

Mail to: Internal Revenue Service  
P.O. Box 802502  
Cincinnati, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 4/15/2020

# 2020 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 '2020 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 . . . . . ▶	3,020.
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FDIA1901L 09/03/19 1030



761-58-5187 640-83-4250  
SHARDA RAMDHANIE-RAMNATH  
KEVIN Y RAMNATH  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

761585187 VC RAMD 30 0 202012 430

Mail to:

Internal Revenue Service  
P.O. Box 802502  
Cincinnati, OH 45280-2502

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 6/15/2020

# 2020 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 '2020 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 . . . . . ▶	3,020.
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FDIA1902L 09/03/19 1030



761-58-5187 640-83-4250  
SHARDA RAMDHANIE-RAMNATH  
KEVIN Y RAMNATH  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

761585187 VC RAMD 30 0 202012 430

Mail to: Internal Revenue Service  
P.O. Box 802502  
Cincinnati, OH 45280-2502

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 9/15/2020

# 2020 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 '2020 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 . . . . . ▶	3,020.
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FDIA1904L 09/03/19 1030



761-58-5187 640-83-4250  
SHARDA RAMDHANIE-RAMNATH  
KEVIN Y RAMNATH  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

761585187 VC RAMD 30 0 202012 430

Mail to: Internal Revenue Service  
P.O. Box 802502  
Cincinnati, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due 1/15/2021

## 2020 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 '2020 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 . . . . . ▶	3,020.
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FDIA1905L 09/03/19 1030



761-58-5187 640-83-4250  
SHARDA RAMDHANIE-RAMNATH  
KEVIN Y RAMNATH  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

761585187 VC RAMD 30 0 202012 430

**H. Jain & Co.**  
925 East Rand Road, Suite 208  
Arlington Heights, IL 60004  
(847) 368-8850

Client H18006  
July 10, 2020

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**SHARDA RAMDHANIE-RAMNATH and KEVIN Y RAMNATH**  
**3887 MAPLE AVENUE**  
**NORTHBROOK, IL 60062**  
**Mobile: (312) 983-0616**

**FEDERAL FORMS**

Form 1040	2019 U.S. Individual Income Tax Return
Form 1040-ES	Estimated Tax Payment Vouchers
Schedule 3	Additional Credits and Payments
Schedule B	Interest and Dividend Income
Form 2441	Child and Dependent Care Credit
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	IRS e-file Signature Authorization
Form 8889	Health Savings Accounts

**ILLINOIS FORMS**

Form IL-1040	2019 Illinois Individual Income Tax Return
Schedule IL-E/EIC	Illinois Earned Income Credit
Schedule IL-WIT	Illinois Income Tax Withheld
Form IL-8453	Illinois Declaration for Electronic Filing

**FEE SUMMARY**

Preparation Fee	\$	175.00
Received on Account		(175.00)
Amount Due	\$	<b>0.00</b>

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**2019 Individual Return**  
prepared for:

**SHARDA RAMDHANIE-RAMNATH and KEVIN Y RAMNATH**  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

**H. Jain & Co.**  
925 East Rand Road, Suite 208  
Arlington Heights, IL 60004  
Phone : **(847) 368-8850**  
Fax: **(847) 368-8815**  
**Email: [info@hjainco.com](mailto:info@hjainco.com)**

**H. JAIN & CO.  
925 EAST RAND ROAD, SUITE 208  
ARLINGTON HEIGHTS, IL 60004  
(847) 368-8850**

July 10, 2020

SHARDA RAMDHANIE-RAMNATH and KEVIN Y RAMNATH  
3887 MAPLE AVENUE  
NORTHBROOK, IL 60062

Dear Sharda and Kevin,

Your 2019 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$9,009. The balance due will be directly withdrawn from your bank account on July 13, 2020.

Your 2019 Illinois Individual Income Tax Return will be electronically filed with the State of Illinois upon receipt of a signed Form IL-8453. No tax is payable with the filing of this return. The refund of \$331 will be directly deposited into your bank account.

Your 2020 estimated tax payment schedule is listed below. Mail, if not paying electronically, your payments to the address shown on your estimated tax payment vouchers.

Due Date		Federal
7/15/20	\$	3,020
7/15/20		3,020
9/15/20		3,020
1/15/21		3,020
		-----
	\$	12,080

Please be sure to call if you have any questions.

Sincerely,

Himanshu Jain

**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>SHARDA RAMDHANIE-RAMNATH</b>		Last name <b>RAMNATH</b>	Your social security number <b>761-58-5187</b>
If joint return, spouse's first name and middle initial <b>KEVIN Y RAMNATH</b>		Last name <b>RAMNATH</b>	Spouse's social security number <b>640-83-4250</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>3887 MAPLE AVENUE</b>		Apt. no.	<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>NORTHBROOK, IL 60062</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**  Spouse itemizes on a separate return or you were a dual-status alien  
 Someone can claim:  You as a dependent  Your spouse as a dependent

**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
KIRAN S	RAMNATH	967-96-2239	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SYUM K	RAMNATH	967-96-2246	Son	<input type="checkbox"/>	<input checked="" 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.

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	209,001.
2a Tax-exempt interest . . . . .	2a	
2b Taxable int. Att. Sch. B if reqd. . . . .	2b	
3a Qualified dividends . . . . .	3a	
3b Ordinary div. Att. Sch. B if reqd. . . . .	3b	
4a IRA distributions . . . . .	4a	
4b Taxable amount . . . . .	4b	
4c Pensions and annuities . . . . .	4c	
4d Taxable amount . . . . .	4d	
5a Social security benefits . . . . .	5a	
5b Taxable amount . . . . .	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9 . . . . .	7a	
7b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	7b	209,001.
8a Adjustments to income from Schedule 1, line 22 . . . . .	8a	
8b Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	8b	209,001.
9 Standard deduction or itemized deductions (from Schedule A) . . . . .	9	24,400.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11a Add lines 9 and 10 . . . . .	11a	24,400.
11b <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	184,601.



<b>12a 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> 32,653.
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b> 32,653.
<b>13a</b> Child tax credit or credit for other dependents	<b>13a</b> 1,000.
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b> 2,200.
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b> 30,453.
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>
<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b> 30,453.
<b>17</b> Federal income tax withheld from Forms W-2 and 1099	<b>17</b> 21,444.
<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> 21,444.

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

**Refund**

<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>
<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>
<b>b</b> Routing number _____ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b> Account number _____	
<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>

Direct deposit? See instructions.

**Amount You Owe**

<b>23</b> Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b> 9,009.
<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>

**Third Party Designee**

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) \_\_\_\_\_

**Sign Here**

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

Your signature _____	Date _____	Your occupation <b>HSSE ADVISOR</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 <b>PROCESS ENGINEER</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. <b>(312) 983-0616</b>	Email address _____		

**Paid Preparer Use Only**

Preparer's name <b>Himanshu Jain</b>	Preparer's signature <b>Himanshu Jain</b>	Date _____	PTIN <b>P00187495</b>	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Firm's name <b>H. Jain &amp; Co.</b>	Phone no. <b>(847) 368-8850</b>	<input type="checkbox"/> Self-employed		
Firm's address <b>925 East Rand Road, Suite 208 Arlington Heights, IL 60004</b>	Firm's EIN <b>36-4092253</b>			

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH

Your social security number

761-58-5187

<b>Part I Nonrefundable Credits</b>		
1	Foreign tax credit. Attach Form 1116 if required.	1
2	Credit for child and dependent care expenses. Attach Form 2441.	2 1,200.
3	Education credits from Form 8863, line 19.	3
4	Retirement savings contributions credit. Attach Form 8880.	4
5	Residential energy credits. Attach Form 5695.	5
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b.	7 1,200.

<b>Part II Other Payments and Refundable Credits</b>		
8	2019 estimated tax payments and amount applied from 2018 return.	8
9	Net premium tax credit. Attach Form 8962.	9
10	Amount paid with request for extension to file (see instructions).	10
11	Excess social security and tier 1 RRTA tax withheld.	11
12	Credit for federal tax on fuels. Attach Form 4136.	12
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d.	14 0.

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

**Schedule 3 (Form 1040 or 1040-SR) 2019**

SCHEDULE B (Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040 or 1040-SR.

Name(s) shown on return: SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH
Your social security number: 761-58-5187

Table with 4 rows for interest calculation. Includes instructions for listing interest, a note about substitute statements, and a summary row for total interest.

Table with 1 row for ordinary dividends. Includes instructions for listing dividends, a note about substitute statements, and a summary row for total dividends.

Table with 3 rows for foreign accounts and trusts. Includes instructions for reporting foreign financial accounts and foreign trusts, and a summary row for total foreign interest/dividends.

# Child and Dependent Care Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

## 2019

Attachment  
Sequence No. **21**

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

Name(s) shown on return

Your social security number

SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH

761-58-5187

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

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Northbrook Montessori Sc	<u>135 Sanders Rd.</u> Northbrook, IL 60062	45-5208527	19,670.
	NORTHBROOK PARK DISTRICT	<u>545 ACADEMY DRIVE</u> NORTHBROOK, IL 60062	36-6006018	2,050.

Did you receive dependent care benefits?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Complete only Part II below. Complete Part III on the back next.
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**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

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

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
<u>SYUM K</u>	<u>RAMNATH</u>	967-96-2246	19,670.
<u>KIRAN S</u>	<u>RAMNATH</u>	967-96-2239	2,050.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.....	<b>3</b>	6,000.																																																						
<b>4</b> Enter your <b>earned income</b> . See instructions.....	<b>4</b>	101,778.																																																						
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4.....	<b>5</b>	107,223.																																																						
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5.....	<b>6</b>	6,000.																																																						
<b>7</b> Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35.....	<b>7</b>	209,001.																																																						
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																								
<b>If line 7 is:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Over</th> <th style="width: 30%;">But not over</th> <th style="width: 35%;">Decimal amount is</th> </tr> <tr> <td>\$0 – 15,000</td> <td></td> <td style="text-align: center;">.35</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td style="text-align: center;">.34</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td style="text-align: center;">.33</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td style="text-align: center;">.32</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td style="text-align: center;">.31</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td style="text-align: center;">.30</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td style="text-align: center;">.29</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td style="text-align: center;">.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0 – 15,000		.35	15,000 – 17,000		.34	17,000 – 19,000		.33	19,000 – 21,000		.32	21,000 – 23,000		.31	23,000 – 25,000		.30	25,000 – 27,000		.29	27,000 – 29,000		.28	<b>If line 7 is:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Over</th> <th style="width: 30%;">But not over</th> <th style="width: 35%;">Decimal amount is</th> </tr> <tr> <td>\$29,000 – 31,000</td> <td></td> <td style="text-align: center;">.27</td> </tr> <tr> <td>31,000 – 33,000</td> <td></td> <td style="text-align: center;">.26</td> </tr> <tr> <td>33,000 – 35,000</td> <td></td> <td style="text-align: center;">.25</td> </tr> <tr> <td>35,000 – 37,000</td> <td></td> <td style="text-align: center;">.24</td> </tr> <tr> <td>37,000 – 39,000</td> <td></td> <td style="text-align: center;">.23</td> </tr> <tr> <td>39,000 – 41,000</td> <td></td> <td style="text-align: center;">.22</td> </tr> <tr> <td>41,000 – 43,000</td> <td></td> <td style="text-align: center;">.21</td> </tr> <tr> <td>43,000 – No limit</td> <td></td> <td style="text-align: center;">.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000 – 31,000		.27	31,000 – 33,000		.26	33,000 – 35,000		.25	35,000 – 37,000		.24	37,000 – 39,000		.23	39,000 – 41,000		.22	41,000 – 43,000		.21	43,000 – No limit		.20	
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39,000 – 41,000		.22																																																						
41,000 – 43,000		.21																																																						
43,000 – No limit		.20																																																						
<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions. ....	<b>9</b>	1,200.																																																						
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.....	<b>10</b>	32,653.																																																						
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47.....	<b>11</b>	1,200.																																																						

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

**Health Savings Accounts (HSAs)**

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

761-58-5187

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions).....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).....	2	
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , see the instructions for the amount to enter.....	3	7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs.....	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-.....	5	7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter.....	6	7,000.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions).....	7	
8	Add lines 6 and 7.....	8	7,000.
9	Employer contributions made to your HSAs for 2019.....	9	3,650.
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	3,650.
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	3,350.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25..... <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	13	

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2019 from all HSAs (see instructions).....	14 a	5,046.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).....	14 b	
c	Subtract line 14b from line 14a.....	14 c	5,046.
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	5,046.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter 'HSA' and the amount on the line next to the box.....	16	0.
17 a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here.....	<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HSA' and the amount on the line next to the box.....	17 b	

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

Form **8889** (2019)

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule .....	<b>18</b>	
19 Qualified HSA funding distribution .....	<b>19</b>	
20 <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter 'HSA' and the amount .....	<b>20</b>	
21 <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HDHP' and the amount on the line next to the box .....	<b>21</b>	

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
▶ **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return <b>SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH</b>	Taxpayer identification number <b>761-58-5187</b>
---	--

Enter preparer's name and PTIN  
**Himanshu Jain P00187495**

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. <u>CHILD CARE PROVIDER STATEMENTS</u> _____ _____			
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
<b>a</b> Did you complete the required recertification Form 8862? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
  - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of this Form 8867.
    2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
    3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
    4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
    5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH

761-58-5187

	2019	2018	Diff
<b>INCOME</b>			
Wages, salaries, tips, etc.....	209,001	108,601	100,400
Total income.....	209,001	108,601	100,400
<b>ADJUSTMENTS TO INCOME</b>			
Total adjustments.....	0	0	0
Adjusted gross income.....	209,001	108,601	100,400
<b>ITEMIZED DEDUCTIONS</b>			
Taxes.....	10,000	5,358	4,642
Total itemized deductions.....	10,000	5,358	4,642
<b>TAX COMPUTATION</b>			
Standard deduction.....	24,400	24,000	400
Larger of itemized or standard deduction	24,400	24,000	400
Taxable income.....	184,601	84,601	100,000
Tax before credits.....	32,653	10,497	22,156
<b>CREDITS</b>			
Child tax credit & other dependent cr....	1,000	1,000	0
Child and dependent care credit.....	1,200	743	457
Total credits.....	2,200	1,743	457
Tax after credits.....	30,453	8,754	21,699
<b>OTHER TAXES</b>			
Total tax.....	30,453	8,754	21,699
<b>PAYMENTS</b>			
Federal income tax withheld.....	21,444	9,674	11,770
Total payments.....	21,444	9,674	11,770
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	0	920	-920
Amount refunded to you.....	0	920	-920
Amount you owe.....	9,009	0	9,009
<b>TAX RATES</b>			
Marginal tax rate.....	24.0%	22.0%	2.0%
Effective tax rate.....	16.5%	10.3%	6.2%

SHARDA RAMDHANIE-RAMNATH AND KEVIN Y RAMNATH

761-58-5187

	2019	2018	Diff
<b>FEDERAL ADJUSTED GROSS INCOME</b>			
Federal adjusted gross income.....	209,001	108,601	100,400
<b>SUBTRACTIONS FROM INCOME</b>			
Total subtractions.....	0	0	0
Illinois base income.....	209,001	108,601	100,400
<b>TAX AND WITHHOLDING</b>			
Exemption.....	4,550	4,450	100
Exemption for dependents from E/EIC.....	4,550	0	4,550
Net income.....	199,901	99,701	100,200
Tax.....	9,895	4,935	4,960
Tax after nonref. credits plus other tax	9,895	4,935	4,960
Illinois income tax withheld.....	10,226	5,358	4,868
Total payments and refundable credits...	10,226	5,358	4,868
Overpayment.....	331	423	-92
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	331	423	-92
Amount refunded to you.....	331	423	-92
Amount you owe.....	0	0	0
<b>TAX RATES</b>			
Marginal tax rate.....	4.95%	4.95%	0.00%
Effective tax rate.....	4.70%	4.50%	0.20%

**Federal****2019 Federal Form 1040 Electronic Financial Transaction Information.**

The taxpayer(s) has an amount due of \$9,009 which will be debited from the following account on 7/13/2020.

Name of Bank: BANK OF AMERICA  
Routing Transit Number: 081904808  
Account Number: \*\*\*\*\*1833  
Account Type: Checking

**Illinois****2019 Illinois Form IL-1040 Electronic Financial Transaction Information.**

The taxpayer(s) will receive a refund of \$331 which will be deposited directly into the following account.

Name of Bank: BANK OF AMERICA  
Routing Transit Number: 081904808  
Account Number: \*\*\*\*\*1833  
Account Type: Checking

## Illinois Disclosure Statements

### Statement:

Statement 1: The Illinois Department of Revenue (IDOR) is required to review returns and ensure the amounts requested as refunds are issued accurately and to the legitimate recipient. Once a return is received by IDOR, many different factors can affect the timing of a refund.

Some returns take longer to review than others for many reasons including, but not limited to:

- when and how the return was filed
- our current return inventory levels
- identity theft and fraud security measures
- the types of income tax credits claimed
- the type and amount of a refund

Statement 2: The Illinois Department of Revenue (IDOR) is required to provide you with certain pre-acquisition disclosures relating to the prepaid Tax Refund Debit Card program. By selecting the Debit Card option, I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.

### Statement:

Driver's license or state identification card information is not required but is preferred to be received with the e-file tax return. It can be used as a security measure to help prevent identity theft and fraud. If no driver's license or state ID card information is available or provided, you should be prompted to indicate this in the software.

Federal

Payment Number	Date Due	2019 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	7/15/20		3,020.			
2	7/15/20		3,020.			
3	9/15/20		3,020.			
4	1/15/21		3,020.			
5						
6						
7						
8						
<b>Total</b> .....			12,080.			

State: \_\_\_\_\_

State

Payment Number	Date Due	2019 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
<b>Total</b> .....						

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2020 tax return.



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** Enter personal information and Social Security numbers. You must provide the entire Social Security number for you and your spouse. Do not provide a partial Social Security number.

<u>SHARDA</u> Your first name and initial	<u>RAMDHANIE-RAMNATH</u> Your last name	<u>1983</u> Year of birth	<u>761-58-5187</u> Your Social Security number
<u>KEVIN Y</u> Spouse's first name and initial	<u>RAMNATH</u> Spouse's last name	<u>1980</u> Spouse's year of birth	<u>640-83-4250</u> Spouse's Social Security number
<u>3887 MAPLE AVENUE</u> Mailing address (See instructions if foreign address)		<u>IL</u> State	<u>60062</u> County (Illinois only) ZIP or Postal Code
<u>NORTHBROOK</u> City			

Foreign Nation, if not United States (do not abbreviate)

**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**

<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 8b.	<b>1</b> <u>209,001.</u>
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> _____
<b>3</b> Other additions. Attach Schedule M.	<b>3</b> _____
<b>4</b> Total income. Add Lines 1 through 3.	<b>4</b> <u>209,001.</u>

**Step 3: Base Income**

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	<b>5</b> _____
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> _____
<b>7</b> Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b> _____
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> _____
<b>9</b> Illinois base income. Subtract Line 8 from Line 4.	<b>9</b> <u>209,001.</u>

**Step 4: Exemptions**

<b>10 a</b> Enter the exemption amount for yourself and your spouse. See instructions.	<b>a</b> <u>4,550.</u>
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes x \$1,000=	<b>b</b> _____
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes x \$1,000=	<b>c</b> _____
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<b>d</b> <u>4,550.</u>
<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b> <u>9,100.</u>

**Step 5: Net Income and Tax**

<b>11 Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	<b>11</b> <u>199,901.</u>
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b> <u>9,895.</u>
<b>13</b> Recapture of investment tax credits. Attach Schedule 4255.	<b>13</b> _____
<b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> <u>9,895.</u>

**Step 6: Tax After Nonrefundable Credits**

<b>15</b> Income tax paid to another state while an Illinois resident. Attach Schedule CR.	<b>15</b> _____
<b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	<b>16</b> _____
<b>17</b> Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	<b>17</b> _____
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> _____
<b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<b>19</b> <u>9,895.</u>

**Step 7: Other Taxes**

<b>20</b> Household employment tax. See instructions.	<b>20</b> _____
<b>21</b> 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.	<b>21</b> <u>0.</u>
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> _____
<b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.	<b>23</b> <u>9,895.</u>

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 9,895.

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 10,226.  
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 \_\_\_\_\_  
 27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 \_\_\_\_\_  
 28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 \_\_\_\_\_  
 29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 10,226.

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 331.  
 31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 \_\_\_\_\_

**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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 34 **Total penalty and donations.** Add Lines 32 and 33. 34 \_\_\_\_\_

**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**. 35 331.  
 36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 331.  
 37 I choose to receive my refund by  
 a  **direct deposit** - Complete the information below if you check this box.  

Routing number	081904808	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	291024761833		

  
 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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>					312 983-0616
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	Himanshu Jain		Himanshu Jain		<input type="checkbox"/> Check if self-employed P00187495
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	Firm's name	H. Jain & Co.		Firm's FEIN	36-4092253
	Firm's address	925 East Rand Road, Suite 208 Arlington Heights,		Firm's phone	847 368-8850
<b>Third Party Designee</b>	Himanshu Jain		847-368-8850		<input checked="" 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 Exemption and Earned Income Credit

### Read this information first

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

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

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

### Step 1: Provide the following information

SHARDA RAMDHANIE-RAMNATH

Your name as shown on your Form IL-1040

761-58-5187

Your Social Security number

## Illinois Dependent Exemption Allowance

### Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
KIRAN S	RAMNATH	967-96-2239	Son	8/13/2012	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
SYUM K	RAMNATH	967-96-2246	Son	10/10/2016	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,275. 2 X \$2,275

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

1 4,550.00

Continue to Page 2 to calculate Illinois Earned Income Credit →





### Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.  
**Note** If you are not claiming a qualifying child, do not complete the table below.

#### Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

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

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. 1 \_\_\_\_\_ 00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.  
**If you report an amount on Line 2, you must answer the question in Line 2a below.** 2 \_\_\_\_\_ 00
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes  No
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3 If you are filing your 2019 federal return as married filing jointly but are filing your 2019 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 8b. 3 \_\_\_\_\_ 00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a \_\_\_\_\_
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes  No

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

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 18a. 5 \_\_\_\_\_ 00
- 6 Multiply the amount on Line 5 by 18% (.18). 6 \_\_\_\_\_ 00
- 7 **Illinois residents:** Enter 1.0.  
**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. 7 \_\_\_\_\_
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.  
 Enter this amount here and on your Form IL-1040, Line 28. → 8 \_\_\_\_\_ 00

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



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)

SHARDA RAMDHANIE-RAMNATH

Your name as shown on Form IL-1040

761-58-5187

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	36-2440313 000 9	\$ 101,778.00	\$ 101,778.00	\$ 5,038.00
2			\$ 00.00	\$ 00.00	\$ 00.00
3			\$ 00.00	\$ 00.00	\$ 00.00
4			\$ 00.00	\$ 00.00	\$ 00.00
5			\$ 00.00	\$ 00.00	\$ 00.00

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

KEVIN Y RAMNATH

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

640-83-4250

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	47-5369803 000 6	\$ 107,223.00	\$ 107,223.00	\$ 5,188.00
7			\$ 00.00	\$ 00.00	\$ 00.00
8			\$ 00.00	\$ 00.00	\$ 00.00
9			\$ 00.00	\$ 00.00	\$ 00.00
10			\$ 00.00	\$ 00.00	\$ 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 \$ 10,226.00