

**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 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 <b>Sandhya Sree</b>		Last name <b>Nadimidhoddi</b>		Your social security number <b>781-95-0433</b>	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <b>3001 S King Dr</b>				Apt. no. <b>702</b>	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Chicago IL 60616-3560</b>					
Foreign country name		Foreign province/state/county		Foreign postal code	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

**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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	<b>760.</b>
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶			<b>7b</b> <b>760.</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶			<b>8b</b> <b>760.</b>
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b> <b>12,200.</b>		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b> <b>12,200.</b>
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> <b>0.</b>

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	0 .
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>	0 .
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	0 .
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	0 .
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	0 .
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	9 .

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>	9 .

**Refund**Direct deposit?  
See instructions.

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	9 .
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>	9 .
<b>b</b>	Routing number 0 7 1 0 0 0 0 1 3 . . . . .	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 3 6 6 2 6 9 8 5 7 . . . . .		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . .	<b>24</b>	

**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**Sign Here**Joint return?  
See instructions.  
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>Student</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ <b>Self-Prepared</b>	Phone no.		Firm's EIN ▶	
Firm's address ▶				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**BAA**

REV 08/20/20 Intuit.cq.cfp.sp

Form **1040** (2019)



# Illinois Department of Revenue 2019 Form IL-1040

Individual Income Tax Return

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

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

## Step 1: Personal Information

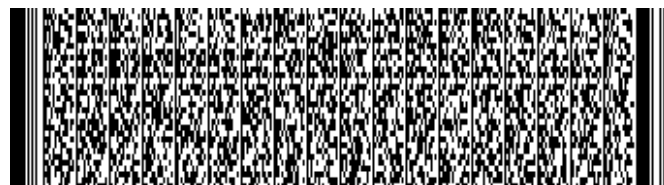
A

1995

781-95-0433

Sandhya Sree

Nadimidhoddi



3001 S King Dr

702

Chicago

IL

606163560

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 2019: ☐ 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 8b.	1	760.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. <b>Attach</b> Schedule M.	3	.00
4	<b>Total income.</b> Add Lines 1 through 3.	4	760.00

## Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> 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. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	760.00

## Step 4: Exemptions

10	a Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	a	2,275.00
	b <b>Check</b> if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
	c <b>Check</b> if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> 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. <b>Attach</b> Schedule IL-E/EIC.	d	0.00
	<b>Exemption allowance.</b> Add Lines a through d.	10	2,275.00

## Step 5: Net Income and Tax

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9.	11	0.00
	<b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	11	0.00
12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	0.00
	<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	0.00
13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	0.00

## Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. <b>Attach</b> 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	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	0.00

## 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. <b>Do not</b> leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	0.00

IL-1040 2D Front (R-12/19)

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	0.00
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### Step 8: Payments and Refundable Credit

<b>25</b>	Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.	<b>25</b>	<u>28.00</u>
<b>26</b>	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	<b>26</b>	<u>.00</u>
<b>27</b>	Pass-through withholding. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>27</b>	<u>.00</u>
<b>28</b>	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. <b>Attach</b> Schedule IL-E/EIC.	<b>28</b>	<u>.00</u>
<b>29</b>	<b>Total payments and refundable credit.</b> Add Lines 25 through 28.	<b>29</b>	<u>28.00</u>

### Step 9: Total

<b>30</b>	If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	<b>30</b>	<u>28.00</u>
<b>31</b>	If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	<b>31</b>	.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** \_\_\_\_\_ 28.00

**36** Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. **36** \_\_\_\_\_ 28.00

**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** .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.

<b>Sign Here</b>					(773) 961-5856	
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
<b>Paid Preparer Use Only</b>			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 ▶	( )	
<b>Third Party Designee</b>				( )		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's name (please print)			Designee's phone number		

***Refer to the 2019 IL-1040 Instructions for the address to mail your return.***



Illinois Department of Revenue

**2019 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		

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

Sandhya Sree Nadimidhoddi

Your name as shown on Form IL-1040

7 8 1 - 9 5 - 0 4 3 3  
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 W	36-2580815	\$ 760.00	\$ 760.00	\$ 28.00
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)**

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.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	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 \$ 28.00

**→ Attach all Schedules IL-WIT to your IL-1040. ←**