TAXABLE YEAR		FORM
2023 California e-file Signature Authorization for Indivi	duals	8879
Your name	Your SSN or ITIN	
ASHVITA CHOUREY	863-13-5177	
Spouse's/RDP's name	Spouse's/RDP's SSN	or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions		
2 Amount you owe. See instructions	2	1391
3 Refund or no amount due. See instructions	3	
<b>Part II Taxpayer Declaration and Signature Authorization</b> (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying sche		
electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social sec identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that d agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointm domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, trans provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delay to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund wa return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liab penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my E	corresponding lines o payments as shown o lirect deposit refund ar ent of the other spous smitter, or intermediate yed, I authorize the F1 as sent. If I am filing a bility and all applicable my electronic income t	f my electronic n my return nount on line 3 e/registered e service <b>FB to disclose</b> balance due interest and ax return. I have
Taxpayer's PIN: check one box only		
I authorize GLOBAL TAXES LLC to ent	er my PIN 3 5	1 7 7
ERO firm name	,	nter all zeros
as my signature on my 2023 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box <b>only</b> if you return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ou are entering your o	wn PIN and your
Your signature  Date  Date		
Spouse's/RDP's PIN: check one box only		
Lauthorize	er my PIN	
ERO firm name	,	nter all zeros
as my signature on my 2023 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box <b>o</b> and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	<b>nly</b> if you are entering	g your own PIN
Spouse's/RDP's signature  Date  Date		
Practitioner PIN Method Returns Only continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's Electronic Filer Identification Number (EFIN)/PIN.         Enter your six-digit EFIN followed by your five-digit self-selected PIN.         2       2       2       4       9       6         Do not enter all	0 8 2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. e-file Providers.	n for the taxpayer(s) in	
ERO's signature Date 03/05/2	2024	

For Privacy Notice, get FTB 1131 EN-SP.

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DO NOT MAIL THIS FORM TO THE FTB

	E YEAR Ca	litornia Non	resident or Part	Year	CALIFORNIA FORM	
202	23 Re	sident Inco	me Tax Return		540NR	
			APE	ATTACH FEI	DERAL RETURN	
63-1 SHVI		CHOU CHOUREY		23		
	LAGUNA SI FRANCISCO		4102			
2-13	3-1997					
		ia filing status is differe	ent from your federal filing status			
1	X Single		4 Head of house	ehold (with qualifying person). S	ee instructions.	
Status 5	2 Married/RDP filing jointly (even if 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.					
Ś		e spouse/RDP had inco ructions.	ome). See instruction	ns.		
3	Married	RDP filing separately. E	Enter spouse's/RDP's SSN or ITI	N above and full name here		
6	If someone can	ı claim you (or your spo	ouse/RDP) as a dependent, chec	k the box here. See instr	. • 6	
► Fo	r line 7, line 8, lin	e 9, and line 10: Multipl	ly the number you enter in the bo	x by the pre-printed dollar amour	nt for that line. Whole dollars o	
7			4 above, enter 1 in the box. If yo			
8		-	ecked the box on line 6, see instr e visually impaired, enter 1;	uctions. (•) 7 $\begin{bmatrix} 1 \\ \end{bmatrix} X $ \$144 =		
	if both are visua	ally impaired, enter 2. S	See instructions		• \$	
9		or your spouse/RDP) a	are 65 or older, enter 1; structions	<b>9</b> X \$144 =	<b>()</b> \$	
10		o not include yourself Dependent 1			Dependent 3	
	First Name 🜘					
	Last Name	)				
	SSN. See instructions.	)	•	•		
	Dependent's relationship to you					
		nntions		. ● 10 X \$446 = ④	s l	
Tota	l dependent exen				· · ·	

You	ır nar	ne: CHOUREY Your SSN or ITIN: 863-13-5177			
	11	Exemption amount: Add line 7 through line 10	🖲 11 \$	1	44
able Income	12	Total California wages from your federal Form(s) W-2, box 16	. 00		
	13 14	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B	<ul> <li>13</li> <li>14</li> </ul>	79893	- 00 - 00
	15 16	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C	15	79893	• 00 • 00
Total 1	17 18	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR),	• 17	79893	. 00
	19	Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0	<ul> <li>18</li> <li>19</li> </ul>	5363 74530	• 00 • 00
	31	Tax. Check the box if from:		25.01	
	32	•       FTB 3800         CA adjusted gross income from Schedule CA         (540NR), Part IV, line 1.         •       32	• 31	3581	. 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	50492	. 00
CA Taxable Income	36	CA Tax Rate. Divide line 31 by line 19			
able li	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	③ 37	2424	. 00
CA Tax	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000			_
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions	③ 39	98	. 00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	2326	. 00
	41	Tax. See instructions. Check the box if from:      Schedule G-1     FTB 5870A	• 41	2226	.00
	42	Add line 40 and line 41	• 42	2326	.00
Special Credits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 Credit for joint custody head of household. See instructions	• <b>50</b>		. 00
	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53	• <u>00</u>		
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions			
	55	Credit amount. See instructions	• 55		. 00
	ę	Side 2 Form 540NR 2023 175 3132234			

You	r nar	me: CHOUREY Your SSN or ITIN: 863-13-5177	-	
	58	Enter credit name and amount •	58	.00
edits	59	Enter credit name and amount	59	. 00
	60	To claim more than two credits, see instructions. Attach Schedule P (540NR) •	60	.00
Special Credits	61	Nonrefundable Renter's Credit. See instructions	61	. 00
Spec	62	Add line 50 and line 55 through line 61. These are your total credits	62	. 00
	63	Subtract line 62 from line 42. If less than zero, enter -0		2326 .00
Ś	71	Alternative Minimum Tax. Attach Schedule P (540NR)	71	
Other Taxes	72	Mental Health Services Tax. See instructions	72	.00
Othe	73	Other taxes and credit recapture. See instructions	73	_ 00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	2326 .00
				3717 00
	81	California income tax withheld. See instructions	81	
	82	2023 California estimated tax and other payments. See instructions	82	.00
Ś	83	Withholding (Form 592-B and/or Form 593). See instructions	83	.00
Payments	84	Excess SDI (or VPDI) withheld. See instructions	84	.00
Pay	85	Earned Income Tax Credit (EITC). See instructions	85	.00
	86	Young Child Tax Credit (YCTC). See instructions	86	_ 00
	87	Foster Youth Tax Credit (FYTC). See instructions	87	. 00
	88	Add line 81 through line 87. These are your total payments. See instructions	88	3717 .00
ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	×	
ISR		Individual Shared Responsibility (ISR) Penalty. See instructions • 91	_ 00	
Overpaid Tax/Tax Due	92 93	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88		3717 .00
id Tax	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92	101	1391 .00
verpa	102	Amount of line 101 you want applied to your <b>2024</b> estimated tax	102	0_00
Ò	103	Overpaid tax available this year. Subtract line 102 from line 101	103	1391 .00
		REV 02/02/24 PRO		

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Vour	name:
IUUI	name.

CHOUREY	
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Your SSN or ITIN:

I: 863-13-5177

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74  $\ldots$  104

. 00

<u>Cod</u>	de I	Amount
California Seniors Special Fund. See instructions	00	00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	01	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	03	
California Breast Cancer Research Voluntary Tax Contribution Fund	05	. 00
California Firefighters' Memorial Voluntary Tax Contribution Fund	06	. 00
Emergency Food for Families Voluntary Tax Contribution Fund	07	. 00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	08	_ 00
California Sea Otter Voluntary Tax Contribution Fund	10	_ 00
California Cancer Research Voluntary Tax Contribution Fund	13	_ 00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	22	_ 00
State Parks Protection Fund/Parks Pass Purchase	23	. 00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	24	. 00
Keep Arts in Schools Voluntary Tax Contribution Fund	25	. 00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	38	. 00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	39	- 00
Rape Kit Backlog Voluntary Tax Contribution Fund	40	. 00
Suicide Prevention Voluntary Tax Contribution Fund	44	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	45	
Add amounts in code 400 through code 445. This is your total contribution	20	

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Contributions

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Your	nan	ne: CHOUREY		Your SSN or ITIN:	863-13-	5177			
Amount You Owe	121	AMOUNT YOU OWE. Ad Mail to: FRANCHISE TA Pay Online – Go to ftb.c	X BOARD, PO BO	X 942867, SACRAMEN			• 121		. 00
Interest and Penalties	123	Interest, late return pen Underpayment of estim Check the box:	ated tax. FTB 5805 attac	hed • FTB 5805	F attached		122 [ ● 123 [ 124 [		- 00 - 00 - 00
		REFUND OR NO AMOU		•			124		•[00]
	120	Mail to: FRANCHISE TA					<b>125</b>	1391	. 00
Refund and Direct Deposit		See instructions. <b>Have</b> All or the following amo	you verified the re ount of my refund Type	outing and account nun (line 125) is authorized	<b>ibers?</b> Use wi	nole dollars onl	у.		
d and Dire		Routing number     071000013	× Checking Savings	<ul> <li>Account number</li> <li>787830592</li> </ul>				• 126 Direct deposit amount 1391	. 00
Refun		The remaining amount of	of my refund (line	125) is authorized for d	lirect deposit i	nto the accoun	t shown ł	pelow:	
æ		Routing number	● Type Checking Savings	Account number				• 127 Direct deposit amount	. 00
Voter Info.		For voter registration in	formation, check	the box and go to <b>sos.c</b>	a.gov/electio	<b>ns</b> . See instruc	tions		
Health Care Coverage Info.		Do you want informatio the FTB to share limited							No
								REV 02/02/24 PRO	

Sign your tax return on Side 6

Γ

Your	name:	
YOUI	name.	

Г

Your SSN or ITIN:

863-13-5177



**IMPORTANT:** Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date Spouse's/RDP's signature (if a jo	int tax retur	n, both must sign)
Cian	Your email address. Enter only one email address.	<u> </u>	ed phone number
Sign Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowled	lge)	
It is unlawful	SYAM PRIYA RAM SAGAR GUPTA TALLAM		
to forge a spouse's/	Firm's name (or yours, if self-employed)		
RDP's signature.	GLOBAL TAXES LLC		P02082703
-	Firm's address		Firm's FEIN
Joint tax return?	245 ROONEY CT E BRUNSWICK NJ 08816		843171965
See instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No
	Print Third Party Designee's Name	Telephone	Number

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Side 6 Form 540NR 2023

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# TAXABLE YEARCalifornia Adjustments —2023Nonresidents or Part-Year Residents

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule

Name(s) as shown on tax return		is a supporting Ca	illornia schedule.				
					SSN or ITI		
ASHVITA CHOUREY					863135	o⊥//	
Part I Residency Information. Complete all line	es that apply to you a	na your spouse/RDP	for taxable year 2023				
During 2023:							
1 My California (CA) Residency (Check one)	0		0	$\sim$			
a Myself: $\odot$ Nonresident $\odot$ X Part-Year R	esident 🕑 Reside	ent <b>b</b> Spous	se: 🕑 Nonresiden	t 🔍 Pai	rt-Year Res	sident 🖲	) Resident
			Yourself			Spouse/I	RDP
2 a I was domiciled in (enter two letter code, see in	nstructions)		ullet	IL	ullet		
<b>b</b> I was in the military and stationed in (enter two	) letter code)		Ō		Ō		
3 I became a CA resident (enter state of prior resid	ence and date (mm/do	d/vvvv) of move)	• IL 07/20/	2023	Ō	/	/
4 I became a CA nonresident (enter new state of re						/	
5 I was a CA nonresident the entire year (enter stat			~		$\tilde{\bullet}$		
6 The number of days I spent in CA for any purpos			Ŏ	165	ŏ		
7 I owned a home/property in CA (enter Y for Yes,					Ŏ		
8 Before 2023: I was a CA resident for the period of					Ŭ /	/	
			•//	(	●/_	/	
Part II Income Adjustment Schedule	Α	В	C	D	,		E
Section A — Income	Federal Amounts	Subtractions	Additions	Total An	nounts	CA	Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)	See instructions (difference between	See instructions (difference between	Using C As If You			ne earned or ved as a CA
		CA & federal law)	CA & federal law)	CA Res		1	t and income
				(subtract concord) (subtract con			d or received CA sources
				to the r			onresident)
<b>1 a</b> Total amount from federal Form(s) W-2,	<u> </u>	~					
box 1. See instructions	⑦     ⑦	$\odot$	$\odot$	lacksquare	79893	$\odot$	54125
<b>b</b> Household employee wages not reported		$\odot$				$\odot$	
on federal Form(s) W-2 <b>1b</b> c Tip income not reported on line 1a <b>1</b> c		•		$\overline{\bullet}$			
d Medicaid waiver payments not reported							
on federal Form(s) W-2. See instructions . 1d	$\odot$					$\odot$	
e laxable dependent care benefits from							
federal Form 2441, line 26 <b>1e</b>	$\odot$	۲	$\odot$	ullet		ullet	
f Employer-provided adoption benefits from federal Form 8839, line 291f		$\odot$				$\odot$	
		•		$\overline{\bullet}$			
g Wages from federal Form 8919, line 6 1g		-				-	
h Other earned income. See instructions 1h	• 0	٢	$\odot$		0	ullet	
i Nontaxable combat pay election. See instructions1i							
				$\bigcirc$			
$\mathbf{z}$ Add line 1a through line 1i 1 $\mathbf{z}$			<u> </u>	<u> </u>	79893	1	54125
	•	۲	$\odot$	ullet		ullet	
3 Ordinary dividends. See instructions. a •							
	$\bullet$	•	$\odot$	$\odot$		ullet	
4 IRA distributions. See instructions.							
a •	$\odot$	٢		$\odot$		ullet	
5 Pensions and annuities. See							
instructions. a ( 5b	ullet	٢	$\odot$			$oldsymbol{O}$	
6 Social security benefits.							
a 🖲 6b	ullet	٢					
7 Capital gain or (loss). See instructions7	$\odot$			$\odot$		$\odot$	

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**CA (540NR)** 



		A	В	C	D	E
	<b>B</b> — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and incom earned or received from CA sources as a nonresident)
	xable refunds, credits, or offsets of state d local income taxes <b>1</b>		$\odot$			
	Alimony received. See instructions 2a					۲
	siness income or (loss). See instructions 3	$\overline{\mathbf{O}}$	$\odot$	•	•	•
	her gains or (losses)	0	•			•
5 Re	ental real estate, royalties, partnerships,					
	corporations, trusts, etc5		0		-	
	rm income or (loss)		•		•	•
7 Ur	nemployment compensation	$\odot$	٢			
	her income: Federal net operating loss	• ( )		۲		
b	Gambling8b	۲	۲		۲	۲
C	Cancellation of debt8c	•	۲	۲	$\odot$	۲
d	Foreign earned income exclusion from federal Form 2555	• ( )		۲		
е	Income from federal Form 88538e	۲			۲	۲
f	Income from federal Form 88898f	۲	۲			
g	Alaska Permanent Fund dividends $\ldots . 8g$	۲			$\odot$	$\odot$
h	Jury duty pay8h	۲			$\odot$	$\odot$
i	Prizes and awards8i	$\odot$				
j	Activity not engaged in for profit income 8j	۲				
k	Stock options8k	۲		٢	۲	۲
I	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	۲			۲	۲
m	Olympic and Paralympic medals and USOC prize money	۲			۲	۲
n	IRC Section 951(a) inclusion8n	۲	$\odot$			
0	IRC Section 951A(a) inclusion 80	$\textcircled{\bullet}$	$\odot$			
		۲	۲	۲	۲	۲
	Taxable distributions from an ABLE account	۲			۲	۲
	not reported on federal Form(s) W-28r	۲			۲	۲
S	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s					• (
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan					
u	Wages earned while incarcerated8u	$\odot$				۲
	Other income. List type and amount.					
				۲		$\odot$
0	Total other income. Add line 8a	<u>۲</u>				

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		Α	В	C	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V9b1		۲		۲	۲
	b2 NOL deduction from form FTB 3805V9b2		۲		۲	۲
	<b>b3</b> NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 <b>9b3</b>		۲		۲	۲
10	Total. Combine Section A, line 1z throughline 7, and Section B, line 1 throughline 7, line 9a and line 9b1 through line 9b3(as applicable) in each column.See instructions.10	• 79893	۲		• 79893	• 5412
Se	ction C — Adjustments to Income		-		-	
	from federal Schedule 1 (Form 1040)		_			
	Educator expenses11 ( Certain business expenses of reservists, performing artists, and fee-basis	•	۲			
	government officials	•	•	۲	۲	۲
	-	•	•			
14	Moving expenses. Attach form FTB 3913. See instructions	•				
15	Deductible part of self-employment tax. See instructions <b>15</b>	•	۲		•	•
16	Self-employed SEP, SIMPLE, and qualified plans	$\bullet$				
17	Self-employed health insurance deduction.					
18		$\overline{\bullet}$	-		$\overline{\bullet}$	$\overline{\bullet}$
19	a Alimony paid. b Enter recipient's: SSN O 19a	<u> </u>				
						$\textcircled{\bullet}$
		<u> </u>	•	•		
		•		•		
	Reserved for future use					
	Archer MSA deduction	•)				
24	a Jury duty pay				$\odot$	
	b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for					
	profit	•	٢			
	Olympic and Paralympic medals and USOC prize money reported on line 8m <b>24c</b>	•	۲			
	d Reforestation amortization and expenses	•	•		•	۲
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 197424e	•				۲
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	-	•	۲	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans24g		۲	۲	۲	۲
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims	_			۲	۲
	REV 02/02/24 PRO					1



Continued       (basele anounts from part Hedral tax networ) part Hedral tax networ)       See instructions (CA & facture) (CA & facture)       Use of the control (CA & facture) (CA & facture)       Use of the control (CA & facture)       Use of the contr		A	В	C	D	E
connection with an award from the IRS for information you provided that helps the IRS detect tax law violations       24         i       Housing deduction for inference perspects from federal Schedule K1         i       Excess deductions of IRCS schedule K1         i       Excess deductions of IRCS schedule K1         i       Excess deductions of IRCS schedule K1         i       Information Schedule K1<	Continued	(taxable amounts from	See instructions (difference between	See instructions (difference between	Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
Form 2555	connection with an award from the IRS for information you provided that helped the	۲	۲			
expenses from fideral Schedule K-1 (form 1041)	j Housing deduction from federal Form 2555 <b>24</b> j	۲	۲			
<ul> <li>Total other adjustments. Add line 24a through line 24z.</li> <li>Total other adjustments. Add line 25a and line 25a</li></ul>	expenses from federal Schedule K-1	۲			۲	۲
25       Total other adjustments. Add line 24a       25         26       Add line 11 through line 22 and line 25a       26         27       Totals. Subtract line 26 from line 10 in each column, A through E       26         27       Totals. Subtract line 26 from line 10 in each column, A through E       27         27       Totals. Subtract line 26 from line 10 in each column, A through E       26         27       Totals. Subtract line 26 from line 10 in each column, A through E       27         28       Add line 11       Adjustments to Federal Hemized Deductions       A Federal Amounts         Sheek the box if you did NOT itemize for federal box will itemize for California       1       A Federal Amounts       C Mettiones         1       Medical and Dental Expenses See instructions       1       1       Medical and Dental Expenses       1         2       Enter amount from Itederal form 1040 or 1040-SR, line 11. (a)       79893 2       2       2         3       Multiply line 2 by 7.5% (0.075)       5992 3       4       6       6         5a State and local income tax or general sales taxes.       5a       5a       5393 6       5393 3       5393 6         5a State and local lers onal property taxes       5b       6       6       6       6       6       6       6       6 </td <td>z Other adjustments. List type and amount.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	z Other adjustments. List type and amount.					
through line 24z	• 24z					
each column, A through E.       26       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       79893       ●       ●       0	25 Total other adjustments. Add line 24a through line 24z	۲	۲	۲	۲	۲
column, A through E. See instructions. 27 9893 • • 9893 • 9893 • 9893 • 5   Part III Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for Ideral but will itemize for California I Medical and Dental Expenses See instructions. 1 Medical and dental expenses See instructions. 1 Medical and dental expenses See instructions. 1 Medical and dental expenses. • • 2 Enter amount from federal Form 1040 or 1040-SR, line 11. • 79893 • • 59922 3 Multiply line 2 by 7.5% (0.075) • <	each column, A through E 26	۲	۲	۲	۲	
August means to requer an learning to requer an learning to the set instructions.   Medical and Dental Expenses See instructions.   1   Medical and dental expenses See instructions.   2   Enter amount from federal Form 1040 or 1040-SR, line 11   7 2   9 2   9 3   Multiply line 2 by 7.5% (0.075)   9 3   9 3   9 4   9 4   9 4   9 5   9 6   9 6   9 6   9 7 Add line 8 and line 6		• 79893			• 79893	5412
1       Medical and dental expenses				A (from federal	D See instructions	<b>C</b> Additions See instructions
2 Enter amount from federal Form 1040 or 1040-SR, line 11 . (•) 79893 2   3 Multiply line 2 by 7.5% (0.075)	-					
3 Multiply line 2 by 7.5% (0.075) <ul> <li>5992 3</li> <li>4</li> <li>3</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li< td=""><td>1 Medical and dental expenses</td><td></td><td>1</td><td></td><td></td><td></td></li<></ul>	1 Medical and dental expenses		1			
3 Multiply line 2 by 7.5% (0.075) <ul> <li>5992 3</li> <li>4</li> <li>3</li> <li>4</li> <li>5</li> <li>4</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>5</li> <li>6</li> <li>5</li> <li< td=""><td>2 Enter amount from federal Form 1040 or 1040</td><td>-SR, line 11</td><td>79893 2</td><td>2</td><td></td><td></td></li<></ul>	2 Enter amount from federal Form 1040 or 1040	-SR, line 11	79893 2	2		
Taxes You Paid       5a       State and local income tax or general sales taxes.       5a         5a       State and local real estate taxes       5b         5b       State and local personal property taxes       5c         5c       State and local personal property taxes       5c         5d       Add line 5a through line 5c.       5d         5d       Add line 5a through line 5c.       5d         5e       Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the difference from line 5d and line 5e, column B.       5a         Enter the difference from line 5d and line 5e, column A in line 5e, column C.       5e       5393 (a)         6       Other taxes. List type (a)       (a)       (a)         7       Add line 5e and line 6       (a)       (a)         7       Add line 5e and line 6       (b)       (a)         8a       Home mortgage interest and points reported to you on federal Form 1098       8a       (a)         8b       (a)       (a)       (a)       (a)         8d       (a)       (a)       (a)       (a)         8d       (a)       (a)       (a)       (a)         8d       (b)       (a)       (a)       (a)         8d <td< td=""><td><b>3</b> Multiply line 2 by 7.5% (0.075)</td><td></td><td>5992</td><td></td><td></td><td></td></td<>	<b>3</b> Multiply line 2 by 7.5% (0.075)		5992			
5a State and local income tax or general sales taxes. 5a   5b State and local real estate taxes. 5b   5c State and local personal property taxes 5c   5d Add line 5a through line 5c. 5d   5d Add line 5a through line 5c. 5d   5d State and local personal property taxes 5c   5d Add line 5a through line 5c. 5d   5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C.   5e 6 0   6 0   7 Add line 5e and line 6   7 7   7 5393   8a Home mortgage interest and points reported to you on federal Form 1098.   8a 0   9 0   9 0   9 0   0	4 Subtract line 3 from line 1. If line 3 is more that	n line 1, enter 0				$\odot$
5b State and local real estate taxes   5c State and local personal property taxes   5d Add line 5a through line 5c.   5d Add line 5a through line 5c.   5d State and local personal property taxes   5d Add line 5a through line 5c.   5d State and local personal property taxes   5d Add line 5a through line 5c.   5d State and local personal property taxes   5d Add line 5a through line 5c.   5d State and line 5d or \$10,000 (\$5,000 if married filling separately) in column A. Enter the difference from line 5d and line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C.   6 State and line 6   7 Add line 5e and line 6   8a Home mortgage interest and points reported to you on federal Form 1098.   8b Home mortgage interest and points reported to you on federal Form 1098.   8c Se   9 Image: Second						
5c State and local personal property taxes 5c   5d Add line 5a through line 5c 5d   5d Add line 5a through line 5c 5d   5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the difference from line 5d, column B in line 5e, column B. Enter the difference from line 5d, column A in line 5e, column C   6 Other taxes. List type    7 Add line 5e and line 6   7 Add line 5e and line 6   7 Add line 5e and line 6   7 Add line 5e and line 7   8a Home mortgage interest and points reported to you on federal Form 1098   8b Home mortgage interest and points reported to you on federal Form 1098   8a Add line 8a through line 8c   9a O   9a O   9a O   9a O   0ad line 8a and line 9   9a O   0ad line 8a and line 9   9a   0ad line 8a and line 9   11   12   0ather than by cash or check   12   0ather than by cash or check   13				<u> </u>	5393	
5d Add line 5a through line 5c. 5d   5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e   6 0ther taxes. List type (*) 6   7 Add line 5e and line 6   8a Image: Staps (*)   8a Image: Staps (*)   8a Image: Staps (*)   8b Image: Staps (*)   8a Image: Staps (*)   8a Image: Staps (*)   8b Image: Staps (*)   8a Image: Staps (*)   8a Image: Staps (*)   8a Image: Staps (*)   8b Image: Staps (*)   8a Image: Staps (*)   8b Image: Staps (*)   8b Image: Staps (*)   8b Image: Staps (*)   8c Image: Staps (*)   8d						
See Set Futer the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.   Enter the amount from line 5a, column B in line 5e, column B.   Enter the difference from line 5d and line 5e, column A in line 5e, column C.   5e   6   0 ther taxes. List type (*)   7   Add line 5e and line 6.   7   7   6   9   9   9   9   1   6   0   13   0						
Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	-			I 💽 5393		
Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e 5393 5393 5393   6 Other taxes. List type		÷ .	tely) in column A.			
6 Other taxes. List type ()   7 Add line 5e and line 6   7 Add line 5e and line 6   7 7   9 5393   9 5393   9 5393   9 9   9 9   10 4d line 8e and line 9   11 9   16 9   17 9   18 9   19 9   10 10   10 10   11 10   12 10   13 11			Ea	5393	5393	
7 Add line 5e and line 6.   nterest You Paid   3a   Ba   Home mortgage interest and points reported to you on federal Form 1098.   3b   Home mortgage interest not reported to you on federal Form 1098.   3b   Ba   Home mortgage interest not reported to you on federal Form 1098.   3c   Sc	_				0	0
nterest You Paid   Ba   Ba   Home mortgage interest and points reported to you on federal Form 1098	<b>31</b> -					U U U
Ba       Home mortgage interest and points reported to you on federal Form 1098       8a       Image: State of the s			·····			
Bb       Home mortgage interest not reported to you on federal Form 1098.       8b       Image: State St		you on federal Form	1098 82			
Bc       Points not reported to you on federal Form 1098.       8c       Image: Science of the sci				-		
Bd       Reserved for future use       8d         Be       Add line 8a through line 8c.       8e         Investment interest.       9         Investment interest.       9         Add line 8e and line 9.       0         ID       Add line 8e and line 9.         II       Gifts to Charity         II       Image: Section 11         II       Image: Section 12         III       Image: Section 12         IIII       Image: Section 12 <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>						-
Be       Add line 8a through line 8c.       8e       Image: Sector of the sector of						
Investment interest.       9       Image: Construint of the set of the s				-		$\textcircled{\bullet}$
10       Add line 8e and line 9	-			0		
Gifts to Charity         11       Gifts by cash or check         12       Other than by cash or check         13       Carryover from prior year					-	
1       Gifts by cash or check       11       Image: Constraint of the constrain						-
12   Other than by cash or check.   12   Image: Construction of the construction of t	-					$\bullet$
13 Carryover from prior year	-					
					-	
<b>1</b> ₩ Auu illic i i ultuuyii illic i 5					•	$\overline{\bullet}$

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Pa	rt III	Adjustments to Federal Itemized Deductions Continued	<b>Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
Cas	ualtv a	Ind Theft Losses	(**********		
15		alty or theft loss(es) (other than net qualified disaster losses).			
		h federal Form 4684. See instructions			
Oth	er Item	ized Deductions			
16	Other	r—from list in federal instructions <b>16</b>		$\bullet$	۲
17	Add I	ines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17	5393	5393	• 0
18	Total	. Combine line 17 column A less column B plus column C			0
Job	Expen	ses and Certain Miscellaneous Deductions			
19		mbursed employee expenses: job travel, union dues, job education, etc. h federal Form 2106 if required. See instructions		]	
20	Тах р	reparation fees			
21	Other	expenses: investment, safe deposit box, etc. List type 🖲 🕥 21	0		
22	Add li	ine 19 through line 21	0		
23	Enter	amount from federal Form 1040 or 1040-SR, line 11 🖲 79893		1	
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0 $\dots \dots \dots \dots \oplus$ 24	1598		
25	Subtr	ract line 24 from line 22. If line 24 is more than line 22, enter 0.			0
26	Total	Itemized Deductions. Add line 18 and line 25			0
27	Other	adjustments. See instructions. Specify. 🖲			
28	Comb	pine line 26 and line 27			0
29	-	ur federal AGI (Form 540NR, line 13) more than the amount shown below for your fil Single or married/RDP filing separately	237,035 355,558		
	Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	NR), line 29		0
30	Enter	the larger of the amount on line 29 or your standard deduction shown below:			
		Single or married/RDP filing separately. See instructions.	\$5,363		
		Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	\$10,726		5363
Pa	rt IV	California Taxable Income			
1	Califo	rnia AGI. Enter your California AGI from Part II, line 27, column E			54125
2	Enter y	your deductions from line 30		5363	
	Deduc	tion Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry t	the decimal		
		Ir places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0			
		rnia Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		• 4 <u>.</u>	3633
5		rnia Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR			50492
		enter -0		• 5 <u></u>	50492

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# 2023 Passive Activity Loss Limitations

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return	SSN, ITIN, FEIN, or CA corporation no.
ASHVITA CHOUREY	863135177

#### Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I. Be sure to **use California amounts**.

Renta	al Real Estate Activities with Active Participation						
1a .	Activities with net income from Part IV, column (a) $\ldots \ldots \odot$	1a		00			
1b /	Activities with net loss from Part IV, column (b) $\ldots \ldots \ldots \odot$	1b	( )	00			
1c	Prior year unallowed losses from Part IV, column (c)	1c	( )	00			
1d	Combine line 1a, line 1b, and line 1c				1d		00
All O	ther Passive Activities						
2a .	Activities with net income from Part V, column (a) $\ldots \ldots \odot$	2a	0	00			
2b /	Activities with net loss from Part V, column (b) $\ldots \ldots \ldots \odot$	2b	( -7963)	00			
2c	Prior year unallowed losses from Part V, column (c). $\ldots \ldots \odot$	2c	( )	00			
2d	Combine line 2a, line 2b, and line 2c				2d	-7963	00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and						
	line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions					-7963	00

#### Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4	Enter the <b>smaller</b> of losses from line 1d or line 3				4		00
5 6 7	Enter \$150,000. If married/RDP filing a separate tax return, see instructions.       5       00         Enter federal modified adjusted gross income, but not less than zero.       5       00         See instructions.       If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7       6       00         Subtract line 6 from line 5       0       7       00						
8					8		00
9	Enter the <b>smaller</b> of line 4 or line 8				9	0	00
Pa	Part III Total Losses Allowed						
10	<b>0</b> Add the income, if any, from line 1a and line 2a and enter the total					0	00
11	<b>1 Total losses allowed from all passive activities for 2023.</b> Add line 9 and line 10				11	0	00

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(2)	(b)	(C)	(d)	(e)	(f)
(a) Passive Activity Enter a description of the activity	Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	California Schedule Enter the name of the California form or schedule, if any, used to calculate the California	Federal Ámount Enter your current year federal net income	California Adjustment Enter any adjustment resulting from differences in federal and California law	<b>California Amount</b> Combine column (d) and column (e)
	SCH E	adjustment N/A	-7963	0	-796
alifornia Adiusi	tment Worksheet	e (Saa Canaral Instruct	ions for Ston ( )		
se these worksheets to	figure your California adju	istments after application	of the PAL rules.		
(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	California Subtract the Total amo the Total amount of cc difference in column should transfer	e) Adjustment unt of column (d) from lumn (c) and enter the (e) below. Individuals this amount to r 540NR) as follows:
(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	() California	e) Adjustment
				amount to Sch. CA (5	<b>positive,</b> transfer the 40), Part I or Sch. CA on B, line 3, column C.
				If the amount below is <b>neg</b> to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part I
otal		1(c)	1(d)*	1(e)	
(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	() California	e) Adjustment
					s <b>positive,</b> transfer the 540), Part I or Sch. CA on B, line 5, column C.
				If the amount below is <b>neg</b> to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part I
otal		2(c)	2(d)**	2(e)	
(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount		e) Adjustment
				If the amount below is amount to Sch. CA (5	<b>positive</b> , transfer the 40), Part I or Sch. CA on B, line 6, column C.
				If the amount below is <b>ne</b> ( to Sch. CA (540), Part I or Section B, (as a positive a	Sch. CA (540NR), Part
	I	3(c)	3(d)***	3(e)	• •

\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A. \*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

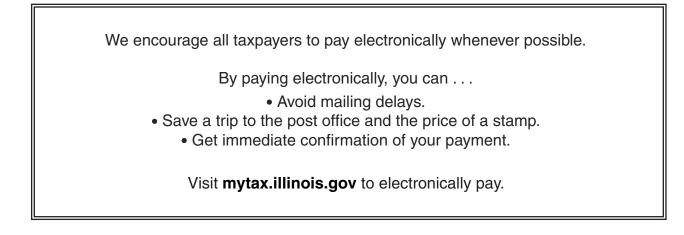
\*\*\* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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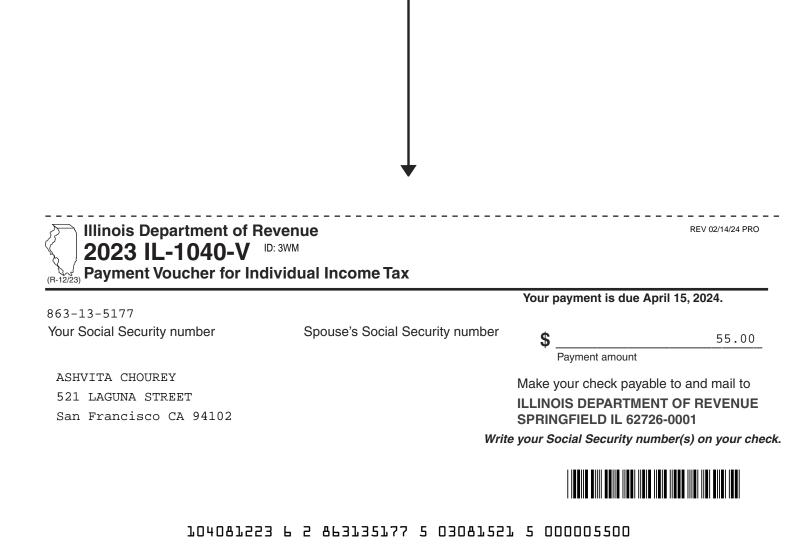
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If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





**Illinois Department of Revenue** Form IL-1040

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2,425.00

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79,893.00

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	or for fiscal year ending/
Step 1: Personal Information Enter personal info	rmation and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.
Α	
863-13-5177 1997 ASHVITA CHOUREY	
521 LAGUNA STREET	
San Francisco CA 94102	nii faas daaraa kidaalaa masadaa daaraa sayaa sayaa sayaa sayaa ahaa kaasa ka sayaa haakaa nii ii
ASHVITACHOUREY13	12@GMAIL.COM  Married filing separately  Widowed Head of household
	ing 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 federa	Form 1040 or 1040-SR, Line 11.       1       79,893.00         me from your federal Form 1040 or 1040-SR, Line 2a.       2       .00         3       .00         4       79,893.00
<ul> <li>Step 3: Base Income</li> <li>Social Security benefits and certain retirement in Line 1. Attach Page 1 of federal return.</li> </ul>	blan income received if included <b>5</b> 0

Staple W-2 and 1099 forms here	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,
h S	7	Schedule 1, Ln. 1. Other subtractions. <b>Attach</b> Schedule M.
rm	8	Add Lines 5, 6, and 7. This is the total of your subtractions.
9 fc	9	Illinois base income. Subtract Line 8 from Line 4.
60	Ste	p 4: Exemptions - See instructions for income limitations
6	10	a Enter the exemption amount for yourself and your spouse. See instructions.
an		<b>b</b> Check if 65 or older:  You + Spouse # of checkboxes X \$1,000 =
V-2		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 =
eΛ		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.
apl		Exemption allowance. Add Lines 10a through 10d.
St	Sto	p 5: Net Income and Tax
	3le	<b>Residents: Net income</b> . Subtract Line 10 from Line 9.
1	•••	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR.
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.
		Nonresidents and part-year residents: Enter the tax from Schedule NR.
	13	Recapture of investment tax credits. Attach Schedule 4255.
0-1	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.
04	Ste	p 6: Tax After Nonrefundable Credits
Ŀ		Income tax paid to another state while an Illinois resident. Attach Schedule CR.
lρ	16	Property tax, K-12 education expense, and volunteer emergency worker credit amount
an	17	from Schedule ICR. <b>Attach</b> Schedule ICR. Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.
Staple your check and IL-1040-V	18	
	19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.
	Ste	p 7: Other Taxes
y S	20	Household employment tax. See instructions.
o/e	21	
Stal		in the instructions. <b>Do not</b> leave blank.
<b>U</b>	22	Companyionate Line of Medical Connehia Drearon Act and cale of exacts by coming licent

ita	Exemption allowance.					
S	Step 5: Net I	ncome and <sup>.</sup>				
	44 - 44					

	Attach Schedule IL-E/EIC.	a	0.00	
	Exemption allowance. Add Lines 10a through 10d.		10	2,425.00
Ste	p 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. <b>11</b>	24,985.00
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	1,237.00
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	1,237 <sub>.00</sub>
Ste	p 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	Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	1,237.00
Ste	p 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 U	T Table		
	in the instructions. <b>Do not</b> leave blank.		21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licens	ee surcharges.	22	.00
23	<b>Total Tax</b> . Add Lines 19, 20, 21, and 22.		23	1,237.00

23 Total Tax. Add Lines 19, 20, 21, and 22.

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.	This form is authorized as outlined uthis information is required. Failure
ID: 3WM REV 02/14/24 PRO	

under the Illinois Income Tax Act. Disclosure of to provide information could result in a penalty.





<b>24</b> Total tax from Page 1, Line 23.		24	1,237.00						
Step 8: Payments and Refundable Credit									
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	<b>25</b> 1,182	.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	1,182.00						
Step 9: Total									
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00						
<b>32</b> If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	55.00						
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>b</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	ed your income on For	m IL-2210.							
Attach Form IL-2210.									
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in t	he previous tax year.								
<ul> <li>d Check if you were not required to file an Illinois Individual Income Tax return in the 34 Voluntary charitable donations. Attach Schedule G.</li> </ul>	he previous tax year. <b>34</b>	.00							
		<u>.00</u> <b>35</b>	.00						
<b>34</b> Voluntary charitable donations. <b>Attach</b> Schedule G.			.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> </ul>	34		.00						
<ul><li>34 Voluntary charitable donations. Attach Schedule G.</li><li>35 Total penalty and donations. Add Lines 33 and 34.</li></ul>	34		.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 31</li> </ul>	34 ne 35 from Line 31.	35							
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instruction</li> </ul>	34 ne 35 from Line 31.	35	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> <li>38 I choose to receive my refund by</li> </ul>	34 ne 35 from Line 31.	35	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by <ul> <li>a ☐ direct deposit - Complete the information below if you check this box.</li> </ul> </li> </ul>	34 ne 35 from Line 31. uctions.	35 36 37	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> <li>38 I choose to receive my refund by</li> </ul>	34 ne 35 from Line 31.	35	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> <li>a ☐ direct deposit - Complete the information below if you check this box.</li> </ul>	34 ne 35 from Line 31. uctions.	35 36 37	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> <li>a ☐ direct deposit - Complete the information below if you check this box.</li> </ul>	34 ne 35 from Line 31. uctions.	35 36 37	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions</li> <li>38 I choose to receive my refund by <ul> <li>a ☐ direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> </ul>	34 ne 35 from Line 31. uctions.	35 36 37	.00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions</li> <li>38 I choose to receive my refund by <ul> <li>a direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b paper check.</li> </ul> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li>	34ne 35 from Line 31. uctions.	35 36 37 Savings 39	.00 .00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Linthis is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> <li>38 I choose to receive my refund by <ul> <li>a direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b paper check.</li> </ul> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li> <li>40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 32.</li>	34 ne 35 from Line 31. uctions. Checking or	35 36 37 Savings 39	.00 .00						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions</li> <li>38 I choose to receive my refund by <ul> <li>a direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b paper check.</li> </ul> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li>	34 ne 35 from Line 31. uctions. Checking or	35 36 37 Savings 39	.00 .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.

Sign	Your signature		Date (mm/dd/yyyy)	y) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number		
Here								(217) 979	9-4460	
	Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyyy)	)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	03/05/2024		self-employed	P02082703		
Preparer Use Only						Firm's FEIN		843171965		
	Firm's address	245 ROO	NEY CT H	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	-9522	
Third	Designee's name (please print)				mber		Check if the Department may discuss this return with the third party designee shown in this step.			
Party				( )						
Designee										

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

AP\_

RR DC IR ID



٦	Illinois Department of Rev	venue
Į	2023 Schedule	NR

Attach to your Form IL-1040

# **Nonresident and Part-Year Resident Computation of Illinois Tax**

IL Attachment No. 2

	ASHVITA CHOUREY	8 6 3 1 3 5 1 7 7				
_	Your name as shown on your Form IL-1040	Your Social Security number				
S	Step 1: Provide the following information	1				
1	Were you, or your spouse if "married filing jointly," a full-year res	ident of Illinois during the tax year?				
	Yes X No If you answered "Yes,"	you cannot use this form (see instructions).				
2	If you, or your spouse if "married filing jointly," were a part-year r	esident during the tax year, tell us your residency dates for 2023.				
	<b>a</b> I lived in <b>Illinois</b> from <u>01</u> / <u>01</u> / <u>2</u> <u>3</u> to <u>07</u> / <u>19</u> / <u>2</u> <u>3</u> Month Day Year Month Day Year	I lived in <u>California</u> from <u>07</u> / <u>20</u> / <u>2</u> <u>3</u> to <u>12</u> / <u>31</u> / <u>2</u> <u>3</u> State Month Day Year Month Day Year				
	<b>b</b> My spouse lived in <b>Illinois</b> from/ / <u>2</u> <u>3</u> to// Month Day Year Month Day	/ <u>2</u> <u>3</u> , and from / / <u>2</u> <u>3</u> to / / <u>2</u> <u>3</u> Year State Month Day Year Month Day Year				
3		e tax year, if you were in Illinois only to accompany your spouse who spouse's state of residence for tax purposes, check the appropriate box.				
	🗌 Iowa 📄 Kentucky 📄 Michigan	Wisconsin Military Spouse				
4	List any state other than Illinois or any states already indicated o Enter the two-letter abbreviation of that state.	on Line 2 or 3 above, that you claimed residency for tax purposes in 2023.				

# Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

# Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	79,893.00	25,768.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6	.00	.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			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	0.00	.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line S	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in Continue with Step 3 on Page 2		e. 20	25,768.00
		•		



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duda ND

	Schedule NR – Page 2			
Step	3: Continued - Adjustments to Income		olumn A deral Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	25,768.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 14)	25	.00	.00
26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
27				
	Schedule 1, Line 16)		.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18			.00
30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
33	RESERVED	33		
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.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	.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	79,893.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	oss incom	ne. <b>38</b>	25,768.00
Step	4: Figure your Illinois additions and subtractions			
In Colu	mn A, enter the total amounts from your Form IL-1040. You must read tructions for Column B to properly complete this step.		Column A m IL-1040 Total	Column B Illinois Portion

39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
40	Other additions (Form IL-1040, Line 3)	40	.00	.00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income	Э.	41	25,768.00
42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

# 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. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		46	25,768.00
47	Enter the base income from Form IL-1040, Line 9.	47	79,893.00	
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	0 • 323	
49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00	
50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
	allowance.		50	783.00
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.	$\rightarrow$	· 51	24,985.00
52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
	Enter the amount here and on your Form IL-1040, Line 12.			
	This is your <b>tax.</b>	$\rightarrow$	52	1,237.00



Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
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)

	SHVITA CHOUREY			8 6		<u>1 3</u> .		1	7	7			
Yo	our name as shown on Form IL-1040			Your Social S	Your Social Security number								
Column A Form type Column B Employer/Payer Identification Number		<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.								
1	W	37-6000511	\$	25,768 <b>.00</b>	\$	25,768	<u>•00</u>	\$	1,1	82 <b>.00</b>			
2			\$	•00	\$		<u>•00</u>	\$		•00			
3			\$	•00	\$		<u>•00</u>	\$		• <u>00</u>			
4			\$	•00	\$		<u>•00</u>	\$		•00			
5			\$	•00	\$		<u>•00</u>	\$		<u>•00</u>			

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

Υοι	ir spouse's name	e as shown on Form IL-1040	Your spouse's Social Security number						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	111	Column E linois Income Fax Withheld	
6			\$	• <u>00</u>	\$	•00	\$	•00	
7			\$	•00	\$	• <u>00</u>	\$	•00	
8			\$	•00	\$	•00	\$	• <u>00</u>	
9			\$	•00	\$	•00	\$	•00	
10			\$	•00	\$	•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.

11 \$ 1,182.00

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

 Illinois Department of Revenue
 Illinois Individual Income Tax Electronic Filing Declaration

 2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(<u>Do not mail</u> Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Print arms and mode head       Spouse's first name (and last name if afferent)       Last name       Social Security number         Fift S11_LAQUAS_STREET       Spouse's first finance (and last name if afferent)       Spouse's first finance (and last name if afferent)       Spouse's first finance (and last name if afferent)         Sain Francisico       CA       94102       Spouse's first finance (and last name if afferent)       Spouse's first finance (and last name if afferent)         Step 2: Complete Information from tax return       Choose one: [X] L-1040       L-1040.X       1.24,995100         1       Net income first (infloyd on IL-1040-X, Line 14       2       1.22,995100         3       1.182100       3       1.182100         4       Overpayment from Form IL-1040, Line 30 or IL-1040-X, Line 35       5       5.100         5       Scolar amount due from Form IL-1040, Line 30 or IL-1040-X, Line 35       5       5.100         5       Scolar amount due from Form IL-1040, Line 30 or IL-1040-X, Line 35       5       5.100         6       Filling status: X       Single afferent filling separately	Step	1: Provide taxpayer informatic ASHVITA	on CHOUREY		8 6 3 _ 1 3 _ 5 1 7 7						
Type         Maining address         Sporter 3 Goard Security further         Sporter 3 Goard Security further           Sam Francisco         CA         94102         (217) 979-4460           City         Sam Francisco         CA         94102         (217) 979-4460           Step 2: Complete information from tax return         Choose one: IX IL-1040         IL-1040 or IL-1040-X. Line 11         1         24,985100           2         Jastron Form IL-1040 or IL-1040-X. Line 36         Choose one: IX IL-1040         1,1282100         1,1282100           3         Jillinois Income Tax withheld from Form IL-1040, Line 36 or IL-1040-X, Line 38         4         000           6         Filing status: X Single         Marred Ting Ting Tinht         Marred Ting Ting Tinht         4         000           5         55100         5         5         5         000         5         5         000           6         Filing status: X Single         Marred Ting Ting Tinht         Marred Ting Ting Tinht         1 <td></td> <td>First name and middle initial Spouse's first</td> <td>st name (and last name if different)</td> <td>Last name</td> <td></td>		First name and middle initial Spouse's first	st name (and last name if different)	Last name							
Spin         Spin         Sponter 300 are sumptimized           Sam Francisco         CA         94102         (217)         979-4460           City         Sam Francisco         CA         94102         (217)         979-4460           Step 2: Complete information from tax return         Choose one: Implete information from tax return         1         24,985100           1         Net income Tax withheld from Form IL-1040 x, Line 13         1         1,128100         1,128100           3         Illinois income Tax withheld from Form IL-1040, Line 36 or IL-1040-X, Line 38         4         0.00           5         551000         5         551000         5         5000           6         Filing status: X Single information in this Step mate bincluded within the electronic transmission. Illinois formation in this Step mate bincluded within the electronic transmission. Illinois formation in this Step mate binclude within the electronic transmission. Illinois formation in this Step mate binclude with financial institutions located within the under 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):	Print	t521 LAGUNA STREET									
Same Francisco       CA       94102       (217) 979-4460         City       State       ZP       Depkemperone number         Step 2: Complete information from tax return       Choose one: X  L-1040       L-1040-X         1       Net income Time United or L-1040-X, Line 11       1       2.4,985100         2       Narton Form L-1040, Line 36       1.1.221100       3.1.182100         3       United from Form L-1040, Line 36 do or L-1040-X, Line 35       4       1.000         5       5.1.00       5.1.00       5.1.00       5.1.00         6       Filing status: X Single       Married filing jointly       Married filing pointly       Married filing status: A Single internation in this 50 and the information in this 50 and the onus which will be via paper check         7       Routing no. (RN):	01				Spouse's Social Security number						
City       State       ZIP       Dayline 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       2.4, 29.5,100         2       Tax from Form IL-1040 or IL-1040-X, Line 13       1       1.2321.100         3       Illinois Income Tax withheld from Form IL-1040-X, Line 38       4       1.00         4       Overpayment from Form IL-1040, Line 40 or IL-1040-X, Line 38       5       55.100         5       Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38       5       55.100         5       Total amount due from Form IL-1040, Ine 40 or IL-1040-X, Line 38       5       55.100         6       Filing status: X Single       Marred filing iprily       Married filing separately       Widowed       Head of household         Step 3: Complete direct deposit of rotund or electronic funds withdrawal information in this 150 pursus the includow within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g. dobit, deposit) with financial institutions located within the ultrade States or those not funded by information in this 150 pursus the includow will only approve the refund.         1       Licetronic funds withdrawal amount:       1.00         12       Netwinging in (CRN):       Internation in this 150	.960		CA	94102	(217) 979-4460						
Step 2: Complete information from tax return       Choose one: [X]       IL-1040 □       IL-1040.X       1       24,985   00.         1       Net income from Form IL-1040 / Line 1040 / Line 1040 / Line 1040 / Line 25 only (enter "0" if none)       3       1.24,237   00.         3       Illinois income Tax withheld from Earn IL-1040. Line 40 or IL-1040-X, Line 25 only (enter "0" if none)       3       1.182   100.         4					Daytime phone number						
1       Net income from Form IL-1040 or IL-1040-X, Line 11       1       24,985100         2       Tax from Form IL-1040 or IL-1040-X, Line 14       2       1,237100         3       1,182100       2       1,182100         4       0.00000000000000000000000000000000000	Stor	2: Complete information from	tox roturn	Chasse and N							
2       Tax from Form IL-1040 or IL-1040.X, Line 14       2       1,237.100.         3       Unitarios income Tax withheld from Form IL-1040. Line 36 or IL-1040-X, Line 35       1,182.100.         4       1.00       2       1,237.100.         5       5       55.100.         6       Filing status: X Single Married fling jointly Married fling separately Widowed Head for buschold         Status: X Single Married fling jointly Married fling separately Widowed Head for buschold         Status: X Single Married fling separately Widowed Head for buschold         Status: X Single Married fling separately Widowed Head for buschold         Status: X Single Married fling separately Widowed Head for terms sisten. Illinois does not support international ACH transactions (e.g. debit, deposit) with financial institutions located within the United States or tose not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check 7         8       Account in (AN):	-	•									
3       Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 35       3       1,182,100         4       Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35       4       1.00         5       Total amount due from Form IL-1040, Line 36 or IL-1040-X, Line 38       5       551.000         6       Filing status: X Single Matried filing jointly Matried 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         7       Routing no. (RN):			,								
4       Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35       4											
5       Total amount due from Form IL-1040. Line 40 or IL-1040-X, Line 38       5       551.00         6       Filing status: X_Single			······) · · · · · · · · · · · · · · · ·								
6       Filing status: X single		1 3									
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 chain (and the transmission) 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):					-						
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):	6	Filing status: <u>×</u> Single Married	d filing jointly Married fili	ng separately W	idowed Head of household						
12 Name on account:         Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)	withir 7   8 / 9 <sup>-</sup>	n the United States or those not funde Routing no. (RN): Account no. (AN): Type of account: Checking	d by international funds. Elect								
12 Name on account:         Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)			,								
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.         ○       I do not want direct deposit of my refund, or an electronic form lL-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.         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 do not want directed. I rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.         Sign											
□       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 overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.         ○       I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.         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 transmitted if possible.         Sign	-		anaturo (Sign only after c	omploting Stop 2	and if applicable Stop 3)						
withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.         I do not want direct deposit of my refund, or an electronic 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		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.									
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 retransmitter 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 03/05/2024 Check if paid preparer: I (See instructions.) Date 03/05/2024 Prove PTIN $2 - 0 - 8 - 2 - 7 - 0 - 3 -$		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									
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    Sign	X	I do not want direct deposit of my	refund, or an electronic funds	withdrawal (direct de	ebit) of my balance due.						
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       03/05/2024       Check if paid preparer:       X (See instructions.)         ERO's signature       Date       P 0 2 0 8 2 7 0 3       3         GLOBAL TAXES LLC       P 0 2 0 8 2 7 0 3       3       3         Firm's name or your name if self-employed       8 4 - 3 1 7 1 9 6 5       5         Your PTIN       8 8 4 - 3 1 7 1 9 6 5       5         E BRUNSWICK       NJ       08816       (678) 965-9522	returr and a	n originator (ERO) are identical. To the accompanying information may be sent	best of my knowledge, my retu to IDOR by my ERO. I authori	rn is true, correct, and ze IDOR to inform my	complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has						
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.	Sigr here	Your signature	Date	Spouse's signature	(if joint return, <b>both</b> must sign) Date						
ERO's signatureDateERO's signatureDateERO $\frac{GLOBAL TAXES LLC}{Firm's name or your name if self-employed}$ $\frac{P}{Your PTIN}$ $2$ $0$ $8$ $2$ $7$ $0$ $3$ $\frac{245 \text{ ROONEY CT}}{Mailing address}$ $E$ BRUNSWICKNJ $08816$ $(678)$ $965-9522$	Step I dec inforr	<b>5: Electronic return originator</b> lare that I have examined this taxpay mation. I have followed all requirement	er's electronic Form IL-1040 nts of this program and decla	or IL-1040-X, the info re, under penalties of complete.	rmation on this Form IL-8453, and accompanying						
ERO Firm's name or your name if self-employed $\frac{P}{Four PTIN}$ $\frac{2}{2}$ $\frac{0}{8}$ $\frac{2}{2}$ $\frac{7}{0}$ $\frac{3}{3}$ $\frac{245}{Mailing address}$ $\frac{245}{Mailing address}$ $\frac{1}{7}$ $\frac{1}{9}$ $\frac{9}{6}$ $\frac{5}{Federal employer identification number (FEIN)}$ $E$ BRUNSWICKNJ08816 $(678)$ $965-9522$		FRO's signature			Check if paid preparer: 🔀 (See instructions.)						
ERO       Firm's name or your name if self-employed       Your PTIN         use only       245 ROONEY CT       8 4 - 3 1 7 1 9 6 5         Mailing address       Federal employer identification number (FEIN)         E BRUNSWICK       NJ       08816		-		Dato							
use only         245         ROONEY CT         8         4         -         3         1         7         1         9         6         5           Mailing address         E         BRUNSWICK         NJ         08816         (678)         965-9522	ERO				$\frac{1}{1} \frac{1}{1} \frac{1}$						
Mailing address     Federal employer identification number (FEIN)       E BRUNSWICK     NJ     08816       (678)     965-9522	-	245 ROONEY CT									
E BRUNSWICK NJ 08816 (678) 965-9522	only										
			N.T	08816							

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.

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.

