Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only			_	ed filing separately (N				·	_	spou	ifying surv use (QSS)	_
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	necke	ed the HOH or	r QSS	box, ente	er the o	child's	name if th	ne qualifying
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	me					Y	our so	cial securit	tv number
PRIYA MA				THOTI							L7-950	•
		first name and middle initial	Last na						_			curity number
11	(and the things of the second s						N4				
	•	er and street). If you have a P.O. box, see	instructio	ons.			'	Apt. no.			ntial Election nere if you,	on Campaign
Gity town or n		oe. If you have a foreign address, also co	mnlete si	naces helow	Stat	Δ	ZIP c	ode				itly, want \$3
ATLANTA	,03t 0111t	oc. If you have a foreign address, also co	inpicto o	paces below.	GA					-		Checking a
Foreign country	/ name		F	GA 30328 Foreign province/state/county Foreign postal code							ow will not or refund.	-
J	,			J		,		y			You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	nent for prope	rty or	services)	; or (b) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asset	? (See in	struct	ions.)	☐ Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ary 2, ⁻	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	1) Check th	ne box	if qualit	ies for (see	instructions):
If more		rst name Last name	number		to you	Child tax credi			it	Credit for ot	her dependents	
than four											[
dependents, see instructions	s ——										[
and check	. —							[[
here]									\vdash		
Income	1a	Total amount from Form(s) W-2, b			•					1a		17,782.
Attach Form(s)	b	Household employee wages not re		` '	•					1b 1c		
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	g	Wages from Form 8919, line 6.			•					1f 1g		
If you did not get a Form	9 h	Other earned income (see instructi			•					1h		0.
W-2, see	i	Nontaxable combat pay election (s	,			1 11	ı İ İ					
instructions.	z	Add lines 1a through 1h								1z		17,782.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	ıt			4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	ıt		. <u>.</u>	6b		
Married filing separately,	С	If you elect to use the lump-sum e							. ∐			
\$12,950	7	Capital gain or (loss). Attach Sche							. Ш	7		
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8	+		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=						9	 	17,782.
\$25,900	10	Adjustments to income from Sche								10	-	17 700
 Head of household, 	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-	-						11		17 , 782.
\$19,400 If you checked	13	Qualified business income deduction								13	1	12 , 950.
any box under	14	Add lines 12 and 13								14		12 , 950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		4,832.
see instructions.				,					-			1,002.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16		483.
Credits	17	Amount from Schedule 2, lin	ne3				.	. 17		
	18	Add lines 16 and 17						. 18		483.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22		483.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is	your total tax					. 24		483.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	1,483	3.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25d	1	,483.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 26		
If you have a L qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credit	3 .	. 32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	1	,483.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you overpai	. k	. 34	1	,000.
riciana	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	1	,000.	
Direct deposit?	b									
See instructions.	d	Account number 4 6 9	2 6 6 0	1 9 7						
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	person to disc	uss this retu	n with the IRS				_	
Designee		structions				_		te below.	X No	
	De nar	signee's ne		Phone no.			rsonal ide mber (PIN	entification		$\neg \neg$
0:		der penalties of perjury. I declare	that I have examine		d accompanying so				at of my kno	wlodgo and
Sign		ief, they are true, correct, and com			1 , 0				,	0
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Id	entity
		3			'				IN, enter it h	nere
Joint return?					STUDENT		see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spou ection PIN, e	
your records.				Ider (see					SCHOIT IN, C	
	———Ph	one no. (217) 220-353	Δ	Email address	DRIVA MEKAT	HOTI@GMAIL.	COM			
		eparer's name	Preparer's signat		TIVIII. HERMI	Date	PTIN		Check if:	
Paid		•	1 .		GIIPTA TAT.T.AN			082703	l	employed
Preparer										5 - 9522
Use Only	Firm's name GLOBAL TAXES LLC Phone Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									171965
Go to www ire a		11040 for instructions and the late			BAA	REV 02/05/23 PR		5 EII V		1040 (2022)
	,	ioi mondonono and into late				INL V UZIUDIZO PINI	,		. 01111	· - · - (CUCC)

REV 02/05/23 PRO

BAA

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.

68	86-17-9509 1997									
PR	RIYA MADHURI MEKATHOTI									
33	33 SUMMER DR	WAZ ISPERSERIE NAS PRINCAI KARAKARISKI KA								
AT:	FLANTA GA 30328	IIII NAVANAMANDANDANDA DAANDA KAA HAA HAADAA	SK-AS-BOARDATANAMANANAMAN III							
D C	PRIYA.MEKATHOTI@GMAIL.COM Filing status: Single Married filing jointly Married filing separately Widowed Head of household									
			_							
		ng jointly, as a dependent. See instructions. You								
		Nonresident - Attach Sch. NR Part-year resident	(Whole dollars only)							
St 1	tep 2: Income Federal adjusted gross income from your federal I	Form 1040 or 1040-SR Line 11	117,782.00							
2	Federally tax-exempt interest and dividend incon	ne from your federal Form 1040 or 1040-SR, Line 2a.	2 .00							
3 4			3							
_	tep 3: Base Income		<u>, , , , , , , , , , , , , , , , , , , </u>							
5	Social Security benefits and certain retirement p									
6	received if included in Line 1. Attach Page 1 of for Illinois Income Tax overpayment included in feder		.00							
	Schedule 1, Ln. 1.	6								
2 7		7	<u>00.</u> 8 .00							
9			9 17,782.00							
•	tep 4: Exemptions									
10	 a Enter the exemption amount for yourself and you b Check if 65 or older: ☐ You + ☐ Spous 	our spouse. See instructions. a2,4 se # of checkboxes X \$1,000 = b	425.00 .00							
N .	c Check if legally blind: ☐ You + ☐ Spous	se # of checkboxes X \$1,000 = c								
	d If you are claiming dependents, enter the amoun Attach Schedule IL-E/EIC.	nt from Schedule IL-E/EIC, Step 2, Line 1.	0.00							
) tap	Exemption allowance. Add Lines 10a through 1		10 2,425.00							
	tep 5: Net Income and Tax									
11	1 Residents: Net income. Subtract Line 10 from I	Line 9. ne Illinois net income from Schedule NR. Attach Schedul	le NR. 11 15, 357.00							
12	2 Residents: Multiply Line 11 by 4.95% (.0495). C	Cannot be less than zero.								
13	Nonresidents and part-year residents: Enter t Recapture of investment tax credits. Attach Scho		12 760.00 13 .00							
14			14 ⁷⁶⁰ .00							
•	tep 6: Tax After Nonrefundable Credits									
15 16	•		.00							
3	Attach Schedule ICR.	16	.00							
ະ 17 ປີ 18		chedule 1299-C. r credits. Cannot exceed the tax amount on Line 14.	<u>.00</u> 18							
19	9 Tax after nonrefundable credits. Subtract Line		19 760.00							
•	tep 7: Other Taxes		20							
20 21		ate purchases from UT Worksheet or UT Table								
g. 33	in the instructions. Do not leave blank.	n Act and calc of access by gaming licenses area harres	21							
, 22 , 23		n Act and sale of assets by gaming licensee surcharges	s. 22 <u>.00</u> 760 _{.00}							



24 To	tal tax from Page	1, Line 23.					24	760 <u>.00</u>		
Step 8:	Payments and	Refundab	le Credit							
25 Illine	ois Income Tax wit	hheld. Attac	h Schedule IL-W	IT.		25	880.00			
26 Esti	imated payments f	rom Forms I	L-1040-ES and II	L - 505-I,						
	uding any overpay					26	.00			
	s-through withhold	-				27	.00			
	s-through entity tax				#	28	.00			
	ned Income Credit al payments and				ttach Schedule IL-E/EIC	. 29	<u>.00</u> 30	880.00		
Step 9:	· ·	retuttuable	credit. Add Lines	s 25 tillough	29.					
-	ne 30 is greater tha	an Lina 24 su	htract Line 24 from	m Line 30			31	120.00		
	ne 24 is greater tha						32	.00		
	0: Underpaymen				ations					
-	e-payment penalty			-		33	.00			
	Check if at least				from farming.					
_					ntly living in a nursing	g home.				
c [Check if your inc	come was no	t received even l y	during the y	ear and you annualiz	zed your income o	n Form IL-221	0.		
	Attach Form IL-									
	_	-			Income Tax return in					
	untary charitable d					34	00	00		
	al penalty and do			4.			35	.00		
•	1: Refund or An	•								
_			and this amount	is greater th	an Line 35, subtract l	Line 35 from Line		120.00		
	s is your overpayn		inded to you. Ch	nock one boy	on Line 38. See inst	ructions	36 37	120.00		
	_		inded to you. Or	ieck one box	On Line 36. See inst	ructions.	37			
	I choose to receive my refund bya direct deposit - Complete the information below if you check this box.									
a E						14 a				
	You may also co		outing number	0 7 1 9	2 1 8 9 1	× Checkin	g or Savin	gs		
	here. See instru	ictions!	count number	4 6 9 2	6 6 0 1 9	7				
ЬΓ	☐ paper check.									
	ount to be credited	l forward. Su	btract Line 37 fro	om Line 36. S	See instructions.		39	.00		
40 If vo	ou have an amoun	t on Line 32.	add Lines 32 an	d 35. - or -						
-	ou have an amoun				Line 35,					
-	tract Line 31 from						40	.00		
Step 1	2: Health Insur	ance Chec	kbox and Sign	ature						
41 🗆			•		with other Illinois sta	ato agoncios in oro	lor to determin	0		
71 🗀					s for more information		ier to determin	-		
_	ure - Note: If this is	-			-					
Under p	enalties of perjur	y, I state that	I have examine	d this return	and, to the best of r	ny knowledge, it i	s true, correct,	, and complete.		
Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sign	nature	Date (mm/dd/yyyy)	Daytime phone	number		
Here	Priyanadhusi						(217) 220	-3534		
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy)	<u> </u>	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SA	AGAR GUPTA TA	LLAM		-			P02082703		
Preparer	Firm's name CIODAI TAVES IIC									
Use Only	Firm's address	▶ 245 ROC		BRUNSWIC	KNJ 08816	Firm's phone	843171965 (678) 965			
Third	Designee's name (. DITORDIVEO				e Department may		
Party		Designee's name (please print) Designee's phone number								
Designee					()		party designed	e shown in this step.		
	Refer to	the 202	7 II -1040 Ins	struction	s for the addre	ss to mail vo	ur return.			

IL-1040 Back (R-12/22) DR______ AP_____ RR DC IR ID ID: 3WM REV 02/01/23 PRO





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	В		
1099-MISC	М	1099-K	K		
1099-OID	1099-OID O		N		

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

PRIYA MADHURI MEKATHOTI		_68	<u>6</u>	<u> </u>	9	5 0 9				
Your name as shown on Form IL-1040		Your Social Security number								
Column A Column B Form type Employer/Payer Identification Number	Colur Federal Wages, V Distributions, Co	Vinnings, Gross		Column D /ages, Winnings, Gr ons, Compensation		Column E Illinois Income Tax Withheld				
1 W 37-6000511	_ \$1	7,782 .00	\$	17,782 •00	\$_	880 •00				
2	_ \$	<u>•00</u>	\$	<u>•00</u>	\$_	<u>•00</u>				
3	_ \$	•00	\$	•00	\$_	<u>•00</u>				
4	_ \$	<u>•00</u>	\$	<u>•00</u>	\$_	<u>•00</u>				
5	_ \$	•00	\$	<u>•00</u>	\$_	•00				

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

Yo	ur spouse's name a	s shown on Form IL-1040		Your spouse's Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.		Column E Illinois Income Tax Withheld			
6			\$	<u>•00</u>	\$	•00	\$_	•00			
7			\$	•00	\$	<u>•00</u>	\$_	•00			

•00

<u>•00</u>

•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 \$<u>880</u>•<u>00</u>

•00

•00

•00





<u>•00</u>

<u>•00</u>

•00



					-								_							
Submission ID																				

Illinois Department of Revenue - Submission ID

Step 1: Provide taxpayer information FRITA MADRIER: MEKATROTT Social Security number FRITA MADRIER: Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and mode intitle Spowers and spowers Spowers Sp	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(Do not mail Form IL-8453 to	the Illinois Departn	nent of Revenue u	nless it is requested for review.)
Pint again Standard and middle middle Spouses treat name (and lest name if different) Last name Social Security number	Step		МЕКЛТІ	ı∩⊤T	6 8 6 1 7 9 5 0 9
Print 333 SUMMER DR Support S					
New Mailling address ATLANTA GA 30328 (217) 220-3534 ATLANTA GA 30328 (217) 220-3534 City State 2P Doylare plume number Step 2: Complete information from tax return Choose one: □ IL-1040 □ IL-1040-X Net income from Form IL-1040 or IL-1040-X, Line 11 15, 3571 00. 1784 from Form IL-1040 or IL-1040-X, Line 14 2 76.01 00. 2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 76.01 00. 3 88.01 00. 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 25 only (enter "0" if none) 3 8.00 00. 5 Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 35	Print	·	,		
Step 2: Complete information from tax return					Spouse's Social Security number
Step 2: Complete information from tax return Choose one: IL-1040	., 60		GA	30328	(217) 220-3534
1		City	State	ZIP	Daytime phone number
2 Tak from Form IL-1040 or IL-1040. Line 14 2 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 880 J 90 4 Overpayment from Form IL-1040. Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040. Line 36 or IL-1040-X, Line 38 6 Filing status: X Single Married filing spintly 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 ose not support international ACH transactions. DOR will only perform direct transactions (ag., debt., deposit) with financial institutions locate within the United States or those not funded by international funds, Electronic payments will not be accepted and refunds will be via paper ched 7 Routing no. (RN): 0 1 9 2 1 8 9 1 1 9 2 1 8 8 9 1 1 1 Electronic funds withdrawal amount: 1000 10 Date the payment is to be electronically withdrawn: 1000 11 Electronic funds withdrawal amount: 1000 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)	Step	2: Complete information from tax	return	Choose one:	IL-1040 IL-1040-X
Illinois Income Tax withheld from Ferm IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3	1 1	Net income from Form IL-1040 or IL-1040)-X, Line 11		115,357 <u>00</u>
Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 100 101 10	2	Tax from Form IL-1040 or IL-1040-X, Line	· 14		
Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check of Routing no. (RN): 0.7 1.9 2.1 8.8 9.1 1.8 8.9 1.9 1.9 1.9 2.1 8.8 9.1 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9				ne 25 only (enter " 0 " if	
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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper ched 7 Routing no. (RN): 0 7 1 9 2 1 8 9 1 8 9 7 9 Type of account: Checking Savings					• •
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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper ched 7 Routing no. (RN): 0 7 1 9 2 1 8 5 3 1 8 Account no. (AN): 4 6 9 2 6 6 0 1 9 7 9 9 Type of account: Checking Savings 10 Date the payment is to be electronically withdrawn: 100 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)					<u> </u>
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 locate within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper ched Routing no. (RN); 0.7 1 9.2 1.8 8.3 1. Routing no. (RN); 0.7 1 9.2 1.8 8.3 1. Account no. (AN); 4.6 9.2 6 0.0 1.9 7. The profit of production of the payment is to be electronically withdrawn:	6	Filing status: 🗴 Single Married filir	ng jointly Married	filing separatelyV	Vidowed Head of household
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. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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 funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on 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	does within 7	not support international ACH transaction the United States or those not funded by Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	s. IDOR will only performational funds. Electric learning for the second	m direct transactions (e.g., debit, deposit) with financial institutions located
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. If I have filled a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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-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 Sign Figure 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. FROS signature FROS signature BERON SIGNBEY CT Date Check if paid preparer: X (See instructions.) P 0 2 0 8		<u>'</u>			
correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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	Step	4: Taxpayer declaration and signat	ure (Sign only after	completing Step 2	and, if applicable, Step 3.)
withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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 Suppose's signature (if joint return, both must sign) Date Sete 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 BERO's signature O2/16/2023 Date Check if paid preparer: (See instructions.) Federal employer identification number (FEIN) Mailling address ERO'S PED 2 0 8 2 7 0 3 Federal employer identification number (FEIN)	×	I consent that my refund may be direct correct. If I have filed a joint return, this	ly deposited as design s is an irrevocable appo	nated in Step 3 and decointment of the other s	clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
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 Four signature Date Spouse's signature (if joint return, both must sign) Date		withdrawal as designated in the electro financial institutions involved in the pro	nic portion of my 2022 locessing of an electron	Illinois Original or Amer ic overpayment of taxe	nded Individual Income Tax return. I authorize the
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 Four Addition Plate Spouse's signature (if joint return, both must sign) 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 O2/16/2023 Date Check if paid preparer: (See instructions.) ERO's signature P 0 2 0 8 2 7 0 3 Your PTIN Referral employer identification number (FEIN) B 8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)		I do not want direct deposit of my refu	nd, or an electronic fun	ds withdrawal (direct d	ebit) of my balance due.
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 O2/16/2023 Check if paid preparer:	return and a	n originator (ERO) are identical. To the best accompanying information may be sent to II accepted or rejected. If rejected, I authorize	of my knowledge, my re DOR by my ERO. I autho	eturn is true, correct, and orize IDOR to inform my	d complete. I consent that my return, this declaration, r ERO and/or the transmitter when my return has
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 O2/16/2023 Date	Sigr	1 touyanadhuli			
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. Check if paid preparer:				· · · · · ·	
ERO's signature	I dec	lare that I have examined this taxpayer's nation. I have followed all requirements o	electronic Form IL-104 f this program and dec	0 or IL-1040-X, the info lare, under penalties o	ormation on this Form IL-8453, and accompanying
P 0 2 0 8 2 7 0 3 Your PTIN S 8 8 - 2 1 4 5 4 8 7		FDO!s signature			Check if paid preparer: (See instructions.)
use only 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		•		Date	
use only address 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	ERO	GLOBAL TAXES LLC			$\frac{P}{Y_{\text{OUT}}} \frac{0}{PTIN} = \frac{2}{0} \frac{0}{8} \frac{8}{2} \frac{2}{7} \frac{7}{0} \frac{0}{3}$
Mailing address E BRUNSWICK NJ 08816 Federal employer identification number (FEIN) (678) 965-9522		• • • • • • • • • • • • • • • • • • • •			
E BRUNSWICK NJ 08816 (678) 965-9522	only				
			N.T	08816	

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.

