We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
  - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

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



REV 02/14/24 PRO

(R-12/23) Payment Voucher for Individual Income Tax

328-06-4208 Your Social Security number

Spouse's Social Security number

\$ \_\_\_\_\_

154.00

Payment amount

MIR Z ALI 160 LAKESIDE DR 1712 SAINT CHARLES IL 60174

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Your payment is due April 15, 2024.

Write your Social Security number(s) on your check.

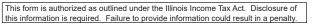


or for fiscal year ending	/	'— —
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A								
MII	3-06-4208 R Z D LAKESIDE DR	1983	ALI	1712				
	·-							77 K 10 K
SA:	INT CHARLES	$_{ m IL}$	60174	KANE	HIII BOYANTADYALISEAFURDA	. NAMERI SAN SECONDA I TAMON I I	ranti kan manan mana	())
<b>B</b> F	ling status: X Si			d@gmail.com tly ☐Married f	i filing separately     Widowe	ed  Head of	household	
СС	<b>heck</b> If someone ca	an claim you,	or your spouse	if filing jointly, as	a dependent. See instruction	ns. You	Spouse	
D C	neck the box if this	applies to v	ou durina 2023	3: Nonreside	ent - <b>Attach</b> Sch. NR 🔲 Pa	rt-vear resident -	Attach So	h. NR
	ep 2: Income		- a a a a a a a a a a a a a a a a a a a			,		ole dollars only)
วเ 1	•	aross incom	e from vour fed	deral Form 1040	or 1040-SR, Line 11.		1	330,442.00
2					ur federal Form 1040 or 1040	0-SR. Line 2a.	2	.00
3	Other additions.	•		,		- ,	3	.00
4	Total income. A	dd Lines 1 th	nrough 3.				4	330,442.00
St	ep 3: Base Incor	me						
5				ent plan income	received if included			
١	in Line 1. Attach					5	.00	
6	Illinois Income Ta		ent included in	federal Form 104	40 or 1040-SR,	G	00	
2 7	Schedule 1, Ln. 1 Other subtraction		Schedule M			6	<u>.00</u> .00	
8	Add Lines 5, 6, a			our subtractions		'	<u>.00</u> <b>8</b>	.00
9	Illinois base inc		•				9	330,442.00
St	ep 4: Exemption	ıs - See inst	tructions for inc	come limitations				
•					See instructions.	a	.00	
3					checkboxes X \$1,000 =	b	.00	
1	c Check if legal				checkboxes X \$1,000 =	c	.00	
<b>.</b>	•		ents, enter the a	mount from Sche	dule IL-E/EIC, Step 2, Line 1.			
Ž	Attach Schedu		Lines 10s thro	ugh 10d		d	<u>.00</u> <b>10</b>	00
,	Exemption allow		Lines Toa trifo	ugn roa.			10	.00
	ep 5: Net Income		htun at 1 in a 10 i	fue un lim e O				
11	Residents: Net				et income from Schedule NR.	Attach Schedule	NR 11	330,442.00
12	Residents: Multi					Attach Concade	NIX. 11	3307112.00
	Nonresidents a						12	16,357 <sub>.00</sub>
13						•	13	.00
14	Income tax. Add	d Lines 12 ar	nd 13. Cannot	be less than zero	Э.		14	16,357 <sub>.00</sub>
St	ep 6: Tax After N							
15					ttach Schedule CR.	15	.00	
16				volunteer emerç	gency worker credit amount	40	00	
17	from Schedule IC Credit amount from			ch Schodulo 120	00 C	16 17	<u>.00</u> .00	
117					annot exceed the tax amount		<u>.00</u> 18	0.00
19						011 21110 1 1.	19	16,357.00
St	ep 7: Other Taxe							
20	•		See instruction	ıs.			20	.00
21	•	-			ses from UT Worksheet or U	T Table		
ğ	in the instruction			•			21	0.00
22	•			ogram Act and sa	ale of assets by gaming licen	see surcharges.	22	.00
	Total Tax. Add L	. 40 00	04 100				23	16,357.00

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





<b>24</b> Tot	al tax from Page 1, Line 23					24	16,357.00		
Step 8:	Payments and Refunda	able Credit							
25 Illino	ois Income Tax withheld. Att	ach Schedule IL-W	/IT.		<b>25</b> 16	5,203 <u>.00</u>			
26 Estir	mated payments from Form	s IL-1040-ES and I	L-505-I,						
inclu	iding any overpayment appl	lied from a prior yea	ar return.		26	.00			
<b>27</b> Pass	s-through withholding. Attac	h Schedule K-1-P c	or K-1-T.		27	.00			
<b>28</b> Pass	s-through entity tax credit. A	ttach Schedule K-1	-P or K-1-T.		28	.00			
	ned Income Credit from Sche		•		c. <b>29</b>	.00			
30 Tota	I payments and refundab	le credit. Add Lines	s 25 through	29.		30	16,203.00		
Step 9:	Total								
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	.00		
<b>32</b> If Lin	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.			32	154.00		
Step 10	: Underpayment of Est	imated Tax Pena	alty and Do	onations					
	-payment penalty for under		•		33	.00			
	Check if at least two-thirds			s from farming.					
b [	Check if you or your spous	se are 65 or older a	ind permane	ently living in a nursin	g home.				
c [	Check if your income was	not received evenly	during the	year and you annuali	zed your income	on Form IL-22	10.		
	Attach Form IL-2210.								
d□	Check if you were not requ	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.			
	ntary charitable donations.				34	.00			
35 Tota	I penalty and donations.	Add Lines 33 and 3	4.			35	.00		
Step 11	: Refund or Amount yo	ou owe							
<b>36</b> If yo	u have an amount on Line 3	31 and this amount	is greater th	an Line 35, subtract	Line 35 from Line	31.			
This	is your <b>overpayment</b> .					36	.00		
<b>37</b> Amo	ount from Line 36 you want <b>r</b>	efunded to you. Cl	neck <b>one</b> bo	x on Line 38. See ins	tructions.	37	.00		
<b>38</b> I cho	oose to receive my refund b	у							
а □	direct deposit - Complete	e the information be	low if you cl	neck this box.					
	You may also contribute	Routing number			Checki	ng or Savi	ngs		
	to college savings funds	_			- Gilosia	g o ou.	95		
	here. See instructions!	Account number							
b 🗆	paper check.								
<b>39</b> Amo	ount to be <b>credited forward</b> .	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00		
40 If vo	ou have an amount on Lin	e 32. add Lines 32.	and 35. <b>If v</b> o	ou have an amount	on Line 31. and t	his amount			
-	ss than Line 35, subtract Lir		-						
	Line 35. This is the <b>amour</b>			(_	,,	40	154.00		
-	2: Health Insurance Ch	_							
	Check this box and include								
	agencies in order to determ	line your eligibility to	or nealth ins	urance benefits. See	instructions for n	nore informatio	n.		
Signati	Ire - Note: If this is a joint ret	turn both you and w	nur engues n	nust sian helow					
	enalties of perjury, I state t				mv knowledge. it	is true, correc	t, and complete.		
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phon	e number		
Here					, , , , , ,	( )			
	Print/Type paid preparer's nan	ne	Paid prepare	er's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN		
Paid					Date (IIIII/dd/yyyy)		P02470833		
Preparer		PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI  GLOBAL TAXES LLC Firm's FEIN							
<b>Use Only</b>	Firm's name GLOBA	88214548							
			BRUNSWIC	KNJ 08816	Firm's phone	(678) 96			
Third	Designee's name (please prin	t)		Designee's phone nur	mber	_	e Department may		
Party	disc						discuss this return with the third party designee shown in this step		
Designee									
	Refer to the 20	123 II -1040 Ins	struction	s for the addre	es to mail v	our return			

IL-1040 Back (R-12/23) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/14/24 PRO





### 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)

	R Z ALI ur name as shown	on Form IL-1040	3 Your S		B curity num	onber 6		4 2	0 8	3	
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.  Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.							
1	W	36-3180895 0007	_ \$	138,862	00	\$	138,8	62 <b>.00</b>	\$	6,735	<u>00</u>
2	W	27-0827025 0007	_ \$	131,880	00	\$	131,8	80 <b>.00</b>	\$	6,528	00
3	W	26-3305087	_ \$	59,400	00	\$	59,4	00.00	\$	2,940	00
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	ır spouse's name a	as shown on Form IL-1040		Your spouse's Social Security number						
Column A Form type		Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.			Illino	lumn E is Income Withheld		
6			\$	• <u>00</u>	\$	•00	\$	•00		
7			\$	•00	\$	•00	\$	•00		
8			\$	•00	\$	•00	\$	•00		
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** \$ 16,203**.00** 

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





### Illinois Department of Revenue

			_						_				
			•	S	ubmi	issior	ı ID		•				

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

E	( <b>Do not mail</b> Form IL-8	3453 to the Illinois Depa	rtment of Revenue	unless it is	requested for rev	view.)
Step	1: Provide taxpayer information MIR Z	mation ALI		3 2	28_06_	. 4 2 0 8
		se's first name (and last name if differ	ent) Last name		Security number	
Print	160 LAKESIDE DR 1712					_
or type	Mailing address			Spouse	s's Social Security number	
-)	SAINT CHARLES	IL	60174	(	)	
	City	State	ZIP	Daytim	e phone number	
Step	2: Complete information	from tax return	Choose one:	X   IL-1040	☐ IL-1040-X	
•	Net income from Form IL-1040				1	330,442  <b>00</b>
	ax from Form IL-1040 or IL-10				2 _	16,357  <b>00</b>
	llinois Income Tax withheld fron	n Form IL-1040 or IL-1040-X,	Line 25 only (enter "0"	" if none)	3 _	16,203  <b>00</b>
4 (	Overpayment from Form IL-104	0, Line 36 or IL-1040-X, Line	35		4 _	I_00_
<b>5</b> 7	otal amount due from Form IL-	1040, Line 40 or IL-1040-X, L	ine 38		5 _	154  <b>00</b>
<b>6</b> F	Filing status: 🔀 Single N	larried filing jointly Marrie	ed filing separately	_ Widowed	_ Head of househol	d
withir 7 F 8 A	not support international ACH transfer the United States or those not Routing no. (RN):	funded by international funds.				
9 7	Type of account: Checkin	g Savings				
10	Date the payment is to be electr	onically withdrawn://				
<b>11</b> E	Electronic funds withdrawal amo	ount:I_00_				
<b>12</b> N	Name on account:					
	4: Taxpayer declaration ar	nd signature (Sign only at	ter completing Step	2 and, if ap	plicable, Step 3.)	
		/ be directly deposited as des return, this is an irrevocable a				
	withdrawal as designated in t financial institutions involved	ment of Revenue (IDOR) and he electronic portion of my 202 in the processing of an electi s and resolve issues related t	23 Illinois Original or Am ronic overpayment of ta	nended Individu	ual Income Tax returr	n. I authorize the
$\boxtimes$	I do not want direct deposit o	of my refund, or an electronic	funds withdrawal (direc	ct debit) of my	balance due.	
return and a been	r penalties of perjury, I declare the originator (ERO) are identical. To companying information may be accepted or rejected. If rejected,	o the best of my knowledge, me sent to IDOR by my ERO. I a	y return is true, correct, uthorize IDOR to inform	and complete. my ERO and/o	I consent that my ret or the transmitter whe	urn, this declaration n my return has
Sign	Your signature	Date	Snouse's signs	ature (if joint return	hoth must sign)	Date
						Date
l decl inforn	5: Electronic return origing are that I have examined this to nation. I have followed all requirer's return and accompanying	axpayer's electronic Form IL- rements of this program and o	1040 or IL-1040-X, the declare, under penaltie	information on	this Form IL-8453,	and accompanying knowledge the
	EPO's signature		Date	Check	if paid preparer: 🗵	(See instructions.)
	ERO's signature		Date	_	0 0 4 7	0 0 0 0
ERO	GLOBAL TAXES LLC Firm's name or your name if self-emplo	ved		<u>P</u> Your P	U 2 4 7	0 8 3 3
use	245 ROONEY CT	<i>y</i>				5 1 Q 7
only	Mailing address				B_ − _ 2 _ 1 _ 4 _ I employer identification nu	5 4 8 7 umber (FEIN)
	E BRUNSWICK	NJ	08816	,	) 965-9522	•
	City	State	ZIP		e phone number	

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

