or for fiscal year ending	/	'
---------------------------	---	---

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

, ,			
RA NI 14	7-17-9776 1970 194-82-7042 1977  MU KETHA  RMALA KUMARI PATTURI  3 CHAPIN WAY  WEGO IL 60543 KENDALL  RKETHA@HOTMAIL.COM		
В	Filing status: Single Married filing jointly Married filing separately Widowed Head of	household	
C	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🔲 You	Spouse	
D C	check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident -		
S 1 2 3 4	<b>tep 2: Income</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.  Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.  Other additions. <b>Attach</b> Schedule M. <b>Total income</b> . Add Lines 1 through 3.	(Who 1 2 3 4	0le dollars only)  264,611.00  .00  .00  264,611.00
5 5 6 7 8 9	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.  Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  Other subtractions. Attach Schedule M.  Add Lines 5, 6, and 7. This is the total of your subtractions.  Illinois base income. Subtract Line 8 from Line 4.	.00 .00 .00 8	.00 264,611.00
$\bar{s}$	tep 4: Exemptions - See instructions for income limitations		, , , , ,
	b Check if 65 or older:  You + Spouse # of checkboxes X \$1,000 = b Check if legally blind:  You + Spouse # of checkboxes X \$1,000 = c If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		7,275.00
j =	tep 5: Net Income and Tax		
	1 Residents: Net income. Subtract Line 10 from Line 9.		
	<ul> <li>Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule</li> <li>Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.</li> </ul>	NR. <b>11</b>	257,336 <u>.00</u>
1	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 13	12,738 <u>.00</u> .00
1		14	12,738.00
ร์ ริ	tep 6: Tax After Nonrefundable Credits		
, 1		.00	
1	6 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. 16 5	73 .00	
1	_	.00	
1	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 19	573 <u>.00</u> 12,165 <u>.00</u>
S	tep 7: Other Taxes		
2	. •	20	.00
2			
	in the instructions. <b>Do not</b> leave blank.	21	0.00
2	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  Total Tax. Add Lines 19, 20, 21, and 22.	22 23	.00 .00 .165
<b>7</b> 7			

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



04 -						0.4	10 165 00
	al tax from Page 1, Line 23					24	12,165.00
-	Payments and Refund				_		
	ois Income Tax withheld. <b>At</b>				<b>25</b> 3	,841 <sub>.00</sub>	
	mated payments from Form		•				
	iding any overpayment app				26	.00	
	s-through withholding. Attac				27		
	s-through entity tax credit. A				28	.00	
	ned Income Credit from Sch				. <b>29</b>	.00	2 041 00
30 Tota	l payments and refundab	ole credit. Add Lines	s 25 through	29.		30	3,841.00
Step 9:	Total						
<b>31</b> 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	8,324.00
Step 10	: Underpayment of Est	timated Tax Pena	alty and Do	nations			
33 Late	-payment penalty for under	payment of estimat	ed tax.		33	.00	
а 🗆	Check if at least two-third	s of your federal gro	ss income is	s from farming.			
b [	Check if you or your spou	se are 65 or older a	ind permane	ntly 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-221	10.
	Attach Form IL-2210.						
d □	Check if you were not req	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
<b>34</b> Volu	ntary charitable donations.	Attach Schedule G	).		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	31 and this amount	is greater th	an Line 35, subtract	Line 35 from Line	31.	
This	is your <b>overpayment</b> .					36	.00
					.00		
<b>38</b> I cho	38 I choose to receive my refund by						
	a direct deposit - Complete the information below if you check this box.						
	You may also contribute		<u> </u>		Checkir	ng or Savir	200
	to college savings funds	Routing number			Crieckii	ig of Savii	igs
	here. See instructions!	Account number					
hГ	paper check.						
	ount to be <b>credited forward.</b>	Subtract Line 37 fro	om Line 36	See instructions		39	.00
							.00
-	ou have an amount on Lin		_				
	ss than Line 35, subtract Li Line 35. This is the <b>amou</b> l			and 32 are blank (20	ero), enter the an	40	8,324.00
	The So. This is the <b>amou</b>	int you owe. See ins	Structions.			40	0,321.00
Step 12	2: Health Insurance Ch	eckbox and Sigr	nature				
41 🗌	Check this box and include	your email address	in Step 1 if	IDOR may share you	ır income informa	tion with other	Illinois state
	agencies in order to detern	nine your eligibility f	or health ins	urance benefits. See	instructions for m	ore information	٦.
	ire - Note: If this is a joint re					*. 4	4 1 1 . 4 .
under p	enalties of perjury, I state t	nat i nave examine	a this return	i, and to the best of i	ny knowleage, it	is true, correct	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here	Tour signature	Date (IIIII/da/yyyy)	opodoc o oig	nataro	Date (IIIII/dd/yyyy)		
	D: 47		D : 1	, . ,			5-1858
Paid	Print/Type paid preparer's nar		Paid prepare	-	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Preparer	VENKATA SAI PAVAN KUMAR DU	DIPALLI	VENKATA SAI	PAVAN KUMAR DUDIPALLI		sell-employed	P02470833
Use Only	Firm's name GLOBA	L TAXES LLC			Firm's FEIN	88214548	7
	Firm's address > 245 F	ROONEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please prin	nt)		Designee's phone nun	nber	Check if the	e Department may
Party				( )		discuss this re	eturn with the third
Designee				( )		party designed	e shown in this step.
	Refer to the 20	023 II -1040 In	struction	s for the addre	es to mail ve	our refurn	

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 ICR

Attach to your Form IL-1040

#### **Illinois Credits**

IL Attachment No. 23

#### Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, & 132.
- Volunteer Emergency Worker Credit See Instructions.
- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit, K-12 Education Expense Credit, and Volunteer Emergency Worker Credit cannot exceed tax due.

Step 1	: Pro	ovide	tne	TOIIO	wing	intor	mation	

Υοι	ır na	nme as shown on your Form IL-1040	our Social Sec	$\frac{7}{\text{curity number}} = \frac{7}{\text{curity number}}$		
<u> </u>	to	p 2: Figure your nonrefundable cred	lit			
			111			10 520
		ter the amount of tax from your Form IL-1040, Line 14.			1	12,738.00
		ter the amount of credit for tax paid to other states from your Form II	1040, Line	15.	2 3	.00 12,738.00
ა —	Su	btract Line 2 from Line 1.			<u> </u>	12,730.00
Se	ctio	on A - Illinois Property Tax Credit (See instructions for direct	tions on ho	w to obtain your pro	perty num	ber)
4	а	Enter the total amount of Illinois Property Tax paid during the				
		tax year for the real estate that includes your principal residence.	4a _	11,467.0	0	
	b	Enter the county and property number of your principal residence.	See instructi	ions.		
		<b>4b</b> KENDALL 0001				
	С	County Property number Enter the county and property number of an adjoining lot, if include	d in Line 4a			
			d III LIIIC 4d.	•		
		County Property number				
	d	Enter the county and property number of another adjoining lot, if in	cluded in Lir	ne 4a.		
		4d County Property number				
	е	County Property number Enter the portion of your tax bill that is deductible as a business				
	Ū	expense on U.S. income tax forms or schedules, even				
		if you did not take the federal deduction.	4e _	.0	0	
	f	Subtract Line 4e from Line 4a.	4f _	11,467.0	0	
	g	Multiply Line 4f by 5% (.05).	4g _	573.0	0	
5	Со	mpare Lines 3 and 4g, and enter the lesser amount here.			5	573 .00
6	Su	btract Line 5 from Line 3.	6 _	12,165.0	0	
Se	ctio	on B - K-12 Education Expense Credit				
		You must complete the <i>K-12 Education Expense Credit Workshee</i>	et on the last	nage		
		schedule and <b>attach</b> any receipt(s) you received from your student's				
an	edu	cation expense credit.				
7	а	Enter the total amount of K-12 education expenses from Line 15	_			
		of the worksheet on Page 3 of this schedule.	7a _	.0	_	
	b	You may not take a credit for the first \$250 paid.	7b _	250.0		
	С	Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	" 7c _	.0	<u>0</u>	
	d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and	7 -1	_	0	
0	_	enter the lesser amount here.	7d _	.0		22
		mpare Lines 6 and 7d, and enter the lesser amount here.	0	10 165 0	8	.00.
9	Su	btract Line 8 from Line 6.	9 _	12,165.0	U	

Continue on Page 2. →



**→** 13 \_\_\_\_

573.00

#### Schedule ICR Illinois Credits

Form IL-1040, Line 16.

### Step 2: Figure your nonrefundable credit, continued

13 Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on

### 

Continue on Page 3. →

IL-1040 Schedule ICR Page 2 of 3 (R-12/23)



## K-12 Education Expense Credit Worksheet

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

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

A Student's	name Soci	B al Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a							
b						р N Н	
						P N H	
c							
						P N H	
d							
е						$\square$ $\square$ $\square$ $\square$	
f							
						P N H	
g							
						P N H	
h							
_						P N H	
i						$\square$ $\square$ $\square$	
J						P N H	
	ts in Column G for Lines s you attached). This is t						
	this amount here and on			ation expenses to	ı	15	.00

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

ID: 3WM REV 02/14/24 PRO





### Illinois Department of Revenue

## 2023 Schedule IL-E/EIC Illinois Exemption and Earned Income Tax Credit

Attach to your Form IL-1040

IL Attachment No. 30

#### Read this information first

Complete this schedule only if you are claiming

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

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

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

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

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

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

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

## Step 1: Provide the following information

RAMU KETHA & NIRMALA KUMARI PATTURI	6_	0	7_	_ 1	7	_ 9	7	7	_6_
our name as shown on your Form IL-1040	Your So	cial Secu	rity num	ber					

# Illinois Dependent Exemption Allowance Step 2: Dependent information

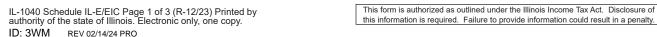
Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SHRIHITHA	KETHA	356-08-2444	Daughter	10/28/2009			12	X

<b>1</b> Multiply the total number of dependents you are claiming by \$2,425. $\underline{}$ X \$2,4	25.	
Enter the result here and on Form IL-1040, Line 10d.	1	2,425.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit







Child's date of

Number

#### Illinois Earned Income Tax Credit

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

Child's

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

### **Step 3: Qualifying Child Information**

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

		Child's first name	Child's last name	number or Individual Taxpayer Identification number	relationship to you	birth (mm/dd/yyyy)	time student	with disability	living with you	
1	Ente	er your wages, salarie	es and tips from your feder	al Form 1040 or 104	0-SR, Line 1z.		1			.00
2		•	come or (loss) from your							
	If yo	ou report an amou	nt on Line 2, you must	answer the quest	ion in Line 2a l	oelow.	2			.00
28	a Doe	s your occupation re	quire a city, state, or cour	nty issued profession	al license, registi	ration, or certificat	ion? <b>2a</b>	Yes	No [	
3	-	• •	23 federal return as marri separately, enter your fed		• •					
		· ·	eral Form 1040 or 1040-	, ,	111001110 (7101) 11	om your	3			.00
3a	a If yo	ou entered an amou	ınt on Line 3, enter your	spouse's Social Se	ecurity number f	rom your				
	mar	ried filing jointly fed	eral return.				3a			
4	Is th	e statutory employee	box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes	No 🗆	]
Si	tep	4: Figure yo	our Illinois EIT	С						
5	-	•	leral EITC, go to Line 6.	•	•	•	ıalify			
			eck this box and <b>comple</b>	·		ksheet on	_			
_	_		ng to Line 6. See instruc	•		1010.00	5	Ш		
6			leral Earned Income Tax from the Illinois Expand	•		0 or 1040-SR,	6			.00
7			Line 6 by 20% (0.2).	ed EITC Worksnee	t, Lille 25.		7			.00
		ois residents: Ent	, ,				-			
Ü			t-year residents: Ente	r the decimal from S	Schedule NR. Li	ne 48.	8	•		
9		•	ecimal on Line 8. This i				3			
•			and on your Form IL-10	-	•		<b>9</b>			.00
			•	•						



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

#### Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z.
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).
- 3 Subtract Line 2 from Line 1 and enter the result.
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income.
- **5** Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6.
- 6 Enter the amount from federal Schedule SE, Part I, Line 3.
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a.
- 8 Add Lines 6 and 7 and enter the result.
- 9 Enter the amount from federal Schedule SE, Part I, Line 13.
- 10 Subtract Line 9 from Line 8 and enter the result.
- **11** Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A.
- **12** Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming).
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee.
- **14** Add Lines 10, 11, 12, and 13 and enter the total.
- **15** Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero.
- **16** Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?

If yes, continue to Part 2. If No, STOP; you do not qualify for the Illinois EITC.

#### **Table 1 Federal EITC Income Limits**

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

#### Part 2 Your Federal EITC Calculation

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

•	1	
<b>•</b>	2	
<b>•</b>	4	
	5	
•	7	
	8	
<b>♦</b>	9	
<b>♦</b>	11	
<b>♦</b>	12	
<b>•</b>	13	
	14	
S	15	

<b>♦</b> 1	7		

**16** Yes

<b>♦</b> 18 _		

<b>20</b>	Yes	No	

19\_

<b>21</b>	Yes	Nο	

<b>\$</b> 22	

•	•	23	





#### Illinois Department of Revenue

## 2023 Schedule IL-WIT Illinois Income Tax Withheld

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

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	M	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)

RAM	<u>IU KETHA</u> r name as shown o	ъ Галия II 1010		Vaun Casial	<u> </u>	<u>1</u> 7 ber	<u> </u>	
Your	r name as snown o	on Form IL-1040		Your Social	Security num	per		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gro ns, Compensation, e		Column D ages, Winnings, Grons, Compensation,	oss II	Column E linois Income Tax Withheld
1 .	<u> </u>	85-1469092	\$	70,200 <b>.00</b>	\$	32,700 <b>.00</b>	\$	1,619 <b>.00</b>
2 .			\$	•00	\$	•00	\$	•00
3 .			\$	•00	\$	•00	\$	<u>•00</u>
4 .			\$	•00	\$	•00	\$	<u>•00</u>
5 .			\$	•00	\$	•00	\$	•00
ing	)	PATTURI s shown on Form IL-1040	•			ms that show I $\frac{8}{\text{urity number}} = \frac{2}{\text{urity number}} = \frac{2}{urity $		
ing	)	PATTURI s shown on Form IL-1040  Column B Employer/Payer	` ( Federal Wa	1 9 Your spouse Column C ages, Winnings, Gro	4 e's Social Secu	8 2 urity number  Column D	7 0	4 2  Column E  linois Income
ing	MALA KUMARI r spouse's name a	PATTURI s shown on Form IL-1040  Column B	` ( Federal Wa	<u>1 9</u> Your spouse	4 e's Social Secu	8 2 urity number  Column D	7 0	4 2 Column E
ing NIR Your	MALA KUMARI r spouse's name a  Column A Form type	PATTURI s shown on Form IL-1040  Column B Employer/Payer Identification Number  36-1236610	Federal Wa Distributior	1 9 Your spouse Column C ages, Winnings, Gro	4	8 2 urity number  Column D	7 C	4 2  Column E  linois Income
ing NIR Your	MALA KUMARI r spouse's name a  Column A Form type	PATTURI s shown on Form IL-1040  Column B Employer/Payer Identification Number	Federal Wa Distributior	<u>1 9</u> Your spouse  Column C ages, Winnings, Gross, Compensation, e	4 s's Social Secu ss Illinois W tc. Distribution	8 2 – urity number  Column D  dages, Winnings, Grons, Compensation,	7 0	4 2  Column E  linois Income  Tax Withheld
ing NIR Your	MALA KUMARI r spouse's name a  Column A Form type	PATTURI s shown on Form IL-1040  Column B Employer/Payer Identification Number  36-1236610	Federal Wa Distributior \$ \$	1 9 Your spouse Column C ages, Winnings, Groats, Compensation, e	4ss Social Secuss Illinois Wtc. Distribution	8 2 urity number  Column D lages, Winnings, Grons, Compensation,	7 0	4 2  Column E  linois Income  Tax Withheld  2,222,00
NIR Your	MALA KUMARI r spouse's name a  Column A Form type	PATTURI s shown on Form IL-1040  Column B Employer/Payer Identification Number  36-1236610	Federal Wa Distribution \$\$\$	1 9 Your spouse Column C ages, Winnings, Gross, Compensation, e 44,888,00	4 s's Social Sectors  Illinois Watc. Distribution  \$ \$ \$	8 2 – urity number  Column D lages, Winnings, Grons, Compensation, 44,888,00	7 0	Column E linois Income fax Withheld 2,222.00

3,841.00

11 \$

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



	$\neg$						
Submission ID							

<u></u>	( <u>Do not maii</u> Fon	m IL-8453 to the Illinois Departme	ent of Revenue ur	nless it is requested for review.)
Step	1: Provide taxpayer RAMU			6 0 7 _ 1 7 _ 9 7 7 6
	First name and middle initial	NIRMALA KUMARI PATTURI KETHA  Spouse's first name (and last name if different)	Last name	
Print	143 CHAPIN WAY	operate o met name (and nationalise in amerent)	2ddt Hallio	1 9 4 - 8 2 - 7 0 4 2
or type				Spouse's Social Security number
type	OSWEGO	IL	60543	(913) 706-1858
	City	State	ZIP	Daytime phone number
Sten	2: Complete informa	ation from tax return	Choose one:	IL-1040     IL-1040-X
_	•	-1040 or IL-1040-X, Line 11	0110000 0110. <u>X</u>	1257,3361 <u>00</u>
	Tax from Form IL-1040 or	•		2 12,738 l <u>00</u>
		eld from Form IL-1040 or IL-1040-X, Line	25 <b>only</b> (enter " <b>0</b> " if	
		IL-1040, Line 36 or IL-1040-X, Line 35		4
		orm IL-1040, Line 40 or IL-1040-X, Line 3	38	<b>5</b> 8,324  <b>00</b>
		X Married filing jointly Married fil		/idowed Head of household
does within 7 F 8 A 9 1	not support international in the United States or those Routing no. (RN): Account no. (AN):  Type of account: Counter the payment is to be	ACH transactions. IDOR will only perforn se not funded by international funds. Elec	n direct transactions (	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
12 1	Name on account:			
Step	4: Taxpayer declarat	ion and signature (Sign only after	completing Step 2	and, if applicable, Step 3.)
				clare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designating financial institutions in	Department of Revenue (IDOR) and its ted in the electronic portion of my 2023 Illi volved in the processing of an electronic nquiries and resolve issues related to the	inois Original or Amen coverpayment of taxe	ded Individual Income Tax return. I authorize the
×	I do not want direct de	posit of my refund, or an electronic fund	s withdrawal (direct d	ebit) of my balance due.
returr and a	n originator (ERO) are ider accompanying information	ntical. To the best of my knowledge, my ret may be sent to IDOR by my ERO. I autho	urn is true, correct, and rize IDOR to inform my	A and the information I provided to my electronic d complete. I consent that my return, this declaration, a ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign here	Your signature	Date	Spouse's signature	e (if joint return, <b>both</b> must sign) Date
Step I decl inforr	5: Electronic return are that I have examined nation. I have followed al		or IL-1040-X, the info are, under penalties o	<b>signature</b> ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
	ERO's signature		Date	Check if paid preparer:   (See instructions.)
ERO	GLOBAL TAXES LLC			P 0 2 4 7 0 8 3 3
use	Firm's name or your name if se	elf-employed		Your PTIN
only	245 ROONEY CT		8 8 - 2 1 4 5 4 8 7	
,	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

