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

141-63-2164

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2024.

REV 02/14/24 PRO

9.00

Payment amount

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.

STALIN THOMAS 600 McCLURG CT 2903 CHICAGO IL 60611

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.

, ,								
STA	-63-2164 19 LIN McCLURG CT CAGO	IL	THOMAS 60611	2903 COOK				
			STALINTHOMAS.					
					filing separately Widow			
		-	•	_	s a dependent. See instructio		-	
D Ch	eck the box if this app	lies to y	ou during 2023:	■ Nonreside	ent - <b>Attach</b> Sch. NR 🔲 Pa	art-year resident		
Ste	ep 2: Income						(Who	ole dollars only)
1	Federal adjusted gro						1	111,617.00
2 3	Other additions. <b>Atta</b>			come from you	ur federal Form 1040 or 104	0-SR, Line 2a.	2 3	3.00
4	Total income. Add L						4	111,620.00
Ste	p 3: Base Income							
5	Social Security bene	fits and	certain retiremen	t plan income	received if included			
	in Line 1. Attach Pa					5	.00	
6	Illinois Income Tax ov Schedule 1, Ln. 1.	verpaym	ent included in fe	deral Form 10	40 or 1040-SR,	6	.00	
2 7	Other subtractions.	Attach S	Schedule M.			7	.00	
8	Add Lines 5, 6, and			subtractions.			8	.00
9	Illinois base incom	e. Subtra	act Line 8 from Li	ne 4.			9	111,620.00
	p 4: Exemptions -							
10	a Enter the exemption					a2,4		
3	<ul><li>b Check if 65 or old</li><li>c Check if legally bl</li></ul>		] You + ☐ Sp		checkboxes X \$1,000 = checkboxes X \$1,000 =			
					edule IL-E/EIC, Step 2, Line 1		.00	
5	Attach Schedule IL	E/EIC.				d	0.00	
. —	Exemption allowan		Lines 10a throug	h 10d.			10	2,425.00
	p 5: Net Income ar							
11	Residents: Net inco				et income from Cobadula ND	Attack Cobodula	ND 44	109,195.00
12	Residents: Multiply				et income from Schedule NR	. Attach Schedule	FINK. II	109,193.00
	Nonresidents and		• ,				12	5,405.00
13	Recapture of investr					`	13	.00
14	Income tax. Add Lin			less than zer	0.		14	5,405.00
	ep 6: Tax After Non					4.00		
15 16	Income tax paid to a				<b>Attach</b> Schedule CR. gency worker credit amount	15	.00	
10	from Schedule ICR.		•	nanteer emer	gency worker credit amount	16	.00	
17	Credit amount from			Schedule 12	99-C.	17	.00	
18			•		annot exceed the tax amoun	t on Line 14.	18	0.00
19	Tax after nonrefund	dable cr	edits. Subtract L	ine 18 from Li	ne 14. 		19	5,405.00
	p 7: Other Taxes						20	.00
<b>S</b> 20	HOUSEDOID AMDIOVM							
			See instructions.	-state nurcha	ses from LIT Worksheet or L	IT Table	20	.00
21		mail ord	er, or other out-of	-state purcha	ses from UT Worksheet or U	JT Table	21	0.00
21	Use tax on internet, in the instructions. <b>D</b>	mail ord o <b>not</b> le of Medic	er, or other out-of ave blank. al Cannabis Prog	-	ses from UT Worksheet or U			_

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.



							5 405
	al tax from Page 1, Line 23					24	5,405.00
-	Payments and Refund						
	is Income Tax withheld. <b>At</b>				<b>25</b> 5	,396 <sub>.00</sub>	
	mated payments from Form						
	iding any overpayment app				26	.00	
	s-through withholding. Attac				27		
	s-through entity tax credit. A				28	.00	
	ed Income Credit from Sch				. 29	.00	F 206
30 Tota	l payments and refundab	ole credit. Add Lines	25 through	29.		30	5,396 <sub>.00</sub>
Step 9:	Total						
<b>31</b> If Lin	e 30 is greater than Line 24,	, subtract Line 24 fro	m Line 30.			31	.00
<b>32</b> If Lin	e 24 is greater than Line 30,	, subtract Line 30 fro	m Line 24.			32	9.00
Step 10	: Underpayment of Est	timated Tax Pena	alty and Do	nations			
	-payment penalty for under		•		33	.00	
	Check if at least two-third	•		s from farming.			
	Check if you or your spou			-	g home.		
	Check if your income was		-	-	-	on Form IL-221	0.
_	Attach Form IL-2210.	ĺ		,	•		
dГ	Check if you were not req	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
	ntary charitable donations.				34	.00	
	I penalty and donations.					35	.00
	: Refund or Amount yo						
-	u have an amount on Line		is greater th	an Line 35_subtract l	ine 35 from Line	31	
-	is your <b>overpayment</b> .	or and the amount	io groator tri	arr Eirio oo, oabtraot	LINO OO NOM LINO	36	.00
	unt from Line 36 you want i	refunded to you. Cl	neck <b>one</b> bot	x on Line 38. See inst	ructions	37	
	•	-	TOOK ONG DO	K OTT EINTO GO. GOO ITTO	a dollorio.	<u> </u>	
	oose to receive my refund b	•	la ifa ab	a ale thair a have			
a∟	direct deposit - Complete	e the information be	low if you cr	ieck this dox.			
	You may also contribute	Routing number			Checkir	ng or Savin	gs
	to college savings funds here. See instructions!	Account number					
	] paper check.						
<b>39</b> Amo	unt to be <b>credited forward.</b>	Subtract Line 37 from	om Line 36.	See instructions.		39	.00
40 If yo	u have an amount on Lin	e 32, add Lines 32	and 35. <b>If yo</b>	ou have an amount o	on Line 31, and t	nis amount	
is les	ss than Line 35, subtract Li	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the am	ount	
from	Line 35. This is the amou	nt you owe. See ins	structions.	•	-	40	9.00
01 40	N. 11141. I		- 4				
	2: Health Insurance Ch	•					
	Check this box and include						
	agencies in order to detern	nine your eligibility to	or nealth ins	urance benefits. See	instructions for m	iore information	1-
Signatu	Ire - Note: If this is a joint re	turn both you and y	aur anguag m	aust sign bolow			
	enalties of perjury, I state t				my knowledge it	is true correct	and complete
Officer p	challes of perjuly, I state t	mat i nave examine	a tillo rotarr	i, and to the best of i	ny knowicage, it	is true, correct	, and complete:
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here	Tour digitataro	2 413 ( 44, 33, 33, 33, 33	opoulou o o.g		Date (IIIII/dd/yyyy)		
	Drink/True a resistance		D=:-1	w!i	D ( )	<u>`</u>	-7928
Paid	Print/Type paid preparer's nar		Paid prepare	r's signature A RAM SAGAR GUPTA	Date (mm/dd/yyyy) 04/12/2024		Paid Preparer's PTIN
Preparer	SYAM PRIYA RAM SAGAR	sen-employed	P02082703				
Use Only	Firm's name GLOBA	843171965	5				
JUJ Ulliy	Firm's address > 245 F	ROONEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	-9522
Third	Designee's name (please prir			Designee's phone num	her	<u> </u>	e Department may
Party				, , ,	51	_	turn with the third
Designee				( )		party designee	e shown in this step.
	Refer to the 20	023 IL-1040 Ins	struction	s for the addre	ss to mail ve	our return	

IL-1040 Back (R-12/23) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/14/24 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	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)

	ALIN THOMAS ur name as shown	on Form IL-1040	1 Your So									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag Distributions	olumn D es, Winnings, G , Compensation								
1	W	83-3609704 000 0	_ \$	111,494 <b>.0</b> 0	<u>0</u>	\$	111,494 <u>•00</u>	\$_	5,3	96 <u>•00</u>		
2			_ \$	•00	<u>0</u>	\$	•00	\$_		<u>•00</u>		
3			_ \$	•00	<u>0</u>	\$	•00	\$_		<u>•00</u>		
4			_ \$	•00	<u>0</u>	\$	•00	\$_		<u>•00</u>		
5			_ \$	•0	<u>0</u>	\$	•00	\$_		<u>•00</u>		

# Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

You	ur spouse's name a	as shown on Form IL-1040		Your spouse's	Social Security	number		"
Column A Form type		Column B Employer/Payer Identification Number	Federal Wages	lumn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions,			
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
9			\$	•00	\$	•00	\$	<u>•00</u>
10			\$	•00	\$	•00	\$	<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** \$ 5,396**.00** 

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





## Illinois Department of Revenue

					_								_							
Submission ID																				

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

Ø	do not mail Form IL-8453 to the	e Illinois Departn	nent of Revenue un	less it is requested for review.)	
Print	600 McCLURG CT 2903	THOMAS (and last name if different)			6 4
type	Mailing address			Spouse's Social Security number	
	CHICAGO	IL	60611	(317) 457-7928	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from tax re	eturn	Choose one: X	IL-1040 🔲 IL-1040-X	
	Net income from Form IL-1040 or IL-1040-X			<u> </u>	
	Tax from Form IL-1040 or IL-1040-X, Line 1			2 5,405	
	Ilinois Income Tax withheld from Form IL-10		• `	none) 35,396	
	Overpayment from Form IL-1040, Line 36 o			4	_1 <u>00</u> 91 <u>00</u>
	Fotal amount due from Form IL-1040, Line 4 Filing status: X Single Married filing				<u> </u>
	3: Complete direct deposit of refun	_			
7 F 8 A 9 T 10 E	The United States or those not funded by in Routing no. (RN):	avings ndrawn:/_/	ectronic payments will n	ot be accepted and refunds will be via pape	r check
Step	4: Taxpayer declaration and signatu	re (Sign only after	r completing Step 2	and, if applicable, Step 3.)	
	correct. If I have filed a joint return, this is	s an irrevocable app	ointment of the other sp		
	I authorize the Illinois Department of Rewithdrawal as designated in the electronic financial institutions involved in the procenecessary to answer inquiries and resolved.	c portion of my 2023 I essing of an electron	Illinois Original or Amendic ic overpayment of taxes	led Individual Income Tax return. I authorize	the
×	I do not want direct deposit of my refund	, or an electronic fun	ds withdrawal (direct de	ebit) of my balance due.	
return and a been	r penalties of perjury, I declare the information originator (ERO) are identical. To the best of ecompanying information may be sent to IDC accepted or rejected. If rejected, I authorize I	my knowledge, my re R by my ERO. I auth	eturn is true, correct, and orize IDOR to inform my	complete. I consent that my return, this decl ERO and/or the transmitter when my return h	laration
Sign	Your signature	Date	Snouse's signature	(if joint return, <b>both</b> must sign) Date	
Step I decl inforn	5: Electronic return originator (ERC lare that I have examined this taxpayer's el- nation. I have followed all requirements of t layer's return and accompanying information	o) and paid prepa ectronic Form IL-104 his program and dec	rer declaration and a 40 or IL-1040-X, the info clare, under penalties of	signature rmation on this Form IL-8453, and accomp	
			04/12/2024	Check if paid preparer: X (See instruct	ions )
	ERO's signature		Date	2.100 para proparor. Est (Occ mandet	.5.10.)
ERO	GLOBAL TAXES LLC			<u>P 0 2 0 8 2 7 0</u>	) 3
ERO use	Firm's name or your name if self-employed			Your PTIN	
only	245 ROONEY CT			8 4 - 3 1 7 1 9 6	_5_
-	Mailing address	NIT	00016	Federal employer identification number (FEIN)	
	E BRUNSWICK City	NJ State	08816 ZIP	(678) 965-9522  Daytime phone number	
				<u> </u>	

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.

