRAVARTH	IY	PATCHAVA		
2951 S KING DRIVE			8	811
CHICAGO	IL		60616	5



	С	Filing status (see instructions)		
		Single or head of household Married filing jointly Married filing separately	· 🗌	Nidowed
Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or	(Wh	ole dollars only)
Income		1040EZ, Line 4	1	18,462.00
	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. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	18,462.00
Step 3:	5			
Base	-	5	00	
Income		Illinois Income Tax overpayment included in federal Form 1040, Line 10 6		
	1	Other subtractions. Attach Schedule M. 7 Check if Line 7 includes any amount from Schedule 1299-C.	<u>00</u>	
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
Step 3: Base Income Step 4: Exemptions	9	Illinois base income. Subtract Line 8 from Line 4.	9	18,462.00
Step 4:	See	e instructions before completing Step 4.		
•	10	<b>a</b> Number of exemptions from your federal return $\underline{1} \times \$2,175 a \underline{2,175}$	00	
Exemptions		b If someone can claim you as a dependent, see instructions X \$2,175 b	00	
		c Check if 65 or older: $\Box$ You + $\Box$ Spouse = $\Box X$ \$1,000 c		
		······································	00	2,175.00
		Exemption allowance. Add Lines a through d.	10	
Step 5:		Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	16,287 <sub>.00</sub>
Net	12	Nonresidents and part-year residents:		
Net Income Step 6: Tax Step 7: Tax After Non- refundable Credits		Check the box that applies to you during 2017  Nonresident  Part-year resident, and		
01 0			00	
Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero.		
Тах		<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. <b>Attach</b> Schedule SA.	10	709.00
	1/		13	
		Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	709.00
Step 7:		Income tax paid to another state while an Illinois resident.		
		Attach Schedule CR. 16	00	
<ul> <li>Tax After Non-</li> </ul>	17	Property tax and K-12 education expense credit amount from		
refundable	10	Schedule ICR. Attach Schedule ICR. 17		
Credits	-	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. <b>18</b>	<u>00</u>	
,	13	exceed the tax amount on Line 15.	19	0.00
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	709.00
D: 3WM REV 01/2				
-1040 Front (R-12/		this information is required. Failure to provide information could result in a penalty.		

IL-1040 Front (R-12/17)

	21	Tax after nonrefunda	able credits from	Page 1, Lin	e 20	21	709.00			
Step 8:	22	Household employm	ent tax. See inst	ructions.		22	.00			
Other	23	Use tax on internet,			ate purchases from					
Taxes		UT Worksheet or UT				23	0.00			
Tuxoo	24	Compassionate Use	of Medical Canna	abis Pilot Pr	ogram Act Surcharge	24	.00			
	25	Total Tax. Add Lines	21, 22, 23, and	24.			25	709.00		
Step 9:	26	Illinois Income Tax w	vithheld. Attach	all W-2 and	1099 forms.	26	988.00			
-	27									
Payments and		including any overpa				27	.00			
Refundable	28	Pass-through withho	Iding payments.	Attach Sche	dule K-1-P or K-1-T.	28	.00			
Credit	29	Earned Income Crec	lit from Schedule	IL-EIC. Atta	ch Schedule IL-EIC.	29	.00			
	30	Total payments and	d refundable cre	edit. Add Lir	es 26 through 29.		30	988.00		
Step 10:	31	If Line 30 is greater th	nan Line 25, subtr	ract Line 25 f	rom Line 30.		31	279 <sub>.00</sub>		
Total	32	If Line 25 is greater th	nan Line 30, subti	ract Line 30 f	rom Line 25.		32	.00		
Step 11:					alty for underpayme	ent				
Underpayme	nt 33	of estimated tax or		-		22	00			
of Estimated	33	Late-payment penal				33	.00			
Tax Penalty		a Check if at least tw	-	-		ning.				
and Donations		<b>b</b> Check if you or you	-	or older an	d permanently	_				
Donations		living in a nursing l			luring the year and					
		c Check if your incom			Attach Form IL-221	0. 🗖				
		d Check if you were								
		return in the previo	-							
	34	Voluntary charitable	-	<b>h</b> Schedule	G	34	.00			
	35	Total penalty and d					<u> </u>	.00		
01								.00		
Step 12:	36	If you have an amou			-		20	279.00		
Refund	27	Line 35, subtract Lin Amount from Line 36		-			36	279 <u>.00</u> 279.00		
		I choose to receive n	-	ded to you.	Check one box on Lir	ie 36. See instru	cuons. 37	279.00		
	50	a 🖾 direct deposit		nformation h	pelow if you check thi	shov				
				<u> </u>						
		Routing numbe	r 1 2 5 0	0 0 0	2 4 × Cr	necking or S	avings			
		Account numbe	er 1 3 8 1	. 1 9 3	5 5 9 4 5					
		b 🗌 Illinois Individ	ual Income Tax	refund deb	it card					
		c 🗌 paper check								
	39	Amount to be credite	ed forward. Subt	ract Line 37	from Line 36. See in	structions.	39	.00		
Step 13:	40	If you have an amou	int on Line 32, ad	dd Lines 32	and 35. <b>- or -</b>					
Amount		If you have an amou	int on Line 31 an	d this amou	nt is less than Line 3	5,				
You Ow		subtract Line 31 from	n Line 35. This is	the <b>amour</b>	<b>t you owe</b> . See instr	uctions.	40	.00		
		a a joint raturn both w		oo mulat aiga	holow					
Step 14:		s a joint return, both yo penalties of perjury, I s				st of my knowled	ae it is true corre	ect and complete		
Sign	onaoi	portaillee of porjary, re								
Horo										
	Your sigr			Spouse's sig	nature	Date (mm/dd/yyyy)		e number		
Daid		A RUPA VENKATA	SA			06/11/2018		P02090332		
Preparer	Print/Typ	e paid preparer's name		Paid prepare	er's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN		
Use Only	Firm's na	me 🕨 GLOBAL	TAXES LLC			Firm's FEIN	> 30101719	б		
Firm's address > 2530 Pebble CreekCumming GA 30041 Firm's phone > (678)965-972										
		Third Check if the Dep								
								e Department may		
Party	Desi				Destaurate		discuss this re	eturn with the third		
Party Designee		e's name (please print)			Designee's phone nur		discuss this re			
Party Designee	no pay	ment enclosed, mail		M	If payment enclose	d, mail to:	discuss this re party designe	eturn with the third		
Party Designee	no pay LINOIS					d, mail to: IENT OF REVE	discuss this re party designe	eturn with the third		

25	Illinois Department of Rev			Jbmission ID
Z	2017 IL-8453 Illinois (Do not mail Form IL-8453 to the	Individual International Inter	ncome Tax Elect ment of Revenue unle	tronic Filing Declaration ess it is requested for review.)
Ste	p 1: Provide taxpayer information	ON PATCHA and last name if different)		<u>5 1 7 – 5 9 – 1 6 4 7</u> Social Security number
Prin or type	First name and middle initial Spouse's first name (a 2951 S KING DRIVE 811 Mailing address	and last name if different,	) Last name	Social Security number
	CHICAGO City	IL State	60616 ZIP	 Daytime phone number
1   2 <sup>-</sup> 3   4 0 5 <sup>-</sup>	<b>p 2: Complete information from</b> Net income from Form IL-1040, Line 11, or S Tax from Form IL-1040, Line 13 Illinois Income Tax withheld from Form IL-1040 Overpayment from Form IL-1040, Line 36 Total amount due from Form IL-1040, Line 44 Filing status: X Single/head of household	Schedule NR, Step 40, Line 26 <b>only</b> (e 0	nter " <b>0</b> " if none)	$ \begin{array}{c} 1 & \underline{16,287}   \underline{00} \\ 2 & \underline{709}   \underline{00} \\ 3 & \underline{988}   \underline{00} \\ 4 & \underline{279}   \underline{00} \\ 5 & \underline{100} \\ 5 & \underline{100} \\ \end{array} $ eparatelyWidowed
To in does within		e information in thi DOR will only perfo ernational funds. El	s Step must be included rm direct transactions (e.g.	
8	Account no. (AN): <u>1 3 8 1 1 9</u>	3 5 5 9	4 5	
9	Type of account: <u>×</u> Checking Sav	vings		
10	Date the payment is to be electronically with	drawn://		
11	Electronic funds withdrawal amount:	<u> _00</u>		
	Name on account:			
Ste	p 4: Taxpaver declaration and si	anature (Sign	only after completin	g Step 2 and, if applicable, Step 3.)
		deposited as desigr	nated in Step 3 and declar	e the information on Lines 7 through 9 is
		c portion of my 201 c overpayment of ta	7 Illinois Individual Income	nt to initiate an ACH electronic funds Tax return. I authorize the financial institutions I information necessary to answer inquiries
	I do not want direct deposit of my refund,	or an electronic fur	nds withdrawal (direct debi	t) of my balance due.
origir and a	accompanying information may be sent to IDC accepted or rejected. If rejected, I authorize I	nowledge, my return DR by my ERO. I au	i is true, correct, and comp thorize IDOR to inform my	lete. I consent that my return, this declaration, ERO and/or the transmitter when my return has
here	Your signature	Date	Spouse's signature (if	joint return, <b>both</b> must sign) Date
l dec have		ctronic Form IL-104 d declare, under pe	10, the information on this enalties of perjury, that to t	Form IL-8453, and accompanying information. I the best of my knowledge the taxpayer's return
	ERO's signature		06/11/2018 Date	Check if paid preparer: 🛛 (See instructions.)
	GLOBAL TAXES LLC		Duit	P02090332
ERO	Firm's name or your name if self-employed			Your PTIN
use only	2530 Pebble Creek Ln			<u>3</u> 01_0_1_7_1_9_6
,	Mailing address		20041	Federal employer identification number (FEIN)
	Cumming City	GA State	30041 ZIP	(678)965-9729 Daytime phone number
				A THE T THE T

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 Information Worksheet**

2017

► Keep for your own records

# Part I — Personal Information

Taxpayer:         First Name KALYAN CHAKRAVARTHY	Spouse: First Name						
Middle Initial	Middle Initial						
Last Name PATCHAVA	Last Name						
Suffix	Suffix						
Social Security No. 517-59-1647	Social Security No						
Date of Birth <u>06/14/1993</u>	Date of Birth						
Age 65 or Over	Age 65 or Over						
Legally Blind	Legally Blind						
Date of Death	Date of Death						
Daytime phone *	Daytime phone *						
Home phone *							
* Check one of these boxes to print the daytime phone num							
Street Address 2951 S KING DRIVE							
	State <u>IL</u> ZIP Code <u>60616</u>						
For foreign address, Illinois Department of Revenue require							
Foreign City	Foreign Province or State						
Foreign Country	Foreign Postal Code						
Part II — Resident Status							
also lived	inois from to lin from to						
	· · · · · · · · · · · · · · · · · · ·						
Part III — Filing Status							
X       Single or head of household         Married filing jointly         Married filing separately         Widowed							
Part IV — Other Information							
Form IL-2210 Information:         Check if at least two-thirds of total federal gross incomplete to the check if 65 or older and permanently living in a nurse Check if you were not required to file an Illinois incomplete to the check if you were not required to file an Illinois incomplete to the check of the ch	-						

 X
 Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last	st year's Form IL-1040, line 15 (for IL-2210, line 1) .............	
Enter credits from last	year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)	

#### First Time Filer:

Yes No

Has client ever filed a tax return in Illinois?

#### Part V — Electronic Filing Information

X File **state** return electronically

#### **Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename
Date return was EFiled	
Date return was accepted by the state	

#### Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

١	'es	No	
	Х		Use direct deposit for state tax refund
			Use electronic funds withdrawal for state tax payment (EF only)
			Elect to receive a state issued debit card for state refund (if you check No then your client will
			receive a paper check)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) Bank Of America
Name on account
Check the appropriate box:
Checking         X         Routing number         125000024
Savings
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, enter remaining balance due
International ACH Transactions
Yes No
Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
Part VII – Payment by Credit Card
Part VII – Payment by Credit Card         Check if the balance due will be paid by credit card
Check if the balance due will be paid by credit card Part VIII — Paid Preparer Information and Third Party Designee Information
Check if the balance due will be paid by credit card  Part VIII — Paid Preparer Information and Third Party Designee Information  Enter the preparer's assigned code from Preparer's Information Worksheet
Check if the balance due will be paid by credit card  Part VIII — Paid Preparer Information and Third Party Designee Information  Enter the preparer's assigned code from Preparer's Information Worksheet
Check if the balance due will be paid by credit card  Part VIII — Paid Preparer Information and Third Party Designee Information  Enter the preparer's assigned code from Preparer's Information Worksheet
Check if the balance due will be paid by credit card         Part VIII — Paid Preparer Information and Third Party Designee Information         Enter the preparer's assigned code from Preparer's Information Worksheet         Check if this tax return is
Check if the balance due will be paid by credit card         Part VIII — Paid Preparer Information and Third Party Designee Information         Enter the preparer's assigned code from Preparer's Information Worksheet
Check if the balance due will be paid by credit card         Part VIII — Paid Preparer Information and Third Party Designee Information         Enter the preparer's assigned code from Preparer's Information Worksheet         Check if this tax return is

Part IX – Extension Status

Yes No

L		X		Tax return	i due d	late e	xtende	d? If	yes,	exten	ded d	ue	date	э.	 •	 		 •		
Q	uic	κΖοο	m	to Form II	505-1	: Aut	omatic	Exte	nsion	Payn	nent				 	 		 	. •	•

# Tax Payments Worksheet ► Keep for your records

Name	Social Security Number
KALYAN CHAKRAVARTHY PATCHAVA	517-59-1647

# Tax Payments for the Current Year

		State		
		Dat	te	Payment
1 2 3 4	First Payment    Second Payment.      Third Payment    Fourth Payment			
5	Additional Payments         Payment			
6 7 8	Overpayment from previous year applied to current year		6 7 8	

# Income Taxes Withheld for the Current Year

9 10	State withholding on Forms W-2		988.
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G	b	
С	State withholding on Forms 1099-K	С	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	988.
15	Date return will be filed and balance paid	15	

OTHV0301.SCR 11/28/16

# Smart Worksheets from your 2017 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

Use Tax Smart Worksheet					
liability if over \$600, you must file and pay yo Note: Do not include any - items for which you paid sales tax in and - 6.25% or more on Line 1a and - 1% or more on Line 2a					
<ul> <li>1a Enter the total cost of general merchandise to use in Illinois on which you did not pay the amount of Illinois Use Tax</li> <li>1b Multiply Line 1a by 6.25% (.0625). Round to 2a Enter the total cost of qualifying food, non-pand medical appliances you purchased to a which you did not pay the required amount</li> <li>2b Multiply Line 2a by 1% (.01). Round the rest Add Lines 1b and 2b. This is your Use Ta</li> <li>4 Enter the amount of sales tax you paid in a country) on the items included on Lines 1a</li> <li>5 Subtract Line 4 from Line 3. Enter the rest Line 23 (if the result is less than zero, enter Method 2: UT Table</li> </ul>	he required he result to whole dollars 1b 0. prescription drugs use in Illinois on of Illinois Use Tax 2a sult to whole dollars 2b 0. x on purchases 3 0. inother state (not in another and 2a 4 ult here and on Form IL-1040,				
If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.					
AGI (from IL-1040, Line 1) \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 Above \$100,000	Use Tax \$3 \$9 \$15 \$21 \$27 \$38 \$52 Multiply AGI by 0.06% (0.0006)				
To use UT table calculate Use Tax, check here Use tax amount based on table above					