Form	8879
(Rev.	January 2021)
Depar	tment of the Treasurv

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.

Submission Identification Number (SID)

Taxpay	er's name	Social	securit	y numb	er
VIJ	AYABHASKAR REDDY ANNEM	866	-27-	0999	9
Spouse	s's name	Spouse's social security number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year y	ou ai	re aut	horizing.)
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	55,387.
2	Total tax			2	4,763.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	7,190.
4	Amount you want refunded to you			4	2,427.
5	Amount you owe			5	

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

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

GLOBAL	TAXES	LLC	to enter or generate my F	ы
				11 1

			gits, all ze		as my
7	0	9	9	9	

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

X 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 signature ►	Da	ate 🕨	•							
Practitioner PIN Method Returns Only—c	ontinue	bel	ow							
Part III Certification and Authentication – Practitioner PIN Method	l Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.	2	2	 	 	0 {	_	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 This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not w	rite or sta	aple in this space.
For the year Jan	1. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
VIJAYABH	IASK	AR REDDY	ANN	ΈM						866	27	0999
		s first name and middle initial	Last r									security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr
_749 WIDG	GEON	DR										ou, or your
City, town, or p	City, town, or post office. If you have a foreign address, also complet			spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3 nd. Checking a
WHEELING	3					II		600	90			not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax	k or refu	ind.
											∐ Yo	ou Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)					, ,		ving spouse	. ,		
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	ialifying person is a child but not you	ır depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); oi	r (b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ns.)	Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Spa	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents	s (see	instructions):			Social security		(3) Relationsh	14			ifies for	(see instructions):
If more		First name Last name		(2)	number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s —											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	55,387.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructior	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·							. 1g		
W-2, see	h	Other earned income (see instruction	,				· · · · ·	· ·		. 1h	<u>ا</u>	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i					
		Add lines 1a through 1h	· ·		· · ·	 		• •		. 1z		55,387.
Attach Sch. B if required.	2a	'	2a				axable interest		· · ·	. 2b		
	<u>3a</u>		3a				Ordinary divider			. 3b	-	
Standard	4a		4a				axable amount			. 4b		
Deduction for –	5a Ga		5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a	mothed	obook horr		axable amount		· · ·	. 6b	·	
separately, \$13,850	с 7	If you elect to use the lump-sum e				•	,	• •	· · · l	╡│╶╸		
 Married filing 	7 8	Capital gain or (loss). Attach Scher Additional income from Schedule						• •	!	7 . 8		0.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		· 8	_	55,387.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche						• •		· 9		55,507.
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11		55,387.
household, [\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.
 If you checked any box under 	13	Qualified business income deduction					5-A			. 13		±3,030.
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		ss, enter	-0 This is v	our l	taxable incom	e .		. 15		41,537.
				-,								,

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

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	1	6 4,763.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	8 4,763.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				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 4,763.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is	your total tax				2	4 4,763.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				25a 7	,190.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	5d 7,190.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	6
qualifying child,	27	Earned income credit (EIC)			No	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lir	ne 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	2
	33	Add lines 25d, 26, and 32. T					3	3 7,190.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	4 2,427.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 35	5a 2,427.
Direct deposit?	b	Routing number 0 7 1	0 0 0 0	1 3	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 9 6 2	0 9 2 2	0 8				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions .		3	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		_
Designee	ins	tructions				🗌 Yes. Co	omplete belo	w. 🗶 No
	De nai	signee's		Phone no.			onal identificati per (PIN)	on
Ciana		der penalties of perjury, I declare tl	hat I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
		C C					Protectio	n PIN, enter it here
Joint return?					SOFTWARE H		(see inst.)	·
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion		sent your spouse an Protection PIN, enter it here
your records.							(see inst.)	· · · · · · · · · · · · · · · · · · ·
	Ph	one no.		Email address	ANNEM VI.TAVAR	HASKAR@GMAIL.CO)M	
		parer's name	Preparer's signat		AUUUIN, VIUAIAD	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P0208270	
Preparer		n's name GLOBAL TA		TATH DAGAN	COLIA INDAM	02/03/2024		o. (678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's Ell	· · · · ·
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN				Form 1040 (2023)
			st mornation.		BAA	REV 01/27/24 PRO		10111 10-10 (2023)

REV 01/27/24 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VIJAYABHASKAR	REDDY ANNEM	866-27	-0999

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 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 5 0. 7 Taxable requisites, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 0. 7 Unemployment compensation 8a (6 8 Other income: 8a (7 a Net operating loss 8a (7 6 Foreign eamed income exclusion from Form 2555 8d (7 9 Income from Form 8883 8f 8f 1 Income from Form 8883 8f 8f 1 Income from the rental of personal property 8k 8f 1 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 8t 8n 1 Income from the rental of personal property if you engaged in the rental for profit lucison (see instruc	Par	t Additional Income			
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Cther gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 7 8 Other income: 8a (a Attach Schedule F 7 Cancellation of debt Gambling Cancellation of debt Gambling Cancellation of debt Bector form Form 8853 Income from Form 8853 Income from Form 8853 Fincome from Form 8869 Alsak Permanent Fund dividends Bage Alsak Permanent Fund dividends Bage Baland Permanent Fund dividends Baland </th <th>2a</th> <td>Alimony received</td> <td></td> <td>2a</td> <td></td>	2a	Alimony received		2a	
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j Activity not engaged in for profit income k Stock options l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d u Wages earned while incarcerated u Wages earned while incarcerated d Wages earned while incarcerated d Stock options at through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	h				
k Stock options 8k 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 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8g q Taxable distributions from an ABLE account (see instructions) 8r 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 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z y Total other income. Add lines 8a through 8z 8z 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 0.	i				
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10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8100.	•				
1040, 1040-SR, or 1040-NR, line 8				9	
	10	Combine lines I through / and 9. This is your additional income. Enter	nere and on Form		0
	or De				

F otice, see your ta ipe etu istructio

Schedule 1 (Form 1040) 2023

ar	Adjustments to Income						
1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernm	ent		
	officials. Attach Form 2106					12	
3	Health savings account deduction. Attach Form 8889					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	Alimony paid					19a	
b	Recipient's SSN						
c	Date of original divorce or separation agreement (see instructions):				_		
<u>כ</u>	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction					23	
4	Other adjustments:	· ·	• •	• •	· •		
a		24a					
		24a			-		
D		24b					
-	Nontaxable amount of the value of Olympic and Paralympic medals	240			-		
С	and USOC prize money reported on line 8m	24c					
		24C 24d			-		
a		240			-		
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	Contributions by certain chaplains to section 403(b) plans	24g			_		
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	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						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	1041)	24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z				.	25	
6	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040, 1040-SR, or 1040-NR, line 10					26	

	EDULE E			Supplementa	l Inc	ome ar	nd Los	SS			OMB No	o. 1545-0074	
(Form	1040)	(From re	ental real estate,	royalties, partnersł	hips, S	corporat	ions, es	tates,	trusts, REMICs	, etc.)	90	193	
Departm	nent of the Treasury			ttach to Form 1040,							ک کے Attachn	ッ ニ ー	
	Revenue Service		Go to www.irs	.gov/ScheduleE for	r instru	uctions an	d the la	test in				ice No. 13	
) shown on return										al security		
	YABHASKAR								8	366-2	7-0999		
Part				Real Estate an ting personal proper				inctru	ations. If you are	an indiv	idual rop	ort form	
	rental inco	ome or loss	s from Form 4835	on page 2, line 40.	ty, use	Schedule	0 . 366	instru		annun	nuuai, rep	On lann	
Α	Did you make ar	ny payme	nts in 2023 that	would require you	to file	Form(s) 1	1099? 5	See ins	structions		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or will yo	ou file required l	Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a	Physical add	ress of ea	ach property (str	eet, city, state, ZIF	⊃ code	e)							
Α	DEVARAJUG.	ATTU P	OST DEVARAJ	JUGATTU POST	AND	IRA PRA	ADESH	IN	523320				
В													_
С													
1b	Type of Prope	erty 2	For each renta	l real estate prope	erty list	ted		Fa	ir Rental	Person	al Use	QJV	
	(from list below	N)		he number of fair					Days	Da	ys	QUV	
A	3			lays. Check the Q. e requirements to f			Α		365		0		
B				venture. See instru			В						
C						-	С						
	of Property:		<u> </u>					_					
	Single Family R			n/Short-Term Ren	tal	5 Lanc			Self-Rental	-)			
2	Multi-Family Re	sidence	4 Comme	ercial		6 Roya	alties	8	Other (describ	e)			
									Properties	8:			
Incom	ne:						Α		В			С	
3					3		4	20.					
4		ived			4								_
Exper													
5					5								_
6			tructions) .		6			1.0					
7			nce		7		1,2	12.					
8					8								
9					9 10								
10 11			sional fees .		11		1,1	61					
12				see instructions)	12		, _	04.					_
13					13								
14					14		1,2	23.					
15					15		1,0						
16					16								
17					17		1,2	57.					
18			or depletion .		18								
19	Other (list)				19								
20	Total expense	s. Add lin	es 5 through 19)	20		5,9	49.					
21				or 4 (royalties). If									
				d out if you must				~ ~					
					21		-5,5	29.					
22				limitation, if any,	00			~ \	1		,		
020		-	ructions)		22	(0.)	()(420.			_
23a				for all rental prope				23a		420.			
b c				for all royalty prop 2 for all properties		· · ·		23b 23c					
c d				for all properties				23C					
e u) for all properties				23u 23e	5	949.			
24				on line 21. Do not				-00	,	24			
25				and rental real estate		-		•••• nter to	tal losses here	25	(0.	
26				ncome or (loss).							\	<u> </u>	
				on page 2 do no									
				rise, include this ar						26		0	١.

	Schedule T (Form 1040), line 5. Otherwise, include this an	iount in the total	on line 41 C
For	Paperwork Reduction Act Notice, see the separate instructions.		

Form	8582	Pa Pa	ssive Activi	ity Loss Lin	nitations		0	MB No. 1545-1008
			See sepa	arate instructions.				2023
	ment of the Treasury	• • •		1040, 1040-SR, or			A	
	Revenue Service s) shown on return	Go to www.ii	rs.gov/Form8582 to	or instructions and	the latest information		tifying n	equence No. 858
		REDDY ANNEM						-0999
-		Passive Activity Loss				000	5 27	
T GI		n: Complete Parts IV an		eting Part I.				
		ctivities With Active Pa I Real Estate Activities			tive participation, s	ee Special		
1a	Activities with	net income (enter the ar	mount from Part I	/. column (a))	1 a			
b		net loss (enter the amou)		
с		allowed losses (enter th)		
d	Combine lines	1a, 1b, and 1c					1d	
All Ot	ther Passive Ac	tivities						
2a	Activities with	net income (enter the ar	mount from Part V	. column (a))	2 a	0.		
b		net loss (enter the amou				-5,529.)		
с		allowed losses (enter th			2c ()		
d	Combine lines	2a, 2b, and 2c					2d	-5,529.
3	Combine lines	1d and 2d and subtrac	ct any prior year ι	unallowed CRD. S	See instructions. If	this line is		
		stop here and include						
		llowed losses entered o	on line 1c or 2c. F	Report the losses	on the forms and	schedules		
	normally used						3	-5,529.
		ss and: • Line 1d is a lo	-	zoro or moro) ek	ip Part II and go to	lino 10		
Cauti	on: If your filing	status is married filing					vear	do not complete
	I. Instead, go to		Separately and ye		spouse at any tim	le during the	year,	do not complete
		al Allowance for Ren	tal Real Estate	Activities With	Active Participa	ation		
		Enter all numbers in Part			-			
4	Enter the sma	ller of the loss on line 10	d or the loss on lin	le 3	•			
5	Enter \$150,000	0. If married filing separa					4	
6	Enter modified		ately, see instructi		5		4	
		l adjusted gross income	-	ons		· · · ·	4	
		l adjusted gross income is greater than or equal	, but not less than	ons . zero. See instruc	ctions 6	· · · ·	4	
	on line 9. Othe	adjusted gross income is greater than or equal erwise, go to line 7.	, but not less than	ons . zero. See instruc	ter -0-	· · · ·	4	
7	on line 9. Othe Subtract line 6	adjusted gross income is greater than or equal erwise, go to line 7. from line 5	, but not less than to line 5, skip line	ons a zero. See instruc s 7 and 8 and ent	6 ter -0- 7			
8	on line 9. Othe Subtract line 6 Multiply line 7 b	adjusted gross income is greater than or equal wwise, go to line 7. from line 5 by 50% (0.50). Do not er	, but not less than to line 5, skip line nter more than \$25	ons a zero. See instruc s 7 and 8 and ent ,000. If married fili	6 ter -0- . . 7 ng separately, see in the second se	nstructions	8	
8 9	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the sma	adjusted gross income is greater than or equal wise, go to line 7. from line 5 by 50% (0.50). Do not er ller of line 4 or line 8. If	, but not less than to line 5, skip line nter more than \$25	ons a zero. See instruc s 7 and 8 and ent ,000. If married fili	6 ter -0- . . 7 ng separately, see in the second se	nstructions		0.
8 9 Par	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the sma t III Total I	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er ller of line 4 or line 8. If Losses Allowed	, but not less than to line 5, skip line hter more than \$25 line 3 includes any	ons a zero. See instruct s 7 and 8 and ent ,000. If married fili v CRD, see instruct	6 ter -0- 7 ng separately, see in the second seco	nstructions	89	
8 9 Par 10	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the sma t III Total I Add the incom	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the	ons	6 ter -0- . 7 ng separately, see in the second secon	<u></u>	8	0.
8 9 Par	on line 9. Othe Subtract line 6 Multiply line 7 k Enter the sma t III Total I Add the incom Total losses a	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and llowed from all passive	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the e activities for 20	ons	6 ter -0- . ng separately, see is ctions .	ons to find	8 9 10	0.
8 9 Par 10	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale till Total 1 Add the incom Total losses a out how to rep	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a and allowed from all passive ort the losses on your ta	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return	ons	6 ter -0- 7 ng separately, see is ctions	ons to find	89	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and allowed from all passive ort the losses on your ta Iete This Part Before	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return	ons	6 ter -0- 7 ng separately, see is ctions 	 ons to find	8 9 10 11	0.
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a and allowed from all passive ort the losses on your ta	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return	ons	6 ter -0- 7 ng separately, see istrictions . . . <tr td=""> <tr td=""></tr></tr>	 ons to find Ove	8 9 10 11	0. 0.
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and allowed from all passive ort the losses on your ta Iete This Part Before	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer	ons	6 ter -0- 7 ng separately, see is ctions 	 ons to find	8 9 10 11	0.
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8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and allowed from all passive ort the losses on your ta Iete This Part Before	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	ons	6 ter -0- 7 ng separately, see inctions 7 10. See instructions. 10. See instructions. See instructions. Prior years (c) Unallowed	 ons to find Ove	8 9 10 11	0. 0.
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). Do not er Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a and allowed from all passive ort the losses on your ta Iete This Part Before	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income	ons	6 ter -0- 7 ng separately, see inctions 7 10. See instructions. 10. See instructions. See instructions. Prior years (c) Unallowed	 ons to find Ove	8 9 10 11	0 . 0 . in or loss
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Form 8582 (202	3)									Page 2
Part V	Complete This Part B	efore P	art I, Lines 2	a, 2b,	and 2c. S	See instruc	ctions.			
			Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
	Name of activity	(a	I) Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
DEVARAJU	JGATTU POST		0.		5,529.		,			5,529.
Total Enter	on Part I, lines 2a, 2b, and 2		0.		5,529.					
Part VI	Use This Part if an An			Part II.		L See instruc	tions.			
	Name of activity	Fo ar to	rm or schedule nd line number be reported on ee instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
Total .						1.00	0			
Part VII	Allocation of Unallow	ed Los	ses. See instr	uction	s.					
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)⊺	Loss	(b) Ratio	(c)	Unallowed loss
DEVARAJU	JGATTU POST		E Ln 2	2		5,529.	1.0	0000000		5,529.
Total . Part VIII	Allowed Losses. See i					5,529.		1.00		5,529.
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(b) Ur	allowed loss	(c) Allowed loss
DEVARAJU	JGATTU POST		E Ln 2	2		5,529.		5,529.		0.
Total						5,529.		5,529.		0.

REV 01/27/24 PRO

Form **8582** (2023)





Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A	4				
	866-		A MARINA ANA AMIN'NA MANAZARA Manazara Manazara		
		AYABHASKAR REDDY ANNEM			NETRIX NET
	749	WIDGEON DR	n de la compañsión de la c		
	WHEI	ELING IL 60090 COOK H INANANANAN	nerlandir Karalati Elilekt	and sectors and cos	ar inga vinsed in t
F	F ili	ANNEM. VIJAYABHASKAR@GMAIL.COM	ved 🗖 Head of I	household	
		eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instruction			
		eck the box if this applies to you during 2023: Nonresident - Attach Sch. NR		-	NR
-		p 2: Income			e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.		1	55,387 <u>.00</u>
	2 3	Federally tax-exempt interest and dividend income from your federal Form 1040 or 104 Other additions. Attach Schedule M.	l0-SR, Line 2a.	2 3	<u>.00</u> .00
	4	Total income. Add Lines 1 through 3.		4	55,387.00
L		p 3: Base Income			
	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00	
ere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,			
y si	7	Schedule 1, Ln. 1. Other subtractions, Attach Schedule M.	6 7	<u>00.</u> .00	
orm	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	•	8	.00
and 1099 forms here	9	Illinois base income. Subtract Line 8 from Line 4.		9	55,387.00
1 10		 p 4: Exemptions - See instructions for income limitations a Enter the exemption amount for yourself and your spouse. See instructions. 	a 2,42	25.00	
anc	10	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 =	= b	.00	
N-2		c Check if legally blind: 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		.00	
ole l		Attach Schedule IL-E/EIC.	d	0.00	
Staple W-2		Exemption allowance. Add Lines 10a through 10d.		10	2,425.00
		p 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9.			
T		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR	. Attach Schedule	NR. 11	52,962 <u>.00</u>
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.		12	2,622.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	•	13	.00
10-V	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	2,622 <u>.00</u>
-104	Ste 15	p 6: Tax After Nonrefundable Credits 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			
anc	17	from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	16 17	.00	
eck	17 18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amour		<u> </u>	0.00
, ch	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	2,622.00
Staple your check and IL-1040-V		p 7: Other Taxes		20	00
le y	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or I	JT Table	20	.00
Stap		in the instructions. Do not leave blank.		21	0.00
	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licer Total Tax . Add Lines 19, 20, 21, and 22.	nsee surcharges.	22 23	.00 2,622.00
•				_•	,00



24 Tatal tay from Dags 1 Line 22				
24 Total tax from Page 1, Line 23.			24	2,622.00
Step 8: Payments and Refundable Credit				
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	2,742.	<u>00</u>	
26 Estimated payments from Forms IL-1040-ES and IL-505-I,				
including any overpayment applied from a prior year return.	26		<u>00</u>	
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27		<u>00</u>	
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		<u>00</u>	
30 Total payments and refundable credit. Add Lines 25 through 29.			30	2,742.00
Step 9: Total				
31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.			31	120.00
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	ed your inc	ome on Forn	n IL-2210.	
Attach Form IL-2210.				
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in t	he previous	s 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				
otep 11. Kelana of Antount you owe				
	ine 35 from	Line 31.		
	ine 35 from	Line 31.	36	120.00
36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment .		Line 31.	36 37	120 <u>.00</u> 120 <u>.00</u>
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru- 		Line 31.		
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by 		Line 31.		
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. 	uctions.		37	
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a ☑ direct deposit - Complete the information below if you check this box. 	uctions.	Line 31. necking or		
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. 	uctions.		37	
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru- 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! 	uctions.		37	
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru- 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b □ paper check. 	uctions.		37	
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	uctions.	ecking or	37 Savings 39	120.00
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 0 7 1 0 0 0 0 1 3 Account number 9 6 2 0 9 2 2 0 8 b □ paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount or base in the second s	uctions. X Cr	necking or	37 Savings 39	120.00
 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 0 7 1 0 0 0 0 1 3 Account number 9 6 2 0 9 2 2 0 8 b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 	uctions. X Cr	necking or and this amo	37 Savings 39	120.00

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/yyyy)		Daytime phone	e number
Here								()	
	Print/Type paid preparer's name			Paid prepare	Date (mm/dd/yyyy)	/) Check if		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/05/2024		self-employed	P02082703
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN		84317196	5	
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522
Third	Designee's name (pl	ease print)			Designee's phone nur	nber		Check if the	e Department may
Party							_		eturn with the third
Designee					()			party designee	e 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	Ν					

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

	JAYABHASKAR			86670 Your Social Security number								9
	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	W	81-2157036	\$	55,387 .0	<u>D</u>	\$	55,	387 .00	\$		2,74	<u>42.00</u>
2			\$	•00	<u>0</u>	\$		<u>•00</u>	\$			•00
3			\$	•00	<u>0</u>	\$		<u>•00</u>	\$			<u>•00</u>
4			\$	•00	<u>D</u>	\$		<u>•00</u>	\$			<u>•00</u>
5			\$	•00	<u>D</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 B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.					Column E inois Income ax Withheld			
6			\$	•00	\$	•00	\$	•00			
7			\$	•00	\$	• <u>00</u>	\$	•00			
8			\$	•00	\$	•00	\$	• <u>00</u>			
9			\$	•00	\$	•00	\$	•00			
10			\$	• <u>00</u>	\$	•00	\$	•00			

Step 3: Total Illinois withholding

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

2,742.00 11 \$

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

<pre>S</pre>	Illinois Department of Rev 2023 IL-8453 Illinois		Income Tax	Submission ID	
X	(Do not mail Form IL-8453 to the				-
Ste	p 1: Provide taxpayer information VIJAYABHASKAR REDDY	ANNEN		8 6 6 Social Security	<u> </u>
Or	t 749 WIDGEON DR	and last name if differen	nt) Last name		
typ	e Mailing address WHEELING	IL	60090	Spouse's Socia	I Security number
	City	State	ZIP	Daytime phone	number
Ste 1 2 3 4 5 6	p 2: Complete information from tax re Net income from Form IL-1040 or IL-1040-X, Tax from Form IL-1040 or IL-1040-X, Line 14 Illinois Income Tax withheld from Form IL-1040 Overpayment from Form IL-1040, Line 36 or Total amount due from Form IL-1040, Line 44 Filing status: X Single Married filing j	, Line 11 4 40 or IL-1040-X, L IL-1040-X, Line 3 0 or IL-1040-X, Lin	ine 25 only (enter 5 ne 38	" 0 " if none)	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
To i doe:	p 3: Complete direct deposit of refund nitiate a payment or refund transaction, the s not support international ACH transactions. I in the United States or those not funded by int Routing no. (RN): $\begin{array}{c} 0 & 7 \\ \end{array}$	e information in the DOR will only perference of the perference of	his Step must be in orm direct transaction	ncluded within the ele ons (e.g., debit, deposit	ctronic transmission. Illinois) with financial institutions located
8 9	Account no. (AN): $9 6 2 0 9 2$ Type of account: × Checking Sav				
10	Date the payment is to be electronically with				
11	Electronic funds withdrawal amount:				
12	Name on account:				
Ste	p 4: Taxpayer declaration and signatur	e (Sign only aft	er completing St	ep 2 and, if applicat	ole, Step 3.)
	I consent that my refund may be directly correct. If I have filed a joint return, this is				
[I authorize the Illinois Department of Revo withdrawal as designated in the electronic financial institutions involved in the proce necessary to answer inquiries and resolve	portion of my 2023 ssing of an electro	3 Illinois Original or <i>i</i> onic overpayment o	Amended Individual Inc	ome Tax return. I authorize the
[I do not want direct deposit of my refund,	or an electronic fu	unds withdrawal (di	rect debit) of my balanc	e due.
retu and	er penalties of perjury, I declare the information in originator (ERO) are identical. To the best of accompanying information may be sent to IDOI in accepted or rejected. If rejected, I authorize IE	my knowledge, my R by my ERO. I au	return is true, correct thorize IDOR to info	ct, and complete. I cons rm my ERO and/or the ti	ent that my return, this declaration, ransmitter when my return has
Sig		Date		gnature (if joint return, both n	nunt nigen) Data
Ste I de info	e Your signature p 5: Electronic return originator (ERO) clare that I have examined this taxpayer's ele mation. I have followed all requirements of th ayer's return and accompanying information) and paid prep ectronic Form IL-10 his program and do	arer declaration 040 or IL-1040-X, th eclare, under penal	and signature ne information on this F	Form IL-8453, and accompanying
	 ERO's signature		02/05/202 Date	24 Check if paid	d preparer: 🔀 (See instructions.)

	ERO's signature		Date	
ERU	GLOBAL TAXES LLC Firm's name or your name if self-employed			P 0 2 0 8 2 7 0 3 Your PTIN
only	245 ROONEY CT Mailing address			8 4 – 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

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.

