

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

or for fiscal year ending ____/___

	IIII NOT-NACOMINAL EXECTION	LINE CRANTER AND A CONTRACT AND A CO
A		
Step 1: Personal Information Enter	er personal information and Social Security numbers (SSN).	You must provide the entire SSN(s) - no partial SSN.

		-61-3855 1 ITHA REDDY	1998	LOKI	URTHI					
	113	15 N CHESAPEA	KE LAN	IE						
	DUN	LAP	IL	61525	PEC	DRIA	ven serven	swaisenaarateria	AT INVESTIGATION	ARB 529939
				LOKURTHI	NIKITHA@G	MAIL.COM				
E	B Fili	ing status: 🔀 Sing	gle 🔲 I	Married filing	jointly 🔲 l	Married filing separat	ely 🗌 Widow	ed 🔲 Head of	household	
C	Ch	eck If someone can	ı claim yo	u, or your sp	ouse if filing j	ointly, as a dependen	t. See instruction	ns. 🗌 You 🔲	Spouse	
D	Ch	eck the box if this a	pplies to	you during 2	2023: 🔲 N	onresident - Attach	Sch. NR 🔲 Pa	rt-year resident -	Attach Sch	. NR
	Ste	p 2: Income						-	(Whole	e dollars only)
	1	•	iross inco	me from vou	ır federal For	m 1040 or 1040-SR,∣	Line 11.		1	95,094.00
	2					from your federal Fo		0-SR, Line 2a.	2	.00
	3	Other additions. A							3	.00
_	4	Total income. Add		through 3.					4	95,094.00
┺		p 3: Base Incom								
	5	in Line 1. Attach				income received if in	ncluded	5	.00	
ð	6					Form 1040 or 1040-S	R	5	.00	
hei	•	Schedule 1, Ln. 1.						6	.00	
ns	7	Other subtractions	s. Attach					7	.00	
ori	8	Add Lines 5, 6, an				actions.			8	.00
991	9	Illinois base inco							9	95,094.00
Staple W-2 and 1099 forms here		 b Check if 65 or of c Check if legally d If you are claimin Attach Schedule 	ption amo older: / blind: ng depen e IL-E/EIC	Dunt for yours You + You + You + dents, enter t	self and your Spouse Spouse he amount fro	spouse. See instru # of checkboxes # of checkboxes om Schedule IL-E/EIC	x \$1,000 = x \$1,000 =	b c	<u>00.</u>	
Sta		Exemption allow	ance. Ad	ld Lines 10a	through 10d				10	2,425.00
	11 12 13	Residents: Multip Nonresidents and Recapture of invest	ncome. S d part-ye oly Line 1 d part-ye stment ta	Subtract Line ear resident 1 by 4.95% (ear resident ax credits. At	s: Enter the I (.0495). Can s: Enter the tach Schedu	llinois net income fro not be less than zero tax from Schedule N ule 4255.).	. Attach Schedule	12 13	92,669.00 4,587.00 .00 4,587.00
40-		Income tax. Add I							14	1,30,.00
Staple your check and IL-1040-	Ste 15 16		o another 2 educatio	state while on expense,	an Illinois res and voluntee	sident. Attach Scheo er emergency worker		15	.00	
an	17	Credit amount from				dule 1299-C		16 17	<u>.00</u> .00	
зck	18					edits. Cannot exceed	I the tax amoun		<u></u> 18	0.00
ch€	19	Tax after nonrefu							19	4,587.00
ur	Ste	p 7: Other Taxes	\$							
y0	20	Household employ		x. See instru	ctions.				20	.00
p/e	21	Use tax on interne	et, mail o	rder, or othei		purchases from UT	Worksheet or L	JT Table		
Sta	•••	in the instructions.							21	0.00
-	22				-	ct and sale of assets	by gaming licen	see surcharges.	22	.00
	23	Total Tax. Add Lin	nes 19, 2	0, 21, and 22	2.				23	4,587.00
		IL-1040 Front (R-12/23) Pri	inted							

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.





24 Total tax from Page 1, Line 23.			24 4,587.00							
Step 8: Payments and Refundable Credit										
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.										
26 Estimated payments from Forms IL-1040-ES and IL-50	Estimated payments from Forms IL-1040-ES and IL-505-I,									
including any overpayment applied from a prior year re	ncluding any overpayment applied from a prior year return.									
27 Pass-through withholding. Attach Schedule K-1-P or K	Pass-through withholding. Attach Schedule K-1-P or K-1-T.									
28 Pass-through entity tax credit. Attach Schedule K-1-P of	27 (28 (<u>00</u>								
29 Earned Income Credit from Schedule IL-E/EIC, Step 4,	29 (<u>00</u>								
30 Total payments and refundable credit. Add Lines 25		30 4,707.00								
Step 9: Total										
31 If Line 30 is greater than Line 24, subtract Line 24 from L	ine 30.		31 120.00							
32 If Line 24 is greater than Line 30, subtract Line 30 from L			32 00							
Step 10: Underpayment of Estimated Tax Penalty	and Donations									
33 Late-payment penalty for underpayment of estimated to		33(<u>00</u>							
a Check if at least two-thirds of your federal gross										
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 du	ring the year and you annualize	ed your income on Form	ı IL-2210.							
Attach Form IL-2210.										
d 🔲 Check if you were not required to file an Illinois I	ndividual Income Tax return in t	he previous tax year.								
34 Voluntary charitable donations. Attach Schedule G.		34(<u>00</u>							
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 g	reater than Line 35, subtract Li	ne 35 from Line 31.								
This is your overpayment .			36 120 _{.00}							
37 Amount from Line 36 you want refunded to you. Chec	k one box on Line 38. See instru	uctions.	37 120.00							
38 I choose to receive my refund by										
a X direct deposit - Complete the information below	if you check this box.									
You may also contribute Routing number 0		X Checking or	Savings							
to college savings funds	7 1 0 0 0 0 1 3		Savings							
here. See instructions! Account number 5	9 6 0 6 0 5 9 7									
b 🗌 paper check.										
39 Amount to be credited forward. Subtract Line 37 from	Line 36. See instructions.		20 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										
40 If you have an amount on Line 32, add Lines 32 and is less than Line 35, subtract Line 31 from Line 35. If L	-		39 00 unt							
-	ines 31 and 32 are blank (zer	o), enter the amount								

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.

Sign Here	Your signature		Date (mm/dd/yyyy)) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
							(919) 525	-7088		
	Print/Type paid preparer's name			Paid prepare	Date (mm/dd/yyyy	')	Check if	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAGA	AR GUPTA TAI	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/16/2024	1	self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC			Firm's FEIN			•	843171965		
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	Firm's phone		(678) 965-9522			
Third	Designee's name (please print)			Designee's phone number				Check if the Department may discuss this return with the third		
Party										
Designee				()				party designee shown in this step.		

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

AP_____

RR DC IR ID



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								
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	Ν						

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

	<u>KITHA REDDY</u> ur name as shown		<u>3_8</u> Your Social S		<u>6 1</u>	3_	8	5	5	
10	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross is, Compensation, etc	Illinois W	Column E Illinois Income Tax Withheld				
1	W	20-3168757 000	\$	95,094 .00	\$	95,094		\$	4,7	07 .00
2			\$	•00	\$		• <u>00</u>	\$		<u>•00</u>
3			\$	•00	\$		<u>•00</u>	\$		•00
4			\$	<u>•00</u>	\$		• <u>00</u>	\$		<u>•00</u>
5			\$	•00	\$		• <u>00</u>	\$		•00

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

Υοι	ır spouse's nam	e as shown on Form IL-1040	Your spouse's Social Security number						
Column A Column B Form type Employer/Payer Identification Number		Federal Wages	umn C , Winnings, Gross Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
6			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	• <u>00</u>	\$	•00	
8			\$	•00	\$	•00	\$	• <u>00</u>	
9			\$	•00	\$	•00	\$	•00	
10			\$	• <u>00</u>	\$	•00	\$	•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.

4,707.00 11 \$

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

35	Illinois Department of Revo	enue		Submission ID	
×2	2023 IL-8453 Illinois (<u>Do not mail</u> Form IL-8453 to the		come Tax Ele	ctronic Filing Decl	
Step	1: Provide taxpayer information				
	NIKITHA REDDY First name and middle initial Spouse's first name (a	LOKURT		<u>3_8_86_1_</u> _ Social Security number	. <u>3 8 5 5</u>
Print		nd last name if different)	Last name	Social Security number	
01	t 11315 N CHESAPEAKE LANE				
type			61505	Spouse's Social Security number	
	DUNLAP	IL	61525	$-\frac{(919)}{525-7088}$	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from tax ret	turn	Choose one: 🗙	IL-1040 🔲 IL-1040-X	
1 1	Net income from Form IL-1040 or IL-1040-X,	Line 11		1 _	92,669 00
2	Tax from Form IL-1040 or IL-1040-X, Line 14			2	4,587 00
3	Ilinois Income Tax withheld from Form IL-104	40 or IL-1040-X, Line	e 25 only (enter " 0 " if r	none) 3 _	4,707 00
	Overpayment from Form IL-1040, Line 36 or			4	120 00
	Total amount due from Form IL-1040, Line 40			5 _	I_00
6 I	Filing status: 🗙 Single _ Married filing j	ointly Married fi	iling separately Wi	dowed Head of household	d
To in does within 7 F 8 / 9 - 10 F 11 F 12 F 15 F 10	 3: Complete direct deposit of refund itiate a payment or refund transaction, the not support international ACH transactions. If in the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those not funded by international network of the United States or those network of the United States or those network of the United States or those network of the United States of the	information in this DOR will only performernational funds. Ele 0 1 3 5 9 7 rings drawn:/_/ I 00 e (Sign only after deposited as designation an irrevocable apportion of my 2023 III sesting of an electronic e issues related to the or an electronic func- on my electronic form my knowledge, my re R by my ERO. I author	E Step must be include in direct transactions (e., ctronic payments will no completing Step 2 a ated in Step 3 and decla intment of the other spo designated financial ag linois Original or Amend c overpayment of taxes ie payment. ds withdrawal (direct de m IL-1040 or IL-1040-X a turn is true, correct, and orize IDOR to inform my I	d within the electronic transmination of the accepted and refunds will be accepted and refunds will and, if applicable, Step 3.) are the information on Lines 7 to use as an agent to receive the ent to initiate an ACH electron ed Individual Income Tax return to receive confidential information of the information I provided to complete. I consent that my return the transmitter when transmitter when transmitter when transmitter when transmitter when	I institutions located be via paper check. through 9 is e refund. ic funds n. I authorize the ation o my electronic urn, this declaration, n my return has
Sigr	Your signature	Date	Spouse's signature	(if joint return, both must sign)	Date
					Dato
I dec inforr	5: Electronic return originator (ERO) lare that I have examined this taxpayer's ele mation. I have followed all requirements of th ayer's return and accompanying information	ctronic Form IL-1040 is program and decl	0 or IL-1040-X, the infor are, under penalties of	rmation on this Form IL-8453, a	
			02/16/2024	Check if paid preparer: 🛛	(See instructions.)
	ERO's signature		Date		
ERO	GLOBAL TAXES LLC			P 0 2 0 8	<u>2</u> <u>7</u> <u>0</u> <u>3</u>
	Firm's name of your name if sen-employed			Your PTIN	
only	245 ROONEY CT			84-317	1965

4 - 3 1 7 1 9 6 5 8 Federal employer identification number (FEIN) (678) 965-9522

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.

NJ

State

only

Mailing address

City

E BRUNSWICK

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.

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