Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	y number		
LAL	IT DATH BANDI	621-27-	-4935		
Spouse	's name	Spouse's soc	ial securit	ty number	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	⊥ ′ year you a	re auth	orizing.)	
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	3 ,	,122.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		128.
4	Amount you want refunded to you		4		128.
5	Amount you owe		5		\
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
return to send for any Agent payme author payme busine taxes person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmothing my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I a unit Funds Withdrawal Consent.	itter, or electro- ection of the tr .S. Treasury are icated in the ta on to debit the et the authoriza- uests must be processing of payment. I furt	enic returniansmission dits des ax prepara entry to attion. To a receive the election the receive the ackr	n originat on, (b) the signated I ration soft this accor revoke (c d no late tronic pay nowledge	or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the
	ayer's PIN: check one box only				
Tuxpe X		my PINI 7	4 9	3 5	as my
<u> </u>	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five dig n't enter a		asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				
Г	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	er five dig	aits. but	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente		L 9 8	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Inc.	itting this retu	rn in acc	cordance	
FR∩'	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022	
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OMB No. 1545-0074

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

Filing Statu Check only one box.		Single Married filing jointly [u checked the MFS box, enter the r		ed filing separately our spouse. If you	, , ,	_		`	,	spou	se (Q	SS)	Ü
		on is a child but not your dependen	t:										
Your first name	and mi	ddle initial	Last na	me								-	number
LALIT D			BAND	I					-	21-2			
If joint return, s	pouse's	first name and middle initial	Last nai	me					S	pouse's	socia	ıl secur	rity number
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt.	no.	P	residen	itial E	ection	Campaign
533 E 3	3RD I	PL					120)1		heck h			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Stat	e	ZIP code						, want \$3 necking a
CHICAGO					IL	ı	60616	5		ox belo			•
Foreign countr	y name		F	oreign province/sta	te/count	y	Foreign p	ostal co	de y	our tax			
											Y	ou	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of	•				•	,			□ Y	'es [⊠ No
Standard		eone can claim: You as a de				a dependent	, ,			· ·			
Deduction		Spouse itemizes on a separate retu	•										
Age/Blindnes	s You:	Were born before January 2, 1	1958	Are blind	Spouse:	☐ Was bo	rn before					ls blind	
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4) C	heck th	e box	if qualifi	es for	(see ins	structions):
If more	(1) Fi	rst name Last name		number		to you	(Child ta	x cred	it (Credit 1	or other	dependents
than four dependents,									<u> </u>			Ц	
see instruction	s								<u> </u>			<u> </u>	
and check	, —								<u> </u>			<u> </u>	
here								L			_		
Income	1a	Total amount from Form(s) W-2, b	,	,				٠		1a	-	3	3,022.
Attach Form(s)	b	Household employee wages not r		. ,				•		1b			
W-2 here. Also	C	Tip income not reported on line 1						•		1c			
attach Forms W-2G and	d	Medicaid waiver payments not re		. ,	e instru	ctions)		•		1d	-		
1099-R if tax	e	Taxable dependent care benefits		•				•		1e	-		
was withheld.	f	Employer-provided adoption bene						•		1f	-		
If you did not get a Form	g	Wages from Form 8919, line 6 .						•		1g			
W-2, see	h :	Other earned income (see instruct	,					•		1h			0.
instructions.	i -	Nontaxable combat pay election (Add lines 1a through 1h	see msu	uctions)						1z		2	3,022.
Attach Sch. B	z 2a	Tax-exempt interest	2a		 b T	xable interes		•		2b	+		100.
if required.	3a	Qualified dividends	3a			rdinary divide		•		3b			100.
	4a	IRA distributions	4a			axable amoun		•		4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b			
Deduction for—	6a	Social security benefits	6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e		method, check he				Ċ		0.0			
separately,	7	Capital gain or (loss). Attach Sche		•	•	,				7			
\$12,950 Married filing	8	Other income from Schedule 1, lir								8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		3	3,122.
surviving spouse,	10	Adjustments to income from Sche								10			
\$25,900 Head of	11	Subtract line 10 from line 9. This i								11			3,122.
household, \$19,400	12	Standard deduction or itemized	•	-						12			2,950.
If you checked	13	Qualified business income deduct				ō-А				13			
any box under Standard	14	Add lines 12 and 13								14		12	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This i	s your t	axable incom	ne			15			0.
	1												

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	0.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for	other dependen	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	0.
	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	0.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a		128	3.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	128.
16	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
If you have a Lagualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					e credits		32	1
	33	Add lines 25d, 26, and 32. T	,	•	-					128.
	34	If line 33 is more than line 24						· · ·	34	128.
Refund	35a	Amount of line 34 you want				-	-		35a	128.
Direct deposit?	b	Routing number 0 7 1		and the second second	·	Check		∟ Saving		120.
See instructions.	d	Account number 8 8 9			C Type.	j Onecr	iig 🗀	Saviriy	5	
	36	Amount of line 34 you want			d tov	36				
Amarint						30				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					0.7	
Tou Owe	20		_			1	 I		37	
TILL I D. I	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another	•		n with the IRS?		□ Ves C	omnlet	e below.	X No
Designee		signee's		Phone				•	ntification	_
	nar			no.				ber (PIN		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules a	and stateme	ents, and	I to the be	st of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is b	ased on	all informati	on of wh	nich prepar	rer has any knowledge.
пеге	You	ur signature		Date	Your occupation					ent you an Identity
									rotection F ee inst.)	PIN, enter it here
Joint return? See instructions.				5.	SOFTWARE		1EER			<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupat	ion				ent your spouse an tection PIN, enter it here
your records.									ee inst.)	
	Pho	one no. (312)709-260	0	Email address	BANDILALITI	ATH@(MATI. C	OM.		
		eparer's name	Preparer's signat		DIMIDILITIE	Date	J. II 1 I I I C	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/0	03/2023	P020	82703	Self-employed
Preparer		m's name GLOBAL TA					,			(678)965-9522
Use Only			Y CT E BRU	INSWICK N.	J 08816				rm's EIN	88-2145487
Go to want ire or		11040 for instructions and the late				DEVICE	/20/22 PPC	1.,	0 Ell4	Form 1040 (2022)
ao to www.iis.go	JV/I UIII	TOTO IOI INSUIDENDIIS AND WE IALE	or information.		BAA	KEV 01	/28/23 PRO			101111 1040 (2022)

or for fiscal year ending	_	/	_	_
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

(621	-27-4935 200	1							
		IT DATH		BANDI						
	533	E 33RD PL			1201				CUTA NO DE COMPANIO DE LOS PORTOS DE LOS	31k2000E
		CAGO	IL	60616	COOK					
		21100		BANDILALI		TI, COM				
В	Fili	ng status: X Single					parately \(\square\) Wido	wed \square Head o	f household	
		eck If someone can cla			_		- —	<u> </u>	_	
					1					ND
D	Ch	eck the box if this appl	es to y	ou during 202	22: N on	resident - Atta	ich Sch. NR L	Part-year resident		
	-	p 2: Income							(vvnoie	dollars only)
	1 2	Federal adjusted gross Federally tax-exempt						040-SB Line 2a	1 2	3,122.00
	3	Other additions. Attac			a income no	ili your ledera	11 01111 1040 01 10	740-011, Line Za.	3	.00
	4	Total income. Add Li	nes 1 t	through 3.					4	3,122.00
L	Ste	p 3: Base Income								
	5	Social Security benef						-	0.0	
D	6	received if included in Illinois Income Tax over					10-SR	5	.00	
1	•	Schedule 1, Ln. 1.	oi payii		ir iodorai i oi	111 10 10 01 10	10 01 1,	6 7	.00	
S	7	Other subtractions. A						7		
	8 9	Add Lines 5, 6, and 7 Illinois base income				ions.			8 9	3,122 _{.00}
		p 4: Exemptions	. Gubti	act Line o noi	11 LIIIC 4.					- , .00
	Sic	D 4. EXCIIIDUIUIIS								
_	10		n amou	unt for vourself	and your sp	ouse. See in	structions.	a 2,4	125.00	
_	10	a Enter the exemption b Check if 65 or olde	er: 🛭	☐ You + ☐	Spouse	# of checkb	oxes X \$1,000	a2,4	.00	
_	10	a Enter the exemptionb Check if 65 or oldec Check if legally blir	er: [nd: [☐ You + ☐ ☐ You + ☐	Spouse Spouse	# of checkb # of checkb	oxes X \$1,000 oxes X \$1,000	= b = c	.00	
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e your check and IL-1040-V	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste	a Enter the exemption b Check if 65 or olde c Check if legally blir d If you are claiming of Attach Schedule IL- Exemption allowand p 5: Net Income and Residents: Net income Nonresidents and port Recapture of investme Income tax. Add Line p 6: Tax After Nonre Income tax paid to an Property tax and K-12 Attach Schedule ICR Credit amount from S Add Lines 15, 16, and Tax after nonrefunda p 7: Other Taxes Household employme Use tax on internet, no	er: [nd: [lepende E/EIC. ee. Add darken	You +	Spouse Spouse amount from rough 10d. If from Line 9 Enter the Illin 495). Canno Enter the tax the Schedule to be less that Illinois residured are Schedule to your credict Line 18 from the spouse.	# of checkb # of checkb Schedule IL-E nois net incom t be less than c from Schedu 4255. n zero. ent. Attach So int from Schedu le 1299-C. ts. Cannot excom Line 14.	poxes X \$1,000 poxes X \$1,000 E/EIC, Step 2, Line pe from Schedule Nozero. pe NR. pokedule CR. pokedule ICR. pokedule ICR. pokedule ICR. pokedule ICR.	= b	.00 .00 10	697.00 35.00 .00 35.00 0.00 35.00
stable your check and IL-1040-V	Ste 11 12 13 14 Ste 15 16 17 18 19 Ste 20	a Enter the exemption b Check if 65 or olde c Check if legally blir d If you are claiming of Attach Schedule IL- Exemption allowand p 5: Net Income and Residents: Net incom Nonresidents and por Recidents: Multiply Louis Nonresidents and por Recapture of investme Income tax. Add Line p 6: Tax After Nonre Income tax paid to an Property tax and K-12 Attach Schedule ICR Credit amount from Sound Add Lines 15, 16, and Tax after nonrefundate p 7: Other Taxes Household employment	er: [nd: [lepende E/EIC. ee. Add darken	You +	Spouse Spouse Spouse amount from rough 10d. If from Line 9 Enter the Illin 495). Canno Enter the tax th Schedule t be less that Illinois resid credit amou ach Schedu of your credit ct Line 18 from ons. ut-of-state proper	# of checkb # of checkb Schedule IL-E nois net incom t be less than c from Schedu 4255. n zero. ent. Attach Sc int from Schedu Ile 1299-C. ts. Cannot exc om Line 14.	poxes X \$1,000 poxes	= b	.00 .00 10	697.00 35.00 .00 35.00



0.4	T. I. (B 41:	00				0.4	25.00
24	Total tax from Page 1, Line					24	35.00
	o 8: Payments and Refur						
	Illinois Income Tax withheld.				25	<u>127.00</u>	
	Estimated payments from Fo						
	including any overpayment a				26	.00	
	Pass-through withholding. Att				27	.00	
	Pass-through entity tax credit			t ack Schodula II. E/EI/	28 D. 29	.00 .00	
	Earned Income Credit from S Total payments and refund). 29	<u>.00</u> 30	127.00
	o 9: Total	able Cledit. Add Lines	5 23 tillough 2	23.			
	If Line 30 is greater than Line 2	24 aubtraat Lina 24 fra	m Lina 20			31	92.00
	If Line 24 is greater than Line 3					31 32	.00
	<u> </u>			tions		<u> </u>	
	o 10: Underpayment of Es		-	ILIONS	33	00	
	Late-payment penalty for und a			from forming	აა	.00	
	b Check if you or your sp			•	na home		
	C Check if your income wa		•		•	on Form II -2210	0
`	Attach Form IL-2210.	as not received evenly	during the ye	sar and you annual	izou your moonio o	0 22.10	
	d ☐ Check if you were not r	equired to file an Illino	is Individual I	ncome Tax return i	n the previous tax y	/ear.	
	Voluntary charitable donation	·			34	.00	
35	Total penalty and donation	s. Add Lines 33 and 3	4.			35	.00
Step	11: Refund or Amount	you owe					
36 I	If you have an amount on Lin	e 31 and this amount	is greater tha	n Line 35. subtract	Line 35 from Line	31.	
	This is your overpayment .		g			36	92.00
	Amount from Line 36 you war	nt refunded to you . Ch	neck one box	on Line 38. See ins	tructions.	37	92.00
38	I choose to receive my refund	d bv					
	a 🗵 direct deposit - Compl	•	low if you che	eck this box.			
	You may also contribute	Routing number		0 0 0 1 3	X Checkin	og or Sovin	70
	to college savings funds				A CHECKII	ng or Savin	ys .
	here. See instructions!	Account number	8 8 9 3	6 1 7 8 5			
	b						
	Amount to be credited forwa	d. Subtract Line 37 fro	om Line 36. S	ee instructions.		39	.00
40	If you have an amount on Lin	e 32 add Lines 32 an	d 35 - or -				
	If you have an amount on Lin			ine 35.			
	subtract Line 31 from Line 35					40	.00
	p 12: Health Insurance (•					
41 [Check this box if IDOR n your eligibility for health					der to determine	Э
	your engionity for fleature	ilisulance benefits. Se	e irisii uciioris	s loi more imormani	JII.		
Sigr	nature - Note: If this is a joint	return, both you and yo	our spouse mu	ust sign below.			
_	er penalties of perjury, I stat		•	•	my knowledge, it i	s true, correct,	, and complete.
Sign		D-1- / ///)	0	-1			
Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's sign	ature	Date (mm/dd/yyyy)	Daytime phone	
						<u> </u>	-2600
Paid	Print/Type paid preparer's r		Paid preparer's	-	Date (mm/dd/yyyy)		Paid Preparer's PTIN
Prepar	SYAM PRIYA RAM SAGAR GUE	TA TALLAM	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	02/03/2023	seir-employed	P02082703
Use O	Eirm'e name	BAL TAXES LLC			Firm's FEIN	882145487	7
		ROONEY CT E	BRUNSWICK	NJ 08816	Firm's phone	(678) 965	-9522
Third	Designee's name (please p	print)		Designee's phone nu	mber	Check if the	Department may
Party				()			turn with the third
Desigr				()			e shown in this step.
	Refer to the	2022 IL-1040 Ins	structions	s for the addre	ess to mail yo	our return.	

IL-1040 Back (R-12/22) DR_____ AP___ RR DC IR ID ID: 3WM REV 01/10/23 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	0	1099-NEC	N

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

LA	LIT DATH BANI	DI		6 2	1	2 7	4 9	3 5
You	ur name as shown	on Form IL-1040		Your Social Se	ecurity numb	er		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gro ns, Compensation,	ss Illi	Column E nois Income ax Withheld
1	W	84-3909783 000 6	_ \$	242 •00	\$	242 •00	\$	12 •00
2	W	75-2902515	_ \$	2,780 •00	\$	2,780 •00	\$	115 •00
3			- \$	•00	\$	•00	\$	•00
4			_ \$	•00	\$	•00	\$	•00
5			_ \$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>

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	Federal Wages	umn C , Winnings, Gross Compensation, etc.	Illinois Wage	lumn D s, Winnings, Gross Compensation, etc.	IIIi	Column E inois Income ax Withheld
6			\$	•00	\$	•00	\$	•00
7			. \$	•00	\$	•00	\$	•00
8			- \$	•00	\$	•00	\$	•00
9			. \$	•00	\$	•00	\$	•00
10			\$	•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 \$ 127**.00**

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





		_								_				
Submission ID														Ī

Illinois Department of Revenue ______ - _______ - _______ - ________ 2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail Form IL-8453 to the I	Ilinois Departmen	t of Revenue unless	s it is requested for review.)		
Step	Step 1: Provide taxpayer information LALIT DATH BANDI 6 2 1 - 2 7 - 4 9 3 5					
	LALIT DATH				<u> </u>	
Drin	·	a last name if different)	Last name	Social Security number		
or	t 533 E 33RD PL 1201 Mailing address			Spouse's Social Security number		
type		T.T.	60616	(312) 709-2600		
	CHICAGO	IL State	60616 ZIP			
	City			Daytime phone number		
	2: Complete information from tax retu		Choose one: X IL-	1040 🔲 IL-1040-X		
	Net income from Form IL-1040 or IL-1040-X, L	ine 11		1	697 00	
	Tax from Form IL-1040 or IL-1040-X, Line 14			2	35 <u>00</u>	
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter '				e) 3	127 00	
	Overpayment from Form IL-1040, Line 36 or IL			4	92 00	
	Total amount due from Form IL-1040, Line 40			5	l <u>00</u>	
6	Filing status: X Single Married filing joi	ntly Married filing	g separately Widow	ed 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 (<i>e.g.</i> , 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. Routing no. (RN): 0 7 1 0 0 0 0 0 1 3 Account no. (AN): 8 8 9 3 6 1 7 8 5 Type of account: Checking Savings Date the payment is to be electronically withdrawn:/						
	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		Data	Chauca's size-time ('f')	ot roturn both must size		
	Your signature	Date		nt return, both must sign) Date		
I dec	5: Electronic return originator (ERO) a lare that I have examined this taxpayer's electronic mation. I have followed all requirements of this ayer's return and accompanying information are	ronic Form IL-1040 or program and declare	IL-1040-X, the informat , under penalties of perj omplete.	ion on this Form IL-8453, and acc ury, that to the best of my knowled	dge the	
	ERO's signature		02/03/2023 Date	Check if paid preparer: (See in	structions.)	
					, 0 2	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{} \frac{0}{} \frac{8}{} \frac{2}{} \frac{7}{}$	0 3	
use	245 ROONEY CT			8 8 - 2 1 4 5 4	8 7	
only	Mailing address			Federal employer identification number (FI		
	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.

