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.

PAV SHI 323 KAT	PAVANLOGAM1@GMAIL.COM		
	ng status: Single Married filing jointly Married filing separately Widowed Head of ho		
	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. \Box You \Box Sp	ouse	
D Ch	eck the box if this applies to you during 2023: x Nonresident - Attach Sch. NR Part-year resident - A		
Ste 1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	(Whole 1	e dollars only) 62,428.00 .00 .00 62,428.00
Ste 5 6 7 8 9	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	.00	.00 62,428.00
•	p 4: Exemptions - See instructions for income limitations a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b 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. Exemption allowance. Add Lines 10a through 10d.	0.00 .00 .00 .00	4 , 850.00
11	P 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	R.11 12 13 14	36,935.00 1,828.00 .00 1,828.00
Ste 15 16 17 18 19	p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	 00 0 	0.00 1,828.00
Ste 20 21 22 23	Household employment tax. See instructions. 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. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22.	20 21 22 23	.00 0.00 .00 1,828.00



24	Total tax from Page 1, Line 23.				24	1,828. <u>00</u>
Step	8: Payments and Refundal	ole Credit				
25 III	linois Income Tax withheld. Atta	ch Schedule IL-W	/IT.	25 1,	, 982. 00	
26 E	stimated payments from Forms	IL-1040-ES and I	L-505-I,			
in	cluding any overpayment applie	d from a prior yea	ar return.	26	.00	
	ass-through withholding. Attach			27	.00	
	ass-through entity tax credit. Atta			28	.00	
			o 4, Line 9. Attach Schedule IL-E/EIC	29	.00	
30 T	otal payments and refundable	credit. Add Lines	s 25 through 29.		30	1,982.00
Step	9: Total					
31 If	Line 30 is greater than Line 24, so	ubtract Line 24 fro	m Line 30.		31	154. 00
32 If	Line 24 is greater than Line 30, s	ubtract Line 30 fro	m Line 24.		32	.00
Step	10: Underpayment of Estin	nated Tax Pena	alty and Donations			
33 L	ate-payment penalty for underpa	syment of estimat	ed tax.	33	.0_	
	☐ Check if at least two-thirds of		_			
			and permanently living in a nursin	-		
С	_	ot received evenly	/ during the year and you annuali	zed your income o	n Form IL-221	10.
	Attach Form IL-2210.					
			is Individual Income Tax return in			
	oluntary charitable donations. A			34	<u>.00</u> 35	.00
	otal penalty and donations. Ad		4.		35	.00
-	11: Refund or Amount you		is greater than Line 25, subtreet	Lina 25 from Lina (21	
	you have an amount on Line 51 his is your overpayment .	and this amount	is greater than Line 35, subtract	Line 35 irom Line (36	154.00
		funded to you. Cl	heck one box on Line 38. See ins	tructions	30 <u></u>	154.00
	•	unded to you.	TICCK ONE BOX ON LINE 30. OCC INS	iruotioris.	<u> </u>	101.00
	choose to receive my refund by	ha information ha	Now if you shock this box			
а	☑ direct deposit - Complete t					
	You may also contribute R to college savings funds	louting number	0 7 2 0 0 0 8 0 5	X Checkin	g or Savir	ngs
		ccount number	3 7 5 0 1 4 2 9 9	5 1 6	F	
b	paper check.					
	mount to be credited forward. S	ubtract Line 27 fr	om Line 26. See instructions		39	.00
						.00
	-		and 35. If you have an amount			
			If Lines 31 and 32 are blank (ze	ero) , enter the amo	ount 40	.00
	om Line 35. This is the amount	you owe. See ins	Structions.		40	.00
Step	12: Health Insurance Chec	kbox and Sigr	nature			
41			s in Step 1 if IDOR may share you			
	agencies in order to determin	e your eligibility f	or health insurance benefits. See	instructions for mo	ore information	n.
Sian	ature - Note: If this is a joint retur	n both you and w	our engues must sign holow			
_			d this return, and to the best of i	my knowledge it i	s true correc	t and complete
						.,
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone	e number
Here					(510) 320)-8690
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA T		SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/24/2024		P02082703
Prepare	er Firm's name	TAXES LLC		Firm's FEIN	84317196	
Use On	Firm's address 245 RO		BRUNSWICKNJ 08816	Firm's phone	(678) 965	
Third	Designee's name (please print)	ONE! CT F				
Party	besignees marrie (piease print)		Designee's phone nun	nper	L Cneck if th	e Department may
					discuss this re	eturn with the third
Design	ee		()			eturn with the third e shown in this step.

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





Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

V	VAN KUMAR LOGAM & SHIRISHA GOUDI 8 2 5 _ 6	8 .	_ 1 4 3 1	
YOU	r name as shown on your Form IL-1040 Your Social Security			
Step	1: Provide the following information			-
1 We	re you, or your spouse if "married filing jointly," a full-year resident of Illinois during the	e tax y	year?	
	Yes X No If you answered "Yes," STOP you cannot use this for	m (se	ee instructions).	'
2 If y	ou, or your spouse if "married filing jointly," were a part-year resident during the tax ye			tes for 2023.
a I liv	red in Illinois from / / <u>2</u> <u>3</u> to / / <u>2</u> <u>3</u>		/ / <u>2 3</u> to Month Day Year Mo	
b My	spouse lived in Illinois from / / 2 <u>3</u> to / / <u>2</u> <u>3</u> , and State			/ / <u>2</u> <u>3</u> onth Day Year
	ou were a resident of any of the states listed below during the tax year, if you were in s in the military, or if you elected to use your service member spouse's state of reside			
	lowa	t you	Military Spouse claimed residency for ta	x purposes in 2023.
uic icii				
	nainder of this schedule following the instructions for your residency. Attach Schedul 3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column E	ed (gross income d the Column B instru	uctions.
	3: Figure the Illinois portion of your federal adjust	ed (gross income	
Enter t	3: Figure the Illinois portion of your federal adjust	ed (gross income d the Column B instru Column A	uctions. Column B
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	ed (gross income d the Column B instru Column A Federal Total	uctions. Column B Illinois Portion
Enter	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	ed (3, read 5 _ 6 _	gross income d the Column B instru Column A Federal Total	Column B Illinois Portion 40,049.00
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	ed (3, read 5 _ 6 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00	Column B Illinois Portion 40,049.00
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	ed (3, read 5 _ 6 _ 7 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00	Column B Illinois Portion 40,049.00
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes	ed (3, read 5 _ 6 _ 7 _ 8 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00	Column B Illinois Portion 40,049.00 .00
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	ed (3, read 5 _ 6 _ 7 _ 8 _ 9 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00
Enter t	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	ed (3, read 5 _ 6 _ 7 _ 8 _ 9 _ 10	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	ed (3, read 5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	ed (5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00 .00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00 .00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	ed (3, read 5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00 .00 .00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	ed (3, read 5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00 .00 .00 .00 .00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	ed (5 _ 6 _ 7 _ 8 _ 9 _ 10 _ 11 _ 12 _ 13 _ 14 _	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Column B Illinois Portion 40,049.00 .00 .00 .00 .00 .00 .00 .00 .00
Enter 1	3: Figure the Illinois portion of your federal adjust the amounts from your federal return in Column A. Before completing Column B. Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) Taxable interest (federal Form 1040 or 1040-SR, Line 2b) Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) Capital gain or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 4) Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) Rental real estate, royalties, partnerships, S corporations, trusts, etc.	ed (3, read 5 _ 6 _ 7 _ 9 _ 10 _ 11 _ 12 _ 11 _ 11 _ 11 _ 11 _ 11	gross income d the Column B instru Column A Federal Total 62,428.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

Continue with Step 3 on Page 2

18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)

19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.

20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.

.00

00



Schedule NR - Page 2

Step	3: Continued - Adjustments to Income	Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	40,049.00
22		22 .00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis		
		23	.00
	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	.00	
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,	25	00
26	Schedule 1, Line 14) Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 2		.00
	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	27 <u>.00</u>	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)		.00
29			.00
30		30 .00	.00
31		31	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)		.00
33		33	
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	.00	.00
35	Other adjustments (see instructions)	.00 <u>.00</u>	.00
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal		
	adjustments to income.	36	
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	62,428.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gros	ss income. 38	40,049.00
40 41	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		.00 .00 .1 40,049.00
	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	.00	
43		.00	.00
44		14 .00	.00
	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00
46 47 48 49 50	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	46 47 62,428.00 48 0 • 642 49 4,850.00 50 51	3,114.00 36,935.00
52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zee Enter the amount here and on your Form IL-1040, Line 12. This is your tax.	52	1,828.00





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
Ц	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)

ation Number I	Federal Wages,	Your Social Se	,	lumn D	C	
oyer/Payer ation Number	Federal Wages,		Co	lumn D	C	
		mpensation, etc.		s, Winnings, Gros Compensation, et	s Illin	olumn E ois Income withheld
0845325	\$6	52,428 <u>•00</u> •00	\$ \$	40,049 .00		1,982.00
	\$	•00	\$	•00	\$	•00
	\$	•00	\$	•00 F		•00
Form IL-1040		6 7 5 Your spouse's S	Social Security	12 number	26	6 6
	Federal Wages,	mn C Winnings, Gross empensation, etc.	Illinois Wages	lumn D s, Winnings, Gros Compensation, et	Co s Illin	olumn E ois Income c Withheld
oyer/Payer	Federal Wages,	Winnings, Gross empensation, etc.	Illinois Wages	lumn D s, Winnings, Gros Compensation, et	Co s Illin	olumn E ois Income
oyer/Payer ation Number I	Federal Wages, Distributions, Co \$ \$	winnings, Gross ompensation, etc. •00 •00	Illinois Wages Distributions, \$	lumn D s, Winnings, Gros Compensation, et	Co s Illin	olumn E ois Income c Withheld •00
oyer/Payer ation Number I	Federal Wages, Distributions, Co	Winnings, Gross impensation, etc. •00 •00	Illinois Wages Distributions,	lumn D s, Winnings, Gros Compensation, et	S Illin to. Tax	olumn E ois Income c Withheld •00
		·	s s s s s s s s s s s s s s s s s s s	s •00 \$ s ithholding records (include all W-2 and 1099 forms	\$.00 \$.00	s oo s oo s s s oo s s s oo s s s oo s s s oo s oo s s s oo s s s oo s oo s s s oo s oo

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

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.

1,982.00

11 \$

\succeq	— Wineie Denestment of Denestre
(25)	Illinois Department of Revenue
Ż	2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration
	√ (<u>Do not mail</u> Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)
Ste	PAVAN KUMAR SHIRISHA GOUDI LOGAM 8 2 5 - 6 8 - 1 4 3 1 First name and middle initial Spouse's first name (and last name if different) Last name Comparison
Pri or typ	## 3230 FM 1463 RD 12303 Mailing address KATY TX 77494 City State TX ZIP 6 7 5 - 2 1 - 2 6 6 6 Spouse's Social Security number (510) 320-8690 Daytime phone number
Ste	2: Complete information from tax return Choose one: X IL-1040 IL-1040-X
1 2 3 4 5	Net income from Form IL-1040 or IL-1040-X, Line 11 1 36,935 00 Tax from Form IL-1040 or IL-1040-X, Line 14 2 1,828 00 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 1,982 00 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 154 00 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 100 Filing status: SingleX_ Married filing jointly Married filing separately Widowed Head of household
To i	p 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois in not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located in the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 7 2 0 0 0 8 0 5 Account no. (AN): 3 7 5 0 1 4 2 9 9 5 1 6
9	Type of account: X Checking Savings
	Date the payment is to be electronically withdrawn:/
	Electronic funds withdrawal amount:
	Name on account:
	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. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. 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 authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.
retu and	er 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 in originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has a accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.
Siç	
	e Your signature Date Spouse's signature (if joint return, both must sign) Date 5: Electronic return originator (ERO) and paid preparer declaration and signature
JIL	o o, Electronic return onwinator (EIXO) and paid preparer utclaration 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.

01/24/2024 **Check if paid preparer: ☒** (See instructions.) ERO's signature Date GLOBAL TAXES LLC **ERO** Firm's name or your name if self-employed use 245 ROONEY CT only Mailing address 08816 (678) 965-9522 E BRUNSWICK 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.

