

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SAI LAKSHMI POTHIREDDY	Social security number 167-87-5858
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are 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.

1	Adjusted gross income	1	1,500.
2	Total tax	2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	314.
4	Amount you want refunded to you	4	314.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	5	8	5	8
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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	0	8	2	7	1
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SAI LAKSHMI Last name POTHIREDDY Your social security number 167 87 5858

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4369 EXETER LN Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. NORTHBROOK State IL ZIP code 60062 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

Table with 4 columns: Line number, Description, Amount, and Total. Rows 16-24 cover Tax and Credits, including Tax, Child tax credit, and total tax.

Table with 4 columns: Line number, Description, Amount, and Total. Rows 25-33 cover Payments, including federal income tax withheld, EIC, and total payments.

Table with 4 columns: Line number, Description, Amount, and Total. Rows 34-36 cover Refund, including overpaid amount and routing number.

Table with 4 columns: Line number, Description, Amount, and Total. Rows 37-38 cover Amount You Owe, including amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and fields for occupation and ID protection PIN.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.



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.

A

167-87-5858 1998
 SAI LAKSHMI POTHIREDDY

 4369 EXETER LN
 NORTHBROOK IL 60062 COOK
 SAILAKSHMI02106@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	1,500.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	1,500.00

Step 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
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.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	1,500.00

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	2,425.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9.	11	0.00
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11	0.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	0.00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	0.00
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	0.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	0.00

Step 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.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	0.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 0.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 42.00
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 42.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 42.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .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 annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .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 35 from Line 31. This is your overpayment. 36 42.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 42.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 0 7 1 0 0 0 0 1 3 X Checking or Savings
Account number 9 1 5 0 3 1 6 2 6

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
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 is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

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



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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SAI LAKSHMI POTHIREDDY

Your name as shown on Form IL-1040

1 6 7 - 8 7 - 5 8 5 8

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>362170136-00</u>	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>	\$ <u>42.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

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

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
7 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

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 \$ 42.00

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

