

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 02/12/24 PRO

332-96-7429

Your Social Security number

350-94-4248

Spouse's Social Security number

**Your payment is due April 15, 2024.**

\$ 955.00  
Payment amount

ALI ASGHER HUSAIN & RAMNIK GILL  
8 MESA DR  
SOUTH BARRINGTON IL 60010

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 332967429 9 08211901 5 000095500



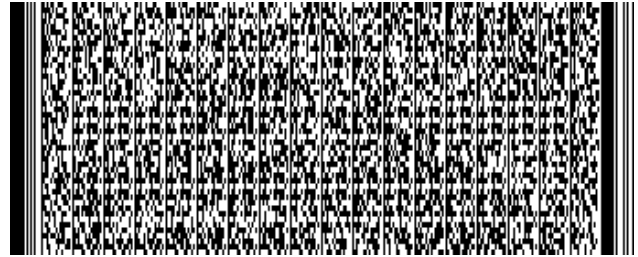
Illinois Department of Revenue  
**2023 Form IL-1040**  
 Individual Income Tax Return

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**

332-96-7429 1977 350-94-4248 1980  
 ALI ASGHER HUSAIN  
 RAMNIK GILL  
 8 MESA DR  
 SOUTH BARRINGTON IL 60010 COOK  
 AAHUSAIN@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	517,377.00
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	<b>Total income.</b> Add Lines 1 through 3.	4	517,377.00



**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	3,500.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	3,500.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	513,877.00

Staple W-2 and 1099 forms here

**Step 4: Exemptions - See instructions for income limitations**

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	.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	.00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	10	.00



**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9.		
	<b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	513,877.00
12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	25,437.00
	<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.		
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	25,437.00

Staple your check and IL-1040-V

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.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	0.00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	25,437.00

**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	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	25,437.00





24 Total tax from Page 1, Line 23. 24 25,437.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 24,482.00  
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00  
 27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00  
 28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00  
 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. **Attach** Schedule IL-E/EIC. 29 .00  
 30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 24,482.00

**Step 9: Total**

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 .00  
 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 955.00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

33 Late-payment penalty for underpayment of estimated tax. 33 .00  
 a  Check if at least two-thirds of your federal gross income is from farming.  
 b  Check if you or your spouse are 65 or older and permanently living in a nursing home.  
 c  Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.  
 d  Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.  
 34 Voluntary charitable donations. **Attach** Schedule G. 34 .00  
 35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

**Step 11: Refund or Amount you owe**

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 .00  
 37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 .00

38 I choose to receive my refund by  
 a  **direct deposit** - Complete the information below if you check this box.

*You may also contribute to college savings funds here. See instructions!*

Routing number	<input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account number	<input type="text"/>	

b  **paper check**.  
 39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00  
 40 **If you have an amount on Line 32**, add Lines 32 and 35. **If you have an amount on Line 31**, and this amount is less than Line 35, subtract Line 31 from Line 35. **If Lines 31 and 32 are blank (zero)**, enter the amount from Line 35. This is the **amount you owe**. See instructions. 40 955.00

**Step 12: Health Insurance Checkbox and Signature**

41  Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

**Signature - Note:** If this is a joint return, both you and your spouse must sign below.  
**Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.**

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
					(972) 679-4297	
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	VENKATA SAI PAVAN KUMAR DUDIPALLI		VENKATA SAI PAVAN KUMAR DUDIPALLI			Paid Preparer's PTIN P02470833
	Firm's name ▶ GLOBAL TAXES LLC		Firm's FEIN ▶		882145487	
	Firm's address ▶ 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's phone ▶		(678) 965-9522	
<b>Third Party Designee</b>	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
			( )			

**Refer to the 2023 IL-1040 Instructions for the address to mail your return.**



Illinois Department of Revenue

2023 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note: If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on Form IL-1040

3 3 2 - 9 6 - 7 4 2 9
Your Social Security number

Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

(Whole dollars only)

- 1 Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814. 1 .00
2 Distributive share of additions you received from a partnership, S corporation, trust, or estate. 2 .00
Attach Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.
3 Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income. 3 .00
4 Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.) 4 .00
5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562. 5 .00
6 Business expense recapture (nonresidents only). 6 .00
7 Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan. 7 .00
8 Student-Assistance Contribution Credit taken on Schedule 1299-C. 8 .00
9 Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded. 9 .00
10 RESERVED 10
11 Other income - Identify each item. 11 .00
12 Total Additions. Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3. 12 .00

Step 3: Figure your subtractions for Form IL-1040, Line 7

ID: 3WM REV 02/12/24 PRO

Enter the amount of

- 13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Table with 3 columns: Column A: Account Number, Column B: Contribution Amount, Column C: Gift. Row 1: 5000222938, 3,500, [ ]

Total - Add Column B, Lines 1-10 and enter here. 13a 3,500.00

Continue Line 13 calculation on Page 2. ->



### Step 3: Continued

- 13 Enter the lesser amount from Page 1, Line 13a or \$10,000 (\$20,000 if married filing a joint return). 13 3,500.00
- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. **Enter** the subtractions from Column A on this line. 14 .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. 15 .00
- 16 Contributions to a job training project. 16 .00
- 17 Expenses related to federal credits or federally tax-exempt income. 17 .00
- 18 RESERVED 18
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 19. **Attach** Form IL-4562. 19 .00
- 20 Contributions made to a qualified Illinois ABLE account - *Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.*

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>

- Total - Add Column B, Lines 1-4 and enter here. 20a .00
- Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return). 20 .00

#### Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. 21 .00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040 or 1040-SR. **Attach** a copy of federal Form 1040 or 1040-SR, Schedule B, if required federally. 22 .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. 23 .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. 24 .00
- 25 Recovery of items previously deducted on federal Form 1040 or 1040-SR, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040 or 1040-SR, Page 1, Schedule 1, and any other required federal forms. 25 .00
- 26 Ridesharing money and other benefits. See instructions. 26 .00
- 27 Payment of life insurance, endowment, or annuity benefits received. 27 .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. 28 .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. 29 .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. 30 .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. 31 .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. 32 3,500.00



### Step 3: Continued

<b>33</b>	Enter the amount from Page 2, Line 32.	<b>33</b>	<u>3,500.00</u>
<b>34</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>34a</b>	<u>.00</u>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>34b</b>	<u>.00</u>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>34c</b>	<u>.00</u>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>34d</b>	<u>.00</u>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>34e</b>	<u>.00</u>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>34f</b>	<u>.00</u>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>34g</b>	<u>.00</u>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>34h</b>	<u>.00</u>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>34i</b>	<u>.00</u>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>34j</b>	<u>.00</u>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>34k</b>	<u>.00</u>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>34l</b>	<u>.00</u>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>34m</b>	<u>.00</u>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>34n</b>	<u>.00</u>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>34o</b>	<u>.00</u>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>34p</b>	<u>.00</u>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>34q</b>	<u>.00</u>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>34r</b>	<u>.00</u>
<b>s</b>	Illinois Urban Development Authority bonds	<b>34s</b>	<u>.00</u>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>34t</b>	<u>.00</u>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>34u</b>	<u>.00</u>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>34v</b>	<u>.00</u>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>34w</b>	<u>.00</u>
<b>x</b>	Export Development Act of 1983 bonds	<b>34x</b>	<u>.00</u>
<b>y</b>	New Harmony Bridge Authority bonds	<b>34y</b>	<u>.00</u>
<b>z</b>	New Harmony Bridge Bi-State Commission bonds	<b>34z</b>	<u>.00</u>
<b>35</b>	Interest on the following non-U.S. government bonds.		
<b>a</b>	Bonds issued by the government of Guam	<b>35a</b>	<u>.00</u>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>35b</b>	<u>.00</u>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>35c</b>	<u>.00</u>
<b>d</b>	Bonds issued by the government of American Samoa	<b>35d</b>	<u>.00</u>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>35e</b>	<u>.00</u>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>35f</b>	<u>.00</u>
<b>36</b>	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	<b>36</b>	<u>.00</u>
<b>37</b>	Railroad sick pay and railroad unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>37</b>	<u>.00</u>
<b>38</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>38</b>	<u>.00</u>
<b>39</b>	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>39</b>	<u>.00</u>
<b>40</b>	Deductions for cannabis establishments that were disallowed under IRC Section 280E for the taxable year.	<b>40</b>	<u>.00</u>
<b>41</b>	<b>Total Subtractions.</b> Add Lines 33 through 40. Enter the amount here and on Form IL-1040, Line 7.	<b>41</b>	<u>3,500.00</u>



Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit - See Publication 108.
● K-12 Education Expense Credit - See Publications 112, 119, & 132.
● Volunteer Emergency Worker Credit - See Instructions.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
● The total amount of Illinois Property Tax Credit, K-12 Education Expense Credit, and Volunteer Emergency Worker Credit cannot exceed tax due.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on your Form IL-1040

3 3 2 - 9 6 - 7 4 2 9
Your Social Security number

Step 2: Figure your nonrefundable credit

Table with 3 rows: 1 Enter the amount of tax from your Form IL-1040, Line 14. 2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15. 3 Subtract Line 2 from Line 1.

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

Table with 6 rows: 4 a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. 4a 17,708.00
b Enter the county and property number of your principal residence. See instructions. 4b COOK 21 CHIPPING CAMPDEN DR
c Enter the county and property number of an adjoining lot, if included in Line 4a. 4c COOK 8 MESA DRIVE
d Enter the county and property number of another adjoining lot, if included in Line 4a. 4d
e Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction. 4e .00
f Subtract Line 4e from Line 4a. 4f 17,708.00
g Multiply Line 4f by 5% (.05). 4g 885.00
5 Compare Lines 3 and 4g, and enter the lesser amount here. 5 0.00
6 Subtract Line 5 from Line 3. 6 25,437.00

Section B - K-12 Education Expense Credit

Note: You must complete the K-12 Education Expense Credit Worksheet on the last page of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

Table with 9 rows: 7 a Enter the total amount of K-12 education expenses from Line 15 of the worksheet on Page 3 of this schedule. 7a .00
b You may not take a credit for the first \$250 paid. 7b 250.00
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero." 7c .00
d Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here. 7d .00
8 Compare Lines 6 and 7d, and enter the lesser amount here. 8 .00
9 Subtract Line 8 from Line 6. 9 25,437.00

Continue on Page 2. ->



# Schedule ICR Illinois Credits

## Step 2: Figure your nonrefundable credit, continued

### Section C - Volunteer Emergency Worker Credit - see instructions.

**Note:** This credit is only available if you received a Volunteer Emergency Worker Credit Certificate from the Illinois Department of Revenue.

**10 a** Enter your Volunteer Emergency Worker Credit Certificate Number.

**10a** \_\_\_\_\_

**b** Enter your spouse's Volunteer Emergency Worker Credit Certificate Number.

**10b** \_\_\_\_\_

**c** Enter \$500.00 if you, or your spouse if married filing jointly, were awarded the volunteer emergency worker credit. Enter \$1,000.00 if married filing jointly, and **both** you and your spouse were awarded the credit.

**10c** \_\_\_\_\_ .00

**11** Compare Lines 9 and 10c, and enter the lesser amount here.

**11** \_\_\_\_\_ .00

**12** Subtract Line 11 from Line 9.

**12** \_\_\_\_\_ 25,437.00

### Section D - Total Nonrefundable Credit

**13** Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

➔ **13** \_\_\_\_\_ 0.00

Continue on Page 3. ➔





# K-12 Education Expense Credit Worksheet

**Note** → You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

**14** Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

**15** Add the amounts in Column G for Lines 14a through 14j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ **15** \_\_\_\_\_ .00

**Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.**



Read this information first

Complete this schedule only if you are claiming

- dependents (Step 2) or
the Illinois Earned Income Tax Credit (EITC) (Step 3).

New for 2023! Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Warning: If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on your Form IL-1040

3 3 2 - 9 6 - 7 4 2 9
Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. Note: If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Table with 9 columns: Dependent's first name, Dependent's last name, Social Security number or Individual Taxpayer Identification number, Dependent's relationship to you, Dependent's date of birth (mm/dd/yyyy), Full time student, Person with disability, Number of months living with you, Eligible for Earned Income Credit. Rows include SAHIR, DUA, and MIR.

1 Multiply the total number of dependents you are claiming by \$2,425. 3 X \$2,425.

Enter the result here and on Form IL-1040, Line 10d.

1 7,275.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit





# Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

**Remember:** Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. 1 \_\_\_\_\_ .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 \_\_\_\_\_ .00  
**If you report an amount on Line 2, you must answer the question in Line 2a below.**
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes  No
- 3 If you are filing your 2023 federal return as married filing jointly but are filing your 2023 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. 3 \_\_\_\_\_ .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a \_\_\_\_\_
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes  No

## Step 4: Figure your Illinois EITC

- 5 If you qualify for the federal EITC, go to Line 6. If you do **not** qualify for the federal EITC, but **do** qualify for the Illinois EITC, check this box and **complete** the Illinois Expanded EITC Worksheet on Page 3 before continuing to Line 6. See instructions to find out if you qualify. 5
- 6 Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, **or** the amount from the Illinois Expanded EITC Worksheet, Line 23. 6 \_\_\_\_\_ .00
- 7 Multiply the amount on Line 6 by 20% (0.2). 7 \_\_\_\_\_ .00
- 8 **Illinois residents:** Enter 1.0.  
**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. 8 \_\_\_\_\_ ●
- 9 Multiply Line 7 by the decimal on Line 8. This is your **Illinois EITC**.  
Enter this amount here and on your Form IL-1040, Line 29. → 9 \_\_\_\_\_ .00



# Illinois Expanded EITC Worksheet - Complete **only** if you checked the box on Step 4, Line 5.

## Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z. ◆ 1 \_\_\_\_\_
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d). ◆ 2 \_\_\_\_\_
- 3 Subtract Line 2 from Line 1 and enter the result. 3 \_\_\_\_\_
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income. ◆ 4 \_\_\_\_\_
- 5 Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6. 5 \_\_\_\_\_
- 6 Enter the amount from federal Schedule SE, Part I, Line 3. ◆ 6 \_\_\_\_\_
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a. ◆ 7 \_\_\_\_\_
- 8 Add Lines 6 and 7 and enter the result. 8 \_\_\_\_\_
- 9 Enter the amount from federal Schedule SE, Part I, Line 13. ◆ 9 \_\_\_\_\_
- 10 Subtract Line 9 from Line 8 and enter the result. 10 \_\_\_\_\_
- 11 Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A. ◆ 11 \_\_\_\_\_
- 12 Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming). ◆ 12 \_\_\_\_\_
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee. ◆ 13 \_\_\_\_\_
- 14 Add Lines 10, 11, 12, and 13 and enter the total. 14 \_\_\_\_\_
- 15 Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero. 15 \_\_\_\_\_
- 16 Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?  
If **yes**, continue to Part 2. If **No**, **STOP**; you do not qualify for the Illinois EITC. ◆ 16 Yes  No

**Table 1 Federal EITC Income Limits**

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	\$17,640	\$24,210
One	\$46,560	\$53,120
Two	\$52,918	\$59,478
Three	\$56,838	\$63,398

## Part 2 Your Federal EITC Calculation

- 17 Enter your total earned income from Part 1, Line 15. ◆ 17 \_\_\_\_\_
- 18 Look up the amount on Line 17 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ 18 \_\_\_\_\_
- 19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI). 19 \_\_\_\_\_
- 20 Are the amounts on Lines 17 and 19 the same?  
If **Yes**, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If **No**, go to Line 21. ◆ 20 Yes  No
- 21 If you have:
  - No qualifying children, is the amount on Line 19 less than \$9,800 (\$16,370 if married filing jointly)?
  - 1 or more qualifying children, is the amount on Line 19 less than \$21,560 (\$28,120 if married filing jointly)?◆ 21 Yes  No
- 22 If **Line 21 is Yes**, leave Line 22 blank and enter the amount from Line 18 on Line 23. If **Line 21 is No**, look up the amount on Line 19 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ 22 \_\_\_\_\_
- 23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. **This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.** ◆ 23 \_\_\_\_\_



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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

ALI ASGHER HUSAIN

Your name as shown on Form IL-1040

3 3 2 - 9 6 - 7 4 2 9  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>27-3572632 000 1</u>	\$ <u>182,569.00</u>	\$ <u>182,569.00</u>	\$ <u>9,037.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

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

RAMNIK GILL

Your spouse's name as shown on Form IL-1040

3 5 0 - 9 4 - 4 2 4 8  
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 <u>W</u>	<u>27-3572632</u>	\$ <u>132,587.00</u>	\$ <u>132,587.00</u>	\$ <u>6,558.00</u>
7 <u>W</u>	<u>54-1780389</u>	\$ <u>179,528.00</u>	\$ <u>179,528.00</u>	\$ <u>8,887.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 24,482.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2023 IL-8453 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

ALI ASGHER, RAMNIK GILL, HUSAIN. Social Security number: 332-96-7429. Mailing address: 8 MESA DR, SOUTH BARRINGTON, IL 60010. Daytime phone number: (972) 679-4297.

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: 513,877.00
2 Tax from Form IL-1040 or IL-1040-X, Line 14: 25,437.00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none): 24,482.00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35: 0.00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38: 955.00
6 Filing status: [ ] Single [X] Married filing jointly [ ] 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: 0.00
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. 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.
[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: GLOBAL TAXES LLC, Date:
Firm's name or your name if self-employed: 245 ROONEY CT, Mailing address:
City: E BRUNSWICK, State: NJ, ZIP: 08816
Check if paid preparer: [X] (See instructions.)
Your PTIN: P 02470833
Federal employer identification number (FEIN): 88-2145487
Daytime phone number: (678) 965-9522

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.

