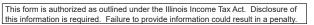
or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

Α	1									
		-49-2265 /ANA	1995		RAJANI					
-	1904	ESTRADA PE	YWY					RARADAPARA		
-	IRVI	ING	TX	75	5061		CROSS REPUBLICATIONS IN REAL	HANDARA KANDANAZI POTUN		
				ВНА	VANARAJANI17@GM	AIL.COM				
			_	_		larried filing separate	_			
С	Che	eck If someone c	an claim y	ou, or y	our spouse if filing jo	intly, as a dependent	. See instruction	ns.	Spouse	
D			applies	to you o	during 2023: No	nresident - Attach S	ich. NR 🗶 Pai	rt-year resident -		. NR e dollars only)
		2: Income		_					(VVIIOR	• •
	1					n 1040 or 1040-SR, L		0 CD 1 in a 0 a	1	54,961.00
	2	Other additions.				om your federal Fori	m 1040 or 1040	J-SR, Line Za.	2 3	.00 .00
	4	Total income.							4	54,961.00
	Stor	o 3: Base Inco			<u> </u>					
				and cert	ain retirement plan i	ncome received if inc	cluded			
		in Line 1. Attacl				noonio rooonou ii iii	oladod	5	.00	
	6					orm 1040 or 1040-SF	₹,			
2		Schedule 1, Ln.	1.					6		
2	7	Other subtractio						7	.00	
5					e total of your subtra	ctions.			8	.00 54,961.00
3	9				Line 8 from Line 4.				9	54,961.00
Ś		_			tions for income limit			2 4	25	
3	10		•			spouse. See instruc			25 .00	
7		b Check if lega			ou + Spouse ou + Spouse	# of checkboxes # of checkboxes				
						m Schedule IL-E/EIC,			00	
2		Attach Sched					, ctop <u>_</u> , <u>_</u> c	d	0.00	
2					es 10a through 10d.				10	2,425.00
)	Ster	5: Net Incom	e and T	ax						
					ct Line 10 from Line	9.				
Γ		Nonresidents a	and part-	year re	sidents: Enter the III	inois net income from	n Schedule NR.	Attach Schedule	NR. 11	27,406.00
	12					ot be less than zero.				1 2
	40					ax from Schedule NF	₹.		12	1,357.00
-					dits. Attach Schedul 3. Cannot be less th				13 14	.00 1,357 _{.00}
2						an zero.				17337.00
2	-	o 6: Tax After						45	00	
1						dent. Attach Schedur r emergency worker		15	.00	
2	10	from Schedule I				emergency worker	credit amount	16	.00	
3	17				299-C. Attach Sched	dule 1299-C.		17	.00	
ב ב						dits. Cannot exceed	the tax amount	on Line 14.	18	0.00
5	19	Tax after nonre	fundable	credit	t s. Subtract Line 18 t	from Line 14.			19	1,357.00
3	Step	7: Other Tax	es							
_	_	Household emp		ax. See	e instructions.				20	.00
2	21					purchases from UT V	Vorksheet or U	T Table		_
3	22	in the instruction							21	0.00
_		•			-	t and sale of assets b	by gaming licens	see surcharges.	22	
7	23	Total Tax. Add l	ines 19,	∠U, ∠1,	and 22.				23	1,357.00

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





					• • • • • • • • • • • • • • • • • • • •				
24 Tot	al tax from Page 1, Line 23						24	1,357.00	
Step 8:	Payments and Refund	able Credit							
25 Illino	ois Income Tax withheld. Att	t ach Schedule IL-W	IT.			25 1	,419 _{.00}		
26 Estir	mated payments from Form	s IL-1040-ES and II	505-I,						
	ıding any overpayment app					26	.00		
	s-through withholding. Attac					27			
	s-through entity tax credit. A	.00							
	ned Income Credit from Scho				chedule IL-E/EIC	. 29		1 410	
	l payments and refundab	le credit. Add Lines	25 through	29.			30	1,419.00	
Step 9:	Total								
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 from	n Line 30.				31	62.00	
32 If Lin	ne 24 is greater than Line 30,	subtract Line 30 from	m Line 24.				32	.00	
Step 10	: Underpayment of Est	imated Tax Pena	Ity and Do	natio	ns				
	-payment penalty for under	• •				33	.00		
	Check if at least two-third				-				
	Check if you or your spou		-	-	-	-			
СГ	Check if your income was	not received evenly	during the y	ear an	id you annuali	zed your income o	on Form IL-221	0.	
4 -	Attach Form IL-2210.	uirad ta fila an Illina	اميانين المانية	Incom	a Tay raturn in	the provious tax	(0.0°		
	Check if you were not req ntary charitable donations.			IIICOIII	e iax return in	34	,00		
	Il penalty and donations.					34	<u>.00</u> 35	.00	
	: Refund or Amount yo		т.					.00	
-	u have an amount on Line		is greater the	an Line	25 cubtract	ino 35 from Lino	21		
-	is your overpayment .	or and this amount	is greater the		5 33, Subtract i	LINE 33 HOIN LINE	36	62.00	
	ount from Line 36 you want r	refunded to you. Ch	neck one box	on Lir	ne 38. See inst	ructions	37	62.00	
	pose to receive my refund b	-					<u> </u>		
	direct deposit - Complete	•	low if you ch	ock thi	is hov				
a Z				_					
	You may also contribute to college savings funds	Routing number	0 8 1 9	0 4	4 8 0 8	X Checkin	g or Savin	gs	
	here. See instructions!	Account number	2 9 1 0	2 8	8 9 9 7	4 5 4			
ьг	Inonor obook								
	paper check. punt to be credited forward.	Subtract Line 27 fro	m Lino 36 9	Soo inc	structions		39	.00	
								.00	
-	ou have an amount on Lin		-						
	ss than Line 35, subtract Lin Line 35. This is the amour			and 32	are blank (ze	ero), enter the am	ounւ 40	.00	
110111	TEITIE 33. THIS IS THE attiout	it you owe. See ins	structions.				40	.00	
Step 12	2: Health Insurance Ch	eckbox and Sign	ature						
	Check this box and include								
	agencies in order to determ	nine your eligibility for	or health insu	urance	benefits. See	instructions for m	ore informatior	l.	
Signatu	INO Notes If this is a laint rat	turn both you and ye		unot oig	n halaw				
	Ire - Note: If this is a joint refeaalties of perjury, I state t					my knowledge it	is true correct	and complete	
Onder p	challes of perjury, i state t	nat i nave examine	a tino retain	, and t	o the best of t	ily kilowicage, it	is true, correct	, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	number	
Here						(, , , , , , , , , , , , , , , , , , ,	(708) 673		
	Print/Type paid preparer's nar	ne	Paid prepare	r's sian	ature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA				R GUPTA TALLAM	02/16/2024		P02082703	
Preparer			DIAM TALLA K	אטאט וייז	W GOLIW IMPHWI				
Use Only		L TAXES LLC				Firm's FEIN	84317196		
Thind			BRUNSWICE	O UNX	8816	Firm's phone	(678) 965		
Third	Designee's name (please prin	nt)		Design	nee's phone num	nber	_	Department may	
Party Designee				()		discuss this return with the third party designee shown in this step.		
Designee		122 4040	401141	\	the salates	00 40 molli		. с.лоти и ино отор.	
	Refer to the 20	123 IL-1040 Ins	structions	s tor	tne addre	ss to maii yo	our return.		

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/12/24 PRO





Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

BHAVANA RAJANI

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

1 9 0 _ 4 9 _ 2 2 6 5

Your name as shown on your Form IL-1040 Your Social Securi	ty numbe	er	
Step 1: Provide the following information			
1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during	the tax	year?	
Yes No If you answered "Yes," STOP you cannot use this	form (se	ee instructions).	
2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax	•	,	ites for 2023
	from	<u>01</u> / <u>01</u> / <u>2</u> <u>3</u> to <u>0</u> Month Day Year Mo	<u>16 / 13 / 2 3</u>
b My spouse lived in Illinois from / / <u>2 3</u> to / / <u>2 3</u> , and State		n//	
3 If you were a resident of any of the states listed below during the tax year, if you were was in the military, or if you elected to use your service member spouse's state of resident of the states of the states are stated below during the tax year, if you were was in the military, or if you elected to use your service member spouse's state of resident or the states are stated below during the tax year, if you were was in the military, or if you elected to use your service member spouse's state of resident or the states.			
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin 4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, the state of the control of the contr	[hat you	Military Spouse	ax purposes in 2023.
Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if the remainder of this schedule following the instructions for your residency. Attach Sched Step 3: Figure the Illinois portion of your federal adjustenter the amounts from your federal return in Column A. Before completing Column	ule NR sted	to your Form IL-1040 gross income	i. '
Lines the amounts from your rederal return in Column A. Delore completing Column	г Б, геа	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5	41,096.00	28,672.00
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6	.00	
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	
			.00
8 Taxable refunds, credits, or offsets of state and local income taxes			.00
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00.
	8 ₋ 9 ₋	.00 .00	.00.
(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	9		.00 .00 .00
(federal Form 1040 or 1040-SR, Schedule 1, Line 1) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 10	.00	.00
 (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) 	9 10 11	.00 14,920.00	.00 .00 .00 .00

Continue with Step 3 on Page 2

14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)15 Rental real estate, royalties, partnerships, S corporations, trusts, etc.

16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)

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

17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) 17

(federal Form 1040 or 1040-SR, Schedule 1, Line 5)

.00

28,672.00

.00



Schedule NR - Page 2

Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 23 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 25 Schedule 1, Line 14) 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 33 RESERVED 33 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 0.00 .00 .00
 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 23 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 25 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) 27 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 0.00 .00 .00
Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 23 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 25 Schedule 1, Line 14) 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 33 RESERVED 33 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 0.00 .00 .00
government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 33 RESERVED 33 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	.00 .00 .00 .00 .00 .00 .00	.00 .00 0.00 .00 .00
 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) 24 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 RESERVED Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 .00 .00 .00 .00 .00 .00	.00 .00 0.00 .00 .00
 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 RESERVED Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 1,055.00 .00 .00 .00 .00	.00 0.00 .00 .00 .00
Schedule 1, Line 14) 25 26 26 27 28 29 29 29 20 20 20 20 21 22 22 23 24 25 26 26 26 27 28 29 29 29 20 20 20 20 21 21 22 23 24 25 26 27 28 29 29 20 20 20 20 21 21 22 23 24 25 26 27 28 29 29 29 20 20 20 20 21 21 22 23 24 25 26 27 28 29 29 29 20 20 20 20 21 21 22 23 20 20 20 21 21 22 23 24 25 26 27 27 28 29 29 29 29 20 20 20 20 20 20	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00
 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 RESERVED Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00
 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 RESERVED Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 .00 .00 .00 .00	.00 .00 .00
Schedule 1, Line 16) 27 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 33 RESERVED 33 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	.00 .00 .00 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 30 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 31 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 33 RESERVED 33 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	.00 .00 .00 .00	.00
 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 30 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 31 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 32 RESERVED 33 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	.00 .00 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) 33 RESERVED 33 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34	.00	
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)32 33 RESERVED 33 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34		.00
 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)32 33 RESERVED 33 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34 		.00
 33 RESERVED 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) 	00	
,	.00	.00
35 Other adjustments (see instructions) 35	.00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal		
adjustments to income.	36	0.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. 37	54,961.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross	income. 38	28,672.00
39 Enderally tay-exempt interest and dividend income (Form II -1040 Line 2) 39	00	00
	.00	
	.00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		28,672.00
, , ,	.00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,		
	.00	
Other Subtractions (Form IE-1040, Line 1)		.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	
Step 5: Figure your Illinois income and tax		
46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is		
your Illinois base income.	46	<u>28,672.00</u>
•		
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	ΓΛ Ω <i>C</i> 1ΩΩ	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9.	54,961.00	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate		
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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.	0 • 522	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10.		
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 49 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	0 • 522 2,425.00	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 49 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	0 • 522	1,266.00
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. 51 Subtract Line 50 from Line 46. This is your Illinois net income.	3 0 • 522 2,425.00 50	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 49 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. 51 Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	50 <u>0 • 522</u> 2,425.00 50 51	<u>1,266.00</u> <u>27,406.00</u>
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 49 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. 51 Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero	50 <u>0 • 522</u> 2,425.00 50 51	
If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. 47 Enter the base income from Form IL-1040, Line 9. 48 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. 48 Enter your exemption allowance from your Form IL-1040, Line 10. 49 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. 51 Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	50 <u>0 • 522</u> 2,425.00 50 51	





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)

	AVANA RAJANI ur name as shown	on Form IL-1040	<u>1 9</u> Your Soc	ial Security ı		9		2	6 5			
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column C ges, Winnings, G s, Compensation		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1	W	81-2608763 000	_ \$	41,096 .00	. \$	<u> </u>	28,672 •00	\$_	1	,419 .00		
2			_ \$	•00	. \$	<u> </u>	•00	\$_		•00		
3			_ \$	•00	. \$	<u> </u>	•00	\$_		<u>•00</u>		
4			_ \$	•00	. \$	<u> </u>	•00	\$_		•00		
5			_ \$	•00	. \$	<u> </u>	•00	\$_		<u>•00</u>		

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

Υοι	ır 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	umn C , Winnings, Gross Compensation, etc.	Co Illinois Wages Distributions,					
6			\$	•00	\$	•00	\$	•00		
7			\$	•00	\$	•00	\$	•00		
8			\$	<u>•00</u>	\$	<u>•00</u>	\$	•00		
9			\$	•00	\$	•00	\$	•00		
10			\$	<u>•00</u>	\$	<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 \$ 1,419**.00**

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





					_								_						L
Submission ID																			

_	(Do not man Form 12-6455 to the	Illinois Departm	ent of Revenue unle	ss it is requested for review.)	
Step	1: Provide taxpayer information BHAVANA	RAJANI		1 9 0 _ 4 9 _ 2 2 6	5
		and last name if different)	Last name	Social Security number	
Prin	1904 ESTRADA PKWY	,		,	
or type				Spouse's Social Security number	
type	IRVING	TX	75061	(708) 673-3737	
	City	State	ZIP	Daytime phone number	
Ster	2: Complete information from tax re	turn	Choose one: X I	L-1040 IL-1040-X	
-	Net income from Form IL-1040 or IL-1040-X,			127,406]	00
	Tax from Form IL-1040 or IL-1040-X, Line 14			21,357	
	Ilinois Income Tax withheld from Form IL-10		e 25 only (enter " 0 " if no		
	Overpayment from Form IL-1040, Line 36 or		(2000)	462	00
	Total amount due from Form IL-1040, Line 40		38		00
	Filing status: X Single Married filing j			owed Head of household	
Stor	3: Complete direct deposit of refund	l or alastronia fun	do withdrowol inform	nation (Ontional)	
within 7 18 7 9 10 11 12 1	correct. If I have filed a joint return, this isI authorize the Illinois Department of Reve	ernational funds. Election 8	completing Step 2 and declar intment of the other spoudesignated financial age inois Original or Amende	be accepted and refunds will be via paper ched, if applicable, Step 3.) e the information on Lines 7 through 9 is use as an agent to receive the refund. Into initiate an ACH electronic funds described individual Income Tax return. I authorize the	neck.
	necessary to answer inquiries and resolve				
	I do not want direct deposit of my refund,	or an electronic fund	ls withdrawal (direct debi	t) of my balance due.	
return and a	r penalties of perjury, I declare the information originator (ERO) are identical. To the best of a accompanying information may be sent to IDOF accepted or rejected. If rejected, I authorize ID	my knowledge, my ref R by my ERO. I autho	turn is true, correct, and co rize IDOR to inform my El	omplete. I consent that my return, this declara RO and/or the transmitter when my return has	
Sigr					
	Your signature	Date	1 0 (joint return, both must sign) Date	
I dec	5: Electronic return originator (ERO) lare that I have examined this taxpayer's elemation. I have followed all requirements of thayer's return and accompanying information	ctronic Form IL-1040 is program and decl	o or IL-1040-X, the inforn are, under penalties of p d complete.	nation on this Form IL-8453, and accompany erjury, that to the best of my knowledge the	
	ERO's signature		02/16/2024 Date	Check if paid preparer: (See instructions	š.)
			24.0		า
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			Your PTIN 2 0 8 2 / 0	
use	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5	
only	Mailing address			Federal employer identification number (FEIN)	-
	E BRUNSWICK	NJ	08816	(678) 965-9522	
	City	State	ZIP	Daytime phone number	
					$\overline{}$

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.

