

Filing Status [] Single [X] 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: SHARDA
Last name: RAMDHANIE-RAMNATH
Your social security number: 761-58-5187
If joint return, spouse's first name and middle initial: KEVIN Y
Last name: RAMNATH
Spouse's social security number: 640-83-4250
Home address (number and street): 26607 GODFREY COVE CT
City, town, or post office: KATY
State: TX
ZIP code: 77494
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [X] Spouse

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check if qualifies for Child tax credit, Credit for other dependents. Rows for KIRAN RAMNATH and SYUM RAMNATH.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for- (Single or Married filing separately, Married filing jointly or Qualifying widow(er), Head of household), and Standard Deduction. Total taxable income: 263,805.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	51,472																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	51,472																				
19	Child tax credit or credit for other dependents	19	1,000																				
20	Amount from Schedule 3, line 7	20	600																				
21	Add lines 19 and 20	21	1,600																				
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	49,872																				
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	2,583																				
24	Add lines 22 and 23. This is your total tax ▶	24	52,455																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a	42,604																				
b	Form(s) 1099	25b	4,649																				
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d	47,253																				
26	2020 estimated tax payments and amount applied from 2019 return	26																					
27	Earned income credit (EIC)	27																					
28	Additional child tax credit. Attach Schedule 8812	28																					
29	American opportunity credit from Form 8863, line 8	29																					
30	Recovery rebate credit. See instructions	30	0																				
31	Amount from Schedule 3, line 13	31	4,245																				
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	4,245																				
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	51,498																				
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35a	0																				
b	Routing number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings																						
d	Account number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36																					
37	Subtract line 33 from line 24. This is the amount you owe now ▶ Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	957																				
38	Estimated tax penalty (see instructions) ▶	38																					

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

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

Designee's name ▶ **TEJA CHIRUMAMILLA** Phone no. ▶ **254-870-5999** Personal identification number (PIN) ▶ **2 2 1 1 5**

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.

Joint return? See instructions. Keep a copy for your records.	Your signature 	Date 04/01/2021	Your occupation SENIOR HSE ADVISOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, both must sign. 	Date 04/01/2021	Spouse's occupation N/A	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
	Phone no. 224-330-9123	Email address								

Paid Preparer Use Only

Preparer's signature	Date 03-30-2021	PTIN P53427200	Check if: <input type="checkbox"/> Self-employed
Preparer's name Surya Alluri	Phone no. 254-870-5999		
Firm's name ▶ UNIVERSAL TAX FILER			
Firm's address ▶ 4603 FM - 1463 Katy, TX 77494	Firm's EIN ▶ 82-3481073		

UNIVERSAL TAX FILER

4603 FM - 1463

Katy, TX 77494

tax@universaltaxfiler.com

Phone: (254)870-5999 | Fax: (949)431-2999

March 30, 2021

Sharda Ramdhanie-Ramnath & Kevin Y Ramnath
26607 Godfrey Cove Ct
Katy, TX 77494

Sharda Ramdhanie-Ramnath & Kevin Y Ramnath:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$957 Balance Due	Direct Debit from **1833
Illinois Income Tax	\$260 Refund	Direct Deposit to **1833

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Illinois Income Tax

Sincerely,

Surya Alluri
UNIVERSAL TAX FILER

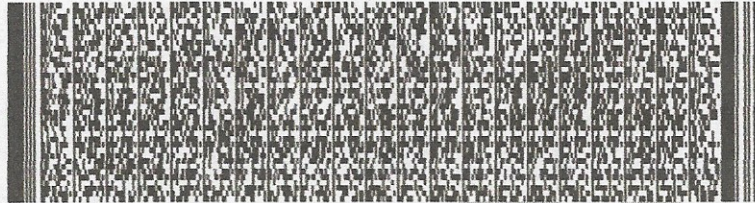
2020 Form IL-1040

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

761-58-5187 640-83-4250
 1983 1980
 SHARDA RAMDHANIE-RAMNATH
 KEVIN Y RAMNATH



26607 GODFREY COVE CT
 KATY, TX 77494

- 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.	1 288,605.00
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.	4 288,605.00

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 23,247.00
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. <input type="checkbox"/>	
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 23,247.00
9 Illinois base income. Subtract Line 8 from Line 4.	9 265,358.00

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: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check 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. Attach Schedule IL-E/EIC.	d 4,650.00
Exemption allowance. Add Lines a through d.	10 9,300.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach. Schedule NR.	11 166,075.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 8,221.00
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 8,221.00

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 .00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 8,221.00

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 8,221.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Staple W-2 and 1099 forms here
Staple your check and IL-1040-V

24 Total tax from Page 1, Line 23.



24 8,221.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 8,481.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00

29 Total payments and refundable credit. Add Lines 25 through 28. 29 8,481.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 260.00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .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**. 35 260.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 260.00

37 I choose to receive my refund by

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

Routing number 081904808 Checking or 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 .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 0.00

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		04/01/2021		04/01/2021	224-330-9123
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	Surya Alluri		03/30/2021		<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name		Paid preparer's signature		Paid Preparer's PTIN P53427200
	Firm's name ▶	UNIVERSAL TAX FILER	Firm's FEIN ▶	82-3481073	
	Firm's address ▶	4603 FM - 1463 Katy, TX 77494	Firm's phone ▶	254-870-5999	
Third Party Designee	TEJA CHIRUMAMILLA		254-870-5999		<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 2020 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Illinois Department of Revenue
2020 Schedule NR

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

SHARDA RAMDHANIE-RAMNATH & K

761-58-5187

Your name as shown on your Form IL-1040

Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," stop you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2020.
 - a I lived in Illinois from 01-01-2020 to 07-15-2020 I lived in _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year
 - b My spouse lived in Illinois from 01-01-2020 to 07-15-2020, and _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- 4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2020. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	265,358.00	172,111.00
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	.00	.00
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	.00	.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	.00	.00
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	.00	.00
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	.00	.00
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	.00	.00
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	.00	.00
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	.00	.00
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	23,247.00	.00
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	.00	.00
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	.00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	.00	.00
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	.00	.00
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the Illinois State Lottery as Illinois income in Column B.	.00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.		172,111.00

Continue with Step 3 on Page 2 →



Step 3: Continued 761-58-5187

SHARDA RAMDHANIE-RAMNATH & KEVIN RA

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21 172,111.00
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23 .00	.00
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24 .00	.00
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1 Line 13)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30 .00	.00
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31 .00	.00
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32 .00	.00
33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33 .00	.00
34 RESERVED	34	
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.		36 .00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 288,605.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.		38 172,111.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41 172,111.00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 23,247.00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45 .00

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		46 172,111.00
47 Enter the base income from Form IL-1040, Line 9.	47 265,358.00	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.649	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 9,300.00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.		50 6,036.00
51 Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11 →		51 166,075.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. → This is your tax.		52 8,221.00