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

IIILEIIIAI F	leveliue Service					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social secur	ity numl	per		
PRAV	VEENKUMAR GOVINDAPPA	210-37	-545	2		
Spouse's		Spouse's so	cial sec	ırity nu	mber	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	are au	thoriz	ing.)	
	vhole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	ı		
	Adjusted gross income		1			$\frac{138.}{0.72}$
	Total tax		2			973.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			<u>963.</u>
	Amount you want refunded to you		5		⊥,	990.
Part		keen a cor		our r	eturr	n)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
to send for any Agent to payment authoriz payment busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Justice for the payment (settlement) date. I also authorize the financial institutions involved in the processor confidential information necessary to answer inquiries and resolve issues related to the path of the payment (PIN) below is my signature for the income tax return (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support or the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment of	ection of the factor of the factor of the control o	ransmistand its cax prepare entry attion. The receipt of the electron at the raceipt of the race	ssion, (designation to this for revolved no ectronics)	(b) the ated Fin softwaccouple (capture) accouple (capture) ater ic paying the desired accouple (capture) at the capture	reason inancial vare for nt. This ancel) a than 2 ment of hat the
	nic Funds Withdrawal Consent.					
	yer's PIN: check one box only	7	5 4	1 5	2	
X	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	. Ei	ter five		but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Your si	gnature ▶ Date ▶ _					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	my DINI				as my
	ERO firm name		nter five	diaits.		as my
	signature on the income tax return (original or amended) I am now authorizing.		n't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.		_			_
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1
	= III/I III Elitor your olx digit El III followed by your live digit oon colocted i III.	Don't en			- '	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the ted 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 Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn in a	accorda	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

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



1040		artment of the Treasury—Internal Revenue Servi		ırn 2	20 2 (3	OMB No. 1545-	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	ace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endir	ng			, 20		See se	parate	instruction	าร.
Your first name	and m	iddle initial	Last nan	ne	•						Your so	cial sec	urity numb	 oer
PRAVEEN	KTJMA	R	GOVII	NDAPPA							210	37	5452	
		s first name and middle initial	Last nan										security nu	umber
	•	er and street). If you have a P.O. box, see	instructio	ns.				4	pt. no.	- 1			ection Cam	
2429 W 5						0		710		- 1		,	ou, or your jointly, war	
	ost off	ice. If you have a foreign address, also co	mpiete sp	aces belov	v.	Stat		ZIP co			•	_	nd. Checkii	
CHICAGO			1-		in a a /atata /a	IL			12413				not change	Э
Foreign countr	упапе			oreign prov	vince/state/co	Junty	/	roreig	ın postal c	oue	your tax	Correit		pouse
Filing Status	s 🗵	Single					Head of ho	ouseh	old (HOH	——⊢ 1)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (0	QSS)			
	lf :	you checked the MFS box, enter the	name of	f your spo	use. If you	che	cked the HOH	l or Q	SS box,	enter	the chi	ild's na	me if the	
	qι	ualifying person is a child but not you	ır depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or p	aym	nent for prope	rty or	services); or (b) sell,			
Assets	excl	nange, or otherwise dispose of a dig	ital asset	(or a fina	ncial interes	st in	a digital asse	t)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 N	0
Standard	Son	neone can claim: 🗌 You as a de	pendent		our spouse	as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a du	ıal-status a	lien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bline	d Spo u	ıse:	☐ Was bor	n befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	s (see instructions):			cial security		(3) Relationshi	_{ip} (4) Check t	he bo	x if quali	fies for (see instruct	tions):
If more		First name Last name			number to you Child tax credit		edit	Credit fo	or other depe	ndents				
than four									[
dependents, see instruction	s —													
and check	, —								[<u></u>				
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		32,13	38.
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also attach Forms	C C	Tip income not reported on line 1a	•								1c			
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f			•	Struc	cuoris)				1d 1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene				•					1f			
If you did not		Wages from Form 8919, line 6.	1115 110111	1 01111 000	55, III IE 25	•					1g			
get a Form	g h	Other earned income (see instruct	ions) .			•					1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			•		Ϊ.						
instructions.	z	Add lines 1a through 1h				·					1z		32,13	38.
Attach Sch. B	<u>-</u> 2a		2a		l b	Ta	xable interest	:			2b			
if required.	За	·	3a				rdinary divider				3b			
	4a	· —	4a				axable amount				4b			-
Standard Deduction for—	5a	_	5a		b	T a	axable amount	t			5b			-
Single or	6a	Social security benefits	6a		b	T a	axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod, ch						. [
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required.	If not requir	red,	check here			. [7			
Married filing jointly or	8	Additional income from Schedule	1, line 10)							8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	Γhis is you	ır total inc o	ome					9		32,13	38.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, li	ne 26 .							10			
household,	11	Subtract line 10 from line 9. This is	s your ad	ljusted gr	oss incom	е					11		32,13	38.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from	Schedule A	4)					12	1	13,85	50.
any box under Standard	13	Qualified business income deduct	ion from	Form 899	5 or Form 8	3995	5-A				13			
Deduction,	14										14		13,85	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor O	Thic ic vo	ur te	avahla incom	_			15	1	10 20	D D

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		. 16	1,973.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	1,973.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	If zero or less,	enter -0				. 22	1,973.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	1,973.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	3,963	3.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	3,963.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	· · · · · · · · · · · · · · · · · · ·							
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				. 33	3,963.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpai d	. t	. 34	1,990.
	35a	Amount of line 34 you want	efunded to you	ı. If Form 8888	3 is attached, ched	ck here	[35a	1,990.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type:	Checking [Saving	js 📗	
See instructions.	d	Account number 2 9 1	0 3 8 2	5 6 9 8	8 1				
	36	Amount of line 34 you want a	pplied 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, go	o to <i>www.irs.go</i> v	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	•			_			
Designee							•	te below.	X No
		signee's me		Phone no.			ersonal ide Imber (PIN	entification	
Sign		der penalties of perjury, I declare th	at I have examined		accompanying sche		,	<i>'</i>	of mv knowledge and
_		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity
							1 -		IN, enter it here
Joint return?					TECHNOLOGY			see inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on	lo		nt your spouse an ection PIN, enter it here
	Ph	one no. (815)530-6293	L	Email address	USAPRAVEEN	G@GGMAIL.(COM		
D - ! -!	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/202	4 P020	082703	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC Phor							(678)965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			irm's EIN	84-3171965
_ · ·		10106 1 1 11 11 11							- 1010

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** PRAVEENKUMAR GOVINDAPPA 210 | 37 | 5452 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 6,485 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 ROUTING NUMBER 130 00 ☑ Checking ■ Savings 0 | 8 | 1 | 9 | 0 | 4 | 8 | 0 | 8 | 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 2 9 1 0 3 8 2 5 6 9 8 130 00 1 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

THE RETURN			Arizona Form 140PY	Part-Year Res	ident Person	al Incom	e T	ax Return		1023	
Щ Ж	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	SINNING L	12,0,2	<u>3</u> ,	AND ENDING			
Ξ	,		First Name and Middle Initial		Last Name				Your Socia	al Security Number	
2	1	PRA'	VEENKUMAR		GOVINDAPI	PA		Enter	210	37 5452	
	_	Spous	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last Name			your	Spouse's S	Social Security No.	
ANY ITEMS	1							SSN(s).			
= '		Curre	nt Home Address - number and	d street, rural route	1	Apt. No.		Daytime P	hone (with	area code)	
ΞI	2	242	9 W TAYLOR ST					94 (815	5)530-6	291	
F,	(City, T	own or Post Office	State	ZIP Cod	e	L	ast Names Used in La	st Four Prior	Year(s) (if different)	
뒭	3	CHI	CAGO	IL	60612	-4131				97	
STAPLE	SO	4	Married filing joint return	4a Injured Spouse	Protection of Joint C	Overpayment	R	EVENUE USE ONLY.	DO NOT MA	ARK IN THIS AREA.	
=	STATUS	5	Head of household: Ente	r name of qualifying child or o	dependent on next line:		88	iR.			
DO 001	G S					J					
$\stackrel{>}{\sim}$	FILIN	6	☐ Married filing separate re	turn: Enter spouse's name	and Social Security Nun	nber above.					
_	歱	7	Single		╝						
				ed. Do not put a check							
	g	8	Age 65 or over (you and/		PPM	80R	RCVD				
	and 10b	9	Blind (you and/or spouse	· —							
	aar	10a	Dependents: Under age		pendents: Age 17 ar	nd over.	L				
	10	11a	Qualifying parents and gr								
	ent	12-1								-	
	end		(Box 10a and 10b): Depend	lent Information. See inst	ructions. For more : (b)	space, check (c)	the	box and comp	lete page (e)	4, Part 1.	
	and 11a - Dependents 10a		FIRST AND LA	ST NAME	SOCIAL SECURITY	RELATIONS	HIP	NO. OF MONTHS Dep	endent Age cluded in:	if you did not claim	
	<u>1</u> a -		(Do not list yoursel	f or spouse.)	NUMBER			HOME IN 2023	2	this person on your federal return due to	
	1	10-						(Box 1	0a) (Box 10b)	educational credits	
	9, an	10c 10d							╅		
₹.	8,	100	(Box 11a): Qualifying parent	nlete nace	A Part 2						
40	Exemptions 8,		(a)	s and grandparents. Occ	(b)	(c)	JORT	(d)	(e)	(f)	
	mpt		FIRST AND LA		SOCIAL SECURITY	RELATIONS	HIP		IR OVER 2023		
<u>=</u>	Exe		(Do not list yoursel	f or spouse.)	NUMBER			HOME IN 2023		2023	
ĭ		11 _b							<u> </u>		
±		11c							Ц	Ш	
Sa		14	Dates of Arizona residency: From		3]to [<u>U, 3 3, 1</u>]	<u> </u>	Δm	2023 FEDERAL nount from Federal Ret	ll l	023 ARIZONA Amount Only	
ents after Form 140PY.		45	List other state(s) of residency:	<u>TTI</u>			15	32,138		6,485 00	
			Wages, salaries, tips, etc				16	34,130	00	00	
docum		16 17	Dividends				17		00	00	
			Arizona income tax refunds						00	00	
or other	ы	19	Business income (or loss) from			i			00	00	
5	<u> </u>	20	Gains (or losses) from federal						00	00	
5	ıa Ir		Rents, royalties, partnerships, esta						00	00	
<u>es</u>	Arizona Income	22	Other income reported on you						00	0 00	
schedules	₹	23	Total income: Add lines 15 throu					32,138	00	6,485 00	
ž		24	Other federal adjustments: Inc						00	00	
S		25	Federal adjusted gross income					32,138	00		
K									26	6,485 00	
		26	Arizona gross income: Subtract							0 / 100 00	
2		26 27	Arizona gross income: Subtract Arizona income ratio: Divide	t line 24 from line 23 in the Al	RIZONA column				27	0.202	
and	JS.	27	•	t line 24 from line 23 in the Af line 26 by line 25 and enter t	RIZONA columnhe result (not over 1.00	0)					
eral and	itions	27 28	Arizona income ratio: Divide	t line 24 from line 23 in the Af- line 26 by line 25 and enter t check the box if you are filing For	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the	0)amount from Form	 140l	PY-SBI, line 10	27	0.202 00 6,485 00	
ederal and	Additions	27 28 29 30	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in A	t line 24 from line 23 in the Af- line 26 by line 25 and enter to check the box if you are filing For e. Subtract line 28 from li Arizona gross income	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the ne 26	0)amount from Form	140I	PY-SBI, line 10	27 28 29 30	0.202 00 6,485 00 00	
d tederal and	Additions	27 28 29 30 31	Arizona income ratio: Divide Small Business income: 288 Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co	t line 24 from line 23 in the Af- line 26 by line 25 and enter the check the box if you are filing Fore. Subtract line 28 from line Arizona gross income	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the ne 26	amount from Form	140l	PY-SBI, line 10age 5	27 28 29 30	0.202 00 6,485 00 00 00	
lired rederal and	7	27 28 29 30 31	Arizona income ratio: Divide Small Business income: 288 Modified Arizona gross income Total depreciation included in A Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3	t line 24 from line 23 in the Af- line 26 by line 25 and enter the check the box if you are filing For e. Subtract line 28 from line Arizona gross incomeomplete Other Additions to 31	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the ne 26	amount from Form	n 140l	PY-SBI, line 10age 5	27 28 29 30 31 32	0.202 00 6,485 00 00	
eduired rederal and	page 2	27 28 29 30 31	Arizona income ratio: Divide Small Business income: 288 Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co	t line 24 from line 23 in the Af- line 26 by line 25 and enter the check the box if you are filing For e. Subtract line 28 from line Arizona gross incomeomplete Other Additions to 31	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the ne 26	amount from Form	n 140l	PY-SBI, line 10age 5	27 28 29 30 31 32	0.202 00 6,485 00 00 00	
reduired tederal	on page 2	27 28 29 30 31 32	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain of Total Arizona net short-term ca	t line 24 from line 23 in the Al- line 26 by line 25 and enter to check the box if you are filing Fore. Subtract line 28 from li Arizona gross income Complete Other Additions to 31 Or (loss). Enter amount from apital gain or (loss) include	RIZONA columnhe result (not over 1.00) m 140PY-SBI and enter the ne 26 o Arizona Gross Inco	amount from Form	on p	PY-SBI, line 10age 5	27 28 29 30 31 32 00 00	0.202 00 6,485 00 00 00	
any required tederal	page 2	27 28 29 30 31 32 33 34 35	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain of Total Arizona net short-term ca Total Arizona net long-term ca	t line 24 from line 23 in the Al- line 26 by line 25 and enter to check the box if you are filing For e. Subtract line 28 from li Arizona gross income complete Other Additions to 31 or (loss). Enter amount from apital gain or (loss) include pital gain or (loss) include	he result (not over 1.00) m 140PY-SBI and enter the ne 26 o Arizona Gross Inco	amount from Form	33 34 35	PY-SBI, line 10age 5	27 28 29 30 31 32 00 00	0.202 00 6,485 00 00 00	
any required tederal	- cont. on page 2	27 28 29 30 31 32 33 34 35 36	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain co Total Arizona net short-term ca Total Arizona net long-term ca Net long-term capital gain from	t line 24 from line 23 in the Al- line 26 by line 25 and enter to check the box if you are filing For e. Subtract line 28 from li Arizona gross income complete Other Additions to 31	he result (not over 1.00) m 140PY-SBI and enter the ne 26 o Arizona Gross Inco line 20, Arizona columned on line 33 don line 33	amount from Form	33 34 35 36	PY-SBI, line 10age 5	27	0.202 00 6,485 00 00 00 6,485 00	
Place any required tederal and	- cont. on page 2	27 28 29 30 31 32 33 34 35 36 37	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain of Total Arizona net long-term ca Net long-term capital gain from Multiply line 36 by 25% (.25) a	t line 24 from line 23 in the Al- line 26 by line 25 and enter to check the box if you are filing For e. Subtract line 28 from li Arizona gross income complete Other Additions to 31	RIZONA column	amount from Form	33 34 35 36	age 5	27	0.202 00 6,485 00 00 00 6,485 00	
reduired tederal	on page 2	27 28 29 30 31 32 33 34 35 36 37 38	Arizona income ratio: Divide Small Business income: 28S Modified Arizona gross income Total depreciation included in a Other Additions to Income. Co Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain co Total Arizona net short-term ca Total Arizona net long-term ca Net long-term capital gain from	t line 24 from line 23 in the Al- line 26 by line 25 and enter to check the box if you are filing For e. Subtract line 28 from li Arizona gross income complete Other Additions to 31 or (loss). Enter amount from apital gain or (loss) include pital gain or (loss) include an assets acquired after De and enter the result nvestment in qualified sm	RIZONA column	amount from Form	33 34 35 36	age 5	27	0.202 00 6,485 00 00 00 6,485 00	

Ī	Your I	Name (as shown on page 1)	our Social Security No	ımber		
	PRZ	AVEENKUMAR GOVINDAPPA	210-37-5452	2		
_						
tions page 1	40	Recalculated Arizona depreciation		_		00
Subtractions nt. from page	41		00 add 41a and 41b			00
Subtraction from	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00
Sul	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income				00
ö	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income scheduler				00
	45	Subtract lines 40 through 44 from line 39. Enter the difference			6,485	00
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
Suc	47	Blind: Multiply the number in box 9 by \$1,500		00		
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300 4	8	00		
жещ	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 4		00		
Ú	50	Add lines 46 through 49. Enter the total	0	00		
	51	Multiply line 50 by the Arizona income ratio on line 27		51	0	00
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		52	6,485	
	53	Deductions: Check box and enter amount. See instructions	S⊠ STANDARD	53	13,850	00
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instru	ctions	.54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		.55		00
ă	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result		.56	0	00
o.	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		. 57		00
nce	58	Subtotal of tax: Add lines 56 and 57. Enter the total		. 58	0	00
Salance of Tax	59	Dependent Tax Credit. See instructions		.59		00
ш	60	Family income tax credit (from the worksheet - see instructions)		60	40	00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62		61		00
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line	e 58, enter "0"	62	0	00
p s	63	2023 AZ income tax withheld	<u></u>	.63	130	00
is an	64	2023 AZ estimated tax payments64a 00 Claim of Right 64b	00 Add 64a and 64b	64c		00
nen le C	65	2023 AZ extension payment (Form 204)		65		00
Pay	66	Increased Excise Tax Credit (from the worksheet - see instructions)		66		00
Total Payments and Refundable Credits	67	Other refundable credits: Check the box(es) and enter the total amount	3 34 6 7 3 3 49	67		00
- "	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		. 68	130	OC
i i	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 7	0, 71 and 72	69		00
ue c	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	t	70	130	00
Tax Due or Overpayment	71	Amount of line 70 to be applied to 2024 estimated tax		.71		OC
- 6	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference		72	130	00
£	73 -	- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools73 00 Arizona Wildlife				
ē		Child Abuse Prevention75 Domestic Violence Services 76 00 Political Gift				
Voluntary Gifts		Neighbors Helping Neighbors78 00 Special Olympics		7		
盲		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals				
>	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843	Republican			_
₹	85	Estimated payment penalty		.85		00
Penalty	86	861 □ Annualized/Other 862 □ Farmer or Fisherman 863 □ Form 221 included				
مَ	87	Add lines 73 through 83 and 85; enter the total				00
ъ	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		. 88	130	00
o e		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see	instructions. 88A			
Refund or Amount Owed		98 S ☐ Savings ROUTING NUMBER ACCOUNT NUMBER ACCOUNT NUMBER 2 9 1 0 8 1 9 0 4 8 0 8 1 0 8 1 1 0 3 8 2 5 6 9 8 1				
Amo	90	3	ur CCN an naumant			00
	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write you	ur 55N on payment.	09		TOC
111		Index penalties of periury I declare that I have read this return and any documents with it and to	the hest of my kn	owledge	and helief they a	re
2	t	Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre			and bonon, andy a	
뽀	→_		ECHNOLOGY LECUPATION	EAD		_
PLEASE SIGN HERE	→ '	OUR GIORNI GILE OUR	JOI ATION			
5	5		OUSE'S OCCUPATION			-1
ווו		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02052024 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE DATE DATE				_
S	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF 245 ROONEY CT	84-31719	65		
EA	Ē	PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S			-
7		E BRUNSWICK NJ 08816	(678)965			_
	F	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S	PHONE N	JMBER	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.



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.

P	A								
		-37-5452 /EENKUMAR	1986	GOVINDAE	PPA				
	2429	W TAYLOR	ST				SHIPS HALL FOR VE		
	CHIC	CAGO	IL	606124131	COOK		KAN KANDANDAN KA	NISMORAL CORV	
				USAPRAVEENG	GGMAIL.CO	MC			
						filing separately			
C	Che	eck If someone o	can claim you	ı, or your spouse if	filing jointly, a	s a dependent. See instruction	s. You	Spouse	
D	Che	ck the box if this	s applies to	you during 2023:	Nonreside	ent - Attach Sch. NR 🗵 Par	t-year resident -	Attach Sch	. NR
	Ster	2: Income						(Whole	e dollars only)
	1		d gross inco	me from your feder	al Form 1040	or 1040-SR, Line 11.		1	32,138.00
	2	•			come from yo	ur federal Form 1040 or 1040)-SR, Line 2a.	2	.00
	3 4	Other additions Total income.						3	.00 32,138.00
				tillough 3.					32,130.00
b	Step 5	o 3: Base Inco		l certain retiremen	t nlan income	received if included			
	3	in Line 1. Attac			t piair income	received ii iiiciuded	5	.00	
ופופ	6			nent included in fe	deral Form 10	40 or 1040-SR,			
2		Schedule 1, Ln.					6	.00	
2		Other subtraction					7	.00	
5	8 9			is the total of your ract Line 8 from Li				8 9	.00 32,138.00
9									32,130.00
2				structions for incor		See instructions.	a2,42	25 00	
2	10	b Check if 65	or older.	T You + T Sn	a your spouse	checkboxes X \$1,000 =	a2,12	.00	
Ņ.				☐ You + ☐ Spe		checkboxes X \$1,000 =			
À						edule IL-E/EIC, Step 2, Line 1.			
2		Attach Scheo					d	0.00	0 405
פום				d Lines 10a throug	h 10d.			10	2,425.00
-	-	5: Net Incon							
	11			ubtract Line 10 fro		et income from Cahadula ND	Attack Cabadula	ND 44	22 719 00
	12			by 4.95% (.0495)		net income from Schedule NR.	Attach Schedule	NR. 11	23,718.00
				ear residents: Ente				12	1,174.00
	13			x credits. Attach S			`	13	.00
5	14	Income tax. Ac	ld Lines 12 a	and 13. Cannot be	less than zer	·O.		14	1,174.00
2	Step	o 6: Tax After	Nonrefun	dable Credits					
]						Attach Schedule CR.	15	.00	
2	16				lunteer emer	gency worker credit amount	46	00	
0	17	from Schedule		i Schedule ICR. ile 1299-C. Attach	Schedule 13	200 C	16 17	<u>.00</u> .00	
<u>د</u>						annot exceed the tax amount		<u>.00</u> 18	0.00
5				redits. Subtract L				19	1,174.00
5	Ster	p 7: Other Tax	res						
2				. See instructions.				20	.00
200		Use tax on inte	rnet, mail or	der, or other out-of		ses from UT Worksheet or U	T Table		_
פומ	20	in the instructio			A . 1	ala af anata la companyo		21	0.00
,		Total Tax. Add			ram Act and s	ale of assets by gaming licens	see surcnarges.	22 23	
₹	20	iotai iak. Auu	LIIIUS IS, ZU	, ∠ I, aliu ∠∠.				25	+ / + / + .00



24 Tot	al tax from Page 1, Line 23.					24	1,174.00
	Payments and Refunda						
-	ois Income Tax withheld. Atta		/IT.		25 1	,269.00	
	nated payments from Forms						
	iding any overpayment appli		•		26	.00	
	s-through withholding. Attacl				27	.00	
	s-through entity tax credit. At				28	.00	
29 Earn	ed Income Credit from Sche	dule IL-E/EIC, Step	4, Line 9. A	ittach Schedule IL-E/EIC	. 29	.00	
30 Tota	l payments and refundabl	e credit. Add Lines	25 through	29.		30	1,269.00
Step 9:	Total						
-	e 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.			31	95.00
32 If Lin	ne 24 is greater than Line 30,	subtract Line 30 from	m Line 24.			32	.00
Step 10	: Underpayment of Esti	mated Tax Pena	alty and Do	onations			
	-payment penalty for underg		•		33	.00	
	Check if at least two-thirds	•		s from farming.			
b [Check if you or your spous	se are 65 or older a	nd permane	ently living in a nursin	g home.		
c [Check if your income was i	not received evenly	during the	year and you annuali	zed your income	on Form IL-2210	Э.
	Attach Form IL-2210.						
	Check if you were not requ			Income Tax return in	the previous tax	year.	
	ntary charitable donations.				34	.00	
35 Tota	I penalty and donations. A	Add Lines 33 and 3	4.			35	.00
Step 11	: Refund or Amount yo	u owe					
-	u have an amount on Line 3	31 and this amount	is greater th	an Line 35, subtract	Line 35 from Line		
	is your overpayment .					36	95.00
37 Amo	unt from Line 36 you want r e	efunded to you. Cl	neck one bo	x on Line 38. See ins	tructions.	37	95.00
38 I cho	oose to receive my refund by	y					
a ⊠	direct deposit - Complete	the information be	low if you ch	neck this box.			
	You may also contribute	Routing number	0 8 1 9	0 0 4 8 0 8	X Checkir	ng or Saving	gs
	to college savings funds	Account number					
	nere. See instructions:	Account number	2 9 1 0	3 8 2 5 6	9 8 1		
b□	paper check.						
39 Amo	unt to be credited forward.	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00
40 If yo	u have an amount on Line	32 , add Lines 32	and 35. If yo	ou have an amount	on Line 31, and t	nis amount	
-	ss than Line 35, subtract Lin		_				
from	Line 35. This is the amoun	t you owe. See ins	structions.			40	.00
Stop 12). Hoalth Incurance Ch	ackboy and Sign	naturo				
	2: Health Insurance Che	•		IDOD may share you	ır in como informa	tion with other II	llingia atata
	Check this box and include agencies in order to determ						
	agonolog in oraci to actorni	ino your ongionity is	or moditin inc	didiloo bollollo. Coo			
Signatu	ire - Note: If this is a joint ret	urn, both you and yo	our spouse n	nust sign below.			
	enalties of perjury, I state th				my knowledge, it	is true, correct,	and complete.
	I	1					
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here						(815) 530	-6291
	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	TALLAM	SYAM PRIYA F	RAM SAGAR GUPTA TALLAM	02/05/2024	self-employed	P02082703
Preparer	Firm's name A CLODAL MAYER LLC						
Use Only	/ I IIII o I I III						
Third	Designee's name (please print		PYONDMIC	1	·	(678) 965	
Party	2 30191100 0 Harrio (picase piliti	-1		Designee's phone nun	nper	_	Department may turn with the third
Designee	-				shown in this step.		
	Refer to the 20	23 II -1040 Inc	struction	s for the addre	ess to mail ve		
	radion to the 20		, uvuvii	- ioi dio dadi c	Jo Lo IIIali y	.a	

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 NR

Attach to your Form IL-1040

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

	PRAVEENKUMAR GOVINDAPPA	2 1 0	_ 3 7 _	5 4 5 2	
	Your name as shown on your Form IL-1040		ecurity number		
S	Step 1: Provide the following informa	ation			
	Were you, or your spouse if "married filing jointly," a full-ye		ring the tax yea	r?	
	Yes X No If you answered "Yes	you cannot use	this form (see in	nstructions).	
2	If you, or your spouse if "married filing jointly," were a part	-year resident during the	tax year, tell us	your residency	dates for 2023.
	a I lived in Illinois from $04/01/23$ to $12/31/23$ Month Day Year Month Day Year				03 / 31 / 2 3 Month Day Year
	b My spouse lived in Illinois from/// <u>2 3</u> to Month Day Year Month				/ / <u>2</u> <u>3</u> Month Day Year
3	If you were a resident of any of the states listed below dur was in the military, or if you elected to use your service me				
	☐ Iowa ☐ Kentucky ☐ Michigan	n Wiscons	in	Military Spouse	
4	List any state other than Illinois or any states already indic Enter the two-letter abbreviation of that state.	cated on Line 2 or 3 abov	ve, that you clai	med residency for	r tax purposes in 2023.
S	Step 2: Complete Form IL-1040				
	omplete Lines 1 through 10 of your Form IL-1040, Individu ne remainder of this schedule following the instructions for yo				
	Step 3: Figure the Illinois portion of y		_		
				Column A ederal Total	Column B Illinois Portion
	5 Wages, salaries, tips, etc. (federal Form 1040 or 104	0-SR, Line 1z)	5	32,138.00	25,653.00

			Federal Total	Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	32,138.00	25,653.00
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_	.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 9	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	come	20	25,653.00

Continue with Step 3 on Page 2



Schedule NR - Page 2

Stan				
Otcp	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	25,653.00
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)			
	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,	25	00	00
26	Schedule 1, Line 14) Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20 _	.00	.00
	Schedule 1, Line 16)	27	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
29				
30				.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)		.00	.00
	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32		.00
	RESERVED			
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 _	32,138.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	nee ir	ncome. 38	25,653.00
				Illinois Portion
				illillois i ortion
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)		.00	.00
40	Other additions (Form IL-1040, Line 3)	40	.00	.00.
40	·	40	.00	.00
40 41	Other additions (Form IL-1040, Line 3)	40	.00	.00.
40 41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	40	.00 4 1	.00 .00 1 25,653.00
40 41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00 4 1 .00	
40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	42 43	.00 41 .00 .00	.00 .00 1
40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, Schedule 1, Line 1. (Form IL-1040, Line 6)	42 43	.00 4 1 .00	
40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	42 43	.00 41 .00 .00	.00 .00 1 25,653.00 .00 .00
40 41 42 43 44 45 Step	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	42 43	.00 41 .00 .00 .00 .45	
40 41 42 43 44 45 Step	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	42 43	.00 41 .00 .00	.00 .00 1 25,653.00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	42 ₋ 43 ₋ 44 ₋	.00 41 .00 .00 .00 45	
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	42 ₋ 43 ₋ 44 ₋	.00 41 .00 .00 .00 .45	
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	40 <u>.</u> 42 <u>.</u> 43 <u>.</u> 44 <u>.</u>	.00 41 .00 .00 .00 45 46 32,138.00	
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 32,138.00	
40 41 42 43 44 45 Step 46 47 48	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 32,138.00	
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 32,138.00 0 • 798 2,425.00	
40 41 42 43 44 45 Step 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 32,138.00	
40 41 42 43 44 45 Step 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 32,138.00 0 • 798 2,425.00 50	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49	.00 41 .00 .00 .00 45 46 32,138.00 0 • 798 2,425.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49	.00 41 .00 .00 .00 45 46 32,138.00 0 • 798 2,425.00 50	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. 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, 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. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. 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. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _ 49	.00 41 .00 .00 .00 45 46 32,138.00 0 • 798 2,425.00 50	





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	Column A		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)

	AVEENKUMAR Gur name as showr	GOVINDAPPA n on Form IL-1040	2 1 0 Your Social Se	2 1 0 - 3 7 - 5 Your Social Security number					
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gro ns, Compensation, e	ss III	Column E linois Incom Tax Withheld	1е
1	W	58-1760235 000 1	_ \$	32,138 .00	\$	25,653 .00	\$	1,269	• <u>00</u>
2			_ \$	•00	\$	•00	\$		<u>•00</u>
3			_ \$	•00	\$	•00	\$		<u>•00</u>
4			_ \$	•00	\$	•00	\$		<u>•00</u>
5			_ \$	•00	\$	•00	\$		<u>•00</u>

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

Your spouse's name as shown on Form IL-1040				Your spouse's Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illino	lumn E is Income Withheld			
6			\$	• <u>00</u>	\$	•00	\$	•00			
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 \$ 1,269**.00**







Illinois Department of Revenue

		_						_				
			S	ubmi	ssion	ı ID		-				

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

Step 1: Provi		nformation			
PRAVEE	NKUMAR Ind middle initial	C		NDAPPA	$\frac{2}{2}$ $\frac{1}{2}$ $\frac{0}{2}$ $\frac{3}{2}$ $\frac{7}{2}$ $\frac{5}{2}$ $\frac{4}{2}$ $\frac{5}{2}$
Print 2429 W		Spouse's first name (an	d last name if differe	nt) Last name	Social Security number
or type Mailing addr					Spouse's Social Security number
CHICAGO			IL	60612-4131	(015) 500 5001
City			State	ZIP	Daytime phone number
Step 2: Comr	lete informa	tion from tax retu	urn	Choose one:	
		1040 or IL-1040-X, I		2 <u>2</u>	123,718 .00
		IL-1040-X, Line 14			2 1,174 00
	me Tax withhel	d from Form IL-1040	0 or IL-1040-X, L	ine 25 only (enter "0"	
		L-1040, Line 36 or II			4 95 <u>00</u>
		rm IL-1040, Line 40			51_00
6 Filing statu	s: X Single	Married filing jo	intly Marrie	d filing separately	Widowed Head of household
8 Account no9 Type of acc10 Date the pa	count: 2 9 count: X Chayment is to be	1 9 0 4 8 1 0 3 8 necking Savin electronically withdomal amount:	2 5 6 9 ngs rawn:/_/_	8 1	
		on and signature	(Sign only aft	er completing Step 1	2 and, if applicable, Step 3.)
X I conser correct.	nt that my refun If I have filed a	d may be directly de joint return, this is a	eposited as designan irrevocable ap	gnated in Step 3 and de	eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
withdrav financia	val as designate I institutions inv	ed in the electronic p	ortion of my 2023 sing of an electro	3 Illinois Original or Ame onic overpayment of tax	I agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the xes to receive confidential information
I do not	want direct dep	posit of my refund, o	r an electronic f	unds withdrawal (direct	t debit) of my balance due.
return originator and accompany	(ERO) are ident ng information r	tical. To the best of m may be sent to IDOR	iy knowledge, my by my ERO. I au	return is true, correct, ar thorize IDOR to inform m	0-X and the information I provided to my electronic and complete. I consent that my return, this declaration my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
here Your signat	ure		Date	Spouse's signatu	ture (if joint return, both must sign) Date
I declare that I had information. I had	nave examined ave followed all	this taxpayer's elec-	tronic Form IL-1 s program and d	eclare, under penalties	nd signature nformation on this Form IL-8453, and accompanyir s of perjury, that to the best of my knowledge the
				02/05/2024	Check if paid preparer: 🗵 (See instructions.)
ERO's signa				Date	
	TAXES LLC or your name if sel	f-employed			$\frac{P}{Y_{OUT}P_{TIN}} \frac{Q}{Z} \frac{Q}{Z} \frac{8}{Z} \frac{2}{Z} \frac{7}{Z} \frac{Q}{Q} \frac{3}{Z}$
use 245 ROO	ONEY CT				_ 8 4 - 3 1 7 1 9 6 5
only $\frac{213}{\text{Mailing addr}}$					Federal employer identification number (FEIN)
E BRUNS	SWICK		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).

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

