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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

310.

REV 02/07/21 TTMAC

1555

658-39-3979
ENKHEE DASHSHARAV
TUNGALAG BANIDIA
4268 CENTRAL RD APT 301
GLENVIEW IL 60025

689-43-7433

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

658393979 XQ DASH 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order..... ▶

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order..... ▶

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

310.

REV 02/07/21 TTMAC

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TUNGALAG BANIDIA
4268 CENTRAL RD APT 301
GLENVIEW IL 60025

689-43-7433

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

658393979 XQ DASH 30 0 202112 430

Filing Status

☐ Single
☒ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Enkhee		Last name Dashsharav		Your social security number 658-39-3979		
If joint return, spouse's first name and middle initial Tungalag		Last name Banidia		Spouse's social security number 689-43-7433		
Home address (number and street). If you have a P.O. box, see instructions. 4268 Central Rd				Apt. no. 301		
City, town, or post office. If you have a foreign address, also complete spaces below. Glenview			State IL		ZIP code 60025	
Foreign country name		Foreign province/state/county		Foreign postal code		
<div> <div>Presidential Election Campaign</div> <div>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.</div> <div> <input type="checkbox"/> You <input type="checkbox"/> Spouse </div> </div>						

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1956
☐ Are blind

Spouse:

☐ Was born before January 2, 1956
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	27,680.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
<div>Standard Deduction for—</div> <div> <div>• Single or Married filing separately, \$12,400</div> <div>• Married filing jointly or Qualifying widow(er), \$24,800</div> <div>• Head of household, \$18,650</div> <div>• If you checked any box under Standard Deduction, see instructions.</div> </div>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	8,650.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	36,330.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	211.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	211.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	36,119.
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	554.
	14	Add lines 12 and 13	14	25,354.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	10,765.

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Enkhee Dashsharav & Tungalag Banidia

Your social security number
658-39-3979

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	2,980.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	5,670.
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	8,650.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	211.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	211.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 02/07/21 TTMac

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Enkhee Dashsharav & Tungalag Banidia

Your social security number
658-39-3979

Part I Tax

1 Alternative minimum tax. Attach Form 6251	1	
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	421.
5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a Household employment taxes. Attach Schedule H	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9 Section 965 net tax liability installment from Form 965-A . . .	9	
10 Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	421.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 02/07/21 TTMac

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor Enkhee Dashsharav		Social security number (SSN) 658-39-3979
A Principal business or profession, including product or service (see instructions) Driver	B Enter code from instructions ► 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ► 4268 Central Rd, Apt. 301 City, town or post office, state, and ZIP code Glenview, IL 60025		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2020, check here <input type="checkbox"/>		
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	13,330.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	13,330.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	13,330.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	13,330.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	10,350.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28		10,350.
29 Tentative profit or (loss). Subtract line 28 from line 7			29		2,980.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31		2,980.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III	Cost of Goods Sold (see instructions)
-----------------	--

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 01/01/2020

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a	Business	18,000	b	Commuting (see instructions)	3,000	c	Other	0
----------	----------	--------	----------	------------------------------	-------	----------	-------	---

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

[illegible]

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Enkhee Dashsharav

Social security number of person
with self-employment income ►

658-39-3979

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 2,980.

3 Combine lines 1a, 1b, and 2 **3** 2,980.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 2,752.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 2,752.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 2,752.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 137,700.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 341.

11 Multiply line 6 by 2.9% (0.029) **11** 80.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 421.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 211.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** 5,640

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	18	0 .
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	20	
21	Combine lines 19 and 20 . . .	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	22	
23	Multiply line 22 by 92.35% (0.9235) . . .	23	0 .
24	Add lines 21 and 23 . . .	24	0 .
25	Enter the smaller of line 9 or line 24 . . .	25	0 .
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	26	0 .

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Schedule SE (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2020**Attachment
Sequence No. **55**

Name(s) shown on return

Enkhee Dashsharav & Tungalag Banidia

Your taxpayer identification number

658-39-3979

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Enkhee Dashsharav	658-39-3979	2,769.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	2,769.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	2,769.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		554.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		554.
11	Taxable income before qualified business income deduction	11	11,319.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	11,319.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		2,264.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		554.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Enkhee Dashsharav & Tungalag Banidia

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status				MFJ	MFJ
Total income				22,249.	36,330.
Adjustments to income				336.	211.
Adjusted gross income				21,913.	36,119.
Tax expense				658.	1,305.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				24,400.	24,800.
Exemption amount . .				0.	0.
QBI deduction				0.	554.
Taxable income				0.	10,765.
Tax					1,078.
Alternative min tax . .					
Total credits				0.	
Other taxes				671.	421.
Payments				3,829.	261.
Form 2210 penalty . .					
Amount owed					1,238.
Applied to next year's estimated tax .					
Refund				3,158.	
Effective tax rate % . .				-16.09	2.98
**Tax bracket %				10.0	10.0

**Tax bracket % is based on Taxable income.

Form 1099-NEC
Nonemployee Compensation Worksheet

2020

Name(s) Shown on Return
Enkhee Dashsharav

Social Security Number
658-39-3979

Payer's EIN 45-2647441 **or** **SSN** _____
Payer's Name Uber Technologies
Account number (for your records only). _____

☐ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

Box 1 Nonemployee compensation 2,721.15
Double click to link to: Schedule C . ▶ Driver
Schedule F . ▶ _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____ 1099

Box 4 Federal income tax withheld _____

First state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no. _____
Box 7 State income. _____
Second state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no. _____
Box 7 State income. _____
I confirm that the state withholding identification number(s) are accurate ☐

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Form 1099-NEC
Nonemployee Compensation Worksheet

2020

Name(s) Shown on Return
Enkhee Dashsharav

Social Security Number
658-39-3979

Payer's EIN 46-0723335 **or SSN** _____
Payer's Name Maplebear, Inc
Account number (for your records only). _____

☐ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

Box 1 Nonemployee compensation 9,395.32
Double click to link to: Schedule C . ▶ Driver
Schedule F . ▶ _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____ 1099

Box 4 Federal income tax withheld _____

First state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no. _____
Box 7 State income. _____
Second state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no. _____
Box 7 State income. _____
I confirm that the state withholding identification number(s) are accurate ☐

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return Enkhee Dashsharav & Tungalag Banidia	Social Security Number 658-39-3979
---	---------------------------------------

Aggregate trade or business name	Enkhee Dashsharav
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	658-39-3979
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Enkhee Dashsharav		2,769.	0.	0.

1	Qualified business income (QBI)	2,769.
If using Simplified Worksheet, stop here.		
2	Taxable Income	
3	Threshold Amount. \$326,600 if MFJ, otherwise \$163,300	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
Reductions for Specified Service Trades or Businesses		
Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>		
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
QBI, wages, and UBIA after applicable SSTB reductions		
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
Tentative QBI component		
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
Wages and assets limits		
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
Qualified business income component amount		
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary

2020

► Keep for your records

Name(s) Shown on Return Enkhee Dashsharav & Tungalag Banidia	Social Security Number 658-39-3979
--	--

QuickZoom to QBI Component Worksheet ► _____

QuickZoom to Form 8995. ► _____

QuickZoom to Form 8995-A ► _____

1 Trade or business name Net QBI
Enkhee Dashsharav **2,769.**

2 Net qualified business income (QBI) from qualified trades or businesses **2,769.**

3 Loss from previous year _____

4 Sum of activities with gains (only positive amounts from table on line 1) **2,769.**

5 Sum of activities with losses (only negative amounts from table on line 1) _____

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 **554.**

8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 **0.**

9 Total REIT dividends _____

10 PTP Income from non-SSTBs _____

11 PTP Income from SSTBs _____

12 Allowed PTP Income from SSTBs _____

13 Total Allowed PTP income (sum of line 10 and line 12) _____

14 Carryover REIT/PTP losses from prior year _____

15 Total REIT/PTP income _____

16 20% of total REIT/PTP income _____

17 Disallowed REIT/PTP loss **0.**

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). **554.**

19 Taxable income before qualified business income deduction. . **11,319.**

20 Net capital gains **0.**

21 Taxable income minus net capital gains. If zero or less, enter -0- **11,319.**

22 20% of taxable income minus net capital gains **2,264.**

23 QBI deduction before DPAD. **554.**
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities _____

25 **Total 199A (QBI) deduction** (sum of lines 23 and 24) **554.**

2020

- Keep for your records

Name(s) Shown on Return <u>Enkhee Dashsharav & Tungalag Banidia</u>	Social Security Number <u>658-39-3979</u>
--	--

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				261.	928.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .					288.	
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				261.	1,216.	
20	Total Tax Payments for 2020				261.	1,216.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return	89.	IL		
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2020

► Keep for your records

Name(s) Shown on Return Enkhee Dashsharav & Tungalag Banidia	Social Security Number 658-39-3979
---	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IL			658.	89.		
Totals . .			658.	89.		

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return
IL	89.

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
IL	658.	

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Enkhee Dashsharav & Tungalag Banidia

658-39-3979

Other Tax and Income Information			2019	2020
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	658.	1,305.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	21,913.	36,119.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	1,499.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2019	2020
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2020	a		
	b 2019	b		
	c 2018	c		
	d 2017	d		
	e 2016	e		
	f 2015	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020	a		
	b 2019	b		
	c 2018	c		
	d 2017	d		
	e 2016	e		
	f 2015	f		

Credit Carryovers				2019	2020
18	General business credit			18	
19	Adoption credit from:	a	2020	19a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
		e	2016	e	
		f	2015	f	
20	Mortgage interest credit from:	a	2020	20a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2019	2020
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 0.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b	100.00	

2019 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

2020

► Keep for your records

658-39-3979

[illegible]

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

2020

- Keep for your records

658-39-3979

[illegible]

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Electronic Filing Instructions for your 2020 Illinois Tax Return

Important: Your taxes are not finished until all required steps are completed.



E Dashsharav & T Banidia
4268 Central Rd
Glenview, IL 60025

Balance Due/Refund	Your Illinois state tax return (Form IL-1040) shows a balance due of \$342.00. Your return shows you have elected to pay your balance due of \$342.00 by Direct Debit using the following information: - Amount Withdrawn: \$342.00 - Account Number: 291029492220 - Routing Transit Number: 081904808 - Date of Withdrawal: 02/25/2021
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Copies of all W-2 and 1099 forms Copies of other states' tax returns, if applicable
2020 Illinois Tax Return Summary	Taxable Income \$ 31,469.00 Total Tax \$ 1,558.00 Total Payments/Credits \$ 1,216.00 Payment Due \$ 342.00



Illinois Department of Revenue 2020 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

1974
658-39-3979 689-43-7433 1974
Enkhee Dashsharav
Tungalag Banidia
4268 Central Rd 301
Glenview IL 60025 COOK



B Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household

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 2020: ☐ 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 or 1040-SR, Line 11. **1** 36,119.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. **2** .00
3 Other additions. **Attach** Schedule M. **3** .00
4 **Total income.** Add Lines 1 through 3. **4** 36,119.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. **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** 36,119.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. **See instructions.** **a** 4,650.00
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** 0.00
Exemption allowance. Add Lines a through d. **10** 4,650.00

Step 5: Net Income and Tax

11 **Residents: Net income.** Subtract Line 10 from Line 9. **11** 31,469.00
Nonresidents and part-year residents: Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR. **11** 31,469.00
12 **Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **12** 1,558.00
Nonresidents and part-year residents: Enter the tax from Schedule NR. **12** 1,558.00
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** 1,558.00

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** 1,558.00

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 Program Act and sale of assets by gaming licensee surcharges. **22** .00
23 **Total Tax.** Add Lines 19, 20, 21, and 22. **23** 1,558.00

IL-1040 2D Front (R-12/20)

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.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

24	1,558.00
----	----------

Step 8: Payments and Refundable Credit

25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	<u>1,216.00</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. Attach 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. Attach Schedule IL-E/EIC.	28	<u>.00</u>
29	Total payments and refundable credit. Add Lines 25 through 28.	29	<u>1,216.00</u>

Step 9: Total

30	If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	<u> .00</u>
31	If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31	342.00

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** _____ .00

a ☐ Check if at least two-thirds of your federal gross income is from farming.

b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.

c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.

Attach Form IL-2210.

d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

33 Voluntary charitable donations. **Attach** Schedule G. **33** _____ .00

34 **Total penalty and donations.** Add Lines 32 and 33. **34** _____ .00

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 **overpayment**. **35** _____ .00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. **36** _____ .00

37 I choose to receive my refund by

a ☐ **direct deposit** - Complete the information below if you check this box.

Routing number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	Checking or	<input type="checkbox"/>	Savings
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

b ☐ **Illinois Individual Income Tax refund debit card**. I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.

c ☐ **paper check**.

38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. **38** _____ .00

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 **amount you owe**. See instructions. **39** 342.00

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.

Sign Here					(224) 204-7677	
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
Paid Preparer Use Only			Self-Prepared		<input type="checkbox"/> Check if self-employed	
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ▶			Firm's FEIN ▶		
	Firm's address ▶			Firm's phone ▶	()	
Third Party Designee			()		<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			

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

2020 Schedule IL-WIT 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	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Enkhee Dashsharav

Your name as shown on Form IL-1040

6 5 8 - 3 9 - 3 9 7 9
Your Social Security number

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
1 G	36-3042127	\$ 5,670.00	\$ 5,670.00	\$ 288.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Tungalag Banidia

Your spouse's name as shown on Form IL-1040

6 8 9 - 4 3 - 7 4 3 3
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.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	36-3490397	\$ 27,680.00	\$ 27,680.00	\$ 928.00
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 \$ 1,216.00

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