

Illinois Department of Revenue

IL-1040-ES 2019 ID: 3WM

(R-12/18) Estimated Income Tax Payment for Individuals

162-92-4273 Your Social Security number

ENUM

Spouse's Social Security number

Enter your Social Security numbers in the order they appear on your federal return.

0

• April 15, 2019 • September 16, 2019 June 17, 2019
 January 15, 2020

Calendar-Year Taxpayers

Your estimated tax payments are due on

Official Use

HARSHINI ENUMULA 206 SEVEN SPRINGS LANE DOWNINGTOWN PA 19335

(484)364-4794

REV 10/19/18 PRO

Amount of payment (Whole dollars only)

Make check payable and mail this voucher to: ILLINOIS DEPARTMENT OF REVENUE **SPRINGFIELD IL 62736-0001**







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506.00

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IL-1040-ES

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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.

Step 1: Personal Information

162-92-4273

HARSHINI

ENUMULA

206 SEVEN SPRINGS LANE

DOWNINGTOWN

PΑ

19335



В	Filing status: X Single or head of household Married filing jointly Married	ed filing separately	Widowe	ed			
С	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 reside	nt - Attach S	Sch. NR			
Ste	ep 2: Income		(Whol	e dollars only)			
1	Federal adjusted gross income from your federal Form 1040, Line 7.		1	47,004 <u>.00</u>			
2	Federally tax-exempt interest and dividend income from your federal Form 1040, Line	2a.	2	.00			
3	Other additions. Attach Schedule M.		3	.00			
4	Total income. Add Lines 1 through 3.		4	47,004 _{.00}			
Ste	ep 3: Base Income						
5	Social Security benefits and certain retirement plan income						
)	received if included in Line 1. Attach Page 2 of federal return.	5	.00				
6	Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	6	.00				
7	Other subtractions Attach Schodule M	7	00				

•	minolo moomo tax overpayment meladoa in lederal i etti to te, conedalo i, Em. to.	<u> </u>	.00	
7	Other subtractions. Attach Schedule M.	7	.00	
	Check if Line 7 includes any amount from Schedule 1299-C.			
8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	.00
9	Illinois base income. Subtract Line 8 from Line 4.		9	47,004 <u>.00</u>
Ste	p 4: Exemptions			
10	a Enter the exemption amount for yourself and your spouse. See instructions.	a _	2,225.00	

510	ep 4: Exemptions			
10	a Enter the exemption amount for yourself and your spouse. See instructions.	а	2,225 _{.00}	
	b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 =	b	.00	
	c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 =	С	.00	
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.			
•	Attach Schedule IL-E/EIC.	d	0.00	
	Exemption allowance Add Lines a through d		10	2.22500

Step 5: Net Income and Tax

Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11_ Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. 12

Recapture of investment tax credits. Attach Schedule 4255. 13 .00 14 Income tax. Add Lines 12 and 13. Cannot be less than zero.

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 .00 Property tax and K-12 education expense credit amount from Schedule ICR. 16 .00 Attach Schedule ICR.

17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. .00 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 2,217.00

19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.

Step 7: Other Taxes

20 Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.

Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.

23 Total Tax. Add Lines 19, 20, 21, and 22. IL-1040 Front (R-12/18)

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.



20

21

22

0.00

.00

0.00

2,217.00

Staple your check and IL-1040-V

Staple W-2 and 1099 forms here

24 Tota	al tax from Page 1, Line 23.						24	2,217 <u>.00</u>			
Step 8	: Payments and Refundable	le Credit									
25 Illin	ois Income Tax withheld. Attac	h Schedule IL-W	IT.			25	196 _{.00}				
26 Esti	mated payments from Forms II	L-1040-ES and I	L-505-I,								
	uding any overpayment applied					26	.00				
	s-through withholding. Attach S					27	.00				
	ned Income Credit from Schedu	-			e IL-E/EIC.	28	.00	106.00			
	29 Total payments and refundable credit. Add Lines 25 through 28. 29 196.00										
•	Step 9: Total										
	ne 29 is greater than Line 24, su						30 31				
	ne 24 is greater than Line 29, su			-4' O		unlata Otan 40 A					
•	0: Underpayment of Estima derpayment of estimated to		•		-		or late-payir	ient penalty			
	e-payment penalty for underpay			y Charlash	e dona	32	.00				
	Check if at least two-thirds of			s from farmin	a	<u> </u>					
	Check if you or your spouse				-	n home.					
_	Check if your income was not		-		-		n Form IL-221	0.			
	Attach Form IL-2210.										
_	☐ Check if you were not require			Income Tax i	return in	the previous tax y	/ear.				
	untary charitable donations. Att					33	.00				
34 Tota	al penalty and donations. Add	d Lines 32 and 3	3.				34	.00			
Step 1	1: Refund										
35 If yo	ou have an amount on Line 30	and this amount	is greater th	an Line 34, s	ubtract L	ine 34 from Line	30.				
-	s is your overpayment .		J	,			35	.00			
36 Am	ount from Line 35 you want refu	ınded to you. Ch	neck one box	on Line 37.	See instr	ructions.	36	.00			
37 I ch	oose to receive my refund by										
a [direct deposit - Complete th	ne information be	low if you ch	neck this box.							
	Routing number	r	TTT		Che	ecking or Sav	vings				
	Account number		+++		7		3-				
	Account number										
_	Illinois Individual Income T	ax refund debit	card.								
	paper check.										
	ount to be credited forward. Su	btract Line 36 fro	om Line 35.	See instruction	ons.		38	.00			
Step 1	2: Amount You Owe										
	ou have an amount on Line 31,										
•	ou have an amount on Line 30							0.001			
sub	tract Line 30 from Line 34. This	is the amount y	/ou owe . Se	e instructions	S.		39	2,021.00			
Step 1	3: If this is a joint return, both yo	•	_								
	Under penalties of perjury, I s	tate that I have e	xamined this	return and, to	the bes	t of my knowledge	, it is true, corre	ct, and complete.			
Sign							(484) 364	-4794			
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number			
	APPANA RUPA VENKATA SATYA SAI MANIK		1 0			_ =====================================		P02090332			
Paid	Print/Type paid preparer's name		Paid prepare	r's signature		Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN			
Preparer	Firm's name CI.ORAT.	TAXES LLC		U							
Use Only	Timo En		Firm's phone	()							
Third	2330 102	DIC CICCH LIN	, diiiii 1113	1,		i iiii o priorie	Check if the	e Department may			
Party				()				turn with the third			
Designee	Designee's name (please print)			Designee's ph	none num	ber	party designed	e shown in this step.			
	If no paymen	t enclosed, mai	l to:		lf na	ayment enclosed	. mail to:				
		PARTMENT OF				NOIS DEPARTM		NUE			
		D IL 62719-0001				RINGFIELD IL 62		-			
II -1040 Back (F	L-1040 Back (R-12/18) DR AP RR DC IR ID										



Illinois Department of Revenue

Revenue Submission ID

2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(<u>Do not mail</u> Form IL-845	53 to the Illinois Depa	rtment of Revenue u	nless it is requested for rev	iew.)
Step 1: Provide taxpayer inf				
HARSHINI First name and middle initial Spouse's	ENUM first name (and last name if difference)			42_7_3
Print	mot hame (and last hame if differ	ent) Last name	Social Security Humber	
or 206 SEVEN SPRINGS LANE type Mailing address			Spouse's Social Security number	
DOWNINGTOWN	PA	19335	(484) 364-4794	
City	State	ZIP	Daytime phone number	
Step 2: Complete information	on from tax return			
Net income from Form IL-1040, Lin			1	44,779 00
2 Tax from Form IL-1040, Line 12			2	2,217 00
Illinois Income Tax withheld from Fo	orm IL-1040, Line 25 only	(enter "0" if none)	3	196 I 00
4 Overpayment from Form IL-1040, L	_		4	I_00
5 Total amount due from Form IL-104	10, Line 39		5	2,021 00
Filing status: X Single/head of head	ousehold Married filir	ng jointly Married filin	ng separately Widowed	
correct. If I have filed a joint retu I authorize the Illinois Departme withdrawal as designated in the	ded by international funds. 0 0 0 5 3 3 6 4 0 3 8 Savings cally withdrawn: 03/21/t: 2,021 00 and signature (Signature (Signature) and signature (Signature) and signature (Signature) and signature (IDOR) and electronic portion of my 2 electronic overpayment of a payment.	2019 In only after comple ignated in Step 3 and deceppointment of the other so its designated financial a 018 Illinois Individual Incompleted in the confidence of the confid	ting Step 2 and, if applical clare the information on Lines 7 th pouse as an agent to receive the agent to initiate an ACH electronic orme Tax return. I authorize the finitial information necessary to answer	ble, Step 3.) hrough 9 is refund. c funds ancial institutions
Under penalties of perjury, I declare the originator (ERO) are identical. To the bestand accompanying information may be stoeen accepted or rejected. If rejected, I a	information on my electron at of my knowledge, my retu ent to IDOR by my ERO. I	ic Form IL-1040 and the ir urn is true, correct, and co authorize IDOR to inform	nformation I provided to my electro implete. I consent that my return, my ERO and/or the transmitter wh	this declaration, nen my return has
Signhere Your signature	Date	Spouse's signatur	re (if joint return, both must sign)	Date
Step 5: Electronic return ori I declare that I have examined this taxp have followed all requirements of this pr and accompanying information are true ERO's signature ERO GLOBAL TAXES LLC Firm's name or your name if self-employed 2530 Pebble Creek Ln Mailing address	ayer's electronic Form IL-1 ogram and declare, under , correct, and complete.	040, the information on t	his Form IL-8453, and accompan to the best of my knowledge the Check if paid preparer: P 0 2 0 9 Your PTIN	taxpayer's return (See instructions.) 0 3 3 2 7 1 9 6
Cumming	GA	30041	()	
City	State	ZIP	Daytime phone number	

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Income Tax Withheld

 $\frac{1}{\text{Tax year ending}} \frac{2}{1} \frac{2}{8}$

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	В
1099-MISC	М	1099-K	K
1099-OID	0		

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

HARSHINI ENU				<u> 2</u>		9 2		4	<u> 2 7 </u>	3		
Your name as shown on Form IL-1040				cial Sec	curity numl	ber						
Column A Form type	Form type Employer/Payer Federal Wages,						Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.					
1 <u>W</u>	81-17493174 000 1	_ \$	49,504 _{•0}	<u>0</u>	\$	49,	504 •00	\$_		196 •00		
2		- \$	•0	<u>0</u>	\$		<u>•00</u>	\$_		•00		
3		- \$	•0	<u>0</u>	\$		<u>•00</u>	\$_		<u>•00</u>		
4		- \$	•0	<u>0</u>	\$		<u>•00</u>	\$_		<u>•00</u>		
5		- \$	•0	0	\$		•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			umn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions, (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 \$ 196**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←

IL-1040 Schedule IL-WIT Front (N-12/18)
Printed by authority of the State of Illinois - web only, 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.

