

**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) ▶ 587278201904201b2b27

Taxpayer's name SUDHINDRA HAMPAPUR NARASINGA R	Social security number 390-63-3043
Spouse's name BHAGYASHREE SUDHINDRA RAO	Spouse's social security number 913-95-0396

**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>	19,220.
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	0.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	977.
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	977.
<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 as my signature on my tax year 2018 electronically filed income tax return.

3	3	0	4	3
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Enter five digits, but don't enter all zeros

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 GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

5	0	3	9	6
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Enter five digits, but don't enter all zeros

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
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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*.

390-63-3043

Taxpayer name S HAMPAPUR NARASINGA R & B SUDHINDRA RAO

Taxpayer address (optional)

9458 POTTER ROAD

DES PLAINES IL 60016

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 02/11/2019 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 587278201904201b2b27.
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.**

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

Your first name and initial: SUDHINDRA Last name: HAMPAPUR NARASINGA R Your social security number: 390-63-3043

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: BHAGYASHREE Last name: SUDHINDRA RAO Spouse's social security number: 913-95-0396

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: 9458, POTTER ROAD Apt. no. 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. DES PLAINES IL 60016 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SUHANI	SUDHINDRA RAO	913-95-0463	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUJAY	SUDHINDRA RAO	913-95-0573	Son	<input type="checkbox"/>	<input checked="" 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.

Your signature: [Signature] Date: [Date] Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: [Date] Spouse's occupation: HOME MAKER

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

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: [Signature] PTIN: P02090332 Firm's EIN: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

Check if:  3rd Party Designee  Self-employed

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	DCB	1	19,220.
	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	19,220.
	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	19,220.
	8	Standard deduction or itemized deductions (from Schedule A)		8	24,000.
	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	0.
	11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		11	0.
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	0.
	12	a Child tax credit/credit for other dependents 0. b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	0.
	13	Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
	14	Other taxes. Attach Schedule 4		15	0.
	15	Total tax. Add lines 13 and 14		16	977.
	16	Federal income tax withheld from Forms W-2 and 1099			
	17	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		17	
		Add any amount from Schedule 5		18	977.
	18	Add lines 16 and 17. These are your total payments		19	977.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		20a	977.
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			
	b	Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number 332670311			
	21	Amount of line 19 you want applied to your 2019 estimated tax	21		
<b>Amount You Owe</b>	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		

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

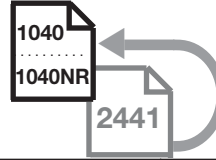
**Standard Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

# Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.



# 2018

Attachment Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

S HAMPAPUR NARASINGA R & B SUDHINDRA RAO

Your social security number

390-63-3043

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

### Part I Persons or Organizations Who Provided the Care—You must complete this part. (If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

### Part II Credit for Child and Dependent Care Expenses

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . . **3**

**4** Enter your **earned income**. See instructions . . . . . **4**

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . . **5**

**6** Enter the **smallest** of line 3, 4, or 5 . . . . . **6**

**7** Enter the amount from Form 1040, line 7; or Form 1040NR, line 36 . . . . . **7**

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions . . . . . **9** X

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . . **10**

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47 . . . . . **11**

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	120.
<b>13</b>	Enter the amount, if any, you carried over from 2017 and used in 2018 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2019. See instructions . . . . .	<b>14</b>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	120.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2018 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	19,100.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	120.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits.</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- . . . . .	<b>25</b>	0.
<b>26</b>	<b>Taxable benefits.</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 1; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 1; or Form 1040NR, line 8, enter "DCB" . . . . .	<b>26</b>	120.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	
<b>28</b>	Add lines 24 and 25 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2017 expenses in 2018, see the instructions for line 9 . . . . .	<b>29</b>	
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	



Illinois Department of Revenue  
**2018 Form IL-1040**

Individual Income Tax Return

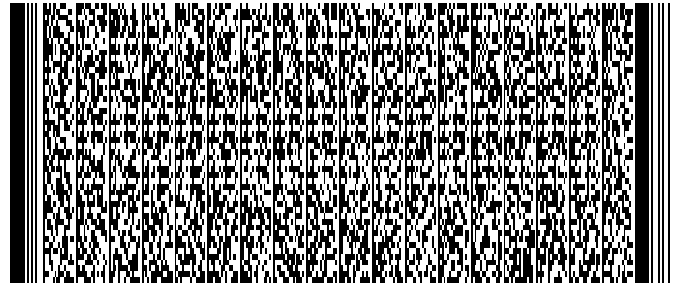
or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

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**

390-63-3043      913-95-0396  
 SUDHINDRA                      HAMPAPUR NARASINGA R  
 BHAGYASHREE                      SUDHINDRA RAO  
 9458, POTTER ROAD  
 DES PLAINES                      IL                      60016



- 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)

- 1** Federal adjusted gross income from your federal Form 1040, Line 7. **1** 19,220.00  
**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** 19,220.00

**Step 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** 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** 19,220.00

**Step 4: Exemptions**

- 10** **a** Enter the exemption amount for yourself and your spouse. **See instructions.** **a** 4,450.00  
**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 = **c** .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** 4,450.00  
**Exemption allowance.** Add Lines a through d. **10** 8,900.00

**Step 5: Net Income and Tax**

- 11** **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** 10,320.00  
**12** **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** 511.00  
**13** Recapture of investment tax credits. **Attach** Schedule 4255. **13** .00  
**14** **Income tax.** Add Lines 12 and 13. Cannot be less than zero. **14** 511.00

**Step 6: Tax After Nonrefundable Credits**

- 15** Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15** .00  
**16** Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **16** .00  
**17** Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17** .00  
**18** Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. **18** 0.00  
**19** **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. **19** 511.00

**Step 7: Other Taxes**

- 20** Household employment tax. See instructions. **20** .00  
**21** 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. **21** 0.00  
**22** Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. **22** .00  
**23** **Total Tax.** Add Lines 19, 20, 21, and 22. **23** 511.00

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

**Step 8: Payments and Refundable Credit**

25	Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.	25	<u>945.00</u>
26	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	26	<u>.00</u>
27	Pass-through withholding. <b>Attach</b> Schedule K-1-P or K-1-T.	27	<u>.00</u>
28	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. <b>Attach</b> Schedule IL-E/EIC.	28	<u>.00</u>
29	<b>Total payments and refundable credit.</b> Add Lines 25 through 28.	29	<u>945.00</u>

**Step 9: Total**

30	If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	<u>434.00</u>
31	If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31	<u>.00</u>

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

**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 <b>overpayment</b> .	35	<u>434.00</u>
36	Amount from Line 35 you want <b>refunded to you</b> . Check <b>one</b> box on Line 37. See instructions.	36	<u>434.00</u>
37	I choose to receive my refund by		
a <input checked="" type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.			

Routing number	0 7 1 0 0 0 0 1 3	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	3 3 2 6 7 0 3 1 1		

b <input type="checkbox"/> Illinois Individual Income Tax refund debit card. c <input type="checkbox"/> paper check.			
38	Amount to be <b>credited forward</b> . Subtract Line 36 from Line 35. See instructions.	38	<u>.00</u>

**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 <b>amount you owe</b> . See instructions.	39	<u>.00</u>
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**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.

<b>Sign Here</b>					(224) 458-7876
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	APPANA RUPA VENKATA SATYA SAI MANIKUMAR				<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN	Paid Preparer's PTIN P02090332	
	Firm's address	2530 Pebble Creek LnCumming GA 30041	Firm's phone	( )	
<b>Third Party Designee</b>				<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
	Designee's name (please print)		Designee's phone number		



**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 IL-E/EIC**

Attach to your Form IL-1040

**Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

**Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

**Note** If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 to this schedule.

**Step 1: Provide the following information**

S HAMPAPUR NARASINGA R & B SUDHINDR

Your name as shown on your Form IL-1040

3 9 0 - 6 3 - 3 0 4 3

Your Social Security number

**Illinois Dependent Exemption Allowance**

**Step 2: Dependent information**

Complete the table for each person you are claiming as a dependent. Report any additional dependents in Table A on the back of this schedule.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SUHANI	SUDHINDRA RAO	913-95-0463	Daughter	07/21/2005	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
SUJAY	SUDHINDRA RAO	913-95-0573	Son	05/26/2009	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents being claimed here and on Table A by \$2,225. 2 X \$ 2,225

Enter the result here and on Form IL-1040, Line 10d.

1 4,450.00.00

**Illinois Earned Income Credit**

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040, Pages 1 and 2.

**Note** If you are not claiming a qualifying child, do not complete the table below.

**Step 3: Qualifying Child Information**

Complete the table for qualifying children that are **not** included in Step 2. Report any additional qualifying children in Table B on the back of this schedule.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

1 Enter your wages, salaries and tips from your federal Form 1040, Line 1.

1 \_\_\_\_\_ .00

2 Enter your business income or (loss) from your federal Form 1040, Schedule 1, Line 12. **If you report an amount on Line 2, you must answer the question in Line 2a below.**

2 \_\_\_\_\_ .00

2a Does your occupation require a city, state, or county issued professional license, registration, or certification?

2a Yes  No

2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number. Report additional licenses, registrations, or certifications in Table C on the back of this schedule.

2b \_\_\_\_\_  
 (Name of issuing agency)

\_\_\_\_\_  
 (License, registration, or certification number)



**3** If you are filing your 2018 federal return as married filing jointly but are filing your 2018 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040, Line 7.

**3** \_\_\_\_\_ .00

**3a** If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return.

**3a** - - - - -

**4** Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13?

**4** Yes  No

**Step 4: Figure your Illinois Earned Income Credit**

**5** Enter the amount of federal Earned Income Credit from your federal Form 1040, Line 17a.

**5** \_\_\_\_\_ .00

**6** Multiply the amount on Line 5 by 18% (.18).

**6** \_\_\_\_\_ .00

**7 Illinois residents:** Enter 1.0.

**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48.

**7** \_\_\_\_\_ ● \_\_\_\_\_

**8** Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 28.

**8** \_\_\_\_\_ .00

**Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act**

**Schedule IL-E/EIC Table A - Additional Dependent Information**

Complete this table to report additional dependents from Step 2.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Schedule IL-E/EIC Table B - Additional Qualifying Children Information**

Complete this table to report additional qualifying children from Step 3.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

**Schedule IL-E/EIC Table C - Additional Licenses, Registrations, or Certifications**

Complete this table to report additional information from Step 3, Line 2b.

Issuing Agency	License, Registration, or Certification Number





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

Form fields for Step 1: SUDHINDRA, BHAGYASHREE SUDHINDRA RAO, HAMPAPUR NARASINGA R, Social Security number 3 9 0 - 6 3 - 3 0 4 3, Mailing address 9458, POTTER ROAD, DES PLAINES, IL, 60016, Spouse's Social Security number 9 1 3 - 9 5 - 0 3 9 6, Daytime phone number (224) 458-7876

Step 2: Complete information from tax return

Table for Step 2: 1 Net income from Form IL-1040, Line 11 10,320.00; 2 Tax from Form IL-1040, Line 12 511.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only 945.00; 4 Overpayment from Form IL-1040, Line 35 434.00; 5 Total amount due from Form IL-1040, Line 39 1.00; 6 Filing status: Married filing jointly

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.

Form fields for Step 3: 7 Routing no. (RN): 0 7 1 0 0 0 0 1 3; 8 Account no. (AN): 3 3 2 6 7 0 3 1 1; 9 Type of account: X Checking; 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 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.

Form fields for Step 5: ERO's signature, Date, Firm's name GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming, GA, 30041, Check if paid preparer: X, Your PTIN P 0 2 0 9 0 3 3 2, Federal employer identification number (FEIN) 3 0 - 1 0 1 7 1 9 6

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.

Table mapping Form Type to Letter Code for Column A. Includes rows for W-2, W-2G, 1099-R, 1099-G, 1099-MISC, 1099-OID, 1099-DIV, 1099-INT, 1042-S, 1099-B, and 1099-K.

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

SUDHINDRA HAMPAPUR NARASINGA R Your name as shown on Form IL-1040 3 9 0 - 6 3 - 3 0 4 3 Your Social Security number

Table for Step 1 with 5 columns: 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. Row 1 shows W, 98-0154401 000 7, \$19,100.00, \$19,100.00, \$945.00.

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

BHAGYASHREE SUDHINDRA RAO Your spouse's name as shown on Form IL-1040 9 1 3 - 9 5 - 0 3 9 6 Your spouse's Social Security number

Table for Step 2 with 5 columns: 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. Rows 6-10 show zero values.

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 \$ 945.00

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

