E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040	•	artment of the Treasury-Internal Revenue Servi		rn 202	23	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	ple in this space.		
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, 6	ending	<u>'</u>		, 20		See sep	oarate i	nstructions.		
Your first name	and m	iddle initial	Last nam	ne					,	Your so	cial sec	urity number	_	
PALLABI			GHOSI	I						123	45	0267		
If joint return, s	pouse's	s first name and middle initial	Last nam	ne						Spouse's	s social	security numb	eı	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			Δ	Apt. no.	-	Preside	ntial Ele	ection Campaig	 gn	
_655 W I	RVIN	G PARK ROAD					4	516			,	ou, or your	_	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP co	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a				
CHICAGO					II	i .	606	13		box below will not change				
Foreign countr	y name		Fo	oreign province/sta	te/count	ty	Foreig	n postal c	ode	our tax	or refu		se	
Filing Status	s ×	Single				☐ Head of he	ouseh	old (HOF	1)		7		_	
_		Married filing jointly (even if only o	ne had in	come)				`						
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ing spou	use (C	(SS)	,			
0.10 2011	lf y	you checked the MFS box, enter the	name of	your spouse. If y	ou che	ecked the HOF	or QS	SS box,	enter	the chi	ld's nai	me if the		
	qu	alifying person is a child but not you	ır depend	dent:										
District	Λ+ οι	ny time during 2023, did you: (a) rec	oivo (as a					convicos'): or (h	a) coll			_	
Digital Assets		nange, or otherwise dispose of a dig									ΠYe	es 🛛 No		
Standard		neone can claim: You as a de				a dependent	7. (-						_	
Deduction	_	Spouse itemizes on a separate retur	•										_	
Age/Blindnes	s You	: Were born before January 2, 1	959 🗌	Are blind S	pouse	: Was bor	n befo	re Janua	ary 2,	1959	☐ Is	s blind		
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	_{ip} (4) Check t	he box	if qualit	fies for (see instructions	s):	
If more	(1) F	irst name Last name		number		to you		Child t	ax cre	dit	Credit fo	r other dependen	nts	
than four														
dependents, see instruction	e —													
and check	. —													
here L														
Income	1a	Total amount from Form(s) W-2, b	` `							1a		223,623.	<u>.</u>	
Attach Form(s)	b	Household employee wages not re								1b			_	
W-2 here. Also	С	Tip income not reported on line 1a	,	1						1c			_	
attach Forms W-2G and	d	Medicaid waiver payments not rep			e instru	ıctions)				1d	-		_	
1099-R if tax	е	Taxable dependent care benefits f								1e	-		_	
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					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.	<u>. </u>	
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		<u>1i</u>						112 (12		
	<u>z</u>	Add lines 1a through 1h		· · · · i		and the second				1z	+	223,623. 433.	_	
Attach Sch. B if required.	2a		2a	671.		axable interest				2b	+		_	
	3a_		3a	0/1.		ordinary divide				3b	+	671.	-	
Standard	4a		4a			axable amoun axable amoun				4b			_	
Deduction for—	5a		5a 6a			axable amoun				5b 6b	+		_	
Single or Married filing	6a	Social security benefits Left you elect to use the lump-sum e		athod shook ho			ι			db			_	
separately, \$13,850	C 7	Capital gain or (loss). Attach Sche		•	`	,			. 1	7				
Married filing	7 8	Additional income from Schedule		•	•				. ⊔	8	+		_	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-							9	+	224,727.	_	
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche		•						10	+		-	
Head of	11	Subtract line 10 from line 9. This is								11	+	224,727.	_	
household, \$20,800	12	Standard deduction or itemized	•	_						12	+	13,850.		
If you checked any box under	13	Qualified business income deduct		,	•					13	+		<u>.</u>	
Standard	14									14	+	13,850.	_	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15	+	210 877		

Form 1040 (2023)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	46,199.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	46,199.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	46,199.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	350.
	24	Add lines 22 and 23. This is your total tax	24	46,549.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	42,543.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)		
attacii Scii. Elc.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	42,543.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		
See instructions.	d	Account number X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	4,006.
	38	Estimated tax penalty (see instructions)	0.	1,000.
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		——————————————————————————————————————
Designee		tructions		⊠ No
	De: nar	signee's Phone Personal identif no. Not number (PIN)	ication	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here				nt you an Identity
	10			IN, enter it here
Joint return?		SOFTWARE ENGINEER (see i	nst.)	
See instructions. Keep a copy for your records.	Sp		ity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (312)340-4820 Email address		
D-:-I	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470)833	Self-employed
Preparer	Fire			678)965-9522
Use Only	Fir		s EIN	88-2145487



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.

Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older:	use
PALLABI GHOSH 655 W IRVING PARK ROAD 4516 CHICAGO IL 60613 COOK B Filing status: Single Married filing jointly Married filing separately Widowed Head of hou C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions You Spot D Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Att Step 2: Income 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Step 3: Base Income 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2, 425 ground of 1 you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	use ach Sch. NR (Whole dollars only) 1
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b Check if 65 or older:	10
c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	<u>00</u>
 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d 0. 	<u>)0</u>
Exemption allowance. Add Lines 10a through 10d.	10 2,425.00
Step 5: Net Income and Tax	
11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 222,302.00
12 <i>Residents:</i> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	11222,302.00
Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 11,004.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 11,004 _{.00}
Step 6: Tax After Nonrefundable Credits	
	<u>00</u>
16 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	00
	<u>00</u>
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 11,004.00
Step 7: Other Taxes	
20 Household employment tax. See instructions.	20
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	
in the instructions. Do not leave blank. 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	24 0.00
22 Compassionate use of Medical Carmabis Program Act and sale of assets by gaming incensee surcharges. 23 Total Tax . Add Lines 19, 20, 21, and 22.	210.00 2200



24 Tot	al tax from Page 1, Line 23	3.				24	11,004.00	
Step 8:	Payments and Refund	lable Credit						
25 Illino	ois Income Tax withheld. At	ttach Schedule IL-W	IT.		25 10	,929 _{.00}		
26 Estir	mated payments from Forn	ns IL-1040-ES and II	505-I,					
	ıding any overpayment app				26	.00		
	s-through withholding. Atta				27			
	s-through entity tax credit. A				28 29			
29 Earn	.00	10 000						
	l payments and refundab	ole credit. Add Lines	25 through 2	29.		30	10,929.00	
Step 9:	Total							
	ne 30 is greater than Line 24					31	.00	
32 If Lin	ne 24 is greater than Line 30	, subtract Line 30 fro	m Line 24.			32	75.00	
	: Underpayment of Es		•	nations				
	-payment penalty for unde				33	.00		
	Check if at least two-third			-				
	Check if you or your spou		-					
СГ	Check if your income was Attach Form IL-2210.	s not received evenly	during the y	ear and you annuali:	zed your income	on Form IL-22	10.	
4 -	Check if you were not red	guirod to filo an Illino	ic Individual I	ncomo Tay return in	the provious tay	voor		
_	ntary charitable donations.	•		ilcome tax returnin	34_	.00		
	Il penalty and donations.				07	35	.00	
	: Refund or Amount y							
	u have an amount on Line		is areater tha	in Line 35, subtract l	ine 35 from Line	31		
-	is your overpayment .	or and the amount	io groator trio	in Eino oo, oabiraari		36	.00	
	ount from Line 36 you want	refunded to you. Ch	neck one box	on Line 38. See inst	ructions.	37	.00	
38 Lchc	oose to receive my refund l	bv						
	direct deposit - Complet	•	low if you che	eck this box.				
_	You may also contribute				Checkii	ng or Savii	200	
	to college savings funds	Routing number			Crieckii	ig or Savii	igs	
	here. See instructions!	Account number						
ЬΓ	paper check.							
	ount to be credited forward	. Subtract Line 37 fro	om Line 36. S	See instructions.		39	.00	
	ou have an amount on Lir				on Line 31 and t			
	ss than Line 35, subtract L							
	Line 35. This is the amou			0_ 0.0 0.0 (,, e.n.e. a.e a	40	75.00	
-	2: Health Insurance Ch			DOD .				
	Check this box and include agencies in order to determ							
	agenoies in order to deteri	Time your engionity is	or ricaltir irisu	nance penents. Occ	manuchona for n	iore imormatio		
Signatu	ıre - Note: If this is a joint re	eturn, both you and yo	our spouse mi	ust sign below.				
	enalties of perjury, I state				my knowledge, it	is true, correc	t, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	ature	Date (mm/dd/yyyy)	Daytime phone	e number	
Here						(312) 340	0-4820	
	Print/Type paid preparer's na	me	Paid preparer	's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN	
Paid	VENKATA SAI PAVAN KUMAR DU	UDIPALLI		self-employed	P02470833			
Preparer	Firm's name ▶ GLOB	Firm's FEIN	88214548	7				
Use Only	Firm's address > 245 I	(678) 965						
Third	Designee's name (please pri		BRUNSWICK		Firm's phone	<u> </u>	e Department may	
Party	Designee's name (please print) Designee's phone numb					_	eturn with the third	
Designee				()		party designee shown in this step.		
	Refer to the 20	023 IL-1040 Ins	structions	for the addre	ss to mail ye	our return.		

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 01/23/24 PRO





Illinois Department of Revenue

2023 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	
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)

	LLABI GHOSH ur name as shown	on Form IL-1040		<u>1 2 3</u> Your Social Se	2 4 curity number	5 0	2	6 7			
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.							
1	W	36-4468504 000 6	_ \$	223,623,00	\$	223,623 <u>•00</u>	\$	10,929 .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)

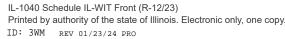
Υοι	ır spouse's nam	ne as shown on Form IL-1040		Your spouse's	Social Security	number		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illino	lumn E ois Income Withheld
6			\$	<u>•00</u>	\$	•00	\$	•00
7			\$	•00	\$	<u>•00</u>	\$	•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 \$ 10,929.00

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





Illinois Department of Revenue

			_						_				
			•	S	ubmi	ssion	ı ID		•				

B				ectronic Filing Declaration nless it is requested for review.)
	•	GHOSF ame (and last name if differer		
type	655 W IRVING PARK ROAD 45 Mailing address CHICAGO City	IL State	60613 ZIP	Spouse's Social Security number (312) 340-4820 Daytime phone number
1 N 2 T 3 II 4 C 5 T	2: Complete information from taket income from Form IL-1040 or IL-1040 ax from Form IL-1040 or IL-1040-X, Lir linois Income Tax withheld from Form ID verpayment from Form IL-1040, Line 3 otal amount due from Form IL-1040, Lir ling status: X Single Married from Form IL-1040 from Form IL-1040 from Form IL-1040, Lir ling status: X Single Married from Form IL-1040 from Form IL-1040 from Form IL-1040, Lir ling status: X Single Married from Form IL-1040 from Form	40-X, Line 11 ne 14 L-1040 or IL-1040-X, L 36 or IL-1040-X, Line 3 ne 40 or IL-1040-X, Lir	5 ne 38	none) 1 222,302 00 2 11,004 00 3 10,929 00 4 00 5 75 00
To ini does within	not support international ACH transaction	n, the information in the instance in the inst	nis Step must be includ form direct transactions (e	prmation (Optional) ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
9 T 10 D	Account no. (AN): Checking Date the payment is to be electronically Electronic funds withdrawal amount:	_ Savings withdrawn://_		
12 N	lame on account:		200	and if anyther bloom 0.
	correct. If I have filed a joint return, th I authorize the Illinois Department of	ctly deposited as designis is an irrevocable ap Revenue (IDOR) and conic portion of my 2023 rocessing of an electro esolve issues related to	gnated in Step 3 and decorpointment of the other spits designated financial as Illinois Original or Amenonic overpayment of taxe of the payment.	clare the information on Lines 7 through 9 is pouse as an agent to receive the refund. Igent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the s to receive confidential information
Under return and a	r penalties of perjury, I declare the informating originator (ERO) are identical. To the besecompanying information may be sent to	ation on my electronic F st of my knowledge, my IDOR by my ERO. I au	orm IL-1040 or IL-1040-X return is true, correct, and thorize IDOR to inform my	and the information I provided to my electronic d complete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign here	Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
l decl	nation. I have followed all requirements yer's return and accompanying information.	s electronic Form IL-10 of this program and do	040 or IL-1040-X, the info eclare, under penalties o	ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the Check if paid preparer: (See instructions.)
ERO use only	GLOBAL TAXES LLC Firm's name or your name if self-employed 245 ROONEY CT Mailing address E BRUNSWICK	NJ	08816	$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{A} \frac{4}{7} \frac{7}{0} \frac{0}{8} \frac{8}{3} \frac{3}{3}$ $\frac{8}{Federal} \frac{8}{employer} \frac{2}{identification} \frac{1}{number} \frac{4}{FEIN}$ $\frac{678}{965-9522}$

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

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

State



Daytime phone number

City