

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
SWAPNIKA	KALLALA	850-17-2837
Present Home Address		A Spouse's Social Security Number
344 MAPLE AVENUE		
City, State and Zip Code		Online Filed Return <input type="checkbox"/>
DOWNS GROVE IL 60515		

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		75,670.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		75,670.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		66,740.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		3,580.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3,631.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		51.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 04-14-24	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	Date 04-14-24	EIN 843171965
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA	Date	SSN/PTIN P02082703
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip		EIN 843171965

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name SWAPNIKA	MI	Last Name KALLALA	Suffix	Your Social Security Number 850-17-2837	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number 874-94-5272	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 344 MAPLE AVENUE				Your Birth Date (mm-dd-yyyy) 07 - 20 - 1994	Spouse's Birth Date (mm-dd-yyyy) - -
City, Town or Post Office DOWNERS GROVE		State IL	ZIP Code 60515		
State of Residence IL	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. BATH				Locality Code 017
				<input type="checkbox"/> City OR <input checked="" type="checkbox"/> County	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 4 {
- 1 = Single. Federal head of household? YES
 - 2 = Married, Filing Joint Return - both must have Virginia income
 - 3 = Married, Spouse Has No Income From Any Source
 - 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name PRASHANTH REDDY NAYINI

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1			= 1	X \$930 = 930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
				X \$800 =

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	75670	00
2	Additions from Schedule 763 ADJ, Line 3.	2		00
3	Add Lines 1 and 2	3	75670	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	Add Lines 4a, 4b, 5, 6, and 7	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3	9	75670	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	Add Lines 10, 11, 12 and 13	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	66740	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	100.0	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	66740	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	3580	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	3631	00

LTD

\$

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XXXXXX



Your Name SWAPNIKA KALLALA	Your SSN 850-17-2837
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19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2023 Estimated Tax Payments.	20		00
21	2022 overpayment credited to 2023 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	3631	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28	51	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36	51	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	0 8 1 2 0 2 7 5 9	1 9 9 3 7 6 2 7 0 8 9 8		

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	75670	00	75670	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	0	00	0	00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	75670	00	75670	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			100.0%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number (404) 980-4030	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7 ID Theft PIN

2023 Schedule INC/CG

850172837

Report all W-2s, 1099s & VK-1s with VA Withholding



SWAPNIKA

KALLALA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
850172837	W	3631.	541190879	0012121911	75670.

Total VA Withholding	SSN	VA Withholding
You	850172837	3631.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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 02/14/24 PRO

850-17-2837

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2024.

\$ 46.00
Payment amount

SWAPNIKA KALLALA
344 MAPLE AVENUE
DOWNERS GROVE IL 60515

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 850172837 5 11011212 1 000004600



Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return

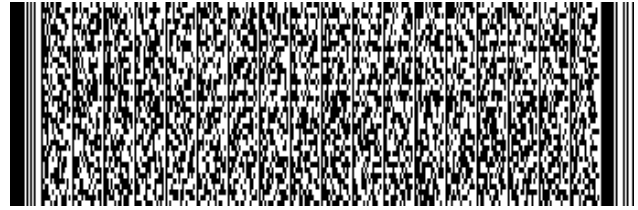
or for fiscal year ending ___ / ___ / ___

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

A

850-17-2837 1994 874-94-5272
 SWAPNIKA KALLALA
 PRASHANTH REDDY NAYINI
 344 MAPLE AVENUE
 DOWNERS GROVE IL 60515 DUPAGE

SWAPNIKAREDDY.SQL@GMAIL.COM



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	75,670.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	75,670.00

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	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	75,670.00

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,425.00	
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00	
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00	
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00	
Exemption allowance. Add Lines 10a through 10d.			10	2,425.00

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	73,245.00
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	3,626.00
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	3,626.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	3,580.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	3,580.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	46.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
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	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	46.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





Illinois Department of Revenue

2023 Schedule CR Credit for Tax Paid to Other States

Attach to your Form IL-1040

IL Attachment No. 17

Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; **and**
- you paid income tax to another state on income you earned while you were an Illinois resident; **and**
- the income subject to the other state's tax is included in your Illinois base income; **and**
- you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should **not** file this schedule if

- you were a **nonresident** of Illinois during the entire tax year; **or**
- you did **not** pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

SWAPNIKA KALLALA

Your name as shown on your Form IL-1040

8 5 0 - 1 7 - 2 8 3 7

Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.

Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
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Read the instructions before completing this step.

Income		Column A Total (Whole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	75,670.00	75,670.00
2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	.00	.00
3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	.00	
5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	.00	
6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	.00	.00
7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	.00	.00
8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	.00	.00
9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	.00	
10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	.00	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	0.00	0.00
12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	.00	.00
13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	.00	.00
14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	.00	
15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Identify each item. _____	.00	.00
16	Add Columns A and B, Lines 1 through 15.	75,670.00	75,670.00

Continue with Step 2 on Page 2 →

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Column A
Total
(Whole dollars only)

Column B
Non-Illinois Portion
(Whole dollars only)

17	Enter the amounts from Page 1, Line 16.	17	<u>75,670.00</u>	<u>75,670.00</u>
18	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18	<u>.00</u>	<u>.00</u>
19	Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19	<u>.00</u>	<u>.00</u>
20	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20	<u>.00</u>	<u>.00</u>
21	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21	<u>.00</u>	<u>.00</u>
22	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22	<u>.00</u>	<u>.00</u>
23	Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23	<u>.00</u>	<u>.00</u>
24	Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24	<u>.00</u>	<u>.00</u>
25	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25	<u>.00</u>	<u>.00</u>
26	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26	<u>.00</u>	<u>.00</u>
27	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27	<u>.00</u>	<u>.00</u>
28	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28	<u>.00</u>	<u>.00</u>
29	RESERVED	29		
30	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30	<u>.00</u>	<u>.00</u>
31	Other adjustments. See instructions.	31	<u>.00</u>	<u>.00</u>
32	Add Columns A and B, Lines 18 through 31.	32	<u>.00</u>	<u>.00</u>
33	Subtract Columns A and B, Line 32 from Line 17.	33	<u>75,670.00</u>	<u>75,670.00</u>

Adjustments to Income

Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Column A
Form IL-1040 Total
(Whole dollars only)

Column B
Non-Illinois Portion
(Whole dollars only)

34	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34	<u>.00</u>	<u>.00</u>
35	Other additions (Form IL-1040, Line 3)	35	<u>.00</u>	<u>.00</u>
36	Add Columns A and B, Lines 33, 34, and 35.	36	<u>75,670.00</u>	<u>75,670.00</u>
37	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37	<u>.00</u>	<u>.00</u>
38	Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38	<u>.00</u>	
39	Other subtractions (Form IL-1040, Line 7)	39	<u>.00</u>	<u>.00</u>
40	Add Columns A and B, Lines 37 through 39.	40	<u>.00</u>	<u>.00</u>
41	Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41	<u>75,670.00</u>	<u>75,670.00</u>

Illinois Adjustments

Continue to Page 3 →



Step 4: Figure your Schedule CR decimal

		Column A	Column B
Decimal	42	Enter the amount from Line 41, Column A and Column B.	75,670.00
	43	Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53.	1.000

Step 5: Part-year residents only (Full year residents, go to Step 6.)

Part-Year Only	44	Enter the base income from your Form IL-1040, Line 9.	.00
	45	Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000.	
	46	Enter the exemption amount from Form IL-1040, Line 10.	.00
	47	Multiply Line 45 by Line 46.	.00
	48	Subtract Line 47 from Column A, Line 42.	.00
	49	Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	.00

Step 6: Figure your credit

Credit for Tax Paid to Other States	50	If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin	
	51	Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include only : • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed.	3,580.00
	52	Illinois Residents: Enter your Illinois tax due from Form IL-1040, Line 12. Part-year Residents: Enter the amount from Step 5, Line 49.	3,626.00
	53	Enter the decimal amount from Step 4, Line 43 here.	1.000
	54	Multiply Line 52 by Line 53.	3,626.00
	55	Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.	3,580.00

Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.



2023 IL-84 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

SWAPNIKA KALLALA 8 5 0 - 1 7 - 2 8 3 7
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
344 MAPLE AVENUE Mailing address
DOWNERS GROVE IL 60515 (404) 980-4030
City State ZIP 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 73,245 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 3,626 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 0 | 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 46 | 00
6 Filing status: [] Single [] Married filing jointly [X] 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.
[X] 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. I consent that my return, this declaration, and 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 been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

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 04/14/2024 Date Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
245 ROONEY CT Mailing address 8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
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).

Do not mail Form IL-8453 and these documents unless requested for review.

