

**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

	акні 4926	5 WILD SENNA BLVD			
	TAMI				
F	t Eilin	AKHILGUJJA1@GMAIL.COM ng status: X Single Arried filing jointly Married filing separately Widowed	Head of h	ousebold	
		eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.			
D		eck the box if this applies to you during 2023: 🔲 Nonresident - Attach Sch. NR 🗌 Part-yea	ar resident - /		
	Ste	p 2: Income		(Whole	dollars only)
	1 2	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	1 2	<u>6,772.00</u> .00
	3	Other additions. Attach Schedule M.	, LINC 2a.	3	.00
_	4	Total income. Add Lines 1 through 3.		4	6,772.00
T		p 3: Base Income			
	5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return. <b>5</b> _		.00	
re	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		.00	
s he	_	Schedule 1, Ln. 1. 6_		.00	
rm	7 8	Other subtractions. Attach Schedule M. 7 _ Add Lines 5, 6, and 7. This is the total of your subtractions.		<u>.00</u> <b>8</b>	.00
9 fo	9	Illinois base income. Subtract Line 8 from Line 4.		9	6,772.00
109		p 4: Exemptions - See instructions for income limitations			
Staple W-2 and 1099 forms here	10		2,42		
-2 a		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 _		<u>00.</u> .00	
Ň		<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.			
aple				0 <u>.00</u> <b>10</b>	2,425.00
Sté	Stor	Exemption allowance. Add Lines 10a through 10d. p 5: Net Income and Tax		10	2, 125.00
		Residents: Net income. Subtract Line 10 from Line 9.			
Т		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attac	<b>ch</b> Schedule I	NR. <b>11</b>	4,347.00
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.		10	215.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	`	12 13	.00
2-0	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	215.00
104		p 6: Tax After Nonrefundable Credits			
1	15 16	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR. <b>15</b> _		.00	
pu	10	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. <b>Attach</b> Schedule ICR. <b>16</b>		.00	
ka	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. <b>17</b> _		.00	2
hec	18 19	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on L <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	ine 14.	18 19	0 <u>.00</u> 215.00
Ir C		p 7: Other Taxes		19	213.00
Staple your check and IL-1040-V	20	Household employment tax. See instructions.		20	.00
<i>ble</i>	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Tak	ble		
Sta	22	in the instructions. <b>Do not</b> leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee s	urcharges	21 22	<u>0.00</u> 00.
	22	Total Tax. Add Lines 19, 20, 21, and 22.	archaryes.	22	00 215.00
۳	-			-	
		IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of			

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	Total tax from Page 1, Line	23														24	215.00
	ep 8: Payments and Refu																
	Illinois Income Tax withheld.		۸/IT									25		3	35.	00	
	Estimated payments from Fo											25		J.	<u>.</u>	00	
20	including any overpayment a											26				00	
27	Pass-through withholding. At															00	
	Pass-through entity tax credit				т							-				00	
	Earned Income Credit from S					ach	Sche	dule	≤ II _F	=/FIC		29				00	
	Total payments and refund						00110					20			•	30	335.00
	ep 9: Total				9												
	If Line 30 is greater than Line	24. subtract Line 24 fro	om Line	÷ 30.												31	120.00
	If Line 24 is greater than Line															32	.00
Ste	ep 10: Underpayment of E	Estimated Tax Pen	alty a	nd	Dor	nati	ons	;									
33	Late-payment penalty for un	derpayment of estima	ited tax	ζ.								33				00	
	a 🗌 Check if at least two-th	irds of your federal gr	oss ind	com	e is	from	n far	min	g.								
	b 🔲 Check if you or your sp	ouse are 65 or older	and pe	erma	nen	tly li	ving	in a	a nu	rsin	g h	ome	<del>)</del> .				
	c 🗌 Check if your income w	as not received even	ly durir	ng th	e ye	ear a	and y	you	anr	nuali	zec	l yo	ur ir	ncome on F	orn	n IL-2210.	
	Attach Form IL-2210.																
	d 🗌 Check if you were not i	equired to file an Illin	ois Ind	ividu	ial li	ncor	ne T	ax	retu	rn ir	n the	e pr	evic	ous tax yea	r.		
	Voluntary charitable donation											34				00	
35	Total penalty and donation	s. Add Lines 33 and 3	34.													35	.00
Ste	ep 11: Refund or Amount	you owe															
36	If you have an amount on Lir	ne 31 and this amoun	t is gre	ater	tha	n Lir	ne 3	5, s	ubtr	act	Lin	e 35	5 fro	m Line 31.			
	This is your <b>overpayment</b> .															36	120.00
37	Amount from Line 36 you wa	nt <b>refunded to you</b> . C	Check of	one	box	on L	ine	38.	See	ins	truc	tion	s.			37	120.00
38	I choose to receive my refun	d by															
	a 🛛 direct deposit - Complete the information below if you check this box.																
	You may also contribute	Routing number	0 6	3	1	0	0	2	7	7			(	Checking c	or >	< Savings	
	to college savings funds here. See instructions!	Account number	8 9	8	1	3	5	5	6	5	8	7	1		T		
	h 🗖 a caracterit			Ű	-	5	-	J	J		Ū	-	-		-		/
20	b paper check.			0	~ ~											20	00
	Amount to be credited forwa							lctic								39	.00
10	40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount																
40	-				-									-		ount	
40	If you have an amount on I is less than Line 35, subtract from Line 35. This is the <b>am</b>	Line 31 from Line 35	. If Lin	ies 3	81 a									-		<b>40</b>	.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									(813) 585	5-6595	
	Print/Type paid preparer's name			Paid preparer's signature			Date (mm/dd/yyy	у)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA			SYAM PRIY	A RAM SAGAR GUPTA 03/18/2024				self-employed	P02082703	
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN	►				
	Firm's address	E BRUNSWICKNJ 08816			Firm's phone		(678) 965	5-9522			
Third	Designee's name (pl		ee's phone ni	ımber		Check if the Department may					
Party							discuss this return with the third				
Designee				( )				party designee shown in this step.			

#### 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	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)

	CHIL GUJJA			680		6	0	8 (	<u>6 5</u>
Yo	ur name as shown	on Form IL-1040	Your Social Se	ecurity numb	er				
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C ges, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gros ns, Compensation, e		Illinois	mn E Income ithheld
1	W	37-6013590	\$	6,772 <b>.00</b>	\$	6,772 <b>.00</b>	\$_		335 <b>.00</b>
2			\$	• <u>00</u>	\$	• <u>00</u>	\$_		•00
3			\$	• <u>00</u>	\$	• <u>00</u>	\$_		•00
4			\$	•00	\$	•00	\$_		•00
5			\$	•00	\$	•00	\$ <u>_</u>		•00

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

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

#### Step 3: Total Illinois withholding

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

11 \$ <u>335</u>.00

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

**Illinois Department of Revenue** 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 1: Provide taxpayer information AKHIL GUJJA 6 8 0 6 9 0 First name and middle initial Spouse's first name (and last name if different) Last name Social Security number Print 4926 WILD SENNA BLVD or type Mailing address Spouse's Social Security number (813) 585-6595 TAMPA FL 33619 Citv State 7IP Davtime phone number IL-1040 **Г** IL-1040-X Step 2: Complete information from tax return Choose one: X 4,347 | **00** 1 Net income from Form IL-1040 or IL-1040-X. Line 11 215|**00** 2 Tax from Form IL-1040 or IL-1040-X, Line 14 335 | 00 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 120**|00** 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 00 6 Filing status: × Single Married filing jointly Married filing separately Widowed Head of household Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 6 3 1 0 0 2 7 7 7 Account no. (AN): 8 9 8 1 3 5 5 6 5 8 1 8 × Savings Type of account: \_\_\_\_ Checking 9 **10** Date the payment is to be electronically withdrawn: Electronic funds withdrawal amount: \_ 00 11 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature Date Spouse's signature (if joint return, **both** must sign) Date Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

	ERO's signature		03/18/2024 Date	Check if paid preparer: 🔀 (See instructions.)
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			P 0 2 0 8 2 7 0 3
use only	245 ROONEY CT Mailing address			8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ State	08816 ZIP	(678) 965-9522 Daytime phone number
	Ony	Slale	LIF	Dayume 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.

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.

