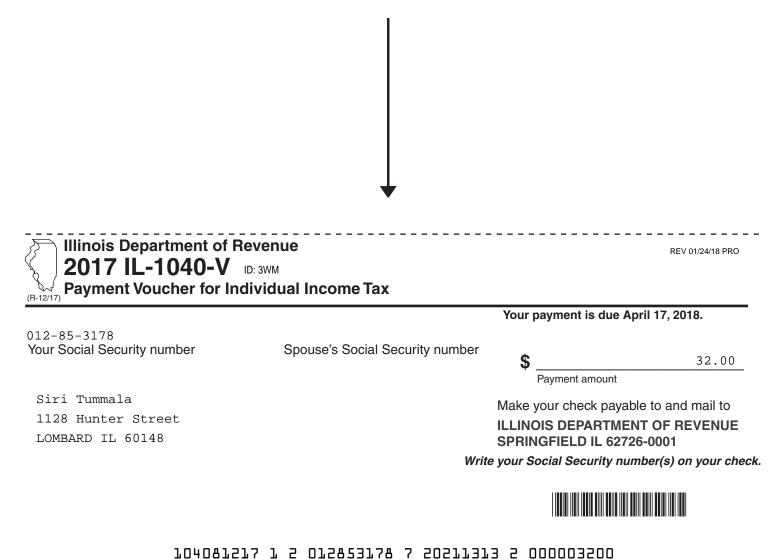


If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



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

012-85-3178			
Siri		Tummala	
1128 Hunter Stree	t		
LOMBARD	IL		60148



	С	Filing status (see instructions)		
		Single or head of household Married filing jointly Married filing separately	· 🗋	Vidowed
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	11,693.00
meome	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A,		
Step 3: Base Income Step 4: Exemptions		Line 8b; or federal Form 1040EZ		.00
	3	Other additions. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.		11,693.00
Step 3:	5	Social Security benefits and certain retirement plan income		
Base			00	
Income		Illinois Income Tax overpayment included in federal Form 1040, Line 10 6	00	
	7		00	
	-	Check if Line 7 includes any amount from Schedule 1299-C.	-	
		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	11,693 _{.00}
Step 4:		instructions before completing Step 4.		
Exemptions	10	a Number of exemptions from your federal return $-\frac{1}{2}$ X \$2,175 a $-\frac{2,175}{2}$		
·		b If someone can claim you as a dependent, see instructions. $X $ \$2,175 b (c) c Check if 65 or older: \Box You + \Box Spouse = $X $ \$1,000 c (c)	<u>00</u>	
		d Check if legally blind: \Box You + \Box Spouse = $\Box X$ \$1,000 d		
		Exemption allowance. Add Lines a through d.	10	2,175.00
Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	9,518.00
Net		Nonresidents and part-year residents:		
Income		Check the box that applies to you during 2017 INonresident Part-year resident, and	l	
		enter the Illinois base income from Schedule NR. Attach Schedule NR. 12	00	
Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero.		
Тах		Nonresidents and part-year residents: Enter the tax from Schedule NR.		
		Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA.		
		Recapture of investment tax credits. Attach Schedule 4255.	14	
		Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	414.00
Step 7:	16	Income tax paid to another state while an Illinois resident.		
Tax After	17	Attach Schedule CR. 16	<u>)()</u>	
Non-	17	Property tax and K-12 education expense credit amount from Schedule ICR. 4ttach Schedule ICR. 17 (00	
refundable	18		<u>)0</u>	
Credits		Add Lines 16, 17, and 18. This is the total of your credits. Cannot	<u></u>	
	-	exceed the tax amount on Line 15.	19	0.00
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	414.00
D: 3WM REV 01/2	23/18 P	RO This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of		
-1040 Front (R-12	/17)	this information is required. Failure to provide information could result in a penalty.		

	21	Tax after nonrefunda	ble credits from	Page 1, Lin	e 20	21	41	4.00	
Step 8:	22	Household employm	ent tax. See inst	ructions.		22		.00	
Other 23 Use tax on internet, mail order, or other out-of-state purcha									
Taxes UT Worksheet or UT Table in the instructions. Do n				•	23		0.00		
Тахоо	24	Compassionate Use	of Medical Canna	abis Pilot Pro	ogram Act Surcharge	24		.00	
	25	Total Tax. Add Lines						25	414.00
Step 9:	26	Illinois Income Tax w	ithheld. Attach a	all W-2 and	1099 forms.	26	38	32.00	
-	27								
Payments and		including any overpa				27		.00	
Refundable	28	Pass-through withhol	ding payments.	Attach Sche	dule K-1-P or K-1-T.	28		.00	
Credit	29	Earned Income Cred	it from Schedule	IL-EIC. Atta	ch Schedule IL-EIC.	29		.00	
	30	Total payments and	refundable cre	edit. Add Lir	es 26 through 29.			30	382.00
Step 10:	31	If Line 30 is greater th	an Line 25, subtr	act Line 25 f	rom Line 30.			31	.00
Total	32	If Line 25 is greater th	an Line 30, subtr	act Line 30 f	rom Line 25.			32	32.00
Step 11:		Only complete this				ent			
Underpayme	^{nt} 33	of estimated tax or				22		00	
of Estimated		Late-payment penalt				33		.00	
Tax Penalty		a Check if at least tw	-	-		ning.			
and Donations		b Check if you or you	-	or older an	d permanently		_		
Donations		living in a nursing h							
		c Check if your incom			Attach Form IL-221	0			
		d Check if you were							
		return in the previo	-			an			
	3/	Voluntary charitable	-		G	34		.00	
	35	Total penalty and d						<u>.00</u> 35	.00
									.00
Step 12:	36	If you have an amou			-				
Refund	~ ~	Line 35, subtract Line		-				36	
		Amount from Line 36	-	led to you.	Check one box on Li	ne 38. See	instructio	ons. 37	.00
	38	I choose to receive m	, ,	- f t' I	alare from the ale	- I			
		a direct deposit		nformation t					
		Routing numbe				necking or	Sav	ngs	
		Account numbe	r						
		b 🗌 Illinois Individ	ual Income Tax	refund deb	it card				
		c 🗌 paper check							
	39	Amount to be credite	d forward. Subtr	ract Line 37	from Line 36. See in	structions.		39	.00
Step 13:	40	If you have an amou	nt on Line 32, ac	d Lines 32	and 35. - or -				
Amount		If you have an amou				5.			
You Owe		subtract Line 31 from						40	32.00
					-				
Step 14:		is a joint return, both yo penalties of perjury, I s		-		st of my kn	owledae	it is true corre	ct and complete
Sign	0.10.01	pendinee er penjany, re					ennea.ge,		
Horo				o 1 .		-			
	/our sigr		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/d		Daytime phone	number
		A RUPA VENKATA	SA			06/14/			P02090332
Preparer	Print/Typ	e paid preparer's name		Paid prepare	r's signature	Date (mm/d	d/yyyy)		Paid Preparer's PTIN
Use Only	irm's na	me GLOBAL	TAXES LLC			Firm's FEI	N 🕨	301017196	5
F	irm's ad	Idress 🕨 2530 Pe	bble CreekC	lumming	GA 30041	Firm's phor	ne 🕨	(678)965-	-9729
Third									e Department may
Party					Desimation	ala a v			turn with the third
<u> </u>		e's name (please print)	-		Designee's phone nur			party designee	e shown in this step.
	LINOIS	ment enclosed, mail DEPARTMENT OF R FIELD IL 62719-0001	EVENUE	\sum	If payment enclose ILLINOIS DEPARTIN SPRINGFIELD IL 62 RR DC	IENT OF F		E	

hand and a second	Illinois Department of Revo 2017 IL-8453 Illinois (Do not mail Form IL-8453 to the	Individual Ir	ncome Tax Elec	Submission ID Ctronic Filing Declaration less it is requested for review.)		
Ste	ep 1: Provide taxpayer information	on Tummal	2	0_1_28_53_1_7_8		
Prir	First name and middle initial Spouse's first name (a	nd last name if different)		<u>01_2</u> <u>05</u> <u>51</u> <u>7</u> <u>0</u> Social Security number		
or	• <u>1128 Hunter Street</u> • Mailing address					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOMBARD	IL	60148			
	City	State	ZIP	Daytime phone number		
1 2 3 4 5 6 Ste To i	Pep 2: Complete information from 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 40 Filing status: X Single/head of household Pep 3: Complete direct deposit of nitiate a payment or refund transaction, the	ichedule NR, Step & 40, Line 26 only (er) Married filing j refund or ele information in this	nter " 0 " if none) ointly Married filing ctronic funds wit s Step must be include	hdrawal information (Optional) d within the electronic transmission. Illinois		
		ernational funds. Ele		<i>.g.,</i> debit, deposit) with financial institutions located of be accepted and refunds will be via paper check.		
8	Account no. (AN):					
9	Type of account: Checking Sav	ings				
10	Date the payment is to be electronically with	drawn://				
11	Electronic funds withdrawal amount:	<u> </u>				
12	Name on account:					
Ste	ep 4: Taxpayer declaration and sig	gnature (Sign	only after completi	ng Step 2 and, if applicable, Step 3.)		
Ľ	I consent that my refund may be directly c correct. If I have filed a joint return, this is			are the information on Lines 7 through 9 is ouse as an agent to receive the refund.		
	involved in the processing of an electronic and resolve issues related to the payment	portion of my 2017 overpayment of ta	7 Illinois Individual Incon	gent to initiate an ACH electronic funds ne Tax return. I authorize the financial institutions ial information necessary to answer inquiries		
	\times I do not want direct deposit of my refund,	or an electronic fun	ds withdrawal (direct de	bit) of my balance due.		
origi and beel Sig	accompanying information may be sent to IDC n accepted or rejected. If rejected, I authorize I n	owledge, my return OR by my ERO. I aut	is true, correct, and con horize IDOR to inform m reason(s) so the return r	nplete. I consent that my return, this declaration, ny ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.		
her	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date		
l de have		ctronic Form IL-104 d declare, under pe	0, the information on thi	laration and signature s Form IL-8453, and accompanying information. I b the best of my knowledge the taxpayer's return		
			06/14/2018	Check if paid preparer: 🔀 (See instructions.)		
	ERO's signature		Date			
ERO	Firm's name or your name if self-employed			P 0 2 0 9 0 3 3 2 Your PTIN		
use only	2530 Pebble Creek In			<u>3</u> 01_0_1_7_1_9_6		
5.11	Mailing address		20041	Federal employer identification number (FEIN)		
	Cumming City	GA State	30041 ZIP	(678) 965-9729 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 Information Worksheet

2017

► Keep for your own records

Part I	— Perso	nal Info	ormation
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Taxpayer: First Name Siri	Spouse:		
	First Name		
Last Name Tummala	Last Name		
Suffix	Suffix		
Social Security No. 012-85-3178	Social Security No		
Date of Birth 01/22/1994	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	ber on the Illinois forms.		
Street Address <u>1128 Hunter Street</u>	Apartment Number .		
City LOMBARD	State . IL ZIP Code 60148		
For foreign address, Illinois Department of Revenue require	•		
	Foreign Province or State		
Foreign Country	Foreign Postal Code		
Part II — Resident Status			
X Full-Year Resident Nonresident Part-Year Residentlived in III also lived	inois from to		
QuickZoom here to Form IL-1040			
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 the second	sing home me tax return in 2016 0 (see on-line help)		

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.

Enter the date Form IL-1040-V was given to client

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

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes	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) JP MORGAN CHASE
Name on account
Check the appropriate box:
Checking X Routing number 074000010
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
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 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 1 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

Yes No

			Х	Tax return due date extended? If yes, extended due date
G	Quick	٢Z	oor	n to Form IL-505-I: Automatic Extension Payment

Tax Payments Worksheet ► Keep for your records

2017

Name	Social Security Number
Siri Tummala	012-85-3178

Tax Payments for the Current Year

				State
		Date	9	Payment
1 2 3 4	First PaymentSecond PaymentSecond PaymentThird PaymentFourth Payment			
5	Additional PaymentsPaymentPaymentPaymentPaymentPaymentPaymentPaymentPayment			
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		382.
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC	12 a	
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	382.
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 Ta	ax 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 an - 6.25% or more on Line 1a and - 1% or more on Line 2a	your use tax on Form IL-1040. If you annual use tax our use tax with Form ST-44. other state (but not in another country) of ine 4, for items not included in Lines 1a or 2a			
1a Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax. 1a 0. 1b Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars 1b 0. 2a Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois Use Tax. 2a 2b Multiply Line 2a by 1% (.01). Round the result to whole dollars 2b 0. 3 Add Lines 1b and 2b. This is your Use Tax on purchases. 3 0. 4 Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a 4 5 Subtract Line 4 from Line 3. Enter the result here and on Form IL-1040, Line 23 (if the result is less than zero, enter zero) 5 Method 2: UT Table Method 2: UT Table 4				
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	Use Tax \$3			
\$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000	\$9 \$15 \$21			
\$40,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 Above \$100,000	\$27 \$38 \$52 Multiply AGI by 0.06% (0.0006)			
	▶			