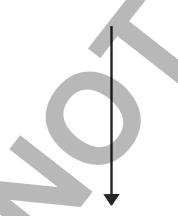
We encourage all taxpayers to pay electronically whenever possible.

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 youcher.





2023 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

123-45-0267

Your Social Security number

Spouse's Social Security number

¢

75.00

REV 01/23/24 PRO

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

Your payment is due April 15, 2024.

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





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.

Α			
1 0		COTER NO	
	3-45-0267 1985 HABI GHOSH		
PP	LLABI GROSH		
26	10 NORTH PINE GROVE AVENUE		Welse is a
CH	ICAGO IL 60613 COOK III I MANATAN NO LINE NO MANATAN NO LINE N		
RF	Filing status: X Single Married filing jointly Married filing separately Widowed Head of	nousehold	
	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You		
D C	theck the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident -		
S	tep 2: Income	(Who	ole dollars only)
1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	224,735.00
2 3	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M.	2 3	.00 .00
4	Total income. Add Lines 1 through 3.	4	224,735.00
Īs	tep 3: Base Income		
5	Social Security benefits and certain retirement plan income received if included		
	in Line 1. Attach Page 1 of federal return.	.00	
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
2 7	Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. 6	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	<u></u> 8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	224,735.00
S	tep 4: Exemptions - See instructions for income limitations		
1		25 <u>.00</u>	
3	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b	.00	
	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.	.00	
	Attach Schedule IL-E/EIC.	0.00	
2	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00
S	tep 5: Net Income and Tax		
1	Residents: Net income. Subtract Line 10 from Line 9.		
۱,	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	222,310.00
T	2 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	11,004.00
1:		13	.00
1		14	11,004.00
\bar{s}	tep 6: Tax After Nonrefundable Credits		
1		.00	
1	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	.00	
1		.00	
1		<u></u> 18	0.00
1	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	11,004.00
SS	tep 7: Other Taxes		
2	1 7	20	.00
2	, , , , , , , , , , , , , , , , , , , ,	21	0.00
3 2	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22	.00
7 2		23	11,004.00



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,									
	including any overpayment applied from a prior year return. 26											
	s-through withholding. Atta	27										
	s-through entity tax credit. A				28							
	ned Income Credit from Sch	•			. 29	.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					
	Step 10: Underpayment of Estimated Tax Penalty and Donations											
	-payment penalty for unde				33	.00						
	Check if at least two-third			-								
	Check if you or your spou		-			- II 00	4.0					
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	quired to file an Illino	ie Individual I	ncome Tay return in	the previous tay	vear						
_	ntary charitable donations.	•		ncome tax retuit in	34	.00						
	Il penalty and donations.				-	35	.00					
	: Refund or Amount y		••									
	u have an amount on Line		is areater tha	n Line 35, subtract l	Line 35 from Line	31						
-	is your overpayment .	or and the amount	io groator trio	in Einio oo, oabii aori		36	.00					
	ount from Line 36 you want	refunded to you. Ch	neck one box	on Line 38. See inst	tructions.	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	og or Covi	200									
	to college savings funds	Routing number			Checking or Savings							
	here. See instructions!	Account number										
ЬΓ	paper check.			7								
	ount to be credited forward	. Subtract Line 37 fro	om Line 36. S	ee 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	,, eee	40	75.00					
-	2: Health Insurance Ch											
	Check this box and include agencies in order to determ											
	agenoies in order to deteri	Time your engionity is	or ricaltir irisu	rance benefits. Occ	manuchona for m	iore imormatio	11.					
Signatu	ıre - Note: If this is a joint re	eturn, both you and yo	our spouse mi	ıst 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 phon	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 DI	UDIPALLI	VENKATA SAI P	AVAN KUMAR DUDIPALLI		self-employed	P02470833					
Preparer	Firm's name ▶ GLOB	AL TAXES LLC			Firm's FEIN	88214548	7					
Use Only			BRUNSWICK	NJ 08816	Firm's phone	(678) 965						
Third	Designee's name (please pri			Designee's phone num	-	<u> </u>						
Party		·		, , ,	1001	_	Check if the Department may discuss this return with the third					
Designee				()		party designe	e 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									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc.	Illinois Wage	olumn D es, Winnings, Gross , Compensation, et	s II	Column E Illinois Income Tax Withheld			
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)

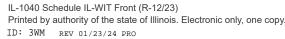
Υοι	ır spouse's nan	ne as shown on Form IL-1040		Your spouse's	Social Security	number		
	Column A Form type			umn C , Winnings, Gross compensation, etc.	Co Illinois Wages Distributions,			
6			\$	<u>•00</u>	\$	•00	\$	•00
7			\$	•00	\$	<u>•00</u>	\$	•00
8			\$	•00	\$	•00	\$	•00
9			\$	•00	\$	•00	\$	•00
10			_ \$	•00	\$	<u>•00</u>	\$	<u>•00</u>

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

				_					П		_			П		
	_	_		•	 S	uhmi	ssior	ID		_		_	_	 	 	

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

P	(Do not mail Form IL-8453 to	the Illinois Depar	tment of Revenue ι	unless it is requested for review.)	
Step	1: Provide taxpayer information PALLABI	GHOS:	н	1 2 3 _ 4 5 _ 0 2 6	7
		me (and last name if differe		Social Security number	
Print	3610 NORTH PINE GROVE AVEN	UE			
or type				Spouse's Social Security number	
	CHICAGO	IL	60613	(312) 340-4820	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from tax	return	Choose one:		
	Net income from Form IL-1040 or IL-104			1 222,310 0	
	Tax from Form IL-1040 or IL-1040-X, Line		l: 05 . l / 1 (01)	if none) 2 11,004 0 10,929 0	
	Ilinois Income Tax withheld from Form IL Overpayment from Form IL-1040, Line 3			1 10,72510 4 10	
	Total amount due from Form IL-1040, Line Si			5 75 0	
	Filing status: X Single Married fili				
	3: Complete direct deposit of refe				_
withir 7 F 8 A 9 1 1 E 1 1 E		savings	Electronic payments will	(e.g., debit, deposit) with financial institutions local not be accepted and refunds will be via paper che	
		turo (Cian only of	tor completing Step (2 and if applicable Stan 2 \	
Step		tly deposited as desi	gnated in Step 3 and de	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.	
	I authorize the Illinois Department of F withdrawal as designated in the electro financial institutions involved in the pr necessary to answer inquiries and res	onic portion of my 202 ocessing of an electr	 Illinois Original or Ame onic overpayment of tax 	agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the ses to receive confidential information	
×	I do not want direct deposit of my refu	nd, or an electronic f	unds withdrawal (direct	debit) of my balance due.	
returr and a been Sign	n originator (ERO) are identical. To the bes accompanying information may be sent to l accepted or rejected. If rejected, I authoriz	t of my knowledge, my DOR by my ERO. I at te IDOR to identify the	/ return is true, correct, ar uthorize IDOR to inform m reason(s) so the return n	-X and the information I provided to my electronic nd complete. I consent that my return, this declarating ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.	ion
	Your signature	Date		ure (if joint return, both must sign) Date	
l decl inforr		electronic Form IL-1 of this program and d	040 or IL-1040-X, the in leclare, under penalties	d signature nformation on this Form IL-8453, and accompanyi of perjury, that to the best of my knowledge the	ing
				_ Check if paid preparer: ☒ (See instructions.	.)
	ERO's signature		Date		,
ERO	GLOBAL TAXES LLC			$ \frac{P}{YOUT} \frac{0}{PTIN} \frac{2}{} \frac{4}{} \frac{7}{} \frac{0}{} \frac{8}{} \frac{3}{} \frac{3}{} $	3_
use	Firm's name or your name if self-employed				
only	245 ROONEY CT Mailing address				-
	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).

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

