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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

Талрау		Social Securi	Ly Huma					
MAN	OJ KUMAR CHERUKURI	170-04	170-04-7079					
Spouse	's name	Spouse's social security number						
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Ente	 r year you a	re aut	thorizing.)				
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	12,279.				
2	Total tax		2	0.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,491.				
4	Amount you want refunded to you		4	1,491.				
5	Amount you owe		5					
			-					

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

Under penalties of periury. 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

				EBO firm name		Ę
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	<u> </u>
			-			1 4

Ent	er fiv v't er	/e di	gits, all ze	but	as
4	7	0	7	9	

my

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

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.

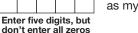
Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 0	ly—continue below	
Part III Certification and Authentication – Practitioner PIN M	ethod Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	lected 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.

RO's signature ► Date ►												
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So												
For Paperwork Reduction Act Notice, see your tax re	turn instructions. BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)									

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or staple in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried the MFS box, enter the na	-	ng separately (N	,				spor	lifying surviving use (QSS)
one box.		on is a child but not your dependent		pouse. Il you ci	IECK		Q33	box, enter ti		name ir the quainying
Your first name	and mi	ddle initial	Last name						Your so	cial security number
MANOJ KU	MAR		CHERUKU	RI					170-	04-7079
lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse'	s social security number
Home address	numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaign
<u>1820 W P</u>	LAM	DR					6	58		here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	te	ZIP c	ode	1 1	if filing jointly, want \$3 this fund. Checking a
MOUNT PR	OSPI	ECT			II		600	56		ow will not change
Foreign country	name		Foreigr	n province/state/o	coun	ty	Foreig	n postal code	your tax	c or refund.
Distil	At or	ny time during 2022, did you: (a) rece		ard award or	000	nont for propo	rtu or			You Spouse
Digital Assets		ange, gift, or otherwise dispose of a			-		-			🗌 Yes 🛛 No
Standard		eone can claim: You as a de		Your spouse			,	,	,	
Deduction		Spouse itemizes on a separate return	n or you were	a dual-status a	alier	1				
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	Is blind
Dependents	s (see	instructions):	(2	2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for other dependents
than four dependents,								<u> </u>		
see instructions										
and check										
here		T								
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re		,			• •	· · ·	. 1a . 1b	
Attach Form(s)	c	Tip income not reported on line 1a					• •		. 10	
W-2 here. Also	d	Medicaid waiver payments not rep					• •		. 1d	
attach Forms W-2G and	e	Taxable dependent care benefits f					• •		. 1e	
1099-R if tax	f	Employer-provided adoption bene					• •		. 16	
was withheld.	g	Wages from Form 8919, line 6 .							. 1g	
lf you did not get a Form	h	Other earned income (see instructi							. <u>1</u> h	-
W-2, see	i	Nontaxable combat pay election (s	,			11				
instructions.	z	Add lines to through th		,					. 1z	12,279.
Attach Sch. B	2a	U U	2a		bТ	axable interest			. 2b	
if required.	3a	· –	3a			ordinary divider			. 3b)
	4a		4a			axable amoun			. 4b	1
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t		. 5b	1
Deduction for-	6a	Social security benefits	6a		bТ	axable amoun	t		. 6b	1
 Single or Married filing 	с	If you elect to use the lump-sum elect	ection metho	d, check here ((see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if requi	ired. If not requ	ired	, check here		[7	
 Married filing 	8	Other income from Schedule 1, line	e10						. 8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is	s your total inc	om	е			. 9	12,279.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 26	3					. 10	
Head of	11	Subtract line 10 from line 9. This is	your adjuste	ed gross incon	ne				. 11	12,279.
household, \$19,400	12	Standard deduction or itemized	-						. 12	
If you checked	13	Qualified business income deducti	on from Form	n 8995 or Form	899	5-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, ente	er -0 This is y	our	taxable incom	е.		. 15	
)										

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

Form **1040** (2022)

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	0.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					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-er	nployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	our total tax					24	0.
Payments	25	Federal income tax withheld							
,,	а	Form(s) W-2				25a 1	,491.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	1,491.
	26	2022 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	8. line 8		29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, line				31		1	
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. Th		-	-			33	1,491.
Defined	34	If line 33 is more than line 24						34	1,491.
Refund	35a	Amount of line 34 you want r				•	. 🗆	35a	1,491.
Direct deposit?	b	Routing number 0 7 1					Savings		
See instructions.	d	Account number 9 1 1					0		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe					
You Owe	•	For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions					omplete k	below.	× No
•		signee's		Phone			onal identi	ication	
	nai	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp							
Here								• •	, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE B	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your rooordo.							(see	inst.)	
		one no. (224) 398-3700		Email address	MANNYK7143	30GMAIL.COM			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/06/2023	P0208		Self-employed
Use Only		m's name GLOBAL TAX							(678) 965-9522
		m's address 245 ROONEY		NSWICK N			Firm	's EIN	88-2145487
Go to www.irc.a	ov/Form	1010 for instructions and the lates	st information						Earm 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 01/28/23 PRO

Form **1040** (2022)



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.

	MAN 182	-04-7079 OJ KUMAR O W PLAM DR NT PROSPECT	1990 IL	CHERU 60056 MANNYK714	KURI 68 COOK 3@GMAIL.CON				
B	F ili	ng status: 🔀 Sin	ngle 🔲 l			d filing separately 🔲 Wi	idowed 🔲 Head of	household	
С	Ch	eck If someone car	n claim yo	u, or your spous	e if filing jointly,	as a dependent. See instru	uctions. 🗌 You 🔲	Spouse	
D	Ch	eck the box if this a	applies to	you during 202	2: Nonresi	dent - Attach Sch. NR	Part-year resident	- Attach Sch	. NR
	Ste	p 2: Income			, <u> </u>			(Whole	e dollars only)
	1 2 3 4	Federal adjusted	mpt intere Attach Sc	est and dividend hedule M.		0 or 1040-SR, Line 11. our federal Form 1040 or	1040-SR, Line 2a.	1 2 3 4	12,279.00 .00 .00 12,279.00
T		p 3: Base Incom							
ere	5 6	Social Security be received if include Illinois Income Tax	ed in Line	1. Attach Page	e 1 of federal ret	urn.	5	.00	
and 1099 forms here	7 8	Schedule 1, Ln. 1 Other subtraction Add Lines 5, 6, an	ns. Attach		our subtractions	5.	6 7	.00 .00 8	.00
99 f	9	Illinois base inco		tract Line 8 fror	n Line 4.			9	12,279.00
Staple W-2 and 10	5te 10	b Check if 65 or c Check if legally	nption amo older: y blind: ing depen le IL-E/EIC	$\begin{array}{ c c }\hline You + \\ \hline You + \\ \hline Hou $	Spouse # c Spouse # c amount from Sch	e. See instructions. of checkboxes X \$1,00 of checkboxes X \$1,00 nedule IL-E/EIC, Step 2, Lin	00 = c	.00	2,425 <u>.00</u>
S	Ste	p 5: Net Income	and Tax	(
↑		Residents: Net i Nonresidents ar Residents: Multi	nd part-y	ear residents:	Enter the Illinois	net income from Schedule less than zero.	e NR. Attach Schedule	e NR. 11	9,854 _{.00}
► V-C	13 14	Nonresidents ar Recapture of inve Income tax. Add	estment ta	ax credits. Attac	h Schedule 425	55.	`	12 13 14	488.00 .00 488.00
104	Ste	p 6: Tax After No	onrefun	dable Credits	;				
check and IL-1040-V	15 16		K-12 edu			Attach Schedule CR. rom Schedule ICR.	15 16	<u>00.</u> .00	
sk a	17	Credit amount fro	om Sched				17	.00	0
r chet	18 19	Tax after nonref	undable			Cannot exceed the tax am Line 14.	ount on Line 14.	18 19	0.00 488.00
Staple your	Ste 20	p 7: Other Taxes Household emplo		v Soo instructio	NDC .			20	.00
ple	21					ases from UT Worksheet	or UT Table		
Sta	22	in the instructions			Program Δct and	sale of assets by gaming	licensee surcharges	21 22	<u>0.00</u> 00.
▼	23	Total Tax. Add Lir			-ogram not and	sale of about by gaming	inconces surcharges.	23	488.00



24	Total tax from Page 1, Line 23.													24	488.00
Ste	p 8: Payments and Refundable Credit														
25	25 Illinois Income Tax withheld. Attach Schedule IL-WIT.25608.00														
26	Estimated payments from Forms IL-1040-ES and I	IL-50	5-I,												
	including any overpayment applied from a prior ye	ar ret	urn.								26_		.(<u>)0</u>	
27	Pass-through withholding. Attach Schedule K-1-P of	or K-1	-T.								27_).	<u>00</u>	
	Pass-through entity tax credit. Attach Schedule K-1										28_).	<u>00</u>	
	Earned Income Credit from Schedule IL-E/EIC, Ste	•				Sche	edule	e IL-E	E/EIC		29_).	<u>)0</u>	
	Total payments and refundable credit. Add Line	s 25	throu	gh 2	29.									30	608.00
	p 9: Total														
	If Line 30 is greater than Line 24, subtract Line 24 fro													31	120.00
32	If Line 24 is greater than Line 30, subtract Line 30 fro	om Lir	ne 24.											32	.00
Ste	p 10: Underpayment of Estimated Tax Penal	ty ar	nd D	ona	itio	ns									
33	Late-payment penalty for underpayment of estimat	ted ta	IX.								33_		.0	00	
	a Check if at least two-thirds of your federal groups of the second seco							•							
	b Check if you or your spouse are 65 or older a						-			•					
	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.					_	_								
0.4	d Check if you were not required to file an Illino		dividu	ial I	ncoi	me	lax ı	retu	rn in		-	vious	-		
	Voluntary charitable donations. Attach Schedule G										34_			<u>00</u> 35	00
	Total penalty and donations. Add Lines 33 and 3	34.		_	_	_	_	_	_	_	_	_		35	.00
	p 11: Refund or Amount you owe														
36	If you have an amount on Line 31 and this amount	is gr	eater	tha	n Li	ne 3	5, s	ubtı	act	Line	35 f	rom l	_ine 31.		120
~ 7	This is your overpayment.							_						36	120.00
	Amount from Line 36 you want refunded to you. C	heck	one	хос	on L	ine	38.	See	inst	ruct	ions.			37	120.00
38	I choose to receive my refund by														
	a X direct deposit - Complete the information be	elow	if you	che	eck 1	this	box.								
		0 7	/ 1	0	0	0	0	1	3		X	Ch	ecking or	Savings	
	to college savings funds here. See instructions! Account number 9 1 1 9 0 5 0 0 5														
		- 1	-		~	5	5	5	9		_	_			
	b 🔲 paper check.														
39	Amount to be credited forward. Subtract Line 37 fr	om L	ine 3	6. S	ee i	nstri	uctio	ons.						39	.00
40	If you have an amount on Line 32, add Lines 32 ar	nd 35	. - 0	r -											
	If you have an amount on Line 31 and this amount	is le	ss tha	an L	ine	35,									
	subtract Line 31 from Line 35. This is the amount	you o	owe.	See	ins	truc	tions	6.						40	.00
Ste	p 12: Health Insurance Checkbox and Sig	natu	re												

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.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	Date (mm/dd/yyy	y)	Daytime phone number			
Here								(224) 398	3-3700	
	Print/Type paid prepa	arer's name		Paid prepare	Date (mm/dd/yyy	<i>y</i>)	Check if	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA R	02/06/202	3	self-employed	P02082703		
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC		Firm's FEIN		882145487			
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (pl	ease print)			nber		Check if the Department may			
Party					()				eturn with the third	
Designee				()				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	В								
1099-MISC	М	1099-K	K								
1099-OID	0	1099-NEC	Ν								

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

MA	NOJ KUMAR CH	ERUKURI	1	7 ()	0	4 _	7	0	7	9			
Yo	ur name as shown	on Form IL-1040	Your So	Your Social Security number										
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, ns, Compensatio			Column D ois Wages, Winnings, Gross ibutions, Compensation, etc.				Column E Illinois Income Tax Withheld			
1	W	98-0429806 000 6	\$	12,279 .	<u>)0</u>	\$	12	2,279 .0	<u>0</u>	\$	60	<u>00,8 (</u>		
2			\$	•(00	\$		•0	<u>0</u>	\$		•00		
3			_ \$	•	00	\$		<u>•0</u>	0	\$		•00		
4			\$	•[00	\$		<u>•0</u>	0	\$		<u>•00</u>		
5			_ \$	•[<u>00</u>	\$		•0	<u>0</u>	\$		•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.

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

5	Illinois Department			Submission ID		
Z			ncome Tax Elec	Ctronic Filing Declaration less it is requested for review.)		
Ste	P 1: Provide taxpayer informat	CHERU		$- \frac{1}{2} \frac{7}{2} \frac{0}{2} - \frac{0}{2} \frac{4}{4} - \frac{7}{2} \frac{0}{7} \frac{7}{2}$	9	
Dri		first name (and last name if different	t) Last name	Social Security number		
or	nt 1820 W PLAM DR 68					
typ	e Mailing address	T T		(224) 398-3700		
	MOUNT PROSPECT	ILState	60056 			
	City					
5te 1 2 3 4 5 6	p 2: Complete information from Net income from Form IL-1040 or I Tax from Form IL-1040 or IL-1040- Illinois Income Tax withheld from For Overpayment from Form IL-1040, I Total amount due from Form IL-104 Filing status: X Single Marr	L-1040-X, Line 11 X, Line 14 orm IL-1040 or IL-1040-X, Li Line 36 or IL-1040-X, Line 35 40, Line 40 or IL-1040-X, Lin	5 e 38	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	00 00	
_	p 3: Complete direct deposit of		<u> </u>			
doe	s not support international ACH trans in the United States or those not fun Routing no. (RN): $\frac{0}{2}$ $\frac{7}{2}$ $\frac{1}{2}$ $\frac{0}{2}$	sactions. IDOR will only perform ded by international funds. E 0 0 0 1 3	orm direct transactions (e.	d within the electronic transmission. Illinois <i>g.</i> , debit, deposit) with financial institutions loca to be accepted and refunds will be via paper ch	ated	
8	Account no. (AN): 9 1 9					
9	Type of account: X Checking	Savings				
10	Date the payment is to be electroni	ically withdrawn:/_/_				
11	Electronic funds withdrawal amoun	t: 00				
	Name on account:					
	p 4: Taxpayer declaration and s	anoturo (Cian only ofto	r completing Step 2 c	ind if applicable Stop 2)		
_	\mathbf{X} I consent that my refund may be	e directly deposited as design	nated in Step 3 and decla	are the information on Lines 7 through 9 is ouse as an agent to receive the refund.		
[I authorize the Illinois Departme withdrawal as designated in the	ent of Revenue (IDOR) and it electronic portion of my 2022 the processing of an electror	ts designated financial ag Illinois Original or Ameno nic overpayment of taxes	pent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the to receive confidential information	9	
[I do not want direct deposit of m	ny refund, or an electronic fu	nds withdrawal (direct de	bit) of my balance due.		
retu and	rn originator (ERO) are identical. To the accompanying information may be see	ne best of my knowledge, my r ent to IDOR by my ERO. I auth	return is true, correct, and norize IDOR to inform my I	and the information I provided to my electronic complete. I consent that my return, this declara ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.	tion,	
Sig	n Your signature	Date	Spouse's signature	(if joint return, both must sign) Date		
Ste I de info	p 5: Electronic return originate clare that I have examined this taxp	or (ERO) and paid prepa ayer's electronic Form IL-104 nents of this program and dec	arer declaration and s 40 or IL-1040-X, the infor clare, under penalties of		/ing	
	ERO's signature		02/06/2023 Date	Check if paid preparer: 🛛 (See instructions	s.)	
	GLOBAL TAXES LLC			<u>P 0 2 0 8 2 7 0</u>	З	
ER	Firm's name or your name if self-employed			$\frac{P}{Your PTIN} \xrightarrow{0} 0 \xrightarrow{0} 0 \xrightarrow{0} 2 \xrightarrow{1} 0$	<u> </u>	

use	245 ROONEY CT			8 8 - 2 1 4 5 4 8 7
omy	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.

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This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

