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)

T.....

Taxpayer's name	Social security number
PARTH KAUSHIK	818-25-9865
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 71,492.
<b>2</b> Total tax	<b>2</b> 7,985.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,053.
4 Amount you want refunded to you	<b>4</b> 4,068.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)
Under penalties of perjury, 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	ΊN

5	9	8	6	5	00 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.

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 s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	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 ►								
Don	ERO Must Retain This F 't Submit This Form to the I							
For Deperture Reduction Act Nation	and your toy return instructions		REV/ 01/27/24 RBO	Earm 8879 (Pay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Or	ıly—Do not v	vrite or sta	aple in this space.
For the year Jar	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last	name						Your so	cial sec	curity number
PARTH KAUSHIK									818	25	9865	
If joint return, spouse's first name and middle initial Last name							Spouse's social security number					
										876	81	7734
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
_740 SOUT	TH FI	EDERAL ST						3	01			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	e spaces be	low.	Sta	ate	ZIP co	ode		0	jointly, want \$3 nd. Checking a
CHICAGO						II	J	606	05	, v		not change
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	n postal cod	e your ta	x or refu	_
											∐ Yo	ou Spouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hao	d income)			_					
one box.		Married filing separately (MFS)					Qualifying		<b>-</b> .	. ,		
	-	you checked the MFS box, enter the		-				l or Q	SS box, en	ter the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur dep	endent: I	REVATI G	AN	DHI					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	as a reward	d, award, or j	payr	ment for prope	rty or :	services); (	or (b) sell,		
Assets		hange, or otherwise dispose of a digi									<b>Y</b>	es 🛛 No
Standard	Som	<b>neone can claim:</b> 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status a	alien	ı					
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Spo	use	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents					Social security		(3) Relationsh	14	-			(see instructions):
If more		irst name Last name		(2)	number		to you		Child tax	credit	Credit fo	or other dependents
than four												$\square$
dependents,												
see instructions and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	89,648.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1t	)	
W-2 here. Also	с	Tip income not reported on line 1a	a (see i	instruction	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene								. 11	:	
If you did not	g	Wages from Form 8919, line 6 .				•				. 1ç	1	
get a Form W-2, see	h	Other earned income (see instruction	ions)			•		· ·		. <u>1</u> ł	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		•	<b>1</b> i					
	Z	Add lines 1a through 1h	···			•				. 1z	<u>.</u>	89,648.
Attach Sch. B	2a	· · -	2a				axable interest			. <b>2</b> t		
if required.	3a		3a				Ordinary divide			. 3t	-	
Standard	4a		4a				axable amoun			. 4k		
Deduction for—	5a		5a				axable amoun			. 5t	_	
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amoun	t		. 6k		
separately, \$13,850	с -	If you elect to use the lump-sum e				•	,	• •		H -		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Scher		•	•		-	• •			_	10 156
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-18,156. 71,492.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					e	• •		. 9	-	/⊥,492.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche						• •	· · ·	. 10		71 400
household, [ \$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized						• •		. 11		71,492.
If you checked any box under	12	Qualified business income deduction				,		• •		. 12		13,850.
Standard	13 14				990 OF FOLIN	099	J-A	• •		. 14		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	••••••••••••••••••••••••••••••••••••••	 Antor	 -0- Thie ie .//		taxahle incom	 16		. 15		57,642.
	15		0.0116		5 . 1115 15 y	Jui				·   R	<u> </u>	57,074.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	16	<b>3</b> 7,985.
Credits	17	Amount from Schedule 2, lin	ne3				17	7
	18	Add lines 16 and 17					18	<b>3</b> 7,985.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, lir	ne8				20	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	2 7,985.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	<b>3</b> 0.
	24	Add lines 22 and 23. This is	your total tax				24	<b>1</b> 7,985.
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				<b>25a</b> 12	,053.	
	b	Form(s) 1099				25b		
	с	Other forms (see instruction	s)			25c		
	d	Add lines 25a through 25c					25	<b>d</b> 12,053.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		20	3
qualifying child,	27	Earned income credit (EIC)				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				31		
	32	Add lines 27, 28, 29, and 31	. These are vour	total other pa	avments and ref	undable credits	32	2
	33	Add lines 25d, 26, and 32. T						10.050
Refund	34	If line 33 is more than line 24					34	
lioiuliu	35a	Amount of line 34 you want				, ,	. 🗌 35	<b>a</b> 4,068.
Direct deposit?	b	Routing number 0 7 1					Savings	
See instructions.	d	Account number 3 1 3					J.	
	36	Amount of line 34 you want a			ed tax	36		
Amount	37	Subtract line 33 from line 24						
You Owe	01	For details on how to pay, g					37	7
	38	Estimated tax penalty (see in				38		
Third Party	Do	you want to allow another						
Designee		tructions	•				mplete belov	v. 🗙 No
	De	signee's		Phone			onal identification	
	nar	ne		no.		numb	er (PIN)	
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com						, ,
Here		· · · · ·	piete. Declaration		,			, ,
	Yo	ur signature		Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?					DATA SCIE	NCE ENGINEE		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat			sent your spouse an
Keep a copy for	·	<b>o ,</b> ,	Ū					rotection PIN, enter it here
your records.							(see inst.)	
		one no.	1	Email address	KAUSHIKPARI	H94@GMAIL.CO		1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/2024	P0208270	3 Self-employed
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone no	. (678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO		Form <b>1040</b> (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

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
PARTH KAUSHIK	818-25	-9865	

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-18,156.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z	· · · · · · · ·	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		-18,156.
Eor Po	1040, 1040-SR, or 1040-NR, line 8		10	= 1 (Form 1040) 2023
i ui Pa	perwork neuronon Act Notice, see your lax return instructions.		Schedule	; i (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	

SCHED	<b>ULE E</b>
(Form 1	040)

#### **Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

### Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

	Sequence No.	
1	Attachment	

9

	) shown on return							al security	
	TH KAUSHIK						818-2	5-9865	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instruc	tions. If you	are an indi	vidual, rep	oort farm
Α [	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	es 🛛 No
B	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
-			0)						
<u>A</u>	257 SECTOR 14 ROHTAK HARYANA IN 124001	L							
B									
С							_		1
1b	Type of Property 2 For each rental real estate prope				Fai	r Rental		al Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	iys	
<u>A</u>	2 personal use days. Check the Quite if you meet the requirements to f			A		365		0	
<u>B</u>	qualified joint venture. See instru			B					
_ C				С					
	of Property:				_				
	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	tal	5 Land 6 Roya	-		Self-Rental Other (desc	ribe)		
						Propert	ies:		
Incom	ne:			Α		В			С
3	Rents received	3		5	90.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,6	70.				
8	Commissions	8		-					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	10.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		4,2	61.				
15	Supplies	15		4,5	67.				
16	Taxes	16							
17	Utilities	17		3,9	00.				
18	Depreciation expense or depletion	18		2,9	38.				
19	Other (list)	19							
20	Other (list)         Total expenses. Add lines 5 through 19	20		18,7	46.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-18,1	56.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	18,15	6.)		)	(	)
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		590.		,
b	Total of all amounts reported on line 4 for all royalty prop				23b				
с	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	4	2,938.		
е	Total of all amounts reported on line 20 for all properties				23e	18	3,746.		
24	Income. Add positive amounts shown on line 21. Do not		de any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	al losses he	re <b>25</b>	(	18,156.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t app	ly to you,	also e	nter th	is amount o	on		

-18,156.

26

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

8 Form Department of the Treasury

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. <b>52</b>
ber of HSA beneficiary. HSAs, see instructions
0000

2

Internal F	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest informa	tion.	S	equence No. 52
Name(s)	shown on Form 10	40, 1040-SR, or 1040-NR			f HSA beneficiary. As, see instructions.
PART	H KAUSHIK		818-25		
Befor	e you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requi	red.
Part		<b>Intributions and Deduction.</b> See the instructions before completing h you and your spouse each have separate HSAs, complete a separate			
		x to indicate your coverage under a high-deductible health plan (HDHP) o			
					lf-only 🛛 Family
	unextended d	tions you made for 2023 (or those made on your behalf), including those r ue date of your tax return that were for 2023. <b>Do not</b> include employer co through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
	were, or were	nder age 55 at the end of 2023 and, on the first day of <b>every</b> month durin e considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 ge). <b>All others</b> , see the instructions for the amount to enter	(\$7,750 for	3	7 750
	, ,			3	7,750.
	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2023 from If you or your spouse had family coverage under an HDHP at any time durin nount contributed to your spouse's Archer MSAs	g 2023, also		
		From line 3. If zero or less, enter -0		4 5	7,750.
		punt from line 5. But if you and your spouse each have separate HSAs and		5	7,750.
		er an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
		e 55 or older at the end of 2023, married, and you or your spouse had fam P at any time during 2023, enter your additional contribution amount. See in		7	
			structions.	8	7,750.
		tributions made to your HSAs for 2023	200.	0	1,150.
		funding distributions	200.		
		d 10		11	200.
		1 from line 8. If zero or less, enter -0		12	7,550.
		<b>n.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), P		13	0.
		e 2 is more than line 13, you may have to pay an additional tax. See instructi			
Part	I HSA Di	stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse.		rate F	ISAs, complete
14a	Total distribut	ons you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions i	ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14a	any excess		
		the due date of your return. See instructions		14b	
с	Subtract line 1	4b from line 14a		14c	
		ical expenses paid using HSA distributions (see instructions)		15	
		distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f		16	
	•	istributions included on line 16 meet any of the Exceptions to the Additio uctions), check here			
b	are subject to	<b>% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Schedline 17c	ule 2 (Form	17b	
Part I	II Income complet complet	and Additional Tax for Failure To Maintain HDHP Coverage. See ting this part. If you are filing jointly and both you and your spouse ea the a separate Part III for each spouse.	the instructi ch have sep		
		le		18	
		funding distribution		19	
		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I		20	
	Additional tax 1040). Part II.	c. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched line 17d	lule 2 (Form	21	
	IUHUL FAILI.				

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 01/27/24 PRO BAA

	4562		Depreciatio	on and A	mortizati	on	(	OMB No. 1545-0172
Form	4JUZ		(Including Infor					2023
Depar	tment of the Treasury	•		h to your tax i				Attachment
	al Revenue Service	Go to	www.irs.gov/Form4562		hich this form relate			Sequence No. <b>179</b>
	(s) shown on return TH KAUSHIK			E 257 SE		ales		t <b>ifying number</b> 8−25−9865
			ertain Property Und				010	5 25 9005
Ιü			ed property, comple			mplete Part I.		
1			is)		-		1	1,160,000.
2	Total cost of section	n 179 property	placed in service (see	e instructions	s)		2	, ,
3	Threshold cost of s	ection 179 pro	perty before reductior	n in limitation	(see instruction	ons)	3	2,890,000.
4	Reduction in limitat	tion. Subtract li	ne 3 from line 2. If zer	o or less, ent	ter -0		4	
5						r -0 If married filing		
6	separately, see ins	escriptions .			ness use only)	(c) Elected cost	5	
	(a) D	escription of prope	rty		ness use only)	(C) Elected Cost		-
								-
7	Listed property. En	ter the amount	from line 29		7			-
8			property. Add amount			7	8	
9	Tentative deduction	n. Enter the <b>sm</b>	aller of line 5 or line 8	3			9	
10	-		n from line 13 of your 2				10	
11						r line 5. See instructions	11	
12			Add lines 9 and 10, bu				12	
13 Not			n to 2024. Add lines 9			13		
			/ for listed property. In			clude listed property	See	instructions)
						rty) placed in service		
14			ns	•			14	
15			(1) election				15	
16	Other depreciation	(including ACF	RS)				16	
Par	t III MACRS De	preciation (D	on't include listed	oroperty. Se	e instructior	IS.)		
				Section A				1
			iced in service in tax y				17	
10	asset accounts, ch			-	-	o one or more general		
						e General Depreciation	Svst	em
		(b) Month and year	(c) Basis for depreciation	(d) Becovery				
(a)	Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Conventior	n <b>(f)</b> Method	(g) D	Depreciation deduction
19a	3-year property							
k	5-year property							
							<u> </u>	
-	10-year property						──	
	15-year property						─	
	f 20-year property 25-year property			25 yrs.		S/L	<del>                                     </del>	
	Residential rental	01/23	84,300.	27.5 yrs.	MM	S/L	+	2,938.
-	property	01/25	04,500.	27.5 yrs.	MM	S/L	+	2,000.
	i Nonresidential real			39 yrs.	MM	S/L	1	
	property				MM	S/L		
	Section C	-Assets Place	ed in Service During	2023 Tax Ye	ar Using the	Alternative Depreciation	on Sy	stem
	Class life					S/L		
	12-year			12 yrs.		S/L	<b> </b>	
-	30-year			30 yrs.	MM MM	S/L S/L	<del> </del>	
	l 40-year <b>t IV Summary</b> (	  See instruction	l ans )	40 yrs.	IVIIVI	JIL	L	
21		·	,				21	
				lines 19 and	20 in column	(g), and line 21. Enter		
			of your return. Partne				22	2,938.
23			ed in service during t					
	portion of the basis	attributable to	section 263A costs .			23		

For Paperwork Reduction Act Notice, see separate instructions.



Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return



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

E	PAR REVA 740 CHIC <b>3</b> Filin		KAUSHIKPARTH9 Married filing jointly	X Married filing				
		eck the box if this applies to			-		-	. NR
_		p 2: Income	- ,			, , , , , , , , , , , , , , , , , , ,		e dollars only)
	1 2 3 4	Federal adjusted gross inc Federally tax-exempt inte Other additions. <b>Attach</b> S <b>Total income</b> . Add Lines	rest and dividend inc schedule M.			)-SR, Line 2a.	1 2 3 4	71,492 <u>.00</u> .00 .00 71,492.00
T		p 3: Base Income						
ere	5 6	Social Security benefits and in Line 1. <b>Attach</b> Page 1 of Illinois Income Tax overpage	of federal return.			5	.00	
rms he	7 8	Schedule 1, Ln. 1. Other subtractions. <b>Attac</b> Add Lines 5, 6, and 7. Thi	6 7	<u>.00</u> .00 <b>8</b>	.00			
10 foi	9	Illinois base income. Su	•				9	.00
Staple W-2 and 1099 forms here		<ul> <li>p 4: Exemptions - See a</li> <li>a Enter the exemption are</li> <li>b Check if 65 or older:</li> <li>c Check if legally blind:</li> <li>d If you are claiming dependent of the schedule IL-E/EI</li> <li>Exemption allowance. A</li> </ul>	You + ☐ Spo You + ☐ Spo You + ☐ Spo Neents, enter the amo C.	d your spouse. Se buse # of che buse # of che bunt from Schedule	eckboxes X \$1,000 = eckboxes X \$1,000 =	b c	25.00 .00 .00 0.00 <b>10</b>	2,425.00
Ñ	Ste	p 5: Net Income and Ta	÷					
t		Residents: Net income. Nonresidents and part-y Residents: Multiply Line	/ear residents: Ente	er the <b>Illinois net ir</b>		Attach Schedule	NR. <b>11</b>	69,067 <u>.00</u>
		Nonresidents and part-y	/ear residents: Ente	er the tax from Sc			12	3,419.00
2	13 14	Recapture of investment t Income tax. Add Lines 12				,	13 14	<u>.00</u> 3,419 <sub>.00</sub>
040		p 6: Tax After Nonrefu						
Staple your check and IL-1040-V	15 16	Income tax paid to anothe Property tax, K-12 educat	ion expense, and vo			15	.00	
k an	17	from Schedule ICR. Attac Credit amount from Sched		Schedule 1299-0	C.	16 17	<u>.00</u> .00	
checl	18 19	Add Lines 15, 16, and 17. <b>Tax after nonrefundable</b>	This is the total of ye	our credits. Canno	ot exceed the tax amount	on Line 14.	18 19	0 <u>.00</u> 3,419 <u>.00</u>
Ino/	Ste 20	p 7: Other Taxes	av Sac instructions				20	00
le j	20 21	Household employment ta Use tax on internet, mail of			from UT Worksheet or U	T Table		.00
Staj	22	in the instructions. Do not	<b>t</b> leave blank.				21 22_	00.0
	22	Compassionate Use of Me Total Tax. Add Lines 19, 2	-	rann Aut annu Sale (	assets by garning licen:	see surcharges.	22 23	.00 3,419.00



24 Tota	al tax from Page 1, Line 2	3.							24	3,419.00
Step 8: I	Payments and Refund	dable Credit								
25 Illinoi	s Income Tax withheld. A	ttach Schedule IL-\	NIT.				25	4,438	3.00	
26 Estim	nated payments from Forr	ns IL-1040-ES and	IL-505-I,							
includ	ding any overpayment ap	plied from a prior ye	ear return.				26		.00	
27 Pass-	-through withholding. Atta	ch Schedule K-1-P	or K-1-T.				27		.00	
	-through entity tax credit.					.00				
29 Earne	ed Income Credit from Sch	nedule IL-E/EIC, Ste	2. <b>29</b>		.00					
30 Total	<b>30</b> Total payments and refundable credit. Add Lines 25 through 29.								30	4,438.00
Step 9: <sup>-</sup>	Total									
31 If Line	e 30 is greater than Line 24	, subtract Line 24 fro	om Line 30.						31	1,019.00
	e 24 is greater than Line 30								32	.00
	Underpayment of Es				ions					
	payment penalty for unde		-				33		.00	
	Check if at least two-third			e is froi	m farmir	ng.				
	Check if you or your spor					-	g home.			
			-	-	-		-	income on Fo	rm IL-2210.	
C Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.										
<b>d</b> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.										
		quired to file an Illin	ois Individu	ual Inco	ome Tax	return in	n the previ	ous tax year.		
d 🗌	Check if you were not red			ual Inco	ome Tax	return ir		ous tax year.	.00	
d □ 34 Volur		. Attach Schedule	G.	ual Inco	ome Tax	return ir		•	<u>.00</u> <b>35</b>	.00
d □ 34 Volur 35 Total	Check if you were not reant ntary charitable donations penalty and donations.	Add Lines 33 and 3	G.	ual Inco	ome Tax	return ir		•		.00
d □ 34 Volur 35 Total Step 11:	Check if you were not rea ntary charitable donations penalty and donations. Refund or Amount y	Attach Schedule Add Lines 33 and 3 ou owe	G. 34.				34			.00
d □ 34 Volur 35 Total Step 11: 36 If you	Check if you were not red ntary charitable donations penalty and donations. Refund or Amount y have an amount on Line	Attach Schedule Add Lines 33 and 3 ou owe	G. 34.				34		35	
d □ 34 Volur 35 Total Step 11: 36 If you This i	Check if you were not rea ntary charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment.	Attach Schedule Add Lines 33 and 3 ou owe 31 and this amoun	G. 34. t is greater	than L	ine 35, s	subtract	34 Line 35 fr		35	1,019 <sub>.00</sub>
d □ 34 Volur 35 Total 36 If you This i 37 Amou	Check if you were not reatery charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. unt from Line 36 you want	Attach Schedule Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. 0	G. 34. t is greater	than L	ine 35, s	subtract	34 Line 35 fr		35	
d □ 34 Volur 35 Total 36 If you This i 37 Amou 38 I choo	Check if you were not reating charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. unt from Line 36 you want ose to receive my refund	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. C	G. 34. t is greater Check <b>one</b>	<sup>-</sup> than L box on	ine 35, s Line 38.	subtract . See ins	34 Line 35 fr		35	1,019 <sub>.00</sub>
d □ 34 Volur 35 Total 36 If you This i 37 Amou 38 I choo	Check if you were not reating charitable donations. <b>penalty and donations</b> . <b>Refund or Amount y</b> have an amount on Line is your <b>overpayment</b> . unt from Line 36 you want ose to receive my refund <b>direct deposit</b> - Comple	Attach Schedule Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. C by te the information b	G. 34. t is greater Check <b>one</b> elow if you	than L box on check	ine 35, s Line 38. this box	subtract See ins	34 Line 35 fr tructions.	om Line 31.	35 36 37	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total 36 If you This i 37 Amou 38 I choo	Check if you were not reating charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. Unt from Line 36 you want ose to receive my refund direct deposit - Complet You may also contribute	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. C	G. 34. t is greater Check <b>one</b> elow if you	than L box on check	ine 35, s Line 38. this box	subtract . See ins	34 Line 35 fr tructions.		35	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total 36 If you This i 37 Amou 38 I choo	Check if you were not reating charitable donations. <b>penalty and donations</b> . <b>Refund or Amount y</b> have an amount on Line is your <b>overpayment</b> . unt from Line 36 you want ose to receive my refund <b>direct deposit</b> - Comple	Attach Schedule Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. C by te the information b	G. 34. t is greater Check <b>one</b> elow if you 0 7 1	than L box on check	ine 35, s Line 38. this box	subtract See ins  1 3	34 Line 35 fr tructions.	om Line 31.	35 36 37	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total 36 If you 7his i 37 Amou 38 I choo a ∑	Check if you were not reating charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. Unt from Line 36 you want ose to receive my refund direct deposit - Complet You may also contribute to college savings funds here. See instructions!	Attach Schedule Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. O by te the information b Routing number	G. 34. t is greater Check <b>one</b> elow if you 0 7 1	than L box on check	ine 35, s Line 38. this box	subtract See ins	34 Line 35 fr tructions.	om Line 31.	35 36 37	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total Step 11: 36 If you This i 37 Amou 38 I choo a ⊠	Check if you were not react that y charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. Unt from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. ( by te the information b Routing number Account number	G. 34. t is greater Check <b>one</b> elow if you 0 7 1 3 1 3	than L box on check 0 0 9 5	ine 35, s Line 38. this box 0 0 0 8 9	subtract See ins  1 3 6 6	34 Line 35 fr tructions.	om Line 31.	35 36 37	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total 36 If you This i 37 Amou 38 I choo a ⊠ 39 Amou	Check if you were not reating charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. ant from Line 36 you want ose to receive my refund direct deposit - Comple You may also contribute to college savings funds here. See instructions! paper check.	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. ( by te the information b Routing number Account number	G. 34. t is greater Check <b>one</b> elow if you 0 7 1 3 1 3 rom Line 3	than L box on check 0 0 9 5 6. See	ine 35, s Line 38. this box 0 0 8 9 instructi	See ins See ins 1 3 6 6 ons.	34 Line 35 fr tructions.	om Line 31. Checking or	35 36 37 Savings 39	1,019 <u>.00</u> 1,019 <u>.00</u>
d ☐ 34 Volur 35 Total Step 11: 36 If you This i 37 Amou 38 I choo a ⊠ b ☐ 39 Amou 40 If you	Check if you were not reating charitable donations penalty and donations. Refund or Amount y have an amount on Line is your overpayment. Unt from Line 36 you want ose to receive my refund direct deposit - Complex You may also contribute to college savings funds here. See instructions! paper check. Unt to be credited forward	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. O by te the information b Routing number Account number . Subtract Line 37 f ne 32, add Lines 32	G. 34. t is greater Check one elow if you 0 7 1 3 1 3 rom Line 3 and 35. If	than L box on check 0 0 9 5 6. See <b>you h</b> a	ine 35, s Line 38. this box 0 0 0 8 9 instructi <b>ave an a</b>	See ins See ins 1 3 6 6 ons.	34 Line 35 fr tructions.	om Line 31. Checking or	35 36 37 Savings 39	1,019 <u>.00</u> 1,019 <u>.00</u>
d □ 34 Volur 35 Total Step 11: 36 If you This i 37 Amou 38 I choo a ⊠ 39 Amou 40 If you is les	Check if you were not realized that y charitable donations <b>penalty and donations</b> . <b>Refund or Amount y</b> a have an amount on Line is your <b>overpayment</b> . ant from Line 36 you want ose to receive my refund <b>direct deposit</b> - Completent You may also contribute to college savings funds here. See instructions! <b>paper check</b> . and to be <b>credited forward</b> <b>u have an amount on Line</b>	Attach Schedule ( Add Lines 33 and 3 ou owe 31 and this amoun refunded to you. ( by te the information b Routing number Account number . Subtract Line 37 f ne 32, add Lines 32 ine 31 from Line 35	G. 34. t is greater Check one elow if you 0 7 1 3 1 3 rom Line 3 2 and 35. If 5. If Lines 3	than L box on check 0 0 9 5 6. See <b>you ha</b> <b>31 and</b>	ine 35, s Line 38. this box 0 0 0 8 9 instructi <b>ave an a</b>	See ins See ins 1 3 6 6 ons.	34 Line 35 fr tructions.	om Line 31. Checking or	35 36 37 Savings 39	1,019 <u>.00</u> 1,019 <u>.00</u>

#### 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	Date (mm/dd/yyyy)		Daytime phone number			
Here								(312) 662	2-8861	
Paid Preparer	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy)	)		Paid Preparer's PTIN	
	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	02/05/2024		self-employed	P02082703		
	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN > 843		84317196	843171965	
	Firm's address	245 ROO	NEY CT H	E BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	-9522	
Third	Designee's name (pl	signee's name (please print)			Designee's phone number			Check if the Department may discuss this return with the third		
Party										
Designee				( )			party designee shown in this step.			

#### Refer to the 2023 IL-1040 Instructions for the address to mail your return.

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	N					

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

PARTH KAUSHIK	<u>8 1</u>		9		8 6 5				
Your name as shown on Form IL-1040		Your Social Security number							
Column A Form type Employer/Payer Identification Numl	Federal Wages,	mn C Winnings, Gross ompensation, etc.	Illinois Wag	olumn D es, Winnings, Gross s, Compensation, etc		Column E Ilinois Income Tax Withheld			
<b>1</b> 06-1454513-0	00\$8	89,648 <b>.00</b>	\$	89,648 <b>.00</b>	\$_	4,438 <b>.00</b>			
2	\$	• <u>00</u>	\$	• <u>00</u>	\$	•00			
3	\$	•00	\$	•00	\$	•00			
4	\$	•00	\$	•00	\$	•00			
5	\$	• <u>00</u>	\$	•00	\$_	•00			

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

REVATI GANDHI Your spouse's name a	s shown on Form IL-1040	876 Your spouse's		<u>1</u> – <u>7</u> – <u>7</u> – <u>1</u>	7	3 4	
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C Winnings, Gross compensation, etc.	Co Illinois Wage Distributions,	Column E Illinois Income Tax Withheld		
6		\$	•00	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	<u>•00</u>
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.

4,438.00 11 \$

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

Illinois Department of R	Revenue					
§ 2023 IL-8453 Illino		come Tax	Submission ID Electronic F	ilina Dec	laratio	on
(Do not mail Form IL-8453 to						
Step 1: Provide taxpayer information	KATOIITI	7	0 1 0		0	0 6 5
PARTH First name and middle initial Spouse's first na	KAUSHIP ame (and last name if different)	Last name	8⊥ 8 Social Securi	<u> </u>	9	<u> </u>
Print 740 SOUTH FEDERAL ST 301		Last name		_	_	
or type Mailing address			Spouse's Soc	cial Security number	er	
CHICAGO	IL	60605	<u>(</u> 312) 6	62-8861		
City	State	ZIP	Daytime phor	ie number		
Step 2: Complete information from ta	x return	Choose one	e: 🗙 IL-1040	IL-1040-X		
1 Net income from Form IL-1040 or IL-104	10-X, Line 11			1 -		067 <b> <u>00</u></b>
2 Tax from Form IL-1040 or IL-1040-X, Lin	ne 14			2 _		419 <b>0</b>
3 Illinois Income Tax withheld from Form I		e 25 <b>only</b> (enter "	<b>0"</b> if none)	3 -		438 00
4 Overpayment from Form IL-1040, Line 3				4 -	1,	019 00
<b>5</b> Total amount due from Form IL-1040, Li				5_		I_ <u>00</u>
6 Filing status: Single Married fi	ling jointly <u>×</u> Married fi	ling separately	WidowedHe	ad of househo	bld	
does not support international ACH transaction within the United States or those not funded by <b>7</b> Routing no. (RN): $0 7 1 0 0$	y international funds. Elec					
8 Account no. (AN): <u>3 1 3 9 5</u>	8 9 6 6					
9 Type of account: <u>×</u> Checking	Savings					
<b>10</b> Date the payment is to be electronically						
<b>11</b> Electronic funds withdrawal amount:						
12 Name on account:						
Step 4: Taxpayer declaration and sign	ature (Sign only after	completing Ste	n 2 and if applic	able Step 3		
						o ·
I consent that my refund may be dire correct. If I have filed a joint return, th	nis is an irrevocable appo	intment of the oth	er spouse as an age	ent to receive th	he refund	l.
I authorize the Illinois Department of withdrawal as designated in the electr financial institutions involved in the p necessary to answer inquiries and re	onic portion of my 2023 III rocessing of an electronic	inois Original or A c overpayment of	mended Individual In	come Tax retui	rn. I autho	
I do not want direct deposit of my ref	und, or an electronic fund	ls withdrawal (dire	ect debit) of my balar	nce due.		
Under penalties of perjury, I declare the informa return originator (ERO) are identical. To the best and accompanying information may be sent to been accepted or rejected. If rejected, I authori	st of my knowledge, my ret IDOR by my ERO. I autho	turn is true, correct rize IDOR to inform	, and complete. I cor n my ERO and/or the	nsent that my re transmitter whe	eturn, this en my retu	declaration, urn has
Sign	Date	Spouse's sig	nature (if joint return, <b>bot</b> h	must sign)	Date	· · · · · · · · · · · · · · · · · · ·
here Your signature				muər əlyit <i>i</i>	Dale	
Step 5: Electronic return originator (E I declare that I have examined this taxpayer' information. I have followed all requirements taxpayer's return and accompanying information	s electronic Form IL-1040 of this program and decl	) or IL-1040-X, the are, under penalti	e information on this			
		02/05/2024	Check if pa	id preparer: 屋	(See ins	tructions )
ERO's signature		Date				
GLOBAL TAXES LLC			P O	2 0 8	2 7	03

ERC	Firm's name or your name if self-employed			Your PTIN
use only	245 ROONEY CT			84-3171965
Unity	Mailing address			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.

