	A Contraction		-1040	und faster. Visit	tax.illinois.go	v.
	Ste	p 1: Personal Information				
	~			BER BERKER AV HAN DAR BER		ereeksing IIII
	700	-72-9084			e na ser a ser a ser a ser a ser a ser a Del Violet e del ser a	
			HIN WAAR AND		n (da den (da den) da kendek in da da 19 de de service de la den de la deservice de l 19 de de service de la deservice de la deservic	
	KAR	THIK REDDY VANG				
	103	0 WESTMEADE DR	III ISAN SECTION (INC.)	or where the second	ing kinengasi k	
	CHE	STERFIELD MO	63005			
	B C D	Check If someone can claim you, or Check the box if this applies to you	household Married filing jointly Married your spouse if filing jointly, as a dependent. See ins during 2018: X Nonresident - Attach Sch. NR		ent - Attach S	ch. NR
	Ste	o 2: Income			(Whole	e dollars only)
	1 2	Federal adjusted gross income from	n your federal Form 1040, Line 7. lividend income from your federal Form 1040, Line	22	1 2	<u> 36,100.00</u> .00
	3	Other additions. Attach Schedule N		5 Za.	3	.00
н.	4	Total income. Add Lines 1 through			4	36,100 <u>.00</u>
♥	Ste	o 3: Base Income				
ns here	5 6 7	Other subtractions. Attach Schedu	h Page 2 of federal return. Iuded in federal Form 1040, Schedule 1, Ln. 10. Ie M.	5 6 7	<u>.00</u> .00 .00	
ori	0	Check if Line 7 includes any amo			0	00
991	8 9	Add Lines 5, 6, and 7. This is the to Illinois base income . Subtract Line			8 9	<u>.00</u> 36,100,00
109					J	007200.00
Staple W-2 and 1099 forms here		b Check if 65 or older: c Check if legally blind: You	+ Spouse # of checkboxes X \$1,000 ter the amount from Schedule IL-E/EIC, Step 2, Line	= b = c	<u>225.00</u> .00 .00 0.00 10	2,225.00
	Ste	5: Net Income and Tax				
1	11	Residents: Net income. Subtract I	Line 10 from Line 9.			
	12	Residents: Multiply Line 11 by 4.99	dents: Enter the Illinois net income from Schedule N 5% (.0495). Cannot be less than zero.	NR. Attach Schedu		6,193.00
	10		<i>lents:</i> Enter the tax from Schedule NR.	`	12 13	307.00
1 0-	13 14	Recapture of investment tax credits Income tax. Add Lines 12 and 13.			13	<u>.00</u> 307.00
104						007.00
Staple your check and IL-1040-V	5ie 15	o 6: Tax After Nonrefundable C Income tax paid to another state will	nile an Illinois resident. Attach Schedule CR.	15	.00	
pu	16		pense credit amount from Schedule ICR.			
k a		Attach Schedule ICR.		16	.00	
nec	17	Credit amount from Schedule 1299		17	.00	0.00
r cl	18 19	Tax after nonrefundable credits.	e total of your credits. Cannot exceed the tax amou Subtract Line 18 from Line 14	unt on Line 14.	18 19	307.00
no/		o 7: Other Taxes				
le J	20	Household employment tax. See in	structions.		20	.00
tap	21		other out-of-state purchases from UT Worksheet o	r UT Table		
S	_	in the instructions. Do not leave bla	ank.		21	0.00
▼	22	Compassionate Use of Medical Can			22	.00
11 -		Total Tax. Add Lines 19, 20, 21, an ront (R-12/18)			23	307.00
		a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	This form is authorized as outlined under the Illinois Income Tax Act. Disc this information is required. Failure to provide information could result in a			

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 Tot	al tax from Page 1, Line 23.		24	307.00				
Step 8: Payments and Refundable Credit								
25 Illir	nois Income Tax withheld. Attach Schedule IL-WIT.	25	277.00					
	timated payments from Forms IL-1040-ES and IL-505-I,							
	luding any overpayment applied from a prior year return.	26	.00					
	ss-through withholding. Attach Schedule K-1-P or K-1-T.	27 28	<u>.00</u> .00					
	rned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. tal payments and refundable credit. Add Lines 25 through 28.	20	<u>.00</u> 29	277.00				
): Total							
-	ine 29 is greater than Line 24, subtract Line 24 from Line 29.		30	.00				
	ine 24 is greater than Line 29, subtract Line 29 from Line 24.		31	30.00				
	0: Underpayment of Estimated Tax Penalty and Donations - Only com	olete Step 10) for late-paymer	nt penalty				
	derpayment of estimated tax or to make a voluntary charitable donati							
32 La	te-payment penalty for underpayment of estimated tax.	32	.00					
	Check if at least two-thirds of your federal gross income is from farming.							
	Check if you or your spouse are 65 or older and permanently living in a nursing							
С	Check if your income was not received evenly during the year and you annualize	ed your income	on Form IL-2210.					
Ь	Attach Form IL-2210. Check if you were not required to file an Illinois Individual Income Tax return in the second	he previous tax	(Vear					
	luntary charitable donations. Attach Schedule G.	33	.00					
	tal penalty and donations. Add Lines 32 and 33.		34	.00				
	1: Refund							
-		o						
-	ou have an amount on Line 30 and this amount is greater than Line 34, subtract Li	ne 34 from Lin		00				
	is is your overpayment . nount from Line 35 you want refunded to you . Check one box on Line 37. See instru	ictions	35 36	<u> </u>				
	noose to receive my refund by		00	.00				
	direct deposit - Complete the information below if you check this box.							
u								
	Routing number							
		cking or S	avings ¬					
	Account number							
b								
	Account number							
с	Account number		38	.00				
c 38 Am	Account number Accoun			.00				
c 38 An Step 1	Account number Account Account Number Account Numbe			.00				
c 38 Am Step 1 39 If y	Account number Accoun			.00				
C 38 Am Step 1 39 If y If y	Account number Account			<u>.00</u> 30 <u>.00</u>				
c 38 Am Step 1 39 If y If y sul	Account number Account		38					
c 38 Am Step 1 39 If y If y sul	Account number Account and the series of the se		38	30.00				
C 38 An Step 1 39 If y If y sul Step 7	Account number		38 39 le, it is true, correct,	30.00 and complete.				
c 38 Am Step 1 39 If y If y sul	Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. 2: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, btract Line 30 from Line 34. This is the amount you owe . See instructions. 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	of my knowledg	38 39 le, it is true, correct, (630) 853-0	<u>30.00</u> and complete.				
C 38 Am Step 1 39 If y If y sul Step 7	Account number		38 39 le, it is true, correct, (630) 853-0 Daytime phone nu	<u>30,00</u> and complete. 1520 mber				
C 38 Am Step 1 39 If y If y sul Step 7	Account number	of my knowledg	38 39 le, it is true, correct, (630) 853-0 Daytime phone nu	<u>30.00</u> and complete. 0520 mber				
C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparet	Account number Account number Account number Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. I: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, btract Line 30 from Line 34. This is the amount you owe . See instructions. II: 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 Your signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR Print/Type paid preparer's name Firm'o name Firm'	of my knowledg	38 39 e, it is true, correct, (630) 853-0 Daytime phone nu Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 0520 mber				
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C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparer Use Only	Account number	of my knowledg ate (mm/dd/yyyy) ate (mm/dd/yyyy) irm's FEIN	38 39 le, it is true, correct, (630) 853-0 Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 1520 mber 12090332 id Preparer's PTIN				
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c 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparer Use Only Third Party	Account number Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. 2: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, otract Line 30 from Line 34. This is the amount you owe. See instructions. 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 Your signature Print/Type paid preparer's name Paid preparer's signature Print/Type paid preparer's name Paid preparer's signature Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's address 2530 Pebble Creek LnCumming GA 30041 Firm's name (please print) Designee's phone numb	of my knowledg ate (mm/dd/yyyy) ate (mm/dd/yyyy) irm's FEIN irm's phone er yment enclose IOIS DEPART	38 39 Je, it is true, correct, (630) 853-0 Daytime phone nu Check if P0 self-employed Pa () Check if the Dr discuss this return party designee sh ed, mail to: MENT OF REVENU	<u>30.00</u> and complete. 0520 mber 12090332 id Preparer's PTIN epartment may n with the third nown in this step.				



	Attach to your Form IL-1040 Computation of Illinois Iax IL Attachment No. 2
	KARTHIK REDDY VANGA780729084Your name as shown on your Form IL-1040Your Social Security number
S	Step 1: Provide the following information
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 answered "Yes," STOP you cannot use this form (see instructions).
2	If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.
í	a I lived in Illinois from/ / 1 8 to/ / 18 I lived in from/ / 18 to/ / 18 to/ / 18 Month Day Year
I	b My spouse lived in Illinois from// <u>1</u> <u>8</u> to// <u>1</u> <u>8</u> , and from// <u>1</u> <u>8</u> to// <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>8</u> to/ <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u> <u>1</u> <u>8</u> to/ <u>1</u>
3	If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
	Iowa Kentucky Michigan Wisconsin Military Spouse
4	

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	39,800 <u>.00</u>	6,600 <u>.00</u>
	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
Ĕ	14	RESERVED	14		
Income	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040, Schedule 1, Line 17)	15	-3,700.00	0.00
	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	. 20	6,600 <u>.00</u>
		Schedule NR Front (R-12/18)		Continue with Ste	ep 3 on Page 2 ➡

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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.



St	ер	3: Continued	-	olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	6,600.00
L .	22	Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00	.00
L .	23	Certain business expenses of reservists, performing artists, and fee-basis			
L .		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
۱Ë	25	Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26))25	.00	.00
<u></u> 5	26	Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00	.00
<u> ĕ</u>	27	Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00	.00
[일	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
ents	30	Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00	.00
3	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
g	33	RESERVED	33		
⋖	34	RESERVED	34		
L .	35	Other adjustments (see instructions)	35	.00	.00
L .	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
L .	I	adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	36,100 <u>.00</u>	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss incom	e. 38	6,600.00

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		.00 .00 6,600.00
Adi	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	.00 .00 45	.00 .00 .00

Step 5: Figure your Illinois income and tax

Γ		46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
Т	- 1		your Illinois base income.		46	6,600 _{.00}
	- 1		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	36,100 _{.00}	
J.	ations	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
Ľ	at		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 183	
Т	ΞI	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,225 _{.00}	
Ŀ	١ä	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
	וט		allowance.		50	407.00
	lax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
ŀ	<u> </u>		Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	6,193 _{.00}
	- 1	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
	- 1		Enter the amount here and on your Form IL-1040, Line 12.			
			This is your tax.		52	307.00

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



hard	Illinois Department of Rev 2018 IL-8453 Illinois (Do not mail Form IL-8453 to the	Individual	Income Tax Elec	Submission ID Ctronic Filing Declaration ess it is requested for review.)
Ste	p 1: Provide taxpayer informati KARTHIK REDDY First name and middle initial Spouse's first name (i	ON VANG and last name if differe		<u>780729084</u> 9084
Prin or type	t 1030 WESTMEADE DR Mailing address		·	Spouse's Social Security number
	CHESTERFIELD City	MO State	63005 ZIP	Daytime phone number
1 2 3 4 5	p 2: Complete information fron Net income from Form IL-1040, Line 11 Tax from Form IL-1040, Line 12 Illinois Income Tax withheld from Form IL-10 Overpayment from Form IL-1040, Line 35 Total amount due from Form IL-1040, Line 3 Filing status: X Single/head of household	40, Line 25 only 9		$ \begin{array}{c} 1 & \underline{6,193} \underline{00} \\ 2 & \underline{307} \underline{00} \\ 3 & \underline{277} \underline{00} \\ 4 & \underline{100} \\ 5 & \underline{30} \underline{00} \\ 5 & \underline{30} \underline{00} \\ \end{array} $ separately Widowed
To in does within 7	not support international ACH transactions.	e information in t DOR will only per ternational funds. <u>8 0 1</u>	his Step must be included form direct transactions (e.s	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.
	Type of account: X Checking Sav	-	0.01.0	
	Date the payment is to be electronically with		2019	
11	Electronic funds withdrawal amount:	<u>30</u> 1 <u>00</u>		
	Name on account:			
Ste		deposited as desi	gnated in Step 3 and decla	ng Step 2 and, if applicable, Step 3.) are the information on Lines 7 through 9 is buse as an agent to receive the refund.
Þ	withdrawal as designated in the electroni	c portion of my 20 c overpayment of)18 Illinois Individual Incom	ent to initiate an ACH electronic funds le Tax return. I authorize the financial institutions al information necessary to answer inquiries
	I do not want direct deposit of my refund,	or an electronic f	unds withdrawal (direct deb	pit) of my balance due.
origii and a	accompanying information may be sent to ID0 accepted or rejected. If rejected, I authorize	nowledge, my retu OR by my ERO. I a	Irn 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 hay be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signature (if joint return, both must sign) Date
l dec have		ctronic Form IL-1 nd declare, under	040, the information on this	aration and signature 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's signature		Date	
ERC	GLOBAL TAXES LLC			$\frac{P}{V} \stackrel{0}{\longrightarrow} \frac{2}{2} \stackrel{0}{\longrightarrow} \frac{9}{2} \stackrel{0}{\longrightarrow} \frac{3}{3} \frac{3}{2} \stackrel{2}{\longrightarrow}$
use	Firm's name or your name if self-employed 2530 Pebble Creek Ln			Your PTIN
only	Mailing address			$\frac{3}{\text{Federal employer identification number (FEIN)}} = \frac{3}{2} \frac{0}{2} = \frac{1}{2} \frac{0}{2} \frac{1}{2} \frac{1}{2} \frac{9}{2} \frac{6}{2} \frac{1}{2} \frac{1}{2} \frac{9}{2} \frac{1}{2} \frac$
	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

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

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.

	Latter Cada far		Latter Cada far
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

KARTHIK REDDY VANGA Your name as shown on Form IL-1040					<u>)</u> cial Secur		7 <u>2</u> er		9	0	8	
Column A Column B Form type Employer/Payer Identification Number			Federal Wa	Column C ages, Winnings, G ns, Compensatior		Column D Illinois Wages, Winnings, G Distributions, Compensation		nings, G				ome
1	W	45-5488835 000	\$	39,800 <mark>.00</mark>	<u>)</u>	\$	6,6	00 .00		\$	27	77 .00
2			\$	•00	<u>)</u>	\$		•00		\$		•00
3			\$	•00	<u>)</u>	\$		•00		\$		•00
4			\$	•00	<u>)</u>	\$		•00		\$		•00
5			\$	•00	<u>)</u>	\$		•00		\$		•00

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

Your spouse's name as shown on Form IL-1040				Your spouse's Social Security number					
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	l umn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illinoi	umn E s Income Vithheld	
6			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			\$	•00	\$	•00	\$	•00	
9			\$	•00	\$	•00	\$	•00	
10			\$	•00	\$	•00	\$	•00	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

➡ 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.

11 \$_

277.00

	Form Missouri Department of Revenue 2018 Individual Income Tax Return - Long Form For Calendar Year January 1 - December 31, 2018 rint in BLACK ink only and DO NOT STAPLE. Amended Return Composite Return	
	Vendor Code Departm iscal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555	nent Use Only
Filing Status	Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household	Qualifying Widower
		n-Obligated Spouse
Name	Deceased in 2018 Spouse's Social Security Number 780 72 9084 First Name M.I. Last Name KARTHIK REDDY VANGA Spouse's First Name M.I. Spouse's First Name M.I. Spouse's First Name M.I. Spouse's First Name M.I. Spouse's Last Name In Care Of Name (Attorney, Executor, Personal Representative, etc.)	Deceased in 2018
Address	Present Address (Include Apartment Number or Rural Route) 1030 WESTMEADE DR City, Town, or Post Office State ZIP Code CHESTERFIELD MO 63005 County of Residence CHAR	

You may contribute to any one or all of the trust funds on Line 44. See pages 10-11 of the instructions for more trust fund information.



IN



IN REV 0	1/05/19 I	PRO *183220215					MO-1040 F	Page 2			
	<i>LL</i> .	modification	22Y		00	22S		. 00			
		Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S Enterprise zone or rural empowerment zone income	21Y	21395	00	215		. 00			
		Subtotal - Subtract Line 19 from Line 6				20	21395	. 00			
	19.	Total deductions - Add Lines 8 and 12 through 18				19	14705	. 00			
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Tra	de Ac	tivities					
	18.	Transportation facilities deduction				18		. 00			
	17.	Bring jobs home deduction				17		. 00			
ŵ	16.	Military income deduction				16		. 00			
Exemptions	15.	Health care sharing ministry deduction				15		. 00			
a	14.	Long-term care insurance deduction				14		. 00			
nd Deductions	13.	Missouri standard deduction or itemized deductions. • Single or Married Filing Separate - \$12,000 • Head of Household - \$18,000 • Married Filing Combined or Qualifying Widow(er) - \$24, If age 65 or older, blind, or claimed as a dependent, see pages 7 If itemizing, see Form MO-A, Part 2	and 8			13	12000	00			
	12.	Federal income tax deduction - Enter the amount from Line 11, individual filer or \$10,000 for combined filers (see instructions				12	2705	. 00			
	11.	1. Total tax from federal return - Add Lines 9 and 10									
	10.	Other tax from federal return - Attach a copy of your federal return (pages 1 and 2, and all applicable schedules)		10	[00					
	9.	Tax from federal return - Do not enter federal income tax withheld (see instructions on page 7 and 8)		9 270	5	00					
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)				8		. 00			
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%			
		Total Missouri adjusted gross income - Add columns 5Y and 55	5	6	3	6100	. 00				
		Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	36100	00	5S		. 00			
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S		. 00			
me	3.	Total income - Add Lines 1 and 2	3Y	36100	00	3S		. 00			
	2.	Total additions (from Form MO-A , Part 1, Line 7)	2Y		00	2S		00			
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	36100	00	1S		. 00			
				Yourself (Y)			Spouse (S)				

	23.	Taxable income - Subtract Line 22 from Line 21	23Y	21395	00	235		. 00
	24.	Tax (see tax chart on page 20 of the instructions)	24Y	1040	00	24S		. 00
	25.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	25Y	187	00	25S		. 00
X	26.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	26Y	100	%	26S		%
Тах	27.	Balance - Subtract Line 25 from Line 24; OR multiply Line 24 by percentage on Line 26	27Y	853	00	27S		. 00
	28.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)						
		Recapture of low income housing credit (Form 8611)	28Y		00	28S		. 00
	29.	Subtotal - Add Lines 27 and 28	29Y	853	00	29S		. 00
	30.	Total Tax - Add Lines 29Y and 29S				30	853	. 00
	31.	MISSOURI tax withheld - Attach Forms W-2 and 1099				31	1102	. 00
	32.	2018 Missouri estimated tax payments - Include overpayment fro	m 201	7 applied to 2018		32		. 00
ments and Credits	33.	Missouri tax payments for nonresident partners or S corporatio MO-2NR and MO-NRP			rms 	33		. 00
ents an	34.	Missouri tax payments for nonresident entertainers - Attach Fo		34		. 00		
Paymo	35.	Amount paid with Missouri extension of time to file (Form MO-		35		. 00		
	36.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack	n Form	MO-TC		36		. 00
	37.	Property tax credit - Attach Form MO-PTS				37		. 00
	38.	Total payments and credits - Add Lines 31 through 37				38	1102	. 00



	Sk	p Lines 39 through 41 if you are not filing an amended return.	
	39.	Amount paid on original return	00
	40.	Overpayment as shown (or adjusted) on original return	00
		Indicate Reason for Amending	
		Enter date of IRS report (MM/DD/YY)	
Amended Return		A. Federal audit	
edF		Enter year of loss (YY)	
mend		B. Net operating loss carryback	
∢		Enter year of credit (YY)	
		C. Investment tax credit carryback	
		Enter date of federal amended return, if filed. (MM/DD/YY)	
		D. Correction other than A, B, or C	
	41.	Amended return total payments and credits - Add Line 39 to Line 38 or subtract Line 40	
		from Line 38	00
	42.	If Line 38, or if amended return, Line 41, is larger than Line 30, enter the difference.	
		Amount of OVERPAYMENT	00
	43.	Amount of Line 42 to be applied to your 2019 estimated tax	00
	44.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.	
		Children's . 00 . 00 Veterans . 00 Elderly Home Delivered Meals 44a. Trust Fund . 00 . 00 . 00 . 00	
		Missouri National Guard 44d. Trust Fund 	
pu		Missouri Military Family 44g. Relief Fund . 00 44h. Revenue Fund . 00 44i. Organ Donor Program Fund . 00	
Refund		Additional Additional Additional	
		Fund Fund Fund 44j. Code Amount	
		Total Donation - Add amounts from Boxes 44a through 44k and enter here	00
	45		
	45.	Amount of Line 42 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632	00
	46.	REFUND - Subtract Lines 43, 44, and 45 from Line 42 and enter here	00
		a. Routing Number 271070801 c. X Checking Savings	
		h Account	
		b. Account Number 135797035	



		y member of the preparer's firm				🗀 res		No
	253	30 PEBBLE CREEK LN CU	legate to discuss my return and attac			30041	×	
		irer's Address			State	ZIP Code		
	P02	2090332						
	Prepa	rrer's FEIN, SSN, or PTIN			Preparer's T	elephone		
	Prepa	irer's Signature			Date (MM/D	D/YY)	[
Si					630853			
Signature	E-ma	il Address			Daytime Tele	ephone		
	Spou	se's Signature (If filing combined, BOTH m	iust sign)		Date (MM/D	D/YY)		
	Signa	ture			Date (MM/D	D/YY)		
	of my the D base impo	r penalties of perjury, I declare that I h knowledge and belief it is true, correct epartment of Revenue with my signatu d on all information of which he or s sed on any individual who files a thorized aliens as defined under feder s.	, and complete. By signing or entering ure as required under Section 143.561 he has knowledge. As provided in <u>C</u> frivolous return. I also declare un	my name in the "S , RSMo. Declarat Chapter 143, RS der penalties of	Signature" fie ion of prepa <u>Mo</u> , a pena perjury tha	eld(s) below, I a irer (other than alty of up to \$5 at I employ n	am provid taxpaye 500 shal io illega	ding r) is I be I or
	lf	you pay by check, you authorize the lectronically. Any returned check ma	e Department of Revenue to process		49			00
Am	49 A	MOUNT DUE - Add Lines 47 and 48			p 0			
Amount Due		Select this box if you are a far	ner exempt from the underpayment	of estimated tax	penalty.			
oue	48. U	Inderpayment of estimated tax penal	ty - Attach <u>Form MO-2210</u> . Enter pe	enalty amount he	re 48			00
	A	Line 30 is larger than Line 38 or Lin mount of UNDERPAYMENT (see th			47			00





Missouri Department of Revenue 2018 Credit for Income Taxes Paid To Other States or Political Subdivisions

Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Nam	e		Social Security Numb	ber		
KAI	RTHIK REDDY VANGA		780 -	72	_	9084
Spou	ise's Name		Spouse's Social Sec	urity Num	ber	
			_		_	
			Yourself (Y)			Spouse (S)
1.	Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	36100	. 00 [1S	. 00
2.	Claimant's Missouri income tax (Form MO-1040, Line 24Y and 24S). Use the two letter abbreviation for the state or name of	2Y	1040	00	2S	. 00
	political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below.		State of:			State of:
3.	Wages and commissions	3Y	6600	00	3S	. 00
4.	Other income (Describe nature)	4Y	0	00	4S	. 00
5.	Total - Add Lines 3 and 4.	5Y	6600	00	5S	. 00
6.	Less, related adjustments (Federal Form 1040, Line 36)	6Y		00	6S	. 00
7.	Net amounts - Subtract Line 6 from Line 5	7Y	6600	00	7S	0.00
8.	Percentage of your income taxed - Divide Line 7 by Line 1	8Y	18.	%	8S	0. %
9.	Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	187	00	9S	. 00
10.	Income tax you paid to another state or political subdivision. This is not income tax withheld . The income tax is reduced by all credits, except withholding and estimated tax	10Y	307	. 00 1	105	. 00
11.	Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 25Y or Line 25S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	187	. 00 1	115	. 00

1555

18313011555 For Privacy Notice, see Instructions.

	A Contraction		-1040	und faster. Visit	tax.illinois.go	v.
	Ste	p 1: Personal Information				
	~			BER BERKER AV HAN DAR BER		ereeksing IIII
	700	-72-9084			e na ser en la compañía. De vide e compañía de la c	
					n (da den (da den) da kendek in da da 19 de de service de la den de la deservice de l 19 de de service de la deservice de la deservic	
	KAR	THIK REDDY VANG				
	103	0 WESTMEADE DR	III ISAN SECTION (INC.)	or where the second	ing kinengasi k	
	CHE	STERFIELD MO	63005			
	B C D	Check If someone can claim you, or Check the box if this applies to you	household Married filing jointly Married your spouse if filing jointly, as a dependent. See ins during 2018: X Nonresident - Attach Sch. NR		ent - Attach S	ch. NR
	Ste	o 2: Income			(Whole	e dollars only)
	1 2	Federal adjusted gross income from	n your federal Form 1040, Line 7. lividend income from your federal Form 1040, Line	22	1 2	<u> 36,100.00</u> .00
	3	Other additions. Attach Schedule N		5 Za.	3	.00
н.	4	Total income. Add Lines 1 through			4	36,100 <u>.00</u>
♥	Ste	o 3: Base Income				
ns here	5 6 7	Other subtractions. Attach Schedu	h Page 2 of federal return. Iuded in federal Form 1040, Schedule 1, Ln. 10. Ie M.	5 6 7	<u>.00</u> .00 .00	
ori	0	Check if Line 7 includes any amo			0	00
991	8 9	Add Lines 5, 6, and 7. This is the to Illinois base income . Subtract Line			8 9	<u>.00</u> 36,100,00
109					J	007200.00
Staple W-2 and 1099 forms here		b Check if 65 or older: c Check if legally blind: You	+ Spouse # of checkboxes X \$1,000 ter the amount from Schedule IL-E/EIC, Step 2, Line	= b = c	<u>225.00</u> .00 .00 0.00 10	2,225.00
	Ste	5: Net Income and Tax				
1	11	Residents: Net income. Subtract I	Line 10 from Line 9.			
	12	Residents: Multiply Line 11 by 4.99	dents: Enter the Illinois net income from Schedule N 5% (.0495). Cannot be less than zero.	NR. Attach Schedu		6,193.00
	10		<i>lents:</i> Enter the tax from Schedule NR.	`	12 13	307.00
1 0-	13 14	Recapture of investment tax credits Income tax. Add Lines 12 and 13.			13	<u>.00</u> 307.00
104						007.00
Staple your check and IL-1040-V	5ie 15	o 6: Tax After Nonrefundable C Income tax paid to another state will	nile an Illinois resident. Attach Schedule CR.	15	.00	
pu	16		pense credit amount from Schedule ICR.			
k a		Attach Schedule ICR.		16	.00	
nec	17	Credit amount from Schedule 1299		17	.00	0.00
r cl	18 19	Tax after nonrefundable credits.	e total of your credits. Cannot exceed the tax amou Subtract Line 18 from Line 14	unt on Line 14.	18 19	307.00
no/		o 7: Other Taxes				
le J	20	Household employment tax. See in	structions.		20	.00
tap	21		other out-of-state purchases from UT Worksheet o	r UT Table		
S	_	in the instructions. Do not leave bla	ank.		21	0.00
▼	22	Compassionate Use of Medical Can			22	.00
11 -		Total Tax. Add Lines 19, 20, 21, an ront (R-12/18)			23	307.00
		a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	This form is authorized as outlined under the Illinois Income Tax Act. Disc this information is required. Failure to provide information could result in a			

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 Tot	al tax from Page 1, Line 23.		24	307.00
Step 8	3: Payments and Refundable Credit			
25 Illir	nois Income Tax withheld. Attach Schedule IL-WIT.	25	277.00	
	timated payments from Forms IL-1040-ES and IL-505-I,			
	luding any overpayment applied from a prior year return.	26	.00	
	ss-through withholding. Attach Schedule K-1-P or K-1-T.	27 28	<u>.00</u> .00	
	rned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. tal payments and refundable credit. Add Lines 25 through 28.	20	<u>.00</u> 29	277.00
): Total			
-	ine 29 is greater than Line 24, subtract Line 24 from Line 29.		30	.00
	ine 24 is greater than Line 29, subtract Line 29 from Line 24.		31	30.00
	0: Underpayment of Estimated Tax Penalty and Donations - Only com	olete Step 10) for late-paymer	nt penalty
	derpayment of estimated tax or to make a voluntary charitable donati			
32 La	te-payment penalty for underpayment of estimated tax.	32	.00	
	Check if at least two-thirds of your federal gross income is from farming.			
	Check if you or your spouse are 65 or older and permanently living in a nursing			
С	Check if your income was not received evenly during the year and you annualize	ed your income	on Form IL-2210.	
Ь	Attach Form IL-2210. Check if you were not required to file an Illinois Individual Income Tax return in the second	he previous tax	(Vear	
	luntary charitable donations. Attach Schedule G.	33	.00	
	tal penalty and donations. Add Lines 32 and 33.		34	.00
	1: Refund			
-		o		
-	ou have an amount on Line 30 and this amount is greater than Line 34, subtract Li	ne 34 from Lin		00
	is is your overpayment . nount from Line 35 you want refunded to you . Check one box on Line 37. See instru	ictions	35 36	<u>.00</u> .00
	noose to receive my refund by		00	.00
	direct deposit - Complete the information below if you check this box.			
u				
	Routing number			
		cking or S	avings ¬	
	Account number			
b				
	Account number			
с	Account number		38	.00
c 38 Am	Account number Accoun			.00
c 38 An Step 1	Account number Account Account Number Account Numbe			.00
c 38 Am Step 1 39 If y	Account number Accoun			.00
C 38 Am Step 1 39 If y If y	Account number Account A			<u>.00</u> 30 <u>.00</u>
c 38 Am Step 1 39 If y If y sul	Account number Account		38	
c 38 Am Step 1 39 If y If y sul	Account number Account and the series of the se		38	30.00
C 38 An Step 1 39 If y If y sul Step 7	Account number		38 39 le, it is true, correct,	30.00 and complete.
c 38 Am Step 1 39 If y If y sul	Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. 2: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, btract Line 30 from Line 34. This is the amount you owe . See instructions. 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	of my knowledg	38 39 le, it is true, correct, (630) 853-0	<u>30.00</u> and complete.
C 38 Am Step 1 39 If y If y sul Step 7	Account number		38 39 le, it is true, correct, (630) 853-0 Daytime phone nu	<u>30,00</u> and complete. 1520 mber
C 38 Am Step 1 39 If y If y sul Step 7	Account number	of my knowledg	38 39 le, it is true, correct, (630) 853-0 Daytime phone nu	<u>30.00</u> and complete. 0520 mber
C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparet	Account number Account number Account number Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. I: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, btract Line 30 from Line 34. This is the amount you owe . See instructions. II: 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 Your signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR Print/Type paid preparer's name Firm'o name Firm'	of my knowledg	38 39 e, it is true, correct, (630) 853-0 Daytime phone nu Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 0520 mber
C 38 An Step 1 39 If y If y sul Step 7 Sign Here Paid	Account number	of my knowledg Pate (mm/dd/yyyy) Pate (mm/dd/yyyy) irm's FEIN	38 39 Je, it is true, correct, (630) 853-0 Daytime phone nu Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 0520 mber
C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparer Use Only	Account number	of my knowledg ate (mm/dd/yyyy) ate (mm/dd/yyyy) irm's FEIN	38 39 le, it is true, correct, (630) 853-0 Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 1520 mber 12090332 id Preparer's PTIN
C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparen Use Only Third Party	Account number Account number Illinois Individual Income Tax refund debit card. paper check. nount to be credited forward. Subtract Line 36 from Line 35. See instructions. C: Amount You Owe rou have an amount on Line 31, add Lines 31 and 34 or - rou have an amount on Line 30 and this amount is less than Line 34, btract Line 30 from Line 34. This is the amount you owe. See instructions. I3: 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 Your signature APPANA RUPA VENKATA SATYA SAI MANIKUMAR Print/Type paid preparer's name GLOBAL TAXES LLC Firm's name GLOBAL TAXES LLC ()	of my knowledg Pate (mm/dd/yyyy) Pate (mm/dd/yyyy) irm's FEIN	38 39 le, it is true, correct, (630) 853-0 Daytime phone nu Check if P0 self-employed Pa	<u>30.00</u> and complete. 1520 mber 12090332 id Preparer's PTIN epartment may
C 38 Am Step 1 39 If y If y sul Step 7 Sign Here Paid Preparen Use Only Third Party	Account number	of my knowledg vate (mm/dd/yyyy) vate (mm/dd/yyyy) irm's FEIN irm's phone	38 39 Je, it is true, correct, (630) 853-0 Daytime phone nu Check if P0 self-employed Pa () Check if the D	<u>30.00</u> and complete. 1520 mber 12090332 id Preparer's PTIN epartment may n with the third
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	Attach to your Form IL-1040 Computation of Illinois Iax IL Attachment No. 2	
	KARTHIK REDDY VANGA780729084Your name as shown on your Form IL-1040Your Social Security number	
S	Step 1: Provide the following information	
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 answered "Yes," you cannot use this form (see instructions).	
2	If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2018.	
í	a I lived in Illinois from// 1 8 to// 18 I lived in from// 18 to// 18 Month Day Year Month Day Year I lived in from// 18 to/ 18	
I	b My spouse lived in Illinois from/ / 1 8 to / / 18, and from/ / 1 8 to / / 1 8 to / / 1 8 Month Day Year Month Day Year Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.	
	Iowa Kentucky Michigan Wisconsin Military Spouse	
4	If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other than those listed above, enter the two-letter abbreviation of that state other the two-letter abbreviation of that state other the two-letter abbreviation other the two-letter abbreviat	te

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	39,800 <u>.00</u>	6,600 <u>.00</u>
	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
Ĕ	14	RESERVED	14		
Income	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040, Schedule 1, Line 17)	15	-3,700.00	0.00
	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	. 20	6,600 <u>.00</u>
		Schedule NR Front (R-12/18)		Continue with Ste	ep 3 on Page 2 ➡

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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.



St	ер	3: Continued		Column A ederal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	6,600.00
L .	22	Educator expenses (federal Form 1040, Schedule 1, Line 23)	22	.00	.00
L .	23	Certain business expenses of reservists, performing artists, and fee-basis			
L .	I .	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
ူန	25	Moving expenses for members of the Armed Forces (fed. Form 1040, Sch. 1, Line 26))25	.00	.00
ō	26	Deductible part of self-employment tax (federal Form 1040, Schedule 1, Line 27)	26	.00	.00
<u> Ĕ</u>	27	Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040, Sch. 1, Line 28)	27	.00	.00
12	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
ents	30	Alimony paid (federal Form 1040, Schedule 1, Line 31a)	30	.00	.00
3	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		
ן∢	34	RESERVED	34		
L .	35	Other adjustments (see instructions)	35	.00	.00
L .	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	I .	adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	36,100 <u>.00</u>	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss incon	ne. 38	6,600.00

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		.00 .00 6,600.00
Adi	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	.00 .00 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	6,600 _{.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	36,100.00	
lations	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
lat		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 183	
Calcul	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,225.00	
a l	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	407.00
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	6,193 _{.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	307.00

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



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

KARTHIK REDDY VANGA Your name as shown on Form IL-1040			7 Your So		0 ecurity numl	7 <u>2</u> Der		9	0	8	4	
	Column A Column B 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	45-5488835 000	\$	39,800	<u>)0</u>	\$	6,6	500 <u>•00</u>	\$		27	7• 00
2			\$	•	<u>)0</u>	\$		•00	\$			•00
3			\$	•	00	\$		•00	\$			•00
4			\$	•	00	\$		•00	\$			•00
5			\$	•[<u>)0</u>	\$		•00	\$			<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			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			\$	•00	\$	•00	\$	•00	
9			\$	•00	\$	•00	\$	•00	
10			\$	•00	\$	•00	\$	•00	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 277**.00**

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

IL-1040 Schedule IL-WIT Front (N-12/18) Printed by authority of the State of Illinois - web only, 1.



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