We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.





Illinois Department of Revenue 2023 IL-1040-V ID: 3WM

Payment Voucher for Individual Income Tax

389-83-0517

Your Social Security number

Spouse's Social Security number

\$

226.00

REV 02/14/24 PRO

Payment amount

EBUNERI WASIKE 5451 N EAST RIVER ROAD 301 CHICAGO IL 60656

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Your payment is due April 15, 2024.

Write your Social Security number(s) on your check.



_/

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

F	A								
	200	02 0517 100	0.0					RAPE BEOMAGNE	SKK KKSEIII
	EBUN	83-0517 199	92	WASIKE				MANAGE E	
	EDON	EKI		WASIKE					
	5451	N EAST RIVER	ROAD		301			S W S W	VIVING III
	CHIC	!AGO	IL	60656	COOK		KAN KANTASA BIDAN ATAM		/834/03
			7	WASIKEEBUN	ERI@GMAI	L.COM			
E	3 Filir	ng status: X Single	: П Ма	arried filing join	tly 🔲 Ma	rried filing separately 🔲 Widowe	d Head of h	ousehold	
C	Che	ck If someone can cl	aim you,	or your spouse	if filing join	tly, as a dependent. See instruction	s. 🗌 You 🔲 S	pouse	
С) Che	ck the box if this app	lies to v	ou durina 2023	: Nonr	resident - Attach Sch. NR 🔲 Par	t-vear resident - <i>I</i>	Attach Sch	. NR
		2: Income	,				. ,		dollars only)
	-		ss incom	e from vour fed	leral Form	1040 or 1040-SR, Line 11.		1	40,994.00
	2	Federally tax-exemp	t interes	t and dividend		m your federal Form 1040 or 1040	-SR, Line 2a.	2	.00
	3 4	Other additions. Atta						3	.00 40,994.00
		Total income. Add L	ines i u	irougri 3.					40,994.00
þ			fits and	certain retirem	ent plan ind	come received if included			
		in Line 1. Attach Pag	ge 1 of f	ederal return.			5	.00	
	6	Illinois Income Tax ov	/erpaym	ent included in	federal For	m 1040 or 1040-SR,	G	00	
2	7	Schedule 1, Ln. 1. Other subtractions.	Attach S	Schedule M			6	<u>.00</u> .00	
		Add Lines 5, 6, and 7			ur subtract	ions.	•	<u></u> 8	.00
2	9	Illinois base income	e. Subtra	act Line 8 from	Line 4.			9	40,994.00
3	-	4: Exemptions -					2 42	Г	
2	10	a Enter the exemptionb Check if 65 or old				ouse. See instructions. # of checkboxes X \$1,000 =	a 2,42	.00 .00	
1		c Check if legally bl						.00	
		-		ents, enter the a	mount from	Schedule IL-E/EIC, Step 2, Line 1.		•	
2		Attach Schedule IL Exemption allowan		Lines 10a thro	ugh 10d		d	0 _{.00} 10	2,425.00
5	Stor	5: Net Income ar		Lines toa tino	ugii iou.				27120.00
		Residents: Net inco		btract Line 10 t	rom Line 9				
Γ						ois net income from Schedule NR.	Attach Schedule N	IR. 11	38,569 <u>.00</u>
	12	Residents: Multiply			,			12	1,909.00
	13	Nonresidents and p Recapture of investn						13	.00
		Income tax. Add Lin						14	1,909.00
5		6: Tax After Non							
1						ent. Attach Schedule CR.	15	.00	
2		from Schedule ICR.		•	volunteer	emergency worker credit amount	16	.00	
2	17	Credit amount from S	Schedule	e 1299-C. Atta			17	.00	
						ts. Cannot exceed the tax amount	on Line 14.	18	0.00 1,909.00
5		Tax after nonrefund	iable cr	eaits. Subtract	Line 18 ird	om Line 14.		19	1,909.00
		7: Other Taxes Household employm	ent tax	See instruction	is.			20	.00
						ırchases from UT Worksheet or U⁻	Г Table		
200	00	in the instructions. D						21	0.00
7		Total Tax. Add Lines			ogram Act a	and sale of assets by gaming licens	see surcnarges.	22 23	.00 1,909.00
y			, ,	,					,00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.





04 -						0.4	1 000 00
	al tax from Page 1, Line 23					24	1,909.00
-	Payments and Refund						
	is Income Tax withheld. At				25 1	,683.00	
	mated payments from Form		•				
	iding any overpayment app				26	.00	
	s-through withholding. Attac				27		
	s-through entity tax credit. A				28	.00	
	ed Income Credit from Scho				. 29	.00	1 600
30 Tota	I payments and refundab	le credit. Add Lines	s 25 through	29.		30	1,683.00
Step 9:	Total						
31 If Lin	e 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	.00
32 If Lin	e 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.			32	226.00
Step 10	: Underpayment of Est	imated Tax Pena	alty and Do	onations			
	-payment penalty for under		•		33	.00	
	Check if at least two-third			s from farming.			
	Check if you or your spou			•	g home.		
_	Check if your income was			-	-	on Form IL-221	10.
_	Attach Form IL-2210.	ĺ		,	•		
dГ	Check if you were not req	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
_	ntary charitable donations.				34	.00	
	I penalty and donations.					35	.00
	: Refund or Amount yo						
-	u have an amount on Line		is areater th	an Line 35 subtract l	l ine 35 from Line	31	
-	is your overpayment .	or and this amount	is greater to	ian Eine oo, sabiraar	LINE OF HOMELINE	36	.00
	unt from Line 36 you want r	refunded to you. Cl	neck one bo	x on Line 38. See inst	tructions	37	
	•	-	TOOK ONO DO	X 011 E1110 00. 000 1110	ardottorio.	<u> </u>	.00
	oose to receive my refund b	•		- 4 - !-			
а∟	direct deposit - Complete	e the information be	low if you ci	neck this box.			
	You may also contribute	Routing number			Checkir	ng or Savir	ngs
	to college savings funds here. See instructions!	Account number					
] paper check.						
39 Amo	unt to be credited forward.	Subtract Line 37 from	om Line 36.	See instructions.		39	.00
40 If yo	u have an amount on Lin	e 32, add Lines 32	and 35. If y o	ou have an amount o	on Line 31, and t	his amount	
is les	ss than Line 35, subtract Li	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the am	nount	
from	Line 35. This is the amour	nt you owe. See ins	structions.			40	226.00
O4== 40). Haalth laarmanaa Ola		4				
	2: Health Insurance Ch	•					
	Check this box and include						
	agencies in order to determ	line your eligibility is	or nealth ins	urance benefits. See	instructions for it	iore information	1.
Signatu	ire - Note: If this is a joint re	turn, both you and w	nur engues n	nuet eian helow			
	enalties of perjury, I state t				my knowledge it	is true correc	t and complete
			u	.,	, monioago, n		i, and complete
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	e number
Here		(1		2 4.0 (44,75,75)	()	7 110111001
	Drint/Tune noid		Doid room	r'a algoritus	D-4- / · · · ·		Daid Dans and L DTIN
Paid	Print/Type paid preparer's nar			er's signature	Date (mm/dd/yyyy)	Check if self-employed	Paid Preparer's PTIN
Preparer	SYAM PRIYA RAM SAGAR GUPTA	TALLAM	SYAM PRIYA I	RAM SAGAR GUPTA TALLAM	03/03/2024	3CII-EITIPIOYEU	P02082703
Use Only	Firm's name GLOBA	L TAXES LLC			Firm's FEIN	84317196	5
3 - 3 - 1 mg	Firm's address > 245 R	OONEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please prir			Designee's phone nun	nber		e Department may
Party				/ \		_	eturn with the third
Designee				()		party designe	e shown in this step.
	Refer to the 20	23 IL-1040 Ins	struction	s for the addre	ss to mail ve	our return.	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/14/24 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)

	BUNERI WASIKE our name as shown	3 _ 8 Your Soci	9 al Security r			0	5		7		
Column A Column B Form type Employer/Payer Identification Number			Federal Wag	olumn C es, Winnings, Gi , Compensation,							E ome eld
1	W	46-2778558 000	_ \$	34,002 .00	\$		34,002	00	\$	1,68	<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)

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 s, Winnings, Gross Compensation, etc.	Co Illinois Wages Distributions,				
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 \$ 1,683**.00**

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





Illinois Department of Revenue		 _[]_				
2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration										
/B / 11 E 11 0450 (11 111)	D (()	_					•		`	

	(Do not mail Form IL-8453 to	the Illinois Departr	ment of Revenue unl	ess it is requested for review.)	
Step	1: Provide taxpayer information EBUNERI	WASIK	E	3 8 9 _ 8 3 _ 0 5 1	. 7
		ne (and last name if different		Social Security number	
Prin	t 5451 n east river road 30:	1			
or type				Spouse's Social Security number	
•	CHICAGO	IL	60656	()	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from tax	return	Choose one:	IL-1040 IL-1040-X	
1	Net income from Form IL-1040 or IL-1040	0-X, Line 11		1 <u>38,569</u>	00_
	Tax from Form IL-1040 or IL-1040-X, Line	•		2 1,909	00
3	Illinois Income Tax withheld from Form IL	-1040 or IL-1040-X, Li	ne 25 only (enter " 0 " if n	none) 3 1,683	00_
4	Overpayment from Form IL-1040, Line 36	or IL-1040-X, Line 35	5	• ———	<u>00</u>
5	Total amount due from Form IL-1040, Lin	e 40 or IL-1040-X, Line	e 38	5 226	00_
6	Filing status: X Single Married fili	ng jointly Married	filing separately Wi	dowed Head of household	
7 8 9 10 11	Routing no. (RN): Account no. (AN): Checking Date the payment is to be electronically v Electronic funds withdrawal amount: Name on account:	Savings vithdrawn:/_/_		ot be accepted and refunds will be via paper o	
Ster	o 4: Taxpayer declaration and signa	ture (Sign only afte	er completing Step 2 a	and, if applicable, Step 3.)	
	I consent that my refund may be direc	tly deposited as desig	nated in Step 3 and decla	are the information on Lines 7 through 9 is puse as an agent to receive the refund.	
	I authorize the Illinois Department of F withdrawal as designated in the electro financial institutions involved in the pro necessary to answer inquiries and res	onic portion of my 2023 ocessing of an electror	Illinois Original or Amendatic overpayment of taxes	ed Individual Income Tax return. I authorize th	ne
5	I do not want direct deposit of my refu	nd, or an electronic fur	nds withdrawal (direct de	bit) of my balance due.	
returnand a	n originator (ERO) are identical. To the best accompanying information may be sent to II	t of my knowledge, my r DOR by my ERO. I auth	return is true, correct, and norize IDOR to inform my I	and the information I provided to my electronic complete. I consent that my return, this declar ERO and/or the transmitter when my return has y be corrected and retransmitted if possible.	
Sigi					
	Your signature	Date	, 3	(if joint return, both must sign) Date	
I dec	5 5: Electronic return originator (Efficience that I have examined this taxpayer's mation. I have followed all requirements cayer's return and accompanying information.	electronic Form IL-10 of this program and de	40 or IL-1040-X, the infor clare, under penalties of nd complete.	mation on this Form IL-8453, and accompar perjury, that to the best of my knowledge the	;
	ERO's signature		03/03/2024 Date	Check if paid preparer: X (See instruction	าร.)
	_		Date	5 0 0 0 0 0 7	_
ERC	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{OUT}} = \frac{0}{2} = \frac{2}{1} = \frac{0}{1} = \frac{8}{1} = \frac{2}{1} = \frac{7}{1} = \frac{0}{1}$	3
use	, 245 ROONEY CT			0 1 2 1 7 1 0 6 1	_
only	Mailing address			8 4 - 3 1 7 1 9 6 ! Federal employer identification number (FEIN)	<u> </u>
	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.

