### Form **8879**

(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

IIILEITIAI	nevertue del vice						
Subm	ssion Identification Number (SID)						
Taxpaye	er's name	Social sec	urity numl	 oer			
SAI	LAKSHMI POTHIREDDY	167-8	7-585	8			
Spouse	's name	Spouse's social security number					
Part		year you	are au	thorizi	ng.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	ı	1	E 0 0	
1 2	Adjusted gross income					<u>500.</u> 0.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					314.	
4	Amount you want refunded to you		_			314. 314.	
5	Amount you owe					<u> </u>	
Part		еер а со		our r	eturr	1)	
Under my knot return to send for any Agent to payme authori payme busines taxes to person Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by	I am now a e are the a tter, or election of the S. Treasury cated in the into debit is the authoriests must processing ayment. I in now authory PIN	authorizin mounts of ctronic re- e transmis v and its of e tax prep he entry rization. be recei of the el further ac- forizing a	g, and the from the turn original turn original turn original turn or this a for evolved no ectronic knowle and, if and the first all zeroneck the control or the first and the first all zeroneck the first all zeroneck the	to the e inco ginator b) the ated Fin softwaccour ke (ca later c payredge the pplicate so in softwaccours because the policate so in softwaccours because the policate so in softwaccours because so in softwaccours because so in softwaccours because so in softwaccours so in	best of me tax r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the ble, my	
Vour	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.  □ Date	od. The E	RO mus	t comp	olete I	Part III	
Tours	Date P						
Spous	se's PIN: check one box only	Г		$\neg \neg$	$\neg$		
	I authorize to enter or generate	my PIN			;	as my	
	ERO firm name		Enter five don't ente	-			
	signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	ow author	izing. Cl	neck th	nis bo	-	
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	7	1	
	, , , , , , , , , , , , , , , , , , , ,	Don't e	enter all ze	eros			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this r	eturn in a	accorda	anće w		
ERO's	signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	(	See sep	oarate ins	structions.	
Your first name	and m	niddle initial	Last na	ıme				,	Your social security number			
SAI LAKS	тмнг		POTE	HIREDDY					167	87   5	- 5858	
		s first name and middle initial	Last na								ecurity number	
•												
Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	F	Preside	ntial Elect	ion Campaign	
4369 EXI	ETER	LN							Check h	nere if you	, or your	
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code		spouse if filing jointly, was to go to this fund. Check			
NORTHBRO	ООК		IL 60062						box below will not change			
Foreign countr	y name	ı	1	Foreign province/state/county Foreign postal code					your tax or refund.			
										You	Spouse	
Filing Status	s 🗵	Single				Head of he	ousehold (HOI	——.— ⊣)				
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)										
	lf :	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOF	or QSS box,	enter	the chi	ld's name	e if the	
	qι	ualifying person is a child but not you	ır deper	ndent:								
Digital	Δta	ny time during 2023, did you: (a) rece	aiva (ac									
Digital Assets		nange, or otherwise dispose of a digi								□Yes	X No	
Standard		neone can claim:  You as a de		_ <u>`</u>			7.57. (000 11.01.01		,			
Deduction	_	Spouse itemizes on a separate return		•		•						
		·		_	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	use	: U Was bor	n before Janu	ary 2,	1959	∐ ls b	lind	
Dependent	<b>s</b> (see	instructions):		(2) Social security (3) Relationship			iib I.,			,	,	
If more	(1) F	First name Last name		number		to you	Child t	ax cre	dit	Credit for o	ther dependents	
than four								<u> </u>			<u> </u>	
dependents, see instruction	s							<u> </u>			<u> </u>	
and check	, —							<u> </u>			<u> </u>	
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, be	•	,				r services); or (b) sell, See instructions.) Yes No  fore January 2, 1959 Is blind  (4) Check the box if qualifies for (see instruction)  Child tax credit Credit for other depend  I I I I I I I I I I I I I I I I I I I		1,500.		
Attach Form(s)	b	`,`										
W-2 here. Also	С	Tip income not reported on line 1a		•								
attach Forms W-2G and	d	Medicaid waiver payments not rep		, , , ,	nstru	ictions)						
1099-R if tax	e	Taxable dependent care benefits f		,								
was withheld.	f	Employer-provided adoption bene										
If you did not get a Form	<b>g</b>	Wages from Form 8919, line 6 .									0.	
W-2, see	h	Other earned income (see instructi	,				· · · ·		1 <b>n</b>		0.	
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		<u>li</u>					1 500	
	<u>z</u>		 .		 L T						1,300.	
Attach Sch. B if required.	2a	'	2a			axable interest			2b			
	3a_		3a			ordinary divider			3b			
Standard	4a		4a			axable amount axable amount			4b			
Deduction for—	5a	<del>-</del>	5a			axable amoun axable amoun			5b			
Single or Married filing	6a c	Social security benefits	6a						6b			
separately, \$13,850	7	Capital gain or (loss). Attach Sched		·	•	,		. 1	7			
Married filing	8	,						. ⊔	8			
jointly or Qualifying	9		ome from Schedule 1, line 10								1,500.	
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche							9 10			
Head of	11	Subtract line 10 from line 9. This is	-						11		1,500.	
household, \$20,800	12	Standard deduction or itemized	•	-					12		13,850.	
If you checked any box under	13	Qualified business income deducti				 5-Δ			13		<u> </u>	
Standard	14	Add lines 12 and 13			JJ3	· / · · · ·			14		13,850.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s. enter -0 This is v	 our <b>t</b>	axable incom	 ne		15		0.	
	. •		- 0. 100	_, U i i i i i i y	- Jul 6						٠.	

Form 1040 (2023	3)									Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	0.		
Credits	17	Amount from Schedule 2, line	3						. 17			
	18	Add lines 16 and 17							. 18	0.		
	19	Child tax credit or credit for ot	her dependen	ts 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. I	f zero or less,	enter -0					. 22	0.		
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21 .				. 23	0.		
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>						. 24	0.		
Payments	25	Federal income tax withheld fr										
	а	Form(s) W-2				25a		31	4.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions)				25c						
	d	Add lines 25a through 25c .							. 25d	314.		
If you have a	26	2023 estimated tax payments							. 26			
qualifying child,	27	Earned income credit (EIC) .				27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit fr				29						
	30	Reserved for future use		•		30						
	31	Amount from Schedule 3, line				31						
	32	Add lines 27, 28, 29, and 31. 7					e credits		. 32			
	33	Add lines 25d, 26, and 32. The						•		314.		
Refund	34	If line 33 is more than line 24,						•	. 34	314.		
neiuliu	35a	Amount of line 34 you want <b>re</b>				•	-		35a	314.		
Direct deposit?	b	Routing number 0 7 1 0				Check		Savin		3211		
See instructions.	d	Account number 9 1 5 (			l l l		i9	Javiii	95			
	36	Amount of line 34 you want ap			d tov	36						
A						30						
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go		•					. 37			
Tou Owe	38		_	-		1	 I	•	. 31			
TILL I D. I		Estimated tax penalty (see ins				38						
Third Party Designee		you want to allow another particular to the structions			n with the IRS?		□ Ves C	omple	ete below.	X No		
Designee		signee's		Phone				•	lentification	Z NO		
	nai			no.				ber (Pl				
Sign	Un	der penalties of perjury, I declare tha	t I have examined	d this return and	accompanying sche	edules ar	nd statemen	ts, and	I to the best	of my knowledge and		
Here	bel	ief, they are true, correct, and compl	ete. Declaration of	of preparer (other	r than taxpayer) is b	ased on	all informati	on of v	vhich prepar	er has any knowledge.		
TICIC	Yo	ur signature		Date	Your occupation					nt you an Identity		
									Protection P (see inst.)	IN, enter it here		
Joint return? See instructions.			Al	D-t-	STUDENT			_	,			
Keep a copy for	Sp	ouse's signature. If a joint return, bo	<b>tn</b> must sign.	Date	Spouse's occupat	lion				nt your spouse an ection PIN, enter it here		
your records.									(see inst.)	, , , , , , , , , , , , , , , , , , , ,		
	——Ph	one no. (224)323-2829		Email address	SAILAKSHMI0	2106@	GMATICO	)M				
		(===,==================================	Preparer's signat			Date		PTIN	J	Check if:		
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM	02/0	04/2024	P02	082703	Self-employed		
Preparer		m's name GLOBAL TAXI				1 0 2 7 0	,			678)965-9522		
Use Only										n's EIN 84-3171965		
Go to ware ire a		n1040 for instructions and the latest				DE:	107/04 77 5		C LIIV	Form <b>1040</b> (2023)		
35 to www.ns.go	OIII	To for mondonono and the latest	omation.		BAA	KEV 01	/27/24 PRO			101111 10-10 (2023)		



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.

-	٠,							
	SAI	-87-5858 LAKSHMI P EXETER LN	1998	POTHIREDDY				
	NORT	THBROOK	IL	60062 COOK	THE CONTINUE DESCRIPTION AND	PEKRYSPAKIEKSEGIK		
				SAILAKSHMI02106@GMA				
E	<b>3</b> Filir	ng status: 🛛 🔀 S	ingle M		rried filing separately 🏻 Widowe	ed  Head of	household	
		1 —	_		ntly, as a dependent. See instruction			
			-		resident - <b>Attach</b> Sch. NR 🔲 Par		•	NP
١			s applies to	you during 2025. I Non	resident - Attach Och. NIV i ai	t-year resident -		dollars only)
	Step 1	p 2: Income	l gross incor	no from your fodoral Form	1040 or 1040-SR, Line 11.		1	1,500.00
	2				om your federal Form 1040 or 1040	)-SR. Line 2a.	2	.00
	3	Other additions.	Attach Sch	nedule M.	,	,	3	.00
_	4	Total income. A		through 3.			4	1,500.00
ļ	Step 5	p 3: Base Inco Social Security b in Line 1. Attach	benefits and	certain retirement plan in federal return.	come received if included	5	.00	
nere	6	Illinois Income Ta	ax overpayn	nent included in federal Fo	rm 1040 or 1040-SR,			
	7	Schedule 1, Ln.		Cabadula M		6	.00	
L	7 8	Other subtractio		Scnedule ivi. is the total of your subtrac	tions	/	<u>.00</u> <b>8</b>	.00
0	9			ract Line 8 from Line 4.			9	1,500.00
200	Step	p 4: Exemption	<b>ns -</b> See ins	structions for income limita	tions			
staple W-z and 1099 forms	_	<ul><li>a Enter the exer</li><li>b Check if 65 o</li><li>c Check if legal</li><li>d If you are clain</li></ul>	mption amor or older: Ily blind: ming depend	unt for yourself and your sp You + Spouse You + Spouse ents, enter the amount from	# of checkboxes X \$1,000 = # of checkboxes X \$1,000 = # of checkboxes X \$1,000 = # Schedule IL-E/EIC, Step 2, Line 1.	с	.00 .00	
abi		Attach Schedu		Lines 10a through 10d.		d	0 <sub>.00</sub> <b>10</b>	2,425.00
7	Ster	p 5: Net Incom						
				ubtract Line 10 from Line 9	).			
	12			<i>ar residents:</i> Enter the <b>Illi</b> r by 4.95% (.0495). Canno	<b>nois net income</b> from Schedule NR. t be less than zero.	Attach Schedule	NR. <b>11</b>	0.00
_		Nonresidents a	and part-ye	ar residents: Enter the tax	x from Schedule NR.		12	0.00
>				credits. Attach Schedule		•	13	.00
5				and 13. Cannot be less that	n zero.		14	0.00
and 1L-1040-V		p 6: Tax After I			ant Attack Cabadula OD	45	00	
Ļ					ent. <b>Attach</b> Schedule CR. emergency worker credit amount	15	.00	
na	.0	from Schedule I			omorgonoy worker orealt amount	16	.00	
		Credit amount fr	rom Schedu	le 1299-C. <b>Attach</b> Schedu		17	.00	_
cneck					its. Cannot exceed the tax amount	on Line 14.	18	0.00
	19			redits. Subtract Line 18 fr	UIII LINE 14.		19	0.00
tapie your	20		loyment tax	. See instructions. der, or other out-of-state p	urchases from UT Worksheet or U	T Table	20	.00
		in the instruction	ns. <b>Do not</b> le	eave blank.			21	0.00
ク -				_	and sale of assets by gaming licens	see surcharges.	22	.00.
	23	Total Tax. Add L	_ines 19. 20	. Z I. and 22.			23	0.00



<b>24</b> Tot	al tax from Page 1, Line 23.					24	0 .00
Step 8:	Payments and Refunda	able Credit					
25 Illino	ois Income Tax withheld. <b>Att</b>	ach Schedule IL-W	IT.		25	42.00	
26 Estir	mated payments from Form	s IL-1040-ES and II	L-505-I,				
	ıding any overpayment appl				26	.00	
<b>27</b> Pass	s-through withholding. Attac	<b>h</b> Schedule K-1-P o	r K-1-T.		27		
<b>28</b> Pass	s-through entity tax credit. A	ttach Schedule K-1	-P or K-1-T.		28	.00	
	ned Income Credit from Sche	•			z. <b>29</b>	.00	
30 Tota	I payments and refundable	le credit. Add Lines	25 through	29.		30	42.00
Step 9:	Total						
<b>31</b> If Lin	ne 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	42.00
<b>32</b> If Lin	ne 24 is greater than Line 30,	subtract Line 30 from	m Line 24.			32	.00
	: Underpayment of Est			nations			
	-payment penalty for under		•		33	.00	
	Check if at least two-thirds	•		s from farming.			
_	Check if you or your spous			•	g home.		
_	Check if your income was		•		•	on Form IL-22	10.
_	Attach Form IL-2210.	Í		, ,	•		
d □	Check if you were not requ	uired to file an Illino	is Individual	Income Tax return in	the previous tax	/ear.	
	ntary charitable donations.				34	.00	
35 Tota	I penalty and donations.	Add Lines 33 and 3	4.			35	.00
Step 11	: Refund or Amount yo	u owe					
-	u have an amount on Line 3		is greater th	an Line 35. subtract l	Line 35 from Line	31.	
-	is your <b>overpayment</b> .	, , , , , , , , , , , , , , , , , , , ,	9	00, 000		36	42.00
	ount from Line 36 you want <b>r</b> o	efunded to vou. Cl	neck <b>one</b> box	x on Line 38. See inst	tructions.	37	
	pose to receive my refund b	-					
	direct deposit - Complete	•	low if you ch	neck this hov			
a 🗠							
	You may also contribute to college savings funds	Routing number	0 7 1 0	0 0 0 1 3	X Checkin	g or Savir	ngs
	here. See instructions!	Account number	9 1 5 0	3 1 6 2 6			
. –	• • • • • • • • • • • • • • • • • • • •						
	paper check.						
<b>39</b> Amo	ount to be <b>credited forward</b> .	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00
<b>40</b> If yo	ou have an amount on Line	<b>e 32</b> , add Lines 32	and 35. <b>If yo</b>	ou have an amount o	on Line 31, and the	nis amount	
is les	ss than Line 35, subtract Lir	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	<b>ero)</b> , enter the am	ount	
from	Line 35. This is the <b>amoun</b>	<b>it you owe</b> . See ins	structions.			40	.00
Stop 12	2: Health Insurance Ch	ockhov and Sigr	naturo				
	Check this box and include	•		IDOP may share you	ır incomo informat	ion with other	Illinois stato
	agencies in order to determ						
	agonolog in order to determ	into your ongionity is	or mountaining	ararroo portonto. Coc			
Signatu	ıre - Note: If this is a joint ret	urn, both you and yo	our spouse m	nust sign below.			
	enalties of perjury, I state tl				my knowledge, it	is true, correc	t, and complete.
					-		
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number
Here						(224) 323	3-2829
	Print/Type paid preparer's nam	ne	Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA			AM SAGAR GUPTA TALLAM			P02082703
Preparer				Sioin Col III IIIDDAN			
Use Only		L TAXES LLC			Firm's FEIN	84317196	
Third			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	
Third	Designee's name (please prin	t)		Designee's phone num	nber	_	e Department may
Party				( )			eturn with the third
Designee				<u> </u>			e shown in this step.
	Refer to the 20	23 IL-1040 Ins	struction	s for the addre	ess to mail yo	our return.	

IL-1040 Back (R-12/23) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 01/23/24 PRO





#### 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)

_	I LAKSHMI Puur name as show	OTHIREDDY n on Form IL-1040		16Your Social Se		8 7 _ <u>5</u> er	8	_ 5 8	
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C es, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gross ns, Compensation, etc	i III	Column E linois Income Tax Withheld	
1	W	362170136-00	\$	1,500 <b>.00</b>	\$	1,500 <b>.00</b>	\$	42 <b>.00</b>	
2			_ \$	•00	\$	•00	\$	<u>•00</u>	
3			_ \$	•00	\$	•00	\$	<u>•00</u>	
4			_ \$	•00	\$	•00	\$	<u>•00</u>	
5			_ \$	•00	\$	•00	\$	•00	

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

You	ur spouse's name a	as shown on Form IL-1040		Your spouse's	Your spouse's Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Col Federal Wages Distributions,	Column E Illinois Income Tax Withheld								
6			\$	•00	\$	•00	\$	•00				
7			\$	•00	\$	•00	\$	•00				
8			\$	•00	\$	•00	\$	•00				
9			\$	•00	\$	•00	\$	<u>•00</u>				
10			\$	•00	\$	•00	\$	<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 \$ <u>42.00</u>

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





### Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

P	( <b>Do not mail</b> Forr	m IL-8453 to the I	Illinois De	partment of Revenue	unless it is requ	ested for revi	ew.)	
Step	1: Provide taxpayer SAI LAKSHMI	information	PC	THIREDDY	1 6 7	_ 8 7 _	5 8	5 8
	First name and middle initial	Spouse's first name (and			Social Security			
Print or	4369 EXETER LN							
type	Mailing address					al Security number		
	NORTHBROOK		IL	60062	(224) 32	23-2829		
	City		State	ZIP	Daytime phone	number		
Step	2: Complete informa	ition from tax retu	ırn	Choose one:	: X IL-1040 □ I	L-1040-X		
	Net income from Form IL-	-1040 or IL-1040-X, L	ine 11			1		<u>0</u> 1 <u>00</u>
	Tax from Form IL-1040 or					2		<u>0 I 00</u>
				X, Line 25 only (enter "0	" if none)	3		2   <b>00</b>
	Overpayment from Form l Total amount due from Fo					4		1 00
				x, Line 36 ırried filing separately	Widowed He	<b>o</b> blodesund to be		_1_00_
			_	ic funds withdrawal i				
7 F 8 / 9 1 10 E	The United States or those Routing no. (RN): 0 7  Account no. (AN): 9 1  Type of account: X Character the payment is to be Electronic funds withdraw Name on account:	1 0 0 0 0  5 0 3 1  hecking Savire electronically withdr	1 3 6 2 6 ngs rawn:/_	ds. Electronic payments w	rill not be accepted a	nd refunds will b	e via pape	r check
		ion and signature	(Sign only	after completing Step	o 2 and, if applica	ble, Step 3.)		
×	correct. If I have filed a  I authorize the Illinois I withdrawal as designat	a joint return, this is a Department of Rever ted in the electronic po volved in the process	in irrevocabl nue (IDOR) a ortion of my sing of an ele	designated in Step 3 and one appointment of the other and its designated financial 2023 Illinois Original or American coverpayment of the dot to the payment.	er spouse as an ager al agent to initiate an nended Individual Ind	nt to receive the n ACH electronic come Tax return.	refund. funds I authorize	
	I do not want direct de	posit of my refund, or	r an electror	ic funds withdrawal (direc	ct debit) of my balan	ce due.		
return and a	n originator (ERO) are iden accompanying information accepted or rejected. If rej	itical. To the best of m may be sent to IDOR	y knowledge by my ERO.	nic Form IL-1040 or IL-104, my return is true, correct, I authorize IDOR to inform the reason(s) so the return	and complete. I cons my ERO and/or the	sent that my retur transmitter when	n, this dec my return	claration has
	Your signature		Date	Spouse's signa	ature (if joint return, <b>both</b>	must sign)	Date	
l decl inforn	are that I have examined	I this taxpayer's elect I requirements of this	tronic Form program ar	reparer declaration and IL-1040 or IL-1040-X, the and declare, under penalties ect, and complete.	information on this I			
	FDO's sime (			02/04/2024	Check if pai	d preparer: 🛭 🛣 (	See instruc	tions.)
	ERO's signature			Date	- 2	0 0 0		
ERO	GLOBAL TAXES LLC Firm's name or your name if se				<u>P_0</u>	$\frac{2}{2}  \frac{0}{2}  \frac{8}{2}  \frac{2}{2}$	2 7 (	<u>J 3</u>
use	245 ROONEY CT					2 1 7 1	9 6	5
only	Mailing address				<u>0 4 -</u> Federal emplo	$\frac{3}{\text{yer identification}} \frac{1}{\text{num}}$	ber (FEIN)	
	E BRUNSWICK		NJ	08816	(678) 96			
	City		State	ZIP	Daytime phone			

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

