8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Internal Revenue Service Control of the latest mornation	•		
Submission Identification Number (SID)			
Taxpayer's name	Social security	/ number	
SANJAN BUSSU	722-36-	7185	
Spouse's name		al security number	
	nter year you ar	e authorizing.)	
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	ı	. 1	
1 Adjusted gross income	+		064.
2 Total tax	+		700.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+		<u>658.</u>
4 Amount you want refunded to you	+	4	
5 Amount you owe		5	42.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer			
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	the U.S. Treasury and it indicated in the taxititution to debit the chinate the authorization requests must be at the processing of the payment. I furth	d its designated Fix preparation software to this accountion. To revoke (careceived no later the electronic paymer acknowledge to	inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
·	rata my DINI	7 1 8 5	00 1001
X I authorize GLOBAL TAXES LLC to enter or gener	Ente	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.			
Your signature ► Date	>		
Consider DINIs about and how only			
Spouse's PIN: check one box only	DIN DIN		
I authorize to enter or gener	-		as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.			
Occupation distribution N	_		
Spouse's signature ▶ Date			
Practitioner PIN Method Returns Only—continue be Part III Certification and Authentication — Practitioner PIN Method Only	BIOW		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	. . . - .	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	rn in accordance v	am now vith the
ERO's signature ▶ Date	•		
ERO Must Retain This Form — See Instruction	*		

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V (2022) 2023 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2023

Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ► 42 • REV 03/07/24 PRO 1555

ZANJAN BUZZU

15410 PLANTATION OAKS DRIVE 6
TAMPA FL 33647

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						0.002 1101 10 10		, o, D	001	no or otapio iii ano opacor
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	S	ee sep	parate instructions.
Your first name	and m	iddle initial	Last na	ame				Y	our so	cial security number
SANJAN			BUS	SU				-	722	36 7185
If joint return, s	pouse's	s first name and middle initial	Last na	ame				Sp	oouse's	s social security number
								-	732	15 2375
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Pr	resider	ntial Election Campaigr
_15410 PI	LANT	ATION OAKS DRIVE					6			ere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	mplete spaces below. State ZIP code					if filing jointly, want \$3 this fund. Checking a	
TAMPA					FL		33647	bo	ox belo	ow will not change
Foreign country	y name			Foreign province/state/o	count	у	Foreign postal of	code yo	our tax	or refund.
		1								You Spouse
Filing Status	s	Single					ousehold (HO	H)		
Check only		Married filing jointly (even if only or	ne had	income)		П с		(0.0	20)	
one box.		Married filing separately (MFS)					surviving spo			
	-	ou checked the MFS box, enter the alifying person is a child but not you					or QSS box,	enter th	ne chil	d's name if the
	- qu	alliying person is a crilid but not you	ii depe	IIdeiii. ANUSHA N	ADU	DOLA				·
Digital		ny time during 2023, did you: (a) rece	•				•			
Assets	exch	nange, or otherwise dispose of a digi					t)? (See instru	ctions.))	☐ Yes ☒ No
Standard	_	neone can claim: You as a de	•	•		a dependent				
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	☐ Was bor	n before Janu	ary 2, 1	959	☐ Is blind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the box i	f qualif	fies for (see instructions):
If more	(1) F	irst name Last name		number		to you	Child	tax credi	it	Credit for other dependents
than four										
dependents, see instruction	s —									
and check	, —									
here L										
Income	1a	Total amount from Form(s) W-2, be	,	*					1a	12,032.
Attach Form(s)	b	Household employee wages not re	-						1b	
W-2 here. Also	С.	Tip income not reported on line 1a							1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		()	nstru	ctions)			1d	
1099-R if tax	e	Taxable dependent care benefits f		•					1e	
was withheld.	f	Employer-provided adoption bene		•					1f	
If you did not get a Form	g	•							1g	0.
W-2, see	h :	Other earned income (see instruction	,	· · · · · · · · · · · · · · · · · · ·			· · · ·		1h	0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h	see II 18	iructions)		[!!			1z	12,032.
Attach Cob D			2a		 h Ta	 axable interest			2b	1.
Attach Sch. B if required.	3a	· —	3a			rdinary divider			3b	0.
	4a		4a			axable amoun			4b	
Standard	5a		5a			axable amoun			5b	
Deduction for— Single or	6a	<u> </u>	6a			axable amoun			6b	
Married filing	С	If you elect to use the lump-sum e		method, check here				. 🗆		
separately, \$13,850	7	Capital gain or (loss). Attach Sche			•	•			7	31.
Married filing jointly or	8	Additional income from Schedule							8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	12,064.
\$27,700	10	Adjustments to income from Sche							10	
Head of household,	11	Subtract line 10 from line 9. This is			me				11	12,064.
\$20,800 If you checked	12	Standard deduction or itemized	-						12	13,850.
any box under	13	Qualified business income deducti	ion fror	n Form 8995 or Form	1 8995	5-А			13	
Standard Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ie		15	0.

Form 1040 (2023	3)										Page 2	
Tax and	16	Tax (see instructions). Check if any fr	om Form	n(s): 1 881	4 2 \square	4972	3 🗌			16	0.	
Credits	17	Amount from Schedule 2, line 3 .								17	700.	
	18	Add lines 16 and 17								18	700.	
	19	Child tax credit or credit for other de	ependen	nts from Sched	ule 8812					19		
	20	Amount from Schedule 3, line 8 .								20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If zero	or less,	enter -0						22	700.	
	23	Other taxes, including self-employn	nent tax,	from Schedule	2, line 21	1				23	0.	
	24	Add lines 22 and 23. This is your to	tal tax							24	700.	
Payments	25	Federal income tax withheld from:										
•	а	Form(s) W-2					25a		658.			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions)					25c					
	d	Add lines 25a through 25c					. —			25d	658.	
If you have a	26	2023 estimated tax payments and a	mount a	applied from 20	22 return					26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit from Scheo					28					
	29	American opportunity credit from Fo					29					
	30	Reserved for future use		•			30					
	31	Amount from Schedule 3, line 15					31			1		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. These ar	•	•	•					32	658.	
Refund	34	If line 33 is more than line 24, subtra								34		
neiulia	35a	Amount of line 34 you want refunde					•	-		35a		
Direct deposit?	b	Routing number X X X X X				e:			Savings	Ooa		
See instructions.	d	Account number X X X X X						-	Cavings			
	36	Amount of line 34 you want applied					36	 -				
Amount	37	Subtract line 33 from line 24. This is	the am	ount you owe.			1					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	42.			
	38	Estimated tax penalty (see instruction	ons) .				38					
Third Party Designee		you want to allow another personstructions		cuss this retur				Yes. C	omplete	below.	⋉ No	
3 3	De	signee's		Phone					onal ident	ification		
	nar			no.					ber (PIN)			
Sign		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. De				, ,			,		,	
Here	Yo	ur signature		Date	Your occi	upation					nt you an Identity IN, enter it here	
Joint return?					STUDENT				(see	inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupation If t				Ider		e IRS sent your spouse an tity Protection PIN, enter it here inst.)	
	Ph	one no. (419) 450-9946		Email address	ANUSH	IA4RW(g GMA	IL.COM				
D-:-I	Pre		er's signa	ture			Date		PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM	PRIY	A RAM SAG	SAR GU	PTA	04/	09/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TAXES I					<u>'</u>	-			(678) 965-9522	
Use Only		m's address 245 ROONEY CT		JNSWICK N	J 0881	6				ı's EIN	84-3171965	
Go to www.irs.au		n1040 for instructions and the latest inform			BAA		RE// (03/07/24 PRO	1		Form 1040 (2023)	
3.3.					אאט						()	

SCHEDULE 2 (Form 1040)

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SANJAN BUSSU 722-36-7185 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 700. Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. 3 3 700. **Other Taxes** Part II 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 12 12 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 16 Recapture of low-income housing credit. Attach Form 8611 16

For Paperwork Reduction Act Notice, see your tax return instructions.

(continued on page 2)
Schedule 2 (Form 1040) 2023

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	

SCHEDULE D (Form 1040)

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR. 20

2023

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

Name(s) shown on return

SANJAN BUSSU

Pour social security number
722-36-7185

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 3,002. 2,951. -20. 31. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 31. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

Schedule D (Form 1040) 2023 Page **2**

16	Combine lines 7 and 15 and enter the result	16	31.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☑ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Sequence No. 12A

Name(s) shown on return SANJAN BUSSU

Social security number or taxpayer identification number 722-36-7185

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Obert town house attended as Ferry (a) 4000 B about a background and to the IBO (see Note about)

★ (A) Short-term transactions★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	?)		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).		
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	2,647.	2,601.	EW	-20.	26.		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	355.	350.			5.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above space is checked) or line 3 (if Box A)	al here and ince is checked), lir	lude on your ne 2 (if Box B	3 002	2 051		-20	31		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8962**

962 Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 73

Department of the Treasury Internal Revenue Service Name shown on your return SANJAN BUSSU

18

19

20

21

22

July

August

October

November

September

Your social security number

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Annual and Monthly Contribution Amount** Part I Tax family size. Enter your tax family size. See instructions . . . 2a Modified AGI. Enter your modified AGI. See instructions . . . 2a 12,064. Enter the total of your dependents' modified AGI. See instructions b 2b 3 Household income. Add the amounts on lines 2a and 2b. See instructions 3 12,064. Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the 4 appropriate box for the federal poverty table used. $\mathbf{a} \square \text{Alaska} \mathbf{b} \square \text{Hawaii} \mathbf{c} \boxtimes \text{Other 48 states and DC}$ 4 13,590. 5 88 % 6 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions 7 7 Annual contribution amount. Multiply line 3 by **b** Monthly contribution amount. Divide line 8a line 7. Round to nearest whole dollar amount by 12. Round to nearest whole dollar amount Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Part II Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions. Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10. 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12–23. Compute and continue to line 24. your monthly PTC and continue to line 24. (b) Annual applicable (d) Annual maximum (a) Annual enrollment (c) Annual (e) Annual premium tax (f) Annual advance Annual SLCSP premium premium assistance premiums (Form(s) contribution amount credit allowed payment of PTC (Form(s) (Form(s) 1095-A. (subtract (c) from (b); if Calculation 1095-A, line 33C) 1095-A, line 33A) (line 8a) (smaller of (a) or (d)) line 33B) zero or less, enter -0-) 11 Annual Totals (c) Monthly (a) Monthly enrollment (b) Monthly applicable (d) Monthly maximum (f) Monthly advance contribution amount (e) Monthly premium tax Monthly SLCSP premium premiums (Form(s) payment of PTC (Form(s) premium assistance (amount from line 8b credit allowed Calculation 1095-A, lines 21-32, (Form(s) 1095-A, lines (subtract (c) from (b); if 1095-A, lines 21-32, or alternative marriage (smaller of (a) or (d)) 21-32, column B) column C) column A) zero or less, enter -0-) monthly calculation) 12 January 630. 13 February 630. 14 March 15 April 630. 630. 16 May 630. 17 June

23	December							
24	Total premiu	ım tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e) 1	through 23(e) and ente	r the total here	24	
25	Advance pa	yment of PTC. Enter	the amount from line	11(f) or add lines 12(f)	through 23(f) and enter	r the total here	25	4,431.
26	on Schedule		9. If line 24 equals li	5, subtract line 25 from ne 25, enter -0 Stop	here. If line 25 is grea	iter than line 24,	26	

Part	III Repayment of Excess Advance Payment of the Premium Tax Credit		
27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	4,431.
28	Repayment limitation (see instructions)	28	700.
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2		
	(Form 1040), line 2	29	700.

630.

630.

21.

Form 8962 (2023) Page **2**

Part		f Policy Amoun	ts						, ,	
	lete the following inform	nation for up to four p	olicy an	nount allocations	s. See instruc	tion	is for allocation details	•		
	ation 1 (a) Policy Number (F	form 1005 A line 2\	/h) 00	'NI of other town	01/04		(c) Allocation start n	o o n t h	(d) Allocation stop month	
30	(a) Policy Number (F	omi 1095-A, iiile 2)	(b) 33	SN of other taxpa	ayer		(C) Allocation start in	HOHUH	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	ge (e) Prei	mium Pe	ercentage	(f) S	LCS	SP Percentage	(g) A	dvance Payment of the PTC Percentage	
Alloc	ation 2									
31	(a) Policy Number (F	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	ge (e) Prei	mium Pe	ercentage	(f) S	LCS	SP Percentage	(g) A	dvance Payment of the PTC Percentage	
Alloc	ation 3									
32	(a) Policy Number (F	form 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentage applied to monthly amounts	ge (e) Prei	mium Pe	ercentage	(f) S	LCS	SP Percentage	(g) Advance Payment of the PTC Percentage		
Alloc	ation 4									
33	(a) Policy Number (F	form 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month	
	Allocation percentage applied to monthly amounts	ge (e) Prei	mium Pe	ercentage	(f) S	LCS	SP Percentage	(g) A	dvance Payment of the PTC Percentage	
34	Have you completed a	all policy amount allo	cations	?						
	allocated policy amou	ints from Forms 1095	5-A, if an	y, to compute a	combined to	otal		the cor	ated policy amounts and non- nbined total for each month on 24.	
	☐ No. See the instru	uctions to report addi	tional po	olicy amount allo	ocations.					
Par	V Alternative	Calculation for \	ear o	f Marriage						
Comp		to elect the alternat	ive calcu	ulation for year o				election	, see the instructions for line 9.	
35	Alternative entries for your SSN	(a) Alternative fam	nily size	(b) Alternative contribution ar		(c)	Alternative start mon	th ((d) Alternative stop month	
36	Alternative entries for your spouse's SSN	(a) Alternative fam	nily size	(b) Alternative contribution ar		(c)	Alternative start mon	th	(d) Alternative stop month	
		•							F 9062 (2222)	

BA REV 03/07/24 PR Form **8962** (2023)

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.

Α			
SAN ANU	SHA KADUDULA 10 PLANTATION OAKS DRIVE 6 PA FL 33647		
D [:::	ANUSHA4RW@GMAIL.COM	au a a b a l d	
	ng status: Single Married filing jointly Married filing separately Widowed Head of h		
	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		NB
	eck the box if this applies to you during 2023: 🛛 Nonresident - Attach Sch. NR 🔲 Part-year resident - A		n. NR le dollars only)
Ste 1 2 3 4	p 2: Income 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. Attach Schedule M. Total income. Add Lines 1 through 3.	1 2 3 4	12,064.00 .00 .00 12,064.00
Ste	p 3: Base Income		
5 6	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,	.00	
7	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	<u>.00</u> .00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	12,064.00
	p 4: Exemptions - See instructions for income limitations a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.		2,425.00
Ste	p 5: Net Income and Tax		
	Residents: Net income. Subtract Line 10 from Line 9.		
40	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. Attach Schedule NR.	NR. 11	3,544.00
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	175.00
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	175.00
	p 6: Tax After Nonrefundable Credits		
15 16	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. 15 16	.00 .00	
17 18 19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<u>.00</u> 19	0.00 175.00
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 UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22	.00 .00
23		23	175.00

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

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V ▶

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



24 Tot	tal tax from Page 1, Line 23							24	175 . 00
Step 8:	Payments and Refund	able Credit							
25 Illino	ois Income Tax withheld. At	tach Schedule IL-W	/IT.			25_		220.00	
26 Esti	mated payments from Form	s IL-1040-ES and I	L-505-I,						
inclu	uding any overpayment app	lied from a prior yea	ar return.			26_		.00	
27 Pass	s-through withholding. Attac	h Schedule K-1-P o	or K-1-T.			27_		.00	
	s-through entity tax credit. A					28_		.00	
29 Earr	ned Income Credit from Sch	edule IL-E/EIC, Ste _l	o 4, Line 9. 🗛	ittach Sched	dule IL-E/EIC	. 29 _		.00	
30 Tota	al payments and refundab	le credit. Add Line	s 25 through	29.				30	220.00
Step 9:	Total								
31 If Lir	ne 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.					31	45.00
32 If Lir	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.					32	.00
Step 10): Underpayment of Est	imated 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	oss income i	s from farn	ning.				
· · · · · · · · · · · · · · · · · · ·	Check if you or your spou		-			-			
С	Check if your income was	not received evenly	y during the	year and y	ou annuali	zed you	r income o	on Form IL-22	10.
	Attach Form IL-2210.								
_	Check if you were not req			Income Ta	ax return in	•	vious tax		
	intary charitable donations.					34_		.00	00
	al penalty and donations.		4.					35	.00
-	: Refund or Amount yo		:	I i 05	4	l: 05 :		0.4	
-	u have an amount on Line	31 and this amount	is greater th	an Line 35	subtract	Line 35	rom Line		45.00
	s is your overpayment .	refunded to you.	hook ana ho	v on Lino 3	20 Socios	tructions		36 37	45.00
	ount from Line 36 you want r	_	HECK OHE DO	X OII LINE 3	oo. See iiis	uctions		31	15.00
	oose to receive my refund b	•							
a 🗵	direct deposit - Complete			neck this b	ox.				
	You may also contribute to college savings funds	Routing number	0 4 4 0	0 0	0 3 7	×	Checkir	ng or Savi	ngs
	here. See instructions!	Account number	8 8 6 6	3 3	2 3 6				
	paper check.	O. d. t	I i 00	0 ! 4	.4!			20	00
	ount to be credited forward .							39	.00
-	ou have an amount on Lin		-						
	ss than Line 35, subtract Li			and 32 ar	e blank (ze	ero) , ent	er the am		00
from	Line 35. This is the amou	nt you owe. See in	structions.					40	.00
Step 12	2: Health Insurance Ch	eckbox and Sigi	nature						
	Check this box and include								
	agencies in order to determ	nine your eligibility f	or health ins	urance be	nefits. See	instruct	ions for m	ore informatio	n.
Cian atı	ma Nata Kilata ta a labat an	l 4l			-1				
_	.ire - Note: If this is a joint re enalties of perjury, I state t		•	-		my knou	vlodgo it	ie truo corroc	et and complete
Onder p	enalties of perjury, i state t	ilat i liave examilie	u iiis ieiuii	i, and to ti	ie best of i	illy Kilov	vieuge, it	is true, correc	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mn	n/dd/www)	Daytime phon	e number
Here		(1 1)	,			Bato (IIIII	"ad"		0-9946
	Print/Type paid preparer's nar	me .	Daid propers	r'e cianatur	^	Data (man	- /- - (, 0, 0, 0, 1)	<u> </u>	
Paid	SYAM PRIYA RAM SAGAR		Paid prepare			Date (mn		Check if self-employed	Paid Preparer's PTIN
Preparer			SIAM FRII.	A NAM SAG	MAN GUFIA				
Use Only		AL TAXES LLC				Firm's FI		84317196	
			E BRUNSWIC	KNJ 0881	L 6	Firm's ph	none	(678) 965	
Third	Designee's name (please prin	nt)		Designee's	s phone nun	nber		_	ne Department may
Party Designee				()					eturn with the third ee shown in this step.
Pesignee		100 11 4040 1	-44!-	- f 4					
	Refer to the 20	123 IL-7U4U IN	struction	s tor th	e aaare	ess to	maii yo	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 NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	SANJAN BUSSU	7 2 2 _ 3 6 _ 7 1 8 5						
	Your name as shown on your Form IL-1040	Your Social Security number						
S	tep 1: Provide the following information							
1	Were you, or your spouse if "married filing jointly," a full-year reside	ent of Illinois during the tax year?						
	Yes X No If you answered "Yes," STOP y	ou cannot use this form (see instructions).						
2	If you, or your spouse if "married filing jointly," were a part-year resi	dent during the tax year, tell us your residency dates for 2023.						
	a I lived in Illinois from / / <u>2 3</u> to / / <u>2 3</u> Month Day Year Month Day Year	I lived in from/ / <u>2</u> <u>3</u> to/ / <u>2</u> <u>3</u> State Month Day Year Month Day Year						
	b My spouse lived in Illinois from / / <u>2</u> <u>3</u> to / / <u>2</u> Year Month Day Year Month Day							
3	If you were a resident of any of the states listed below during the tawas in the military, or if you elected to use your service member sp	ax year, if you were in Illinois only to accompany your spouse who ouse'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 on I	ine 2 or 3 above, that you claimed residency for tax purposes in 2023						

Step 2: Complete Form IL-1040

Enter the two-letter abbreviation of that state.

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 _	12,032.00	4,436.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	1.00	0.00
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 _	31.00	0.00
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_	.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 9	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	come	e. 20	4,436.00
	Continue with Step 3 on Page 2 ¹	\rightarrow		



Schedule NR - Page 2

Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	4,436.00
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)		.00	
	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	
27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 16)	_	.00	
	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			
29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)			
30	, , , , , , , , , , , , , , , , , , , ,		.00	
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	12,064.00	
	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	oc in	come. 38	4,436.00
	Subtract Line 30 from Line 21. This is the lillinois portion of your lederal adjusted gro)55 III	come. 30	4,450.00
the inci	mn A, enter the total amounts from your Form IL-1040. You must read			Column B
	tructions for Column B to properly complete this step.		Form IL-1040 Total	Illinois Portion
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 _	.00	Illinois Portion
39 40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 _ 40 _	.00 .00	Illinois Portion
39 40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 _ 40 _	.00 .00	Illinois Portion
39 40 41	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 _ 40 _	.00 .00	Illinois Portion
39 40 41 42	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 _ 40 _	.00 .00 4	.00 .00 .00 1 4,436.00
39 40 41 42	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	39 _ 40 _ 42 _	.00 .00 4	.00 .00 .00 1 4,436.00
39 40 41 42 43	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	39 _ 40 _ 42 _ 43 _	.00 .00 4	.00 .00 .00 1 4,436.00
39 40 41 42 43	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	39 _ 40 _ 42 _ 43 _	.00 .00 4 .00	.00 .00 .00 1 4,436.00 .00
39 40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	39 _ 40 _ 42 _ 43 _	.00 .00 4 .00 .00	.00 .00 1 4,436.00 .00 .00
39 40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	39 _ 40 _ 42 _ 43 _	.00 .00 4 .00 .00	.00 .00 1 4,436.00 .00 .00
39 40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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.	39 _ 40 _ 42 _ 43 _ 44 _	.00 .00 4 .00 .00 .00 .45	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9.	39 _ 40 _ 42 _ 43 _ 44 _	.00 .00 4 .00 .00 .00 .45	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	39 _ 40 _ 40 _ 42 _ 43 _ 44 _ 44 _ 47 _ 47 _	.00 .00 4 .00 .00 .00 .00 45	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _	.00 .00 4 .00 .00 .00 45 46 12,064.00	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _	.00 .00 4 .00 .00 .00 .00 45	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _	.00 .00 .00 .00 .00 .00 45 46 .12,064.00 0 • 368 .2,425.00	.00 .00 1 4,436.00 .00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _	.00 .00 4 .00 .00 .00 45 46 12,064.00	.00 .00 1 4,436.00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 48 _	.00 .00 .00 .00 .00 .45 46 .12,064.00 0 • 368 .2,425.00 .50	.00 .00 .00 1 4,436.00 .00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 45 _ 49	.00 .00 .00 .00 .00 .00 45 46 .12,064.00 0 • 368 .2,425.00	.00 .00 1 4,436.00 .00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 45 _ 49	.00 .00 .00 .00 .00 .45 46 .12,064.00 0 • 368 .2,425.00 .50	.00 .00 .00 1 4,436.00 .00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2 Enter the amount here and on your Form IL-1040, Line 12.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 45 _ 49	.00 .00 .00 .00 .00 .45 46 .12,064.00 0 • 368 .2,425.00 .50 .51	.00 .00 .00 1 4,436.00 .00 .00 .00 .00 .00 .00 .00
39 40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax 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. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 45 _ 49	.00 .00 .00 .00 .00 .45 46 .12,064.00 0 • 368 .2,425.00 .50	.00 .00 .00 1 4,436.00 .00 .00 .00 .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. 3

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)

ANJAN BUSSU our name as show	n on Form IL-1040		Your Social Se	curity number	<u>8 6 – </u>	<u></u>			
Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C ges, Winnings, Gross s, Compensation, etc.	(Illinois Wag	Column D ges, Winnings, Gros s, Compensation, e	C ss Illi	Column E		
W	37-6005961-000	\$	4,436 <u>•00</u>	\$	4,436 <u>•00</u>	\$	220 .00		
		\$	•00	\$	•00	\$	•00		
			<u>•00</u>	\$	<u>•00</u>	\$	•00		
		\$	•00	\$	<u>•00</u>	\$	•00		
tep 2: Provide	E spouse's withholding r LA E as shown on Form IL-1040	ecords (incl		1099 form	s that show III	inois v	withhold-		
tep 2: Provide	e spouse's withholding r	ecords (incl	ude all W-2 and	1099 form 2 Social Securi	s that show III	inois v	withhold-		
tep 2: Provideng) NUSHA KADUDU bur spouse's name Column A Form type	E spouse's withholding r LA E as shown on Form IL-1040 Column B Employer/Payer Identification Number	ecords (incl	ude all W-2 and 7 3 Your spouse's and a second sec	2	ty number Column D Ges, Winnings, Gros	inois v	7 5 Column E nois Income ax Withheld		
tep 2: Provide ng) NUSHA KADUDU bur spouse's name Column A Form type	E spouse's withholding r LA E as shown on Form IL-1040 Column B Employer/Payer	ecords (incl C Federal Wag Distributions	7 3 Your spouse's column C les, Winnings, Gross s, Compensation, etc.	1099 form 2 Social Securi Illinois Wag Distribution	ty number Column D ges, Winnings, Gross, Compensation, e	inois v	7 5 Column E nois Income ax Withheld		
tep 2: Provide ng) NUSHA KADUDU our spouse's name Column A Form type	E spouse's withholding r LA E as shown on Form IL-1040 Column B Employer/Payer Identification Number	ecords (incl	7 3 Your spouse's solumn C les, Winnings, Gross S, Compensation, etc.	1099 form 2 Social Securi Illinois Wag Distribution \$\$	ty number Column D Jes, Winnings, Gross, Compensation, e	2 3 Cos Illii tc. Ta	7 5 Column E nois Income ax Withheld •00		
tep 2: Provideng) NUSHA KADUDU bur spouse's name Column A Form type	E spouse's withholding r LA E as shown on Form IL-1040 Column B Employer/Payer Identification Number	C Federal Wag Distributions	your spouse's following Gross s, Compensation, etc.	2Social Securi	ty number Column D Jes, Winnings, Gros s, Compensation, e	inois v	7 5 Column E nois Income ax Withheld		

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



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

220.00

11 \$_



			_						_				
				S	ubmi	ssior	ı ID						

	(-	the Illinois Departr	ment of Revenue unl	ess it is requested for review.)
Step	o 1: Provide taxpayer information SANJAN	BUSSU		7 2 2 _ 3 6 _ 7 1 8 5
		ime (and last name if different) Last name	Social Security number
Prin	t 15410 PLANTATION OAKS DRIV	*) Last name	Coolai Cooliny Hamber
or	Mailing address	E 0		Spouse's Social Security number
type	TAMPA	FL	33647	(419) 450-9946
	City	State	ZIP	Daytime phone number
Ster	2: Complete information from ta	x return	Choose one: X	IL-1040 IL-1040-X
-	Net income from Form IL-1040 or IL-104		0110000 0110. <u> </u>	1 3,544 00
	Tax from Form IL-1040 or IL-1040-X, Lin	,		2 175 00
	Illinois Income Tax withheld from Form II		ne 25 only (enter " 0 " if r	
	Overpayment from Form IL-1040, Line 3		• `	45 I 00
	Total amount due from Form IL-1040, Li			5 00
			filing separately Wi	
To in does withi	not support international ACH transaction the United States or those not funded by	, the information in the ns. IDOR will only perfor y international funds. El	is Step must be include rm direct transactions (e.	mation (Optional) d within the electronic transmission. Illinois g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check
	Routing no. (RN): 0 4 4 0 0			
	Account no. (AN): 8 8 6 6 3			
	Type of account: $\frac{X}{}$ Checking $$			
	Date the payment is to be electronically			
11	Electronic funds withdrawal amount:	I <u>00</u> _		
12	Name on account:			
Step	o 4: Taxpayer declaration and signa	ature (Sign only afte	r completing Step 2 a	ınd, if applicable, Step 3.)
>				are the information on Lines 7 through 9 is ouse as an agent to receive the refund.
		onic portion of my 2023 rocessing of an electror	Illinois Original or Amend nic overpayment of taxes	ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the to receive confidential information
	I do not want direct deposit of my ref	und, or an electronic fur	nds withdrawal (direct de	bit) of my balance due.
retur	n originator (ERO) are identical. To the bes accompanying information may be sent to	st of my knowledge, my r IDOR by my ERO. I auth	eturn is true, correct, and norize IDOR to inform my I	and the information I provided to my electronic complete. I consent that my return, this declaration ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.
Sign				
	Your signature	Date		(if joint return, both must sign) Date
I dec		s electronic Form IL-10 of this program and de	40 or IL-1040-X, the infor clare, under penalties of nd complete.	rmation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
	ERO's signature		04/09/2024 Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERC	Firm's name or your name if self-employed		_	Your PTIN
use	,245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
only	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.

