Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization

OMB No. 1545-0074

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

Submis	ssion Identification Number (SID) 58727820190300184srr				
Taxpayer	's name		Social security nun	nber	
HARI	KRISHNA CHAKALI		059-73-129	1	
Spouse's	siname		Spouse's social se	curity numl	ber
Part	Tax Return Information — Tax Year Ending December 31, 2	2018 (Wi	hole dollars on	ily)	
1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)			. 1	79,291
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)			. 2	10,740
	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16;			·	13,036
	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR,				2,296
	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)				
Part	I Taxpayer Declaration and Signature Authorization (Be sure	you ge	t and keep a	copy of	your return)
reason for Agent to of my fer remain in Treasury date. I a answer in	by (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement or any delay in processing the return or refund, and (c) the date of any refund. If applicat initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a deral taxes owed on this return and/or a payment of estimated tax, and the financial institu- n full force and effect until I notify the U.S. Treasury Financial Agent to terminate the author / Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no also authorize the financial institutions involved in the processing of the electronic paym inquiries and resolve issues related to the payment. I further acknowledge that the person ic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	able, I auth account ir tution to de prization. To o later that nent of tax	orize the U.S. Trea ndicated in the tax ebit the entry to this o revoke (cancel) a n 2 business days kes to receive cont	asury and it preparation s account. payment, prior to the fidential inf	ts designated Financi n software for payme This authorization is I must contact the U. e payment (settlemer formation necessary
	yer's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to ent	nter or ge	nerate my PIN	3 1	2 9 1
	ERO firm name as my signature on my tax year 2018 electronically filed income tax return	٦.	-		e digits, but er all zeros
	I will enter my PIN as my signature on my tax year 2018 electronically file entering your own PIN and your return is filed using the Practitioner PIN m	ed incom method.	ne tax return. Ch The ERO must c	neck this complete	box only if you an Part III below.
Your si	gnature ►	Date 🕨	•		
Spous	e's PIN: check one box only				
	I authorize to ent	nter or ge	nerate my PIN		
	ERO firm name				digits, but
	as my signature on my tax year 2018 electronically filed income tax return	า.		don't ente	er all zeros
	I will enter my PIN as my signature on my tax year 2018 electronically file entering your own PIN and your return is filed using the Practitioner PIN m				
Spouse	e's signature ►	Date 🕨	•		
	Practitioner PIN Method Returns Only—c	continue	below		
Part I	II Certification and Authentication – Practitioner PIN Method	d Only			
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	d PIN.	5 8 7 2 Don	7 8 1 't enter all :	
the tax	/ that the above numeric entry is my PIN, which is my signature for the tax payer(s) indicated above. I confirm that I am submitting this return in accor d and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual	rdance w	vith the requiren	y filed ind nents of t	come tax return fo he Practitioner PI
ERO's	signature ►	Date 🕨	•		
	ERO Must Retain This Form — See Ir	notruct			
	END WUSL RELAID THIS FORM - See If	nstruct			

Don't Submit This Form to the IRS Unless Requested To Do So

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> .		
Taxpaye	059-73-1291 name HARI KRISHNA CHAKALI		
	r address (optional)		
	CCALLUM BLVD APT 311		
DALLAS	TX 75252		
1. 🗙	Your federal income tax return for2018		
	Submission Processing Center. The electronic filing	services were provided byGLOI	BAL TAXES LLC
2. 🗙	Your return was accepted on $01/30/2019$ us signature. You entered a PIN or authorized the Electron for you. The Submission ID assigned to your return	ctronic Return Originator (ERO) to er	
3.	Your return was accepted on The Earned Income Credit or a dependent's exemp child's name and social security number mismatch.		
4. 🗌	Your electronic funds withdrawal payment request w	vas accepted for processing.	
5. 🗌	Your electronic funds withdrawal payment request w Tax" section.	vas not accepted for processing. Re	fer to the "If You Owe
6.	Your Form 4868, Application for Automatic Extension accepted on The Su 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*, 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* 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.

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*.

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*. 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.**

1040		Internal Revenue Service		(99) 'N	20	18	B No. 1545-007	4 IRS Use O	nly—Do not	write or sta	aple in thi	s space.
Filing status:	X s	Single Married filing jointly Mar	ried filing :	separatel	Iy 🗌 H	ead of house	ehold Qual	ifying widow(e	r)			
Your first name			Last name		,			<u> </u>	<u></u>	social sec	curity nu	mber
HARI KRI	SHN	A	CHAKA	LI					059-	-73-1	291	
Your standard d	leducti	L			/ou were l	oorn before .	January 2, 1954	You	are blind			
			Last name						Spous	e's socia	security	/ number
Spouse standard	deduct	on: Someone can claim your spouse :	as a depe	ndent	Spc	ouse was bor	n before Januar	/ 2, 1954	🔀 Ful	l-year hea	Ith care	coverage
Spouse is bli	ind	Spouse itemizes on a separate retu	rn or you v	vere dua	I-status al	ien			or	exempt (s	ee inst.)	
Home address (numbe	r and street). If you have a P.O. box, see ir	nstruction	s.				Apt. no.	Presid	ential Elec	tion Carr	paign
7777 MCC	ALL	JM BLVD						311	(see ins	st.)	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have a foreig	n addres	s, attach	Schedule	6.			If mor	e than fou	ır depen	dents,
DALLAS T	'X 7	5252							see in	st. and 🗸	here 🕨	
Dependents (see ir	structions):	(2) Soc	ial securit	ty number	(3) Relat	tionship to you	(4) 🗸 if quali	fies for (see	inst.):	
(1) First name		Last name						Child tax	credit	Credit fo	or other de	ependents
]			
]			
]			
Sign		enalties of perjury, I declare that I have examined and complete. Declaration of preparer (other that							nowledge a	ind belief, t	hey are tr	Je,
Here		our signature		Date	1	Your occupa			If the IRS	sent you a	n Identity	Protection
Joint return? See instructions.						PROGRAM	MMER ANAL	YST	PIN, enter here (see i		ТТ	
Keep a copy for	s	pouse's signature. If a joint return, both m	ust sign.	Date		Spouse's oc	cupation		If the IRS	sent you a	n Identity	Protection
your records.	/								PIN, enter here (see i			
Doid	P	reparer's name Prepare	er's signat	ure	I		PTIN	F	irm's EIN		eck if:	· · ·
Paid	APF	PPANA RUPA VENKATA SATYA SAI MANIKUMAR PO2090332						3rd Party	Designee			
Preparer	Fi	rm's name ► GLOBAL TAXES I	LC				Phone n	0.			Self-emp	oloyed
Use Only	Fi	rm's address ► 2530 Pebble Cr	reek I	n Cu	mming	GA 300	041					
For Disclosure, I	Privac	Act, and Paperwork Reduction Act No	tice, see	separate	e instruct	ions.					Form 10	40 (2018)
E 1010 (0010)												- 0
Form 1040 (2018))											Page 2
	1	Wages, salaries, tips, etc. Attach Form(s)	W-2 .	· ·					1		79,	291.
Attach Form(s)	2a	Tax-exempt interest 2a					axable interest		2b			
W-2. Also attach Form(s) W-2G and	3a	Qualified dividends 3a					rdinary dividends	s	3b			
1099-R if tax was withheld.	4a	IRAs, pensions, and annuities . 4a				b Taxable amount			4b			
withheid.	5a	,	b Taxable amount					5b		70	201	
	6 7	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,					6		19,	291.		
Standard	<u>`</u>	subtract Schedule 1, line 36, from line 6							7		79,	291.
Deduction for –	8	Standard deduction or itemized deduction	ons (from S	Schedule	A)				8		12,	000.
 Single or married filing separately, 	9	Qualified business income deduction (see instructions) .						9				
\$12,000 • Married filing	10	Taxable income. Subtract lines 8 and 9 fe	rom line 7	. If zero o	or less, er	iter -0-	<u>.</u> .		10		67,	291.
jointly or Qualifying	11	a Tax (see inst.) $10,740$. (check if any f	rom: 1	Form(s) 8814 2	Form 49	72 3 🗌)				
widow(er), \$24,000		b Add any amount from Schedule 2 and	check her	e.				. 🕨 🗌	11		10,	740.
 Head of household, 	12	${\bf a}$ Child tax credit/credit for other dependents _			b Add any	amount from So	chedule 3 and check	here 🕨 🗌	12			
\$18,000	13	Subtract line 12 from line 11. If zero or le	ss, enter -	0					13		10,	740.
 If you checked any box under 	14	Other taxes. Attach Schedule 4	• •						14			0.
Standard deduction,	15	Total tax. Add lines 13 and 14					15			740.		
see instructions.	16	Federal income tax withheld from Forms	W-2 and						16		13,	036.
	/17	Refundable credits: a EIC (see inst.) NO		-	8812		c Form 8863					
		Add any amount from Schedule 5							17		1.0	0.0.5
	18	Add lines 16 and 17. These are your tota							18			036.
Refund	19	If line 18 is more than line 15, subtract lin					•		19			296.
Direct dense H0	20a	Amount of line 19 you want refunded to					_	. ▶ []	20a		۷,	296.
Direct deposit? See instructions.	► b	Routing number 0 1 1 4					Checking	Savings				
	► d	Account number 0 0 3 8				i						
Amount V- 0	21	Amount of line 19 you want applied to you							00			
Amount You Owe	22	Amount you owe. Subtract line 18 from				1	ISTRUCTIONS .	🕨	22			
	20	Estimated tax penalty (see instructions) .	• •			► 23	1					

Go to *www.irs.gov/Form1040* for instructions and the latest information.

		Illinois Department of Revenue 2018 Form IL-1040 Individual Income Tax Return or for fiscal year ending/						
_	0	\sim Over 80% of taxpayers file electronically. It is easy and you will get your refund faster.	. Visit tax.illinois.	gov.				
	Ste A	p 1: Personal Information						
			a de la constante de la consta La constante de la constante de	ar an an ann an Araban an Araban An Araban an Araban a				
	059		A BURGER AND A CARL AND A C					
		RI KRISHNA CHAKALI						
	777	77 MCCALLUM BLVD 311						
	DAL	LAS TX 75252						
	B C D	Filing status: Single or head of household Married filing jointly Married filing se Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. Check the box if this applies to you during 2018: Nonresident - Attach Sch. NR Part-yea	🛛 You 🗖 Spou	se				
	Ste	p 2: Income		nole dollars only)				
	1	Federal adjusted gross income from your federal Form 1040, Line 7.	1	79,291 _{.00}				
	2 3	Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a. Other additions. Attach Schedule M.	23	<u>.00</u> .00				
	4	Total income. Add Lines 1 through 3.	4	.00 79,291 _{.00}				
♥	Ste	p 3: Base Income						
	5	Social Security benefits and certain retirement plan income						
lere	6	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						
h si	7	Other subtractions. Attach Schedule M. 7	.00					
orn	•	Check if Line 7 includes any amount from Schedule 1299-C.						
99 f	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 <u> </u>	.00 79,291.00				
10		p 4: Exemptions						
W-2 and 1099 forms here		a Enter the exemption amount for yourself and your spouse. See instructions. a b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b						
		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00					
Staple		Attach Schedule IL-E/EIC.	0.00					
SI		Exemption allowance. Add Lines a through d.	10	2,225.00				
		p 5: Net Income and Tax						
T	11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach S		6,804.00				
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		0,004.00				
		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	337.00				
1-01	13 14	Recapture of investment tax credits. Attach Schedule 4255.	13 14	<u>.00</u> 337.00				
104		p 6: Tax After Nonrefundable Credits						
Ę	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00					
ana	16	Property tax and K-12 education expense credit amount from Schedule ICR.						
ck å	17	Attach Schedule ICR.16Credit amount from Schedule 1299-C. Attach Schedule 1299-C.17	<u>.00</u> .00					
che	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line		0.00				
ur	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	337.00				
Staple your check and IL-1040-V	Ste 20	p 7: Other Taxes Household employment tax. See instructions.	20	.00				
Stap	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table						
5	22	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	21 22	0.00				
▼			2223	337.00				

23	Total Tax.	Add Lines	19,20	. 21.	and 2

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.



24	otal tax from Page 1, Line 23.		24	337.00
Step	8: Payments and Refundable Credit			
25	linois Income Tax withheld. Attach Schedule IL-WIT.	25	347.00	
	Estimated payments from Forms IL-1040-ES and IL-505-I,			
	ncluding any overpayment applied from a prior year return.	26	.00	
	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27		
	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. Total payments and refundable credit. Add Lines 25 through 28.	28	<u>.00</u> 29	347.00
	9: Total		29	517.00
	f Line 29 is greater than Line 24, subtract Line 24 from Line 29.		30	10.00
	f Line 24 is greater than Line 29, subtract Line 24 from Line 24.		30	.00
	10: Underpayment of Estimated Tax Penalty and Donations - Only comp	alete Step 10		
	inderpayment of estimated tax or to make a voluntary charitable donati		for late-paymen	it penalty
	ate-payment penalty for underpayment of estimated tax.	32	.00	
	Check if at least two-thirds of your federal gross income is from farming.			
I	\square Check if you or your spouse are 65 or older and permanently living in a nursing	home.		
(\Box Check if your income was not received evenly during the year and you annualize	d your income o	on Form IL-2210.	
	Attach Form IL-2210.			
	Check if you were not required to file an Illinois Individual Income Tax return in the following the dependence of the second se	ne previous tax 33	•	
	/oluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 32 and 33.	33	<u>.00</u> 34	.00
				.00
Step	11: Refund			
	f you have an amount on Line 30 and this amount is greater than Line 34, subtract Li	ne 34 from Line		
	his is your overpayment .		35	10.00
36	Amount from Line 35 you want refunded to you . Check one box on Line 37. See instru	ictions.	36	10.00
	choose to receive my refund by			
i	I K direct deposit - Complete the information below if you check this box.			
	Routing number 0 1 1 4 0 0 4 9 5 X Chee	cking or 🔄 Sav	vings	
	Account number 0 0 3 8 8 1 0 0 5 2 0 5			
	□ □ Illinois Individual Income Tax refund debit card.			
	\Box minors individual income fax refund debit card. \Box paper check.			
	Amount to be credited forward. Subtract Line 36 from Line 35. See instructions.		38	.00
	12: Amount You Owe			
	f you have an amount on Line 31, add Lines 31 and 34. - or - f 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
	-			.00
Ste	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 the best of the state of the stateo	of my knowledge	it is true correct	and complete
		of my knowledge		and complete.
Sign			()	
Here	Your signature Date (mm/dd/yyyy) Spouse's signature D	ate (mm/dd/yyyy)	Daytime phone nu	mber
Daid	APPANA RUPA VENKATA SATYA SAI MANIKUMAR			2090332
Paid Prepai	Print/Type paid preparer's name Paid preparer's signature D	ate (mm/dd/yyyy)	self-employed Pa	id Preparer's PTIN
Use O	Eirm's nome MCLOBAL, TAXES LLC	irm's FEIN		
		irm's phone	()	
Third				epartment may
Party	ee Designee's name (please print) Designee's phone numb	or	- discuss this retur	
Desig	lee Designee's name (please print)	ei	party designee sh	iown in this step.
		ment enclosed		
			ENT OF REVENU	JE
		NGFIELD IL 62 R ID	720-0001	



	Attach to your Form IL-1040	Computation of Illinois lax	IL Attachment No. 2
	HARI KRISHNA CHAKALI Your name as shown on your Form IL-1040	<u>0 5 9 7 3 1 2 9 1</u> Your Social Security number	
S	tep 1: Provide the following inf	formation	
1	Were you, or your spouse if "married filing jointly,"	a full-year resident of Illinois during the tax year?	
	Yes X No If you answer	ered "Yes," STOP you cannot use this form (see instructions).	
2	If you, or your spouse if "married filing jointly," were	re a part-year resident during the tax year, tell us your residency	/ dates for 2018.
â	a I lived in Illinois from/ / <u>1</u> <u>8</u> to/ Month Day Year Month D		
I		to / / 18 , and from / / 1 8 Month Day / Year State Month Day / Year	to / / <u>1</u> 8 Month Day Year
3	If you were a resident of any of the states listed be was in the military, check the appropriate box.	elow during the tax year or if you were in Illinois only to accomp	any your spouse who
	Iowa Kentucky	Michigan Wisconsin Military Spouse	9
4	If you earned income or filed a tax return for the tax	x year in a state other than those listed above, enter the two-lette	er abbreviation of that state

Nonresident and Part-Year Resident

Step 2: Complete Form IL-1040

Illinois Department of Revenue

2018 Schedule NR

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
	5	Wages, salaries, tips, etc. (federal Form 1040, Line 1)	5	79,291 <u>.00</u>	7,000.00
	6	Taxable interest (federal Form 1040, Line 2b)	6	.00	.00
	7	Ordinary dividends (federal Form 1040, Line 3b)	7	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040, Schedule 1, Line 10)	8	.00	.00
	9	Alimony received (federal Form 1040, Schedule 1, Line 11)	9	.00	.00
	10	Business income or loss (federal Form 1040, Schedule 1, Line 12)	10	.00	.00
	11	Capital gain or loss (federal Form 1040, Schedule 1, Line 13)	11	.00	.00
	12	Other gains or losses (federal Form 1040, Schedule 1, Line 14)	12	.00	.00
ወ	13	Taxable IRAs, pensions, and annuities (federal Form 1040, Line 4b)	13	.00	.00
Income	14	RESERVED	14		
S	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
-		(federal Form 1040, Schedule 1, Line 17)	15	.00	.00
	16	Farm income or loss (federal Form 1040, Schedule 1, Line 18)	16	.00	.00
	17	Unemployment compensation and Alaska Permanent Fund dividends			
		(federal Form 1040, Schedule 1, Line 19)	17	.00	.00
	18	Taxable Social Security benefits (federal Form 1040, Line 5b)	18	.00	.00
	19	Other income. See instructions. (federal Form 1040, Schedule 1, Line 21)			
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total i	ncome	e. 20	7,000.00
IL-1	040	Schedule NR Front (R-12/18)		Continue with Ste	

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.



Continue with Step 3 on Page 2

St	ер	3: Continued		olumn A Ieral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	7,000.00
	22	Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040, Schedule 1, Line 24)	23	.00	.00
	24	Health savings account deduction (federal Form 1040, Schedule 1, Line 25)	24	.00	.00
١ <u>٩</u>	25	Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26))25	.00	.00
<u></u>	26	Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00	.00
<u> </u>	27	Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00	.00
2	28	Self-employed health insurance deduction (federal Form 1040, Schedule 1, Line 29)	28	.00	.00
ts	29	Penalty on early withdrawal of savings (federal Form 1040, Schedule 1, Line 30)	29	.00	.00
en l	30	Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00	.00
<u></u>	31	IRA deduction (federal Form 1040, Schedule 1, Line 32)	31	.00	.00
SN	32	Student loan interest deduction (federal Form 1040, Schedule 1, Line 33)	32	.00	.00
ğ	33	RESERVED	33		
∣⋖	34	RESERVED	34		
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	79,291 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income	e. 38	7,000.00

Step 4: Figure your Illinois additions and subtractions

		nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
ustments	40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 40	<u>.00</u> 41	.00 .00 7,000.00
Adj	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040, Sch. 1, Line 10.	42	.00	.00
Illinois	44	(Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	43 44	<u>.00</u> 45	.00 .00 .00

Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	7,000.00
		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
S	47	Enter the base income from Form IL-1040, Line 9.	47	79,291 _{.00}	
<u>.</u>	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
at		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 🖕 088	
Calculations	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,225 _{.00}	
a	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	196.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
F		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	6,804 _{.00}
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than a	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.	\rightarrow	52	337.00
_					

IL-1040 Schedule NR Back (R-12/18)



		Individual	Income Tax Elec	Submission ID Ctronic Filing Declaration				
~	(Do not mail Form IL-8453 to the	e Illinois Depar	tment of Revenue unl	ess it is requested for review.)				
Ste	HARI KRISHNA First name and middle initial Spouse's first name (a)	CHAK		<u>0597312_9_1_</u> Social Security number				
Prin			,					
	Mailing address			Spouse's Social Security number				
	DALLAS	ТХ	75252	_ ()				
	City	State	ZIP	Daytime phone number				
	p 2: Complete information from	n tax return		C 004				
	Net income from Form IL-1040, Line 11			$\frac{1}{2} \frac{6,804}{337} \frac{100}{100}$				
	Tax from Form IL-1040, Line 12			$\frac{2}{3} \frac{337}{347} \frac{00}{00}$				
	Ilinois Income Tax withheld from Form IL-104 Overpayment from Form IL-1040, Line 35	40, Line 25 only ((enter "U" if none)	$\begin{array}{c} 3 \\ 4 \\ 10 \\ 10 \\ 00 \\ \end{array}$				
	Total amount due from Form IL-1040, Line 39	9		5100				
	Filing status: \underline{X} Single/head of household		g jointly Married filing	separately Widowed				
To in does within 7	not support international ACH transactions. In the United States or those not funded by int Routing no. (RN): $0 1 1 4 0 0$ Account no. (AN): $0 3 8 8 1$	$\begin{array}{c} \text{information in t} \\ \text{DOR will only per } \\ \text{ernational funds. I} \\ \underline{4} 9 5 \\ \underline{0} 0 5 2 \end{array}$	his Step must be included form direct transactions (e.g Electronic payments will no	hdrawal information (Optional) d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check.				
9	Type of account: <u>×</u> Checking Sav	rings						
10	Date the payment is to be electronically with	drawn: / /						
	Electronic funds withdrawal amount:							
	Name on account:							
Ste >		deposited as desi	gnated in Step 3 and decla	-				
		c portion of my 20 c overpayment of	18 Illinois Individual Incom	ent to initiate an ACH electronic funds ne Tax return. I authorize the financial institutions al information necessary to answer inquiries				
L	I do not want direct deposit of my refund,	or an electronic f	unds withdrawal (direct del	bit) of my balance due.				
origir and a	accompanying information may be sent to IDC accepted or rejected. If rejected, I authorize I	iowledge, my retu DR by my ERO. I a	rn is true, correct, and com authorize IDOR to inform m	prmation I provided to my electronic return plete. I consent that my return, this declaration, y ERO and/or the transmitter when my return has nay be corrected and retransmitted if possible.				
here	Your signature	Date	Spouse's signature ((if joint return, both must sign) Date				
l dec have	followed all requirements of this program an accompanying information are true, correct, a ERO's signature	ctronic Form IL-10 d declare, under	040, the information on this	s Form IL-8453, and accompanying information. I the best of my knowledge the taxpayer's return Check if paid preparer: X (See instructions.)				
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{\text{our PTIN}}} \frac{0}{2} \frac{0}{9} \frac{9}{0} \frac{3}{3} \frac{3}{2} \frac{2}{2}$				
use	2530 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6				
only	Mailing address			Federal employer identification number (FEIN)				
	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

 $\frac{1}{1} \frac{2}{1} \frac{2}{1} \frac{2}{2} \frac{0}{1} \frac{1}{8}$

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)

Illinois Department of Revenue
Schedule IL-WIT

HARI KRISHNA CHAKALI Your name as shown on Form IL-1040					5 <u>9</u> cial Sec	o curity numb	7 <u>3</u> ber		1	29_	1
	Column A Form type 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	45-3412032	\$	79,291 .	0	\$	7,0	00 <u>•00</u>	\$_	3	347 .00
2			\$	•[0	\$		•00	\$_		•00
3			\$	•(0	\$		•00	\$_		•00
4			\$	•[0	\$		•00	\$_		•00
5			\$	•[00	\$		• <u>00</u>	\$_		<u>•00</u>

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.		Col Illinois Wages Distributions, G	Column E Illinois Income Tax Withheld			
6			\$	• <u>00</u>	\$	•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.

➡ 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.

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347**.00**