

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



Illinois Department of Revenue

2023 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

REV 01/23/24 PRO

123-45-0267

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2024.

\$ 21.00
Payment amount

PALLABI GHOSH
3610 NORTH PINE GROVE AVENUE
CHICAGO IL 60613

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



104081223 6 2 123450267 0 07081519 4 000002100



Illinois Department of Revenue
2023 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.

A

123-45-0267 1985
 PALLABI GHOSH

 3610 NORTH PINE GROVE AVENUE
 CHICAGO IL 60613 COOK



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	<u>223,641.00</u>
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	<u>.00</u>
3	Other additions. Attach Schedule M.	3	<u>.00</u>
4	Total income. Add Lines 1 through 3.	4	<u>223,641.00</u>

Staple W-2 and 1099 forms here

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.	5	<u>.00</u>
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	<u>.00</u>
7	Other subtractions. Attach Schedule M.	7	<u>.00</u>
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>.00</u>
9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>223,641.00</u>

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	<u>2,425.00</u>
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	<u>.00</u>
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	<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	<u>0.00</u>
Exemption allowance. Add Lines 10a through 10d.		10	<u>2,425.00</u>

Staple your check and IL-1040-V

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	<u>221,216.00</u>
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	<u>10,950.00</u>
13	Recapture of investment tax credits. Attach Schedule 4255.	13	<u>.00</u>
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	<u>10,950.00</u>

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	<u>.00</u>
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	<u>.00</u>
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	<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	<u>0.00</u>
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	<u>10,950.00</u>

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	<u>.00</u>
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.	21	<u>0.00</u>
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	<u>.00</u>
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	<u>10,950.00</u>



24 Total tax from Page 1, Line 23. 24 10,950.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 10,929.00
- 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
- 27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00
- 28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00
- 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. **Attach** Schedule IL-E/EIC. 29 .00
- 30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 10,929.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 .00
- 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 21.00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
 - a Check if at least two-thirds of your federal gross income is from farming.
 - b Check if you or your spouse are 65 or older and permanently living in a nursing home.
 - 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.
 - d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
- 34 Voluntary charitable donations. **Attach** Schedule G. 34 .00
- 35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

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

You may also contribute to college savings funds here. See instructions!

Routing number	<input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	<input type="text"/>		
 - b **paper check**.
- 39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00
- 40 **If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe.** See instructions. 40 21.00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box and include your email address in Step 1 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 Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					(312) 340-4820
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	VENKATA SAI PAVAN KUMAR DUDIPALLI		VENKATA SAI PAVAN KUMAR DUDIPALLI		<input type="checkbox"/> Check if self-employed
	Paid Preparer's PTIN		P02470833		
Third Party Designee	Firm's name ▶ GLOBAL TAXES LLC			Firm's FEIN ▶ 882145487	
	Firm's address ▶ 245 ROONEY CT E BRUNSWICKNJ 08816			Firm's phone ▶ (678) 965-9522	
Third Party Designee	Designee's name (please print)			Designee's phone number	
				()	
<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.					

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



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	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

PALLABI GHOSH

Your name as shown on Form IL-1040

1 2 3 4 5 6 7
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	36-4468504 000 6	\$ 223,623.00	\$ 223,623.00	\$ 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)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 10,929.00

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



Illinois Department of Revenue

Submission ID boxes

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

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

Step 1: Provide taxpayer information

PALLABI GHOSH
First name and middle initial Spouse's first name (and last name if different) Last name
3610 NORTH PINE GROVE AVENUE
Mailing address
CHICAGO IL 60613
City State ZIP
(312) 340-4820
Spouse's Social Security number
Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X
1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 221,216 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 10,950 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 10,929 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 21 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

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

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

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

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

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return.
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.

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

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

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

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

