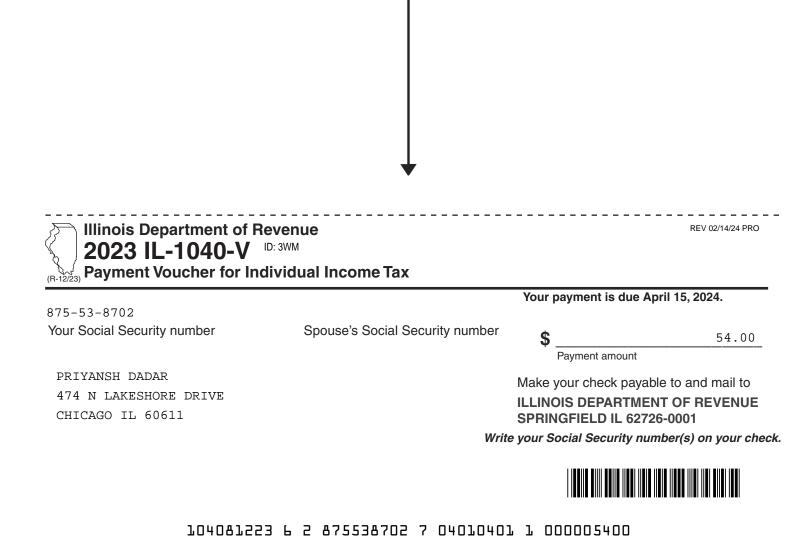


If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





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

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. Α

	PRIN NAON 474 CHIO	-53-8702 1992 356-90-8273 1991 DADAR 4I KADUWELA N LAKESHORE DRIVE CAGO IL 60611 COOK PRIYANSH. DADAR@GMAIL. COM	d of household	
C	Ch	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
D	Che	eck the box if this applies to you during 2023: 🔲 Nonresident - Attach Sch. NR 🗌 Part-year resid		
		p 2: Income	(Who	le dollars only)
	1 2 3 4	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 2 Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 la. 2 3 4	122,240.00 .00 .00 122,240.00
T		p 3: Base Income		
	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5	.00	
iere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
ns h	7	Schedule 1, Ln. 1.6Other subtractions. Attach Schedule M.7	<u>.00</u> .00	
forr	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	.00 122,240.00
660		p 4: Exemptions - See instructions for income limitations		
Staple W-2 and 1099 forms here			.00	2,425.00
S	Ste	p 5: Net Income and Tax		
		Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sche Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	edule NR. 11	
	13	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	5,931 <u>.00</u> .00
0-<	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	5,931.00
Staple your check and IL-1040-V	Ste 15 16	p 6: Tax After Nonrefundable Credits Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. 16	<u>.00</u> .00	
ck	17 18	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.	<u>.00</u> 18	0.00
che	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	5,931.00
our		p 7: Other Taxes		
le y	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
Stap		in the instructions. Do not leave blank.	21	0.00
	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharg Total Tax. Add Lines 19, 20, 21, and 22.	ges. 22 23	<u>.00</u> 5,931.00
•				

Electronic only, one copy. ID: 3WM REV 02/14/24 PRO this information is required. Failure to provide information could result in a penalty.





24 Total tax from Page 1, Line 23.		24	5,931.00
Step 8: Payments and Refundable Credit			
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	25 5,877	.00	
26 Estimated payments from Forms IL-1040-ES and IL-505-I,			
including any overpayment applied from a prior year return.	26	.00	
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00	
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00	
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC.	29	.00	
30 Total payments and refundable credit . Add Lines 25 through 29.		30	5,877 <u>.00</u>
Step 9: Total			
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	54.00
Step 10: Underpayment of Estimated Tax Penalty and Donations			
33 Late-payment penalty for underpayment of estimated tax.	33	.00	
a Check if at least two-thirds of your federal gross income is from farming.			
b Check if you or your spouse are 65 or older and permanently living in a nursing	home.		
c 🔲 Check if your income was not received evenly during the year and you annualize	ed your income on For	m IL-2210.	
Attach Form IL-2210.			
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in t	he previous tax year.		
34 Voluntary charitable donations. Attach Schedule G.	34	.00	
35 Total penalty and donations. Add Lines 33 and 34.			
55 Total penalty and donations. Add Lines 55 and 54.		35	.00
Step 11: Refund or Amount you owe		35	.00
· ·	ne 35 from Line 31.	35	.00
Step 11: Refund or Amount you owe	ne 35 from Line 31.	35 36	.00
Step 11: Refund or Amount you owe36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li			
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instruction 		36	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru- 38 I choose to receive my refund by 		36	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a ☐ direct deposit - Complete the information below if you check this box. 	uctions.	36 37	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a ☐ direct deposit - Complete the information below if you check this box. 		36	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. 	uctions.	36 37	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Lin This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru- 38 I choose to receive my refund by a ☐ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! 	uctions.	36 37	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Linthis is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a ☐ direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b ☐ paper check. 	uctions.	3637 Savings	.00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	Checking or	36 37 Savings 39	.00 .00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 32.	Checking or Checking or Line 31, and this am	36 37 Savings 39	.00 .00
 Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	Checking or Checking or Line 31, and this am	36 37 Savings 39	.00 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature			Date (mm/dd/yyy	y)	Daytime phone	e number
Here										(405) 762	2-3297
	Print/Type paid preparer's name			Paid preparer's signature			Date (mm/dd/yyyy	y)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA			SYAM PRIY	A RAM	SAGAR G	GUPTA	03/16/202	4	self-employed	P02082703
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN					
	Firm's address	245 ROO	NEY CT H	E BRUNSWIC	knj 0	8816		Firm's phone		(678) 965	5-9522
Third	Designee's name (please print)		Designee's phone num			mber		Check if the Department may discuss this return with the third party designee shown in this step.			
Party	e			()							
Designee											

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

AP_

RR DC IR ID



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

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

Use the reference for Column A shown in the chart below.							
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A				
W-2	W	1099-DIV	D				
W-2G	W-2G WG		I				
1099-R	R	1042-S	S				
1099-G	1099-G G		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)

PRIYANSH DADAR						<u> </u>		3	8	7	0	2
Your name as shown on Form IL-1040					cial Se	curity num	ber					
	Column A Form type Column B Employer/Payer Identification Number		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.									
1	W	45-1453033 000 8	_ \$	118,800 .0	0	\$	118	,800 <u>.</u> 0	<u>0</u>	\$	5,8	77 .00
2			_ \$	•0	0	\$		•0	<u>0</u>	\$		•00
3			_ \$	•0	0	\$		<u>•0</u>	0	\$		•00
4			\$	•0	0	\$		<u>•0</u>	0	\$		•00
5			_ \$	•0	0	\$		•0	0	\$		• <u>00</u>

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

NAOMI KADUWELA Your spouse's name a	<u>35</u> Your spouse's S		0	2	7 3		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	mn C Winnings, Gross ompensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc	Illin	olumn E ois Income k Withheld
6		\$	•00	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	• <u>00</u>
8		\$	•00	\$	•00	\$	• <u>00</u>
9		\$	•00	\$	•00	\$	• <u>00</u>
10		\$	<u>•00</u>	\$	•00	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 5,877.00

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

Illinois Department of Revenue				l
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Submission ID

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration (**Do not mail** Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step	o 1: Provide taxpayer informa			
	PRIYANSH First name and middle initial Spouse's	DADAR first name (and last name if different	Last name	<u>8 7 5 _ 5 3 _ 8 7 0 2</u> Social Security number
Prin	^t 474 N LAKESHORE DRIVE		Last name	
01				Spouse's Social Security number
type	CHICAGO	IL	60611	(405) 762-3297
	City	State	ZIP	Daytime phone number
	-			
	o 2: Complete information from		Choose one:	
	Net income from Form IL-1040 or I			1 <u>119,815</u> 2 <u>5,931</u> 0
	Tax from Form IL-1040 or IL-1040-2			
	Illinois Income Tax withheld from Fo			4I <u>00</u>
	Overpayment from Form IL-1040, L			
	Total amount due from Form IL-104			
6	Filing status: Single Marr		ming separately	
does withi 7 8 9	not support international ACH trans	sactions. IDOR will only perfo ded by international funds. El Savings	rm direct transactions	ded within the electronic transmission. Illinois (e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
11	Electronic funds withdrawal amoun	t:I <u>00</u>		
12	Name on account:	· · · · · · · · · · · · · · · · · · ·		
Ster	o 4: Taxpayer declaration and	signature (Sign only afte	r completing Step	2 and, if applicable, Step 3.)
	 correct. If I have filed a joint retuined I authorize the Illinois Department withdrawal as designated in the end 	Irn, this is an irrevocable app nt of Revenue (IDOR) and it electronic portion of my 2023 the processing of an electror	ointment of the other s designated financial Illinois Original or Ame ic overpayment of tax	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund. agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the ses to receive confidential information
Γ				debit) of my balance due
			· ·	-X and the information I provided to my electronic
returi and a	n originator (ERO) are identical. To th accompanying information may be se	ne best of my knowledge, my r ent to IDOR by my ERO. I auth	eturn is true, correct, a orize IDOR to inform n	nd complete. I consent that my return, this declaration, ny ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sig	n			
	Your signature	Date	· · ·	ure (if joint return, both must sign) Date
l dec infor		ayer's electronic Form IL-104 nents of this program and de	40 or IL-1040-X, the ir clare, under penalties	nformation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
	ERO's signature		03/16/2024 Date	Check if paid preparer: X (See instructions.)
	GLOBAL TAXES LLC			
ERC	Firm's name or your name if self-employed			$- \qquad \frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} \frac{3}{PTIN}$
use	245 ROONEY CT			_ 84-3171965
only	Mailing address			
	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.

IL-8453 (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.

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.

