## **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.

# Step 1: Personal Information

098-27-0821

BHAGAVATHI AYYAMMAL

NAGENDRAN

5421 PAVILION APARTMENT, N EAST RIVER ROAD 1109

CHICAGO

TT.

60656



В	Filing status:  Single or head of household  Married filing jointly  Married f	iling senarate	ly $\square$ Widow	ed
С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instruc			
D	Check the box if this applies to you during 2018: Nonresident - Attach Sch. NR			
_	p 2: Income	art year resid		e dollars only)
1	•		1	9,129.00
2	Federal adjusted gross income from your federal Form 1040, Line 7. Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a		1	.00
3	Other additions. <b>Attach</b> Schedule M.		3	.00.
4	Total income. Add Lines 1 through 3.		4	9,129.00
_			·	.00
	p 3: Base Income			
5	Social Security benefits and certain retirement plan income	5	00	
6	received if included in Line 1. <b>Attach</b> Page 2 of federal return.  Illinois Income Tax overpayment included in federal Form 1040, Schedule 1, Ln. 10.	5	.00	
7	Other subtractions. <b>Attach</b> Schedule M.	7	.00	
′	Check if Line 7 includes any amount from Schedule 1299-C.	<i>'</i>	00	
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	9,129.00
Sto	p 4: Exemptions			
10	•	<b>a</b> 2,	225 00	
	b Check if 65 or older:  You + Spouse # of checkboxes X \$1,000 =	b	.00	
	c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 =	c	.00	
	<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.			
	Attach Schedule IL-E/EIC.	d	0.00	
	Exemption allowance. Add Lines a through d.		10	2,225.00
Ste	p 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.	<b>Δttach</b> Schedu	NR <b>11</b> مار	6,904.00

Nonresidents and part-year residents: Enter the tax from Schedule NR.

13 Recapture of investment tax credits. Attach Schedule 4255. .00 342.00 14 Income tax. Add Lines 12 and 13. Cannot be less than zero.

### Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 .00

Property tax and K-12 education expense credit amount from Schedule ICR.

Attach Schedule ICR.

17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. .00 18

0<u>.00</u> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 342.00 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.

#### **Step 7: Other Taxes**

20 Household employment tax. See instructions.

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

Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.

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

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

ID: 3WM REV 01/08/19 PRO

Printed by authority of the State of Illinois, 1.



34<u>2.00</u>

.00

0<u>.00</u>

.00 342.00

12

.00

20

21

22

16

<b>24</b> Tot	al tax from Page 1, Line 23.					24	342.00					
Step 8: Payments and Refundable Credit												
<b>25</b> Illin	nois Income Tax withheld. Attac	<b>h</b> Schedule IL-W	IT.		25	438 <sub>.00</sub>						
<b>26</b> Est	timated payments from Forms I	L-1040-ES and II	L-505-I,									
	luding any overpayment applied				26	.00						
	ss-through withholding. Attach S				27	.00						
	rned Income Credit from Schedu				28	00	438.00					
	tal payments and refundable	credit. Add Lines	s 25 through	28.		29	430,00					
•	Step 9: Total  30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29.  30 96.00											
	_					30						
	31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24.  Step 10: Undergon months of February Department of February Depart											
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											
	Check if at least two-thirds o	•		s from farming.	<u></u>	.00						
_	Check if you or your spouse	-		_	home.							
С	Check if your income was no	t received evenly	during the y	ear and you annualiz	ed your income o	n Form IL-221	0.					
	Attach Form IL-2210.											
	Check if you were not require			Income Tax return in								
	untary charitable donations. At				33		0.0					
34 101	tal penalty and donations. Add	d Lines 32 and 33	3.			34	.00					
Step 1	1: Refund											
<b>35</b> If y	ou have an amount on Line 30	and this amount	is greater th	an Line 34, subtract L	ine 34 from Line	30.						
	s is your <b>overpayment</b> .					35	96 <u>.00</u>					
<b>36</b> Am	ount from Line 35 you want <b>ref</b> u	<b>unded to you</b> . Ch	neck <b>one</b> box	c on Line 37. See instr	uctions.	36	96.00					
	noose to receive my refund by											
a	X direct deposit - Complete the	ne information be	low if you ch	neck this box.								
	Routing number	er 0 7 1 0	0 0 5	0 5 × Ch	ecking or Sav	ings						
	Account number	er 2 9 1	0 2 7	4 9 8 5 7 2								
	☐ Illinois Individual Income T	ax refund debit	card.									
	<b>☐ paper check.</b> nount to be <b>credited forward.</b> Su	htract Line 36 fro	om Line 35	See instructions		38	.00					
	2: Amount You Owe	btract Line 50 ire	JIII LINE 00.	See manachona.			.00					
•												
-	ou have an amount on Line 31, ou have an amount on Line 30											
•	ou have an amount on Line 30 btract Line 30 from Line 34. This			,		39	.00					
							.00					
Step 1	If this is a joint return, both you Under penalties of perjury, I s				of my knowledge	it is true corre	oct and complete					
	Officer perialities of perjury, its	Tale that I have ex	Namineu ii iis	return and, to the bes	or my knowledge,	it is true, corre	ect, and complete.					
Sign						(224) 324	1-1677					
Here	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number					
Deid	APPANA RUPA VENKATA SATYA SAI MANII	KUMAR				Check if	P02090332					
Paid Preparer	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN					
Use Only	Firm's name ►(-1.0 RΔ).	TAXES LLC			Firm's FEIN							
	Firm's address > 2530 Peb	ble Creek LnC	umming	GA 30041	Firm's phone	( )						
Third				( )		Check if the	e Department may					
Party	Designation of the second of t			Danimana'a mbana muna	discuss this return with the th							
Designe	Designee's name (please print)			Designee's phone num	DEI	party designe	e shown in this step.					
	If no payment enclosed, mail to:											
ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF REVENUE												
	ILLINOIS DE	PARTMENT OF	REVENUE	ILLI	NOIS DEPARTM	ENT OF REVE	ENUE					
IL-1040 Back (I	ILLINOIS DE SPRINGFIEL	PARTMENT OF D IL 62719-0001	REVENUE	ILLI		ENT OF REVE	ENUE					



# **Illinois Department of Revenue**

						_								_							
Submission ID																					

# 2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	: Provide taxpayer informat	· · · · · ·		nless it is requested for review.)
•	. Piovide taxpayer illiolilla. .GAVATHI AYYAMMAL		NDRAN	0 9 8 - 2 7 - 0 8 2 1
First		(and last name if differe		Social Security number
Print 542	21 PAVILION APARTMENT,N EA	AST RIVER ROA	D 1109	
type Maili	ing address			Spouse's Social Security number
CHI	ICAGO	IL	60656	(224) 324-1677
City		State	ZIP	Daytime phone number
Step 2:	: Complete information fro	m tax return		
1 Net i	ncome from Form IL-1040, Line 11			16,904   00
	rom Form IL-1040, Line 12			2 342 00
	is Income Tax withheld from Form IL-1	040, Line 25 only	(enter " <b>0</b> " if none)	3 438   00
	payment from Form IL-1040, Line 35			4 96 1 00
	amount due from Form IL-1040, Line			5l <u>00</u>
6 Filing	status: X Single/head of househol	d Married filing	g jointly Married filin	g separately Widowed
within the 7 Routi 8 Acco 9 Type 10 Date		nternational funds. 505  27498  avings  thdrawn:////////	Electronic payments will r	e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check. ————————————————————————————————————
	e on account:			
Step 4:	Taxpayer declaration and s	signature (Sigi	n only after complet	ting Step 2 and, if applicable, Step 3.)
			-	clare the information on Lines 7 through 9 is bouse as an agent to receive the refund.
wi in	ithdrawal as designated in the electror	nic portion of my 20 nic overpayment of	18 Illinois Individual Inco	igent to initiate an ACH electronic funds me Tax return. I authorize the financial institutions itial information necessary to answer inquiries
	do not want direct deposit of my refund	d, or an electronic f	unds withdrawal (direct d	ebit) of my balance due.
originator and accor	(ERO) are identical. To the best of my Impanying information may be sent to IE	knowledge, my retu DOR by my ERO. I a	rn is true, correct, and co authorize IDOR to inform	formation I provided to my electronic return mplete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
here You	r signature	Date	Spouse's signature	e (if joint return, <b>both</b> must sign) Date
I declare have follo		lectronic Form IL-10 and declare, under	040, the information on the	claration and signature his Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return  Check if paid preparer: (See instructions.)
ERC	o's signature		Date	(000 modeous)
	OBAL TAXES LLC			_P <u>0 2 0 9 0 3 3 2</u>
IISE FIIIII	's name or your name if self-employed			Your PTIN
only $\frac{253}{2}$	30 Pebble Creek Ln			3 0 - 1 0 1 7 1 9 6
Maili	ing address		20041	Federal employer identification number (FEIN)
	mming	GA State	30041	Doubling phone purchase
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

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	1
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)

	IAGAVATHI AYYI ur name as shown	AMMAL NAGENDRAN on Form IL-1040		0 9 Your Social So		2 7 – C	8	1		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C jes, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gross ns, Compensation, et	s III	Column E Illinois Income Tax Withheld		
1	W	77-0205035 000 7	_ \$	9,129 <b>.00</b>	\$	9,129 <u>•<b>00</b></u>	\$	438 <sub>•00</sub>		
2			_ \$	•00	\$	•00	\$	•00		
3			- \$	<u>•00</u>	\$	•00	\$	•00		
4			_ \$	•00	\$	•00	\$	•00		
5			_ \$	•00	\$	•00	\$	<u>•00</u>		
5			_ \$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>		

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

Your spouse's nam	ne as shown on Form IL-1040	Your spouse's Social Security number							
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions, (	Column E Illinois Income Tax Withheld				
6		_ \$	•00	\$	•00	\$	•00		
7		_ \$	•00	\$	•00	\$	•00		
8		_ \$	•00	\$	•00	\$	•00		
9		_ \$	•00	\$	•00	\$	<u>•00</u>		
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.

438**.00** 11 \$\_

→ 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.



