# 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

Submission Identification Number (SID)		
Taxpayer's name	Social securi	ty number
CHANDRASHEKAR R ARRAM	235-79	-8269
Spouse's name		ial security number
Port I Toy Poture Information Toy Very Ending Personhou	24 0000 (Enterview vous	ro outhorizing \
Part I Tax Return Information — Tax Year Ending December	31, 2023 (Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income		<b>1</b>   4,792.
2 Total tax		2 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 875.
4 Amount you want refunded to you		4 875.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a cop	y of your return)
signature on the income tax return (original or amended) I am now a  I will enter my PIN as my signature on the income tax return (original	e amounts in Part I above are the ame service provider, transmitter, or electroreceipt or reason for rejection of the transmitter. Treasury a licable, I authorize the U.S. Treasury a la institution account indicated in the trand the financial institution to debit the ancial Agent to terminate the authorizatyment cancellation requests must be stitutions involved in the processing of issues related to the payment. I furloriginal or amended) I am now author to enter or generate my PIN  to enter or generate my PIN  authorizing.  al or amended) I am now authorizi	counts from the income tax onic return originator (ERO) ansmission, (b) the reason not its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 if the electronic payment of ther acknowledge that the izing and, if applicable, my ter five digits, but n't enter all zeros as my construction.
if you are entering your own PIN <b>and</b> your return is filed using the I below.	Practitioner PIN method. The ERC	
Your signature ►	Date ▶	
Spouse's PIN: check one box only		
I authorize	to enter or generate my PIN	as my
<b>ERO firm name</b> signature on the income tax return (original or amended) I am now a		ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the libelow.	al or amended) I am now authorizi	
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns On	ly—continue below	
Part III Certification and Authentication — Practitioner PIN Me	ethod Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sel		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electron authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized	confirm that I am submitting this retu	ırn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — S		
Don't Submit This Form to the IRS Unle	ss Requested 10 DO SO	

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



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	<u>'</u>		, 20		See se	parate i	nstruction	ns.
Your first name	and m	niddle initial	Last nar	me							Your so	cial sec	urity numb	er
CHANDRAS	SHEK.	AR R	ARRA	M							235	79	8269	
		s first name and middle initial	Last nar										security nu	ımbeı
	,	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.				ction Cam	
300 NOR		'I'A'I'E' S'I' ice. If you have a foreign address, also co	mploto o	oggoog bol	O.W.	Sta	+0	ZIP c	2407			•	ou, or your jointly, war	
,, , ,	JOST OII	ice. If you have a foreight address, also co	impiete sp	paces bei	Ow.						•	٠,	nd. Checkir	
CHICAGO Foreign country	v namo			oroign pr	ovince/state/	II		606	n postal c	odo	box bel		not change	)
r oreign country	y Hairie			oreign pr	Ovince/state/	Couri	Ly	I Oleic	jii postai c	,oue	your tax	Yo	_	oouse
Filing Status	s 🗵	Single					Head of h	useh	old (HOH	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ild's nar	ne if the	
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payr	nent for prope	rty or	services	); or (	(b) sell,			
Assets	excl	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	☐ Ye	es 🔀 No	0
Standard	Son	neone can claim: 🗌 You as a de	pendent	: 🗆	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind <b>Sp</b> o	ouse	: Was bo	rn befo	ore Janua	ary 2	, 1959	☐ Is	blind	
Dependent	ndents (see instructions): (2) Social security (3) Relationship (4) Check the box											fies for (s	see instruct	tions):
If more		First name Last name		, ,	number		to you		Child t	ax cre	edit	Credit for	r other depe	ndents
than four														
dependents, see instruction	. —													
and check	· 													
here														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	_	4,79	<u> 32.</u>
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		-						1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ıctions)				1d	_		
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h	-		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						4 5	2.0
	<u>z</u>	Add lines 1a through 1h	· · ·		· · ·	 . –					1z	_	4,79	1∠.
Attach Sch. B if required.	2a	· –	2a				axable interes				2b			
roquiicu.	3a	· · ·	3a				ordinary divide				<u> </u>	_		
Standard	4a	<del>-</del>	4a				axable amoun							
Deduction for—	5a	<del></del>	5a				axable amoun							
Single or Married filing	6a	,	6a		ala a al chini		axable amoun	τ		٠ .	6b			
separately, \$13,850	C	If you elect to use the lump-sum e		-		•	•				- I			
Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7			
jointly or Qualifying	8	Additional income from Schedule	•								8	_	1 70	2.2
surviving spouse, Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total incom-											9		4,79	,∠.
Head of	10	Adjustments to income from Sche									10	_	1 7	2.2
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		4,79	
If you checked	12	Standard deduction or itemized				-					12		13,85	<u>. U c</u>
any box under Standard	13	Qualified business income deduct									13		12 01	
Deduction, see instructions.	14	Add lines 12 and 13					 tavahla inaan				14		13,85	ou.

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	,		16	0.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	0.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2								
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	875.
If you have a	26	2023 estimated tax paymen	ts 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	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. T							33	875.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you (	overpaid		34	875.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here		. 🗆	35a	875.
Direct deposit?	b	Routing number 0 7 1	Savings							
See instructions.	d	Account number 5 7 2	5 8 9 7	7 1	<b>c</b> Type: X					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe						
You Owe		For details on how to pay, g							37	
	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				
<b>Designee</b>	ins	structions					Yes. Co	mplete	below.	<b>⋈</b> No
		signee's		Phone				onal ident	ification	
	naı			no.				per (PIN)	U I 4	-fl
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			1		nt you an Identity
	10	ar signature		Date	Tour occupation					IN, enter it here
Joint return?					ENGINEERI	NG MA	NAGER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an
Keep a copy for your records.									itity Proti inst.)	ection PIN, enter it here
,				For all and done		<b>.</b>	2024	(000		
		one no. eparer's name	Preparer's signat	Email address	CSROXY@GM	Date	OM I	PTIN		Check if:
Paid		•	'		OUDDA DALLAM		NE /2024		2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GORIA TALLAM	1   UZ/(	)5/2024	P0208		
Use Only		m's name GLOBAL TA		ואזמנוד מיז איז	J 08816					678)965-9522
			Y CT E BRU	MONTCK N				Firm	i's EIN	84-3171965
Go to www.irs.go		n1040 for instructions and the late		NOWICK IN	BAA	REV 01	/27/24 PRO	1	I S LIIV	Form <b>1040</b> (202



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.

F	4				
		III N	P. POTEST, LEAR DOM: EXPENSE POR SERVICE DE L'ARGERT PAR L'ARGERT PAR L'ARGERT PAR L'ARGERT PAR L'ARGERT PAR L	AND THE BOOK OF	(415:0-1006×101111
	235-	-79-8269 1981	uran kasika rajada ya kin pambaka ma		
	CHAI	NDRASHEKAR R ARRAM	y borde, kida kanada daeka daeba da		\$156764F#
			Na markatak basan basar ba		
	300	NORTH STATE ST 2407	eranara da karantar		8(33)(02 <b>:1</b>
	СНТО	CAGO IL 60654 COOK ■	elinke regerrationalism har in a check en	adan kapitan da	2.000/000 <b> </b>
		CSROXY@GMAIL.COM			
F	<b>2</b> ⊑ilio	ng status: Single Married filing jointly Married filing separat	aly D Widowed D Head of h	ousehold	
			· - = _		
C	Che	eck If someone can claim you, or your spouse if filing jointly, as a dependen	t. See instructions. L You L S	3pouse	
	Che	eck the box if this applies to you during 2023:   Nonresident - Attach S	Sch. NR 🔲 Part-year resident	<b>Attach</b> Sch	. NR
	Ste	p 2: Income		(Whole	e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, I	ine 11.	1	4,792.00
	2	Federally tax-exempt interest and dividend income from your federal For		2	.00
	3	Other additions. Attach Schedule M.		3	.00
	4	<b>Total income</b> . Add Lines 1 through 3.		4	4,792.00
L	Ste	p 3: Base Income			
	5	Social Security benefits and certain retirement plan income received if in			
b	•	in Line 1. <b>Attach</b> Page 1 of federal return.	5	.00	
	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-S Schedule 1, Ln. 1.	K, <b>6</b>	.00	
2	7	Other subtractions. <b>Attach</b> Schedule M.	7	.00	
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	.00
2	9	Illinois base income. Subtract Line 8 from Line 4.		9	4,792.00
2	Ste	p 4: Exemptions - See instructions for income limitations			
2	10	a Enter the exemption amount for yourself and your spouse. See instruction		5 .00	
Ö		b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes			
7			<b>X</b> \$1,000 = <b>c</b>	.00	
ש		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC Attach Schedule IL-E/EIC.	d d	0.00	
2		Exemption allowance. Add Lines 10a through 10d.	u	10	2,425.00
õ	Ste	p 5: Net Income and Tax			
		Residents: Net income. Subtract Line 10 from Line 9.			
r		Nonresidents and part-year residents: Enter the Illinois net income fro	m Schedule NR. <b>Attach</b> Schedule	NR. <b>11</b>	2,367.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero			
	40	Nonresidents and part-year residents: Enter the tax from Schedule N	R.	12	117.00
_	13	Recapture of investment tax credits. <b>Attach</b> Schedule 4255. <b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.		13	00 117 <sub>.00</sub>
5	14			14	117.00
5		p 6: Tax After Nonrefundable Credits	WI- OD 4E	00	
1	15 16	Income tax paid to another state while an Illinois resident. <b>Attach</b> Sched Property tax, K-12 education expense, and volunteer emergency worker		.00	
2	10	from Schedule ICR. <b>Attach</b> Schedule ICR.	16	.00	
5	17	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	17	.00	
ב ע		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed	the tax amount on Line 14.	18	0.00
5	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	117.00
ממ		p 7: Other Taxes			
Ž U	20	Household employment tax. See instructions.		20	.00
ď	21	Use tax on internet, mail order, or other out-of-state purchases from UT	Worksheet or UT Table	24	0.00
2	22	in the instructions. <b>Do not</b> leave blank.  Compassionate Use of Medical Cannabis Program Act and sale of assets	hy gaming licensee surcharges	21 22	0 <u>.00</u> 00.
7	23	Total Tax. Add Lines 19, 20, 21, and 22.	a, garining noorlood suroriaryes.	23	117.00



<b>24</b> Tot	al tax from Page 1, Line 23.						24	117 .00
Step 8:	Payments and Refunda	able Credit						
25 Illino	ois Income Tax withheld. Att	ach Schedule IL-W	/IT.			25	232.00	
26 Estir	mated payments from Forms	s IL-1040-ES and I	L-505-I,					
	ıding any overpayment appl					26	.00	
	s-through withholding. Attac	• •				27	.00	
	s-through entity tax credit. At					28	.00	
	ned Income Credit from Sche			Attach So	chedule IL-E/EIC	. 29	.00	
30 Tota	l payments and refundabl	e credit. Add Lines	25 through	29.			30	232.00
Step 9:	Total							
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 from	m Line 30.				31	115.00
	ne 24 is greater than Line 30,						32	.00
	: Underpayment of Esti			onatio	ns			
	-payment penalty for under		•	Jiidtioi		33	.00	
	Check if at least two-thirds	•		s from f	arming		.00	
_	Check if you or your spous				-	n home		
_	Check if your income was			•	•	•	on Form II <sub>-</sub> 221	IO
<b>□</b>	Attach Form IL-2210.	not received evening	during the	ycar arr	d you amidan	zea your income (	511 1 51111 IL-22 I	0.
4 [	Check if you were not requ	uired to file an Illino	ie Individual	Income	a Tay return in	the previous tax	vear	
_	Intary charitable donations.			IIICOIIIC	e lax letulli li	34	у <del>с</del> аг. .00	
	al penalty and donations. A					J4	<u></u> 35	.00
	• •		4.					00
-	: Refund or Amount yo				05 11	056 1.	0.4	
-	u have an amount on Line 3	31 and this amount	is greater th	nan Line	35, subtract	Line 35 from Line		115.00
	is your <b>overpayment</b> .						36	115.00
<b>37</b> Amo	ount from Line 36 you want <b>r</b> o	efunded to you. Cl	neck <b>one</b> bo	x on Lin	ne 38. See ins	tructions.	37	115.00
<b>38</b> I cho	oose to receive my refund by	У						
a ⊠	direct deposit - Complete	the information be	low if you ch	heck thi	s box.			
	You may also contribute	Routing number	0 7 1 0	0 0	0 0 1 3	X Checkir	ng or Savir	nas
	to college savings funds			_			.9 0 0	.90
	here. See instructions!	Account number	5 7 2 5	5 8 9	9 7 7 1			
ЬΓ	paper check.							
	ount to be <b>credited forward</b> .	Subtract Line 37 fro	om Line 36.	See ins	structions.		39	.00
	ou have an amount on Line					on Line 31 and th		
-	ss than Line 35, subtract Lir		-					
				allu 32	are Dialik (20	ero), enter the an	40	00
IIOIII	Line 35. This is the <b>amoun</b>	it you owe. See in	structions.				40	.00
Step 12	2: Health Insurance Ch	eckbox and Sigr	nature					
41 🗆	Check this box and include	your email address	in Step 1 if	IDOR r	may share you	ır income informa	tion with other	Illinois state
	agencies in order to determ							
Signatu	ıre - Note: If this is a joint ret	urn, both you and yo	our spouse n	nust sigi	n below.			
Under p	enalties of perjury, I state tl	nat I have examine	d this returr	n, and to	o the best of I	my knowledge, it	is true, correct	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number
Here							( )	
	Print/Type paid preparer's nam	ne	Paid prepare	er's siana	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA							
Preparer		self-employed P02082703						
<b>Use Only</b>	Firm's name GLOBA	84317196						
			BRUNSWIC	KNJ 08	3816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please prin	t)		Design	ee's phone nun	nber	_	e Department may
Party		discuss this return with the third						
Designee				( )			party designe	e shown in this step.
	Defeate the 20	23 IL-1040 Ins	struction	c for	the addre	ee to mail w	our roturn	

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





### Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

CHANDRASHEKAR R ARRAM Your name as shown on Form IL-1	1040	<u>2</u> 3 5 Your Social Se		9 – 8 –	2 6 9	
Form type Emp	oloyer/Payer Federal W	Column C ages, Winnings, Gross ns, Compensation, etc.	Colu Illinois Wages, Distributions, C	Column E Illinois Income Tax Withheld		
1 <u>W</u> 04-351	<u>\$</u>	4,792 <b>•00</b>	\$	4,792 <b><u>00</u></b>	\$ <u>232</u> •00	
2	\$ <u></u>	•00	\$	•00	\$ <u></u>	
3	\$ <u></u>	<u>•00</u>	\$	<u>•00</u>	\$ <u></u>	
4	\$	•00	\$	<u>•00</u>	\$ <u></u>	
5	<u> </u>	•00	\$	<u>•00</u>	\$ <u></u>	

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

Υοι	ır spouse's name a	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 , Winnings, Gross compensation, etc.	Col Illinois Wages Distributions,	Column E Illinois Income Tax Withheld					
6			\$	•00	\$	•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 \$ 232**.00** 

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





### Illinois Department of Revenue

			_						_				
			•	S	ubmi	ssior	ı ID						

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

D	}			nless it is requested for review.)
	1: Provide taxpayer informa CHANDRASHEKAR R	tion ARRA		2 3 5 _ 7 9 _ 8 2 6 9
		first name (and last name if differen		Social Security number
Print	300 NORTH STATE ST 24	07		
	Mailing address			Spouse's Social Security number
	CHICAGO	IL	60654	
	City	State	ZIP	Daytime phone number
Step	2: Complete information fro	m tax return	Choose one: X	] IL-1040
•	let income from Form IL-1040 or I		<u>/\</u>	12,367  <u>00</u>
	ax from Form IL-1040 or IL-1040-			<b>2</b> 117 _00
	linois Income Tax withheld from F		Line 25 only (enter "0" if	none) 3 232   <u>00</u>
4 (	Overpayment from Form IL-1040, I	Line 36 or IL-1040-X, Line	35	4115  <u>00</u>
	otal amount due from Form IL-10			5I <u>00</u>
<b>6</b> F	iling status: 🗶 Single Mari	ried filing jointly Marrie	ed filing separately W	/idowed Head of household
does within 7 F F F F F F F F F F F F F F F F F F	not support international ACH trans	sactions. IDOR will only perded by international funds.  0 0 0 1 3  8 9 7 7 1  Savings  ically withdrawn://	rform direct transactions (e	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located of be accepted and refunds will be via paper check
	4: Taxpayer declaration and	signature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)
×	correct. If I have filed a joint retule I authorize the Illinois Departme	urn, this is an irrevocable a ent of Revenue (IDOR) and	ppointment of the other sp lits designated financial a	lare the information on Lines 7 through 9 is couse as an agent to receive the refund.  gent to initiate an ACH electronic funds
		the processing of an electr	onic overpayment of taxes	ded Individual Income Tax return. I authorize the s to receive confidential information
	I do not want direct deposit of m	ny refund, or an electronic	funds withdrawal (direct de	ebit) of my balance due.
return and a	originator (ERO) are identical. To the companying information may be se	ne best of my knowledge, ment to IDOR by my ERO. I a	y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic d complete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign		Data	Chausa's signature	e (if joint return, <b>both</b> must sign) Date
	Your signature	Date	1 0	, , ,
I decl		ayer's electronic Form IL- nents of this program and o	1040 or IL-1040-X, the info declare, under penalties o	<b>signature</b> ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
			02/05/2024	Check if paid preparer: 🗵 (See instructions.)
	ERO's signature		Date	
EDA	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO use	Firm's name or your name if self-employed			Your PTIN
only	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
	Mailing address		0001	Federal employer identification number (FEIN)
	E BRUNSWICK	NJ State	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.

