

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SUNEELA YARKAREDDY	Social security number 860-43-3904
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	99,402.
2	Total tax . . . . .	2	14,642.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	14,502.
4	Amount you want refunded to you . . . . .	4	
5	Amount you owe . . . . .	5	140.

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	3	9	0	4
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SUNEELA	Last name YARKAREDDY	<b>Your social security number</b> 860-43-3904
If joint return, spouse's first name and middle initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. 2 WILLEDROB RD		Apt. no. 12
City, town, or post office. If you have a foreign address, also complete spaces below. BLOOMINGTON		State IL
Foreign country name		ZIP code 61701
Foreign province/state/county		Foreign postal code

**Presidential Election Campaign**  
 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.  
 You  Spouse

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  Is blind

**Dependents** (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	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"/>

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	99,402.
	<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	
	<b>h</b> Other earned income (see instructions)	<b>1h</b>	0.
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h	<b>1z</b>	99,402.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>	
	<b>4a</b> IRA distributions	<b>4a</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>	
	<b>6a</b> Social security benefits	<b>6a</b>	
<b>b</b> Taxable interest	<b>2b</b>		
<b>b</b> Ordinary dividends	<b>3b</b>		
<b>b</b> Taxable amount	<b>4b</b>		
<b>b</b> Taxable amount	<b>5b</b>		
<b>b</b> Taxable amount	<b>6b</b>		
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>			
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>		
<b>8</b> Other income from Schedule 1, line 10	<b>8</b>		
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	99,402.	
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>		
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	99,402.	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	12,950.	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>		
<b>14</b> Add lines 12 and 13	<b>14</b>	12,950.	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	86,452.	

Table with 2 columns: Line number and Amount. Rows include Tax and Credits (16-24) with amounts like 14,642.

Table with 2 columns: Line number and Amount. Rows include Payments (25-33) with amounts like 14,502.

Table with 2 columns: Line number and Amount. Rows include Refund (34-36) and Amount You Owe (37-38).

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

No

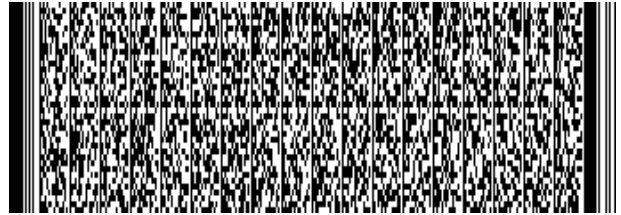


Illinois Department of Revenue  
**2022 Form IL-1040**  
 Individual Income Tax Return

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

**Step 1: Personal Information** Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

860-43-3904 1990  
 SUNEELA YARKAREDDY



2 WILLEDROB RD 12  
 BLOOMINGTON IL 61701 MCLEAN  
 SUNEELARDY@GMAIL.COM

**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 2022:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

<b>1</b>	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b>	99,402.00
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b>	.00
<b>3</b>	Other additions. <b>Attach</b> Schedule M.	<b>3</b>	.00
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.	<b>4</b>	99,402.00

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b>	.00
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b>	.00
<b>7</b>	Other subtractions. <b>Attach</b> Schedule M.	<b>7</b>	.00
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	.00
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	99,402.00

**Step 4: Exemptions**

<b>10 a</b>	Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	<b>a</b>	2,425.00	
<b>b</b>	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b>	.00	
<b>c</b>	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b>	.00	
<b>d</b>	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	<b>d</b>	0.00	
<b>Exemption allowance.</b> Add Lines 10a through 10d.			<b>10</b>	2,425.00

**Step 5: Net Income and Tax**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b>	96,977.00
<b>12</b>	<b>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>	4,800.00
<b>13</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b>	.00
<b>14</b>	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b>	4,800.00

**Step 6: Tax After Nonrefundable Credits**

<b>15</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>15</b>	.00
<b>16</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>16</b>	.00
<b>17</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>17</b>	.00
<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>	0.00
<b>19</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	<b>19</b>	4,800.00

**Step 7: Other Taxes**

<b>20</b>	Household employment tax. See instructions.	<b>20</b>	.00
<b>21</b>	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.	<b>21</b>	0.00
<b>22</b>	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b>	.00
<b>23</b>	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	<b>23</b>	4,800.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 4,800.00

**Step 8: Payments and Refundable Credit**

25	Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.	25	4,794.00
26	Estimated payments from Forms IL-1040-ES and IL-505-1, including any overpayment applied from a prior year return.	26	.00
27	Pass-through withholding. <b>Attach</b> Schedule K-1-P or K-1-T.	27	.00
28	Pass-through entity tax credit. <b>Attach</b> Schedule K-1-P or K-1-T.	28	.00
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. <b>Attach</b> Schedule IL-E/EIC.	29	.00
30	<b>Total payments and refundable credit.</b> Add Lines 25 through 29.	30	4,794.00

**Step 9: Total**

31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	6.00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

33	Late-payment penalty for underpayment of estimated tax.	33	.00
a	<input type="checkbox"/> Check if at least two-thirds of your federal gross income is from farming.		
b	<input type="checkbox"/> Check if you or your spouse are 65 or older and permanently living in a nursing home.		
c	<input type="checkbox"/> Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.		
d	<input type="checkbox"/> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		
34	Voluntary charitable donations. <b>Attach</b> Schedule G.	34	.00
35	<b>Total penalty and donations.</b> Add Lines 33 and 34.	35	.00

**Step 11: Refund or Amount you owe**

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your <b>overpayment</b> .	36	.00
37	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	37	.00
38	I choose to receive my refund by		
a	<input type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		

<i>You may also contribute to college savings funds here. See instructions!</i>	Routing number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings					
	Account number						

b	<input type="checkbox"/> <b>paper check</b> .		
39	Amount to be <b>credited forward</b> . Subtract Line 37 from Line 36. See instructions.	39	.00
40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b> If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40	6.00

**Step 12: Health Insurance Checkbox and Signature**

41  Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

**Signature - Note:** 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>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number (309) 444-6930	
	Print/Type paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date (mm/dd/yyyy) 02/10/2023	<input type="checkbox"/> Check if self-employed <input type="checkbox"/> Paid Preparer's PTIN P02082703
<b>Paid Preparer Use Only</b>	Firm's name	GLOBAL TAXES LLC		Firm's FEIN	843171965	
	Firm's address	245 ROONEY CT E BRUNSWICKNJ 08816		Firm's phone	(678) 965-9522	
<b>Third Party Designee</b>	Designee's name (please print)			Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
				( )		

**Refer to the 2022 IL-1040 Instructions for the address to mail your return.**



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

SUNEELA YARKAREDDY

Your name as shown on Form IL-1040

8 6 0 - 4 3 - 3 9 0 4

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	222575929 000 5	\$ 99,402.00	\$ 99,402.00	\$ 4,794.00
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 \$ 4,794.00

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



Illinois Department of Revenue

Submission ID

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SUNEELA YARKAREDDY 8 6 0 - 4 3 - 3 9 0 4
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2 WILLEDROB RD 12
Mailing address Spouse's Social Security number
BLOOMINGTON IL 61701 (309) 444-6930
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 96,977 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 4,800 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 4,794 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 6 | 00
6 Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: [ ] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn:
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return.
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature 02/10/2023 Date Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC P 0 2 0 8 2 7 0 3
Firm's name or your name if self-employed Your PTIN
245 ROONEY CT 8 8 - 2 1 4 5 4 8 7
Mailing address Federal employer identification number (FEIN)
E BRUNSWICK NJ 08816 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

