IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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	Social security number
VENKATA SWETHA POLAVARAPU	887-83-6031
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter 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 74,007.
2 Total tax	2 8,546.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,610.
4 Amount you want refunded to you	. 4 2,064.
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 periury. 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

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
	rautionze		

3	6	0	3	1	as							
Enter five digits, but don't enter all zeros												

my

ERO firm name 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 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

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 si	gnature 🕨 🛛 Da	Date 🕨											
	Practitioner PIN Method Returns Only—continue	bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EFIN	J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		_	6 nter a			2	7	1	

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 Th Don't Submit This Form to th											
For Paperwork Reduction Act Notice, see your tax return instructio	ons. BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)								

Deduction for- Sa Sa Definitions and annulutes	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.			
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If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and sites), if you have a P.O. box, are instructions. Apt. no. Presidential Election Campaign City, town, or port of the try our are a foreign address, also complete spaces below. State 2/P code theore have if you, or your of theore on timp and your our of the constructions. Presidential Election Campaign Providence of the try our are of the try our our our our topose on timp and your our our our our topose on timp and your our our our topose on timp and your our our our our box. Presidential Election Campaign Providence our our our our our topose on timp and your our our our box. Presidential Election Campaign Providence our our our our our our our our box. Filing Status one box. Single Married filing separately (MFS) wour chacked the MOH or CSS box, enter the harm of your spouse. If you checked the MOH or CSS box, enter the child's name if the qualifying person is a child but not your dependent: Image: Constructions. Image: Constructions. Digital acctange, or otherwise dispose of a digital asset of a financial inferent in a digital asset of a financial inferent in a digital asset. Image: Constructions. Image: Constructions. Image: Constructions. Deduction Geness for the market and your spouse. Image: Constructions. Image: Construct																
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z Add lines 1a through 1h 1z 83,043. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Qualified dividends 4a b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 4b Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) 5b 6b Married filing jointly or C apital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 7 8 9 74,007. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 74,007. 12 13,850. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 74,007. 12 13,850. 12 Subtract line 10 from line 9. This is your adjusted gross income 11 74,007. 12 13,850. 13 14 13,85	W-2, see		· ·	,	· · ·		• •	· · · ·	· ·		. 1h	1	0.			
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 Found and on (loss). Attach Schedule D if required. If not required, check here 5b 6b Varied filing jointly or Qualified dividends 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 8 -9,036. 9 74,007. 10 4d 11 74,007. 14 Add lines 12 and 13 13 14 13,850. 13 14 13,850.	instructions.			see ins	structions)		• •	11					83 043			
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- bingle or Married filing separately, \$13,850 4a b Taxable amount 4b Standard Deduction for- bingle or Married filing separately, \$13,850 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 -9,036. 9 74,007. 9 74,007. 10 Head of nousehold, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 74,007. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.			-	 20		· · · ·	 ьт		· ·	· · ·			03,043.			
Standard 4a b 5a Standard 5a 5a b 5b Standard 5a 5a b Taxable amount																
Standard Deduction for - 5a 5a b Taxable amount 5b Single or Married filing separately, \$13,850 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) . . . 6b Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 -9,036. \$22,800 11 Subtract line 10 from line 9. This is your adjusted gross income . . . 10 If you checked any box under Standard Deduction or itemized deduction from Form 8995 or Form 8995-A 13																
Single or Married filing separately, \$13,850 6a b Taxable amount	Standard															
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	• Single or															
Separately,	Married filing				method											
Married filling jointly or Qualifying surviving spouse, \$27,700 8 -9,036. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74,007. 9 74,007. 9 74,007. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 74,007. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.			, ,		,		`	,								
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income974,007.10Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1174,007.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.	 Married filing iointly or 				•	•		,					-9,036.			
10 Adjustments to income from Schedule 1, line 26 10 11 Adjustments to income from Schedule 1, line 26 11 12 Subtract line 10 from line 9. This is your adjusted gross income 11 74,007. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying			,				e								
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1174,007.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	\$27,700															
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313If you checked any box under Deduction,1413.1413,850.	 Head of household, 					gross incon	ne						74,007.			
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 131413,850	\$20,800										. 12	2				
Deduction, 14 Add lines 12 and 13 14 13,850	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 13					
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 60, 157.	Deduction,	14	Add lines 12 and 13										13,850.			
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	ourt	taxable incom	e.		. 15		60,157.			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	5)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3	1	6 8,546.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				1	8 8,546.
	19	Child tax credit or credit for other depender	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, line 8				2	0
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero or less,	enter -0			2	2 8,546.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is your total tax				2	4 8,546.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 10	,610.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	5d 10,610.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return .		2	6
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28		
	29	American opportunity credit from Form 886	3, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you			undable credits	3	2
	33	Add lines 25d, 26, and 32. These are your to	•	-			3 10,610.
Refund	34	If line 33 is more than line 24, subtract line 2					4 2,064.
noruna	35a	Amount of line 34 you want refunded to yo				3	5a 2,064.
Direct deposit?	b	Routing number 1 1 1 0 0 6		_		Savings	
See instructions.	d	Account number 5 2 3 0 7 9 9	J				
	36	Amount of line 34 you want applied to your		ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the am			-1 - 1		
You Owe	0.	For details on how to pay, go to www.irs.go				3	7
	38	Estimated tax penalty (see instructions) .			38		
Third Party	Do	you want to allow another person to dis			See		
Designee		tructions				mplete belo	w. 🗙 No
Ũ	De	signee's	Phone			nal identificati	on
	nar		no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration		1 2 0		,	, ,
Here				,			. , ,
	Yo	ur signature	Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?				οα ατιτοματ	ION ENGINEE	(
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat			sent your spouse an
Keep a copy for		,				Identity F	Protection PIN, enter it here
your records.						(see inst.	
		one no. (682)344-8987	Email address	POLAVARAPUSWI	THA16@GMAIL.CO		
Paid	Pre	parer's name Preparer's signa	ture		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/2024	P0208270	3 Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC				Phone no	o. (678)965-9522
	Fin	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's El	N 84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01			
Name(s) shown on Fo	Your social security number				
VENKATA SWETHA	POLAVARAPU	887-83	-6031		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	ule E .	5	-9,036.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss			
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555			
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards		-	
j	Activity not engaged in for profit income		-	
k	Stock options		-	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81		-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)		-	
	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions) 80		-	
р	Section 461(I) excess business loss adjustment		-	
q	Taxable distributions from an ABLE account (see instructions) 8q		-	
r	Scholarship and fellowship grants not reported on Form W-2 8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form	,		
	1040, line 1a or 1d	,	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan			
			-	
u -	Wages earned while incarcerated 8u Other income List type and amount:		-	
Z	Other income. List type and amount: 8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and			
10	1040, 1040-SR, or 1040-NR, line 8		10	-9,036.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			1 (Form 1040) 2023

1	Adjustments to Income Educator expenses					11	
	Certain business expenses of reservists, performing artists, and fee-					••	
2	officials. Attach Form 2106	·Dasis	s yov	ennine	iii .	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· F	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
						9a	
9a						98	
b	Recipient's SSN						
c	Date of original divorce or separation agreement (see instructions):					20	
0						20	
21	Student loan interest deduction					21	
2	Reserved for future use					22	
23	Archer MSA deduction	• ;	• •	• •		23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d	· · · · · · · · · · · · · · · · · · ·	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
		24h					
i	Attorney fees and court costs you paid in connection with an award						
-	from the IRS for information you provided that helped the IRS detect						
		24i					
i		24j					
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
2		24z					
5	Total other adjustments. Add lines 24a through 24z					25	
26 26	Add lines 11 through 23 and 25. These are your adjustments to income .						
.0	Form 1040, 1040-SR, or 1040-NR, line 10					26	
		• •	• •	• •			1 (Form 10

					Supplen								OMB No	o. 1545-0074			
(Form	1040)	(Fron	n rental	real esta	te, royalties, p			-			trusts, REM	ICs, etc.)	20)23			
	ent of the Treasury		0		Attach to For						(Attachn	nent 10			
	Revenue Service shown on return		GC	o to www.	.irs.gov/Sched	uiee for i	Instru	ictions an	d the la	itest in	formation.	Vour oooi	Sequen	ice No. 13			
()	ATA SWETHA		<u>, , , , , , , , , , , , , , , , , , , </u>	דות									3-6031				
Part					tal Real Est	ato and	Po	valties				007-0	3-0031				
Fart	Note: If yo	ou are ir	n the bu	siness of I	renting persona 335 on page 2,	al property	/, use	Schedule	e C. See	e instruc	ctions. If you	are an indi	vidual, rep	ort farm			
Α	Did you make ar						o file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 No			
	f "Yes," did you					-		. ,									
1a	Physical addr																
A	NALLURI V							DESH I	N 52	0010							
 	INALLOKI VI	AKI S	SIREE	I VIUA	IAWADA A	MUNKA	PRF			0010							
C																	
														onal Use			
10	(from list below				rt the number					I a	Days		ays	QJV			
Α	3		per	sonal use	e days. Checł	k the QJ\	/ box	only	Α		365		0				
В			if yo	ou meet f	the requireme nt venture. Se	ents to file	e as	a	В								
С			qua	anned joir	it venture. Se	einstruc	lions		С								
Туре	of Property:																
	Single Family R			3 Vaca	tion/Short-Te	rm Renta	al	5 Land	l		Self-Rental						
2	Multi-Family Re	sidenc	ce	4 Com	mercial			6 Roya	alties	8	Other (deso	cribe)					
											Proper	ties:					
Incom	ie:								Α		B			С			
3	Rents received	1				[3		5	00.							
4	Royalties rece	ived.				[4										
Expen																	
5	Advertising						5										
6	Auto and trave	el (see i	instruct	tions) .		[6										
7	Cleaning and r	nainte	enance				7		1,2	47.							
8	Commissions					L	8										
9	Insurance .						9										
10	Legal and othe	-				-	10										
11	Management f					-	11		1,0	02.							
12	Mortgage inter		aid to ba	anks, etc	. (see instruct	tions)	12										
13	Other interest		· ·			· ·	13			76							
14	Repairs						14		2,2								
15 16	Supplies						15 16		⊥,/	03.							
17	Utilities						17		<u>ک</u> ک	29.							
18	Depreciation e					-	18		5,2	27.							
19		-					19										
20	Total expense	s. Add	lines 5	throuah	19		20		9,5	36.							
21	Subtract line 2			•					- 1 -								
	result is a (loss																
	file Form 6198	j					21		-9,0	36.							
22	Deductible rer on Form 8582						22	(9.03		1	١	(
23a	Total of all am								9,03	23a		500.	(
23a b	Total of all am									23b		500.					
c	Total of all am		•		•					23c							
d	Total of all am		•			•				23d							
e	Total of all am									23e		9,536.					
24	Income. Add									L		0.4					
25	Losses. Add ro							-		nter to	tal losses he		(9,036.			
26	Total rental re	eal est	tate an	d royalty	y income or	(loss). C	omb	ine lines	24 and	25. Ei	nter the res	ult					
	here. If Parts I																

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

-9,036.

26

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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 SS	SN(s) - no partial SSN
---------	------------------------	--------------------------------	--------------------------------	--------------------------------	------------------------

E	VEN 166 NAP Fili Ch	-83-6031 KATA SWETHA 2 BROOKDALE RD ERVILLE IL 60563 DUPAGE POLAVARAPUSWETHA16@GMAIL.COM Ing status: Single □ Married filing jointly □ Married filing separately □ Widowed □ Head of P eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. □ You □ seck the box if this applies to you during 2023: Nonresident - Attach Sch. NR × Part-year resident -	Spouse	
		p 2: Income		e 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 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	74,007.00 .00 .00 74,007.00
T		p 3: Base Income		
here 🔺	5 6	Social Security benefits and certain retirement plan income received if included 5 in Line 1. Attach Page 1 of federal return. 5 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, 6	<u>.00</u> .00	
and 1099 forms here	7 8 9	Other subtractions. Attach Schedule M. 7 Add Lines 5, 6, and 7. This is the total of your subtractions. 7 Illinois base income. Subtract Line 8 from Line 4. 7	<u>.00</u> .00 8 9	.00 74,007.00
Staple W-2 and 109	Ste 10	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 + You + Spouse # of checkboxes X \$1,000 = c Check if legally blind: You + You + Spouse # of checkboxes X \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines 10a through 10d.	25.00 .00 .00 0.00 10	2,425.00
S	Ste	p 5: Net Income and Tax		
t		Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		.00
0-V	13 14	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	12 13 14	0.00 00.00 0.00
Staple your check and IL-1040-V	Ste 15 16 17 18 19	p 6: Tax After Nonrefundable Credits 15 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 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. 14.	00 00 00 _18 _19	<u>0.00</u> 0.00
 Staple your 	Ste 20 21 22 23	 p 7: Other Taxes Household employment tax. See instructions. 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. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax. Add Lines 19, 20, 21, and 22. 	20 21 22 23	00.00 00.00 00.00

|--|

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 2,84	5.00	
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.	.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	2,845.00
Step 9: Total		
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	2,845.00
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 F	orm 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	2,845.00
37 Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	2,845.00
38 I choose to receive my refund by		_
a 🖾 direct deposit - Complete the information below if you check this box.		
You may also contribute Routing number 1 1 1 0 0 0 6 1 4 X Checking or to college savings funds	Saving	IS
here. See instructions! Account number 5 2 3 0 7 9 9 7 5	F	
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 a	mount	
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
Stop 12: Health Insurance Checkbox and Signature		

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 signature		Date (mm/dd/yyyy)		Daytime phone number	
Here							(682) 344-8987	
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		Check if Paid Preparer's PTI	
Paid	SYAM PRIYA RAM SAGAR GUPTA TA	SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2		01/25/2024		self-employed P02082703		
Preparer Use Only					Firm's FEIN		843171965	
	Firm's address > 245 ROO	NEY CT E	BRUNSWICKNJ	08816	Firm's phone		(678) 965-9522	
Third	Designee's name (please print)		De	signee's phone nun	nber		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.

IR

ID

IL-1040 Back (R-12/23) DR_____ AP____ RR DC ID: 3WM REV 01/12/24 PRO



٦	Illinois Department of Revenue
ļ	2023 Schedule NR
5 ⁴	Attach to your Form IL-1040

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

	VENKATA SWETHA POLAVARAPU	8 8 7 _ 8 3 _ 6 0 3 1
	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following information	
1	Were you, or your spouse if "married filing jointly," a full-year resident o	of Illinois during the tax year?
	Yes X No If you answered "Yes," stop you o	cannot use this form (see instructions).
2	2 If you, or your spouse if "married filing jointly," were a part-year residen	nt during the tax year, tell us your residency dates for 2023.
i	a I lived in Illinois from <u>04</u> / <u>01</u> / <u>2</u> <u>3</u> to <u>12</u> / <u>31</u> / <u>2</u> <u>3</u> I live Month Day Year Month Day Year	ed in Texas from 01 / 01 / 2 3 to 03 / 31 / 2 3 State Month Day Year Month Day Year
I	b My spouse lived in Illinois from/ / <u>2</u> <u>3</u> to / / <u>2</u> <u>3</u> , Month Day Year Month Day Year	
3	3 If you were a resident of any of the states listed below during the tax ye was in the military, or if you elected to use your service member spouse	
	Iowa Kentucky Michigan	Wisconsin Military Spouse
4	List any state other than Illinois or any states already indicated on Line Enter the two-letter abbreviation of that state.	⇒ 2 or 3 above, that you claimed residency for tax purposes in 2023.

Step 2: Complete Form IL-1040

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 _	83,043.00	0.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.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 _	.00	.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 _	-9,036.00	.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 S	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 Continue with Step 3 on Page 2	•	. 20	0.00



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	0.00
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)	.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) 25	.00	.00
26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) 26	.00	.00
27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,		
		.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28		.00
29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)29		.00
30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) 30	.00	.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) 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	74,007.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross	income. 38	0.00

Step 4: Figure your Illinois additions and subtractions

In Colur	nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
40	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 F 41	.00 .00 .00
	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,	42	.00	.00
	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.	43 44	00 00 45	00. 00. 00.

Step 5: Figure your Illinois income and tax

Schedule NR – Page 2

46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is				
	your Illinois base income.			46	0.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.				
47	Enter the base income from Form IL-1040, Line 9.	47		.00	
48	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.	48	0 • 000		
49	Enter your exemption allowance from your Form IL-1040, Line 10.	49		.00	
50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption				
	allowance.			50	.00
51	Subtract Line 50 from Line 46. This is your Illinois net income.				
	Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow		51	.00
52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.			
	Enter the amount here and on your Form IL-1040, Line 12.				
	This is your tax.	-		52	0.00



Illinois Department of Revenue

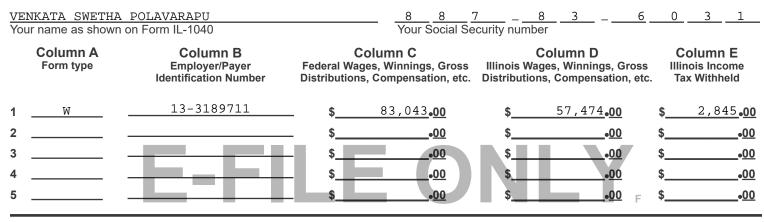
ID: 3WM REV 01/12/24 PRO

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.								
ľ	Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
Ŀ	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)



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	Federal Wages, Winnings, Gross Illinois Wa		Illinois Wages	Column D ges, Winnings, Gross Is, Compensation, etc.		Column E Illinois Income Tax Withheld		
6		\$	•00	\$	•00	\$	• <u>00</u>		
7		\$	•00	\$	•00	\$	•00		
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 \$ 2,845.00									
	Attach al Attach al IL-WIT Front (R-12/23) rity of the state of Illinois. Electronic only,		This form is aut	horized as outlined und	er the Illinois Income Tax Ac				

Tillinois Department of Revenue									
2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration									
(Do not mail Form IL-8453 to the Illinois Depar									
Step 1: Provide taxpayer information	VARAPU	8 8 7 _ 8 3 _ 6 0 3 1							
First name and middle initial Spouse's first name (and last name if different		Social Security number							
Print 1662 BROOKDALE RD									
type Mailing address		Spouse's Social Security number							
NAPERVILLE IL City State	60563 ZIP	(682) 344-8987 Daytime phone number							
Step 2: Complete information from tax return	Choose one: 🗙	IL-1040 IL-1040-X							
 Net income from Form IL-1040 or IL-1040-X, Line 11 Tax from Form IL-1040 or IL-1040-X, Line 14 		2 0100							
 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, I 	Line 25 only (enter " 0 " if n								
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 3		4 <u>2,845</u> <u>100</u>							
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Li		5I <u>00</u> _							
6 Filing status: X Single Married filing jointly Marrie	d filing separately Wic	lowed Head of household							
Step 3: Complete direct deposit of refund or electronic f To initiate a payment or refund transaction, the information in t does not support international ACH transactions. IDOR will only perf within the United States or those not funded by international funds. I 7 Routing no. (RN): $1 1 1 0 0 0 6 1 4$	his Step must be included form direct transactions (e.g	d within the electronic transmission. Illinois <i>g.</i> , debit, deposit) with financial institutions located							
8 Account no. (AN): <u>5 2 3 0 7 9 9 7 5</u>									
9 Type of account: X Checking Savings									
10 Date the payment is to be electronically withdrawn:/_/									
11 Electronic funds withdrawal amount:I_00_									
12 Name on account:									
Step 4: Taxpayer declaration and signature (Sign only aft	er completing Step 2 a	nd, if applicable, Step 3.)							
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 F return originator (ERO) are identical. To the best of my knowledge, my and accompanying information may be sent to IDOR by my ERO. I au been accepted or rejected. If rejected, I authorize IDOR to identify the	return is true, correct, and o thorize IDOR to inform my E	complete. I consent that my return, this declaration, RO and/or the transmitter when my return has							
Sign Date Your signature Date	Spouse's signature (f joint return, both must sign) Date							
Step 5: Electronic return originator (ERO) and paid prep I declare that I have examined this taxpayer's electronic Form IL-1 information. I have followed all requirements of this program and d taxpayer's return and accompanying information are true, correct,	Darer declaration and s 040 or IL-1040-X, the inform leclare, under penalties of p and complete.	ignature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the							
ERO's signature	01/25/2024 Date	Check if paid preparer: 🛛 (See instructions.)							
GLOBAL TAXES LLC		P 0 2 0 8 2 7 0 3							
ERO Firm's name or your name if self-employed		Your PTIN							
only 245 ROONEY CT Mailing address		$\frac{8}{\text{Federal employer identification number (FEIN)}} \frac{4}{2} - \frac{3}{2} \frac{1}{7} \frac{7}{1} \frac{1}{9} \frac{9}{6} \frac{6}{5}$							
E BRUNSWICK NJ City State	08816 ZIP	(678) 965-9522 Daytime phone number							
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.									

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.

