| 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.

| MAN 304 | 06-1621 200 NAV MAULESH E DANIEL ST | | SOMANI 8209170 | 301 CHAMPAIGN | | | | | | | |
|----------------------------|--|--|--|---|--|---------------------------------|-------------------------------|---|--|--|--|
| D | | | | 2@GMAIL.CO | | | | | | | |
| | B Filing status: ⊠ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse | | | | | | | | | | |
| | | | _ | | | | | | | | |
| | | lies to you c | luring 2023: | Nonresider | it - Attach Sch. NR 🔀 Pa | rt-year resident - | | | | | |
| Sto 1 2 3 4 | ep 2: Income Federal adjusted gros Federally tax-exempt Other additions. Atta Total income. Add L | interest an ch Schedul | d dividend inc e M. | | r 1040-SR, Line 11. r federal Form 1040 or 104 | 0-SR, Line 2a. | 1 2 3 4 | e dollars only) 63,173.00 .00 .00 63,173.00 | | | |
| Sto 5 6 7 8 9 | Social Security benerin Line 1. Attach Page Illinois Income Tax ov Schedule 1, Ln. 1. Other subtractions. And Lines 5, 6, and 7 Illinois base income | ge 1 of feder erpayment i attach Sche 7. This is the | ral return. included in fed dule M. e total of your s | eral Form 104 subtractions. | | 5 6 7 | .00 .00 .00 8_ 9 | .00 63,173.00 | | | |
| ? — | ep 4: Exemptions - | | | | | | <u> </u> | 03,173.00 | | | |
| • | a Enter the exemptionb Check if 65 or olderc Check if legally bline | n amount fo er: | or yourself and ou + | your spouse. use # of c use # of c unt from Sched | See instructions. Checkboxes X \$1,000 = Checkboxes X \$1,000 = ule IL-E/EIC, Step 2, Line 1. | С | .00 | 2,425.00 | | | |
| Sto | ep 5: Net Income an | | | | | | | | | | |
| | Residents: Multiply I Nonresidents and p Recapture of investm | part-year re Line 11 by 4 part-year re nent tax cred | sidents: Enter .95% (.0495). sidents: Ente dits. Attach So | the Illinois ne Cannot be les r the tax from the | Schedule NR. | Attach Schedule | NR.11 12 13 14 | 21,114.00 1,045.00 .00 1,045.00 | | | |
| Sto | ep 6: Tax After Non | refundable | e Credits | | | | | | | | |
| 15 16 17 18 19 | Property tax, K-12 ed from Schedule ICR. A Credit amount from S | lucation exp Attach Sche Schedule 12 d 17. This is | pense, and vol edule ICR. 99-C. Attach the total of yo | unteer emerge Schedule 129 our credits. Car | ency worker credit amount 9-C. nnot exceed the tax amoun | 15 16 17 t on Line 14. | .00 .00 .00 18 19 | 0.00 1,045.00 | | | |
| | ep 7: Other Taxes | | | | | | | | | | |
| 20 21 | Use tax on internet, r in the instructions. D | mail order, o o not leave | r other out-of- blank. | • | es from UT Worksheet or U | | 20 | .00.00 | | | |
| ⁷ 22 ▼ 22 | Compassionate Use of | | - | am Act and sa | e of assets by gaming licen | see surcharges. | 22 23 | .00 1.045.00 | | | |
| - / < | DAMI DAV AND INDO | | | | | | 7.5 | 1 1145 1111 | | | |

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

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.



| 24 Total | al tax from Page 1, Line 23. | | | | | 24 | 1,045.00 | | | | |
|-------------------|--|---|-------------------------|-------------------------|--------------------|---|--------------------------------|--|--|--|--|
| Step 8: | Payments and Refunda | ble Credit | | | | | | | | | |
| 25 Illino | is Income Tax withheld. Att | ach Schedule IL-W | IT. | | 25 1 | ,087 _{.00} | | | | | |
| | nated payments from Forms | | | | | | | | | | |
| | ding any overpayment appl | | | | 26 | | | | | | |
| | s-through withholding. Attacl | | | | 27 | | | | | | |
| | s-through entity tax credit. At | | | | 28 | | | | | | |
| | ed Income Credit from Sche | | | | . 29 | | 1 007 00 | | | | |
| | l payments and refundabl | e credit. Add Lines | 25 through | 29. | | 30 | 1,087.00 | | | | |
| Step 9: | | | | | | | | | | | |
| | e 30 is greater than Line 24, | | | | | 31 | 42.00 | | | | |
| 32 If Lin | e 24 is greater than Line 30, | subtract Line 30 fro | m Line 24. | | | 32 | .00 | | | | |
| | : Underpayment of Esti | | • | onations | | | | | | | |
| | -payment penalty for underp | • | | | 33 | .00 | | | | | |
| | Check if at least two-thirds | | | - | | | | | | | |
| | Check if you or your spous | | - | - | - | | | | | | |
| СГ | Check if your income was I | not received evenly | during the | year and you annuali | zed your income o | on Form IL-2210 |). | | | | |
| 4 - | Attach Form IL-2210. Check if you were not requ | irad ta fila an Illina | ia Individual | Incomo Toy roturn in | the provious toy | /oor | | | | | |
| _ | ntary charitable donations. <i>I</i> | | | income fax return in | 34 | ,00 | | | | | |
| | I penalty and donations. A | | | | 34 | <u></u> 35 | .00 | | | | |
| | : Refund or Amount yo | | т. | | | | .00 | | | | |
| - | u have an amount on Line 3 | | ic greater th | an Line 35 subtract | Lino 35 from Lino | 21 | | | | | |
| - | is your overpayment . | i and this amount | is greater th | all Lille 55, Subtract | LINE 33 HOITI LINE | 36 | 42.00 | | | | |
| | | efunded to you. Cl | neck one bo | x on Line 38. See inst | tructions | 37 | 42.00 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | 38 I choose to receive my refund bya ☑ direct deposit - Complete the information below if you check this box. | | | | | | | | | | |
| a 🔼 | | | | | | | | | | | |
| | You may also contribute to college savings funds | Routing number | 0 7 1 0 | 0 0 0 0 1 3 | X Checkin | g or Saving | gs | | | | |
| | here. See instructions! | Account number | 8 8 5 9 | 9 0 2 3 1 | | | | | | | |
| . . | 1 | | | | | | | | | | |
| |] paper check. unt to be credited forward. | Subtract Line 27 fr | om Lino 26 | Saa instructions | | 39 | .00 | | | | |
| | | | | | | | .00 | | | | |
| - | u have an amount on Line | | _ | | | | | | | | |
| | ss than Line 35, subtract Lin | | | and 32 are blank (ze | ero), enter the am | | 00 | | | | |
| Irom | Line 35. This is the amoun | t you owe. See ins | structions. | | | 40 | .00 | | | | |
| Step 12 | 2: Health Insurance Che | eckbox and Sigr | nature | | | | | | | | |
| | Check this box and include | | | | | | | | | | |
| | agencies in order to determ | ine your eligibility for | or health ins | urance benefits. See | instructions for m | ore information. | | | | | |
| 0: | ma Note 16 (1.2.2. 1.2.1.1.1.1 | | | | | | | | | | |
| | Ire - Note: If this is a joint reti enalties of perjury, I state the | | | | my knowlodgo iti | io truo correct | and complete | | | | |
| Officer po | enames of perjury, i state ti | iat i liave examine | u tilis returi | i, and to the best of i | ily kilowieuge, it | is true, correct, | and complete. | | | | |
| Sign | Your signature | Date (mm/dd/yyyy) | Spouse's sig | nature | Date (mm/dd/yyyy) | Daytime phone | number | | | | |
| Here | | (1999) | 1 3 | | 2 410 (| | -1992 | | | | |
| | Print/Type paid preparer's nam | 10 | Paid propara | r'e signature | Data (mm/dd/:===) | · / | - 1992 Paid Preparer's PTIN | | | | |
| Paid | | rint/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2024 | | | | | | | | | |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA | self-employed I | | | | | | | | | |
| Use Only | Firm's name GLOBA | Firm's FEIN | 843171965 | | | | | | | | |
| T1. 1 1 | | | BRUNSWIC | KNJ 08816 | Firm's phone | (678) 965 | | | | | |
| Third | Designee's name (please print | Check if the Department may | | | | | | | | | |
| Party Designee | | | | () | | discuss this return with the third party designee shown in this step. | | | | | |
| Pesignee | Defende (1 - 22 | 00 11 40404 | - 4 · · · · · · · · · · | - for the 11 | | | onown in tillo step. | | | | |
| | Refer to the 20. | 23 IL-1U4U INS | struction | s tor the addre | ss to mail yo | 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 NR

Attach to your Form IL-1040

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

| | MANAV MAULESH SOMANI | 7 4 1 _ 0 6 _ 1 6 2 1 |
|---|--|---|
| | Your name as shown on your Form IL-1040 | Your Social Security number |
| S | tep 1: Provide the following informat | ion |
| 1 | Were you, or your spouse if "married filing jointly," a full-year | r resident of Illinois during the tax year? |
| | Yes X No If you answered "Yes," | you cannot use this form (see instructions). |
| 2 | If you, or your spouse if "married filing jointly," were a part-y | rear resident during the tax year, tell us your residency dates for 2023. |
| í | a I lived in Illinois from $\frac{05}{\text{Month}}$ / $\frac{30}{\text{Day}}$ / $\frac{2}{3}$ to $\frac{08}{\text{Month}}$ / $\frac{11}{\text{Day}}$ / Year | I lived in Texas from/ / 2 3 to/ / 2 3 State Month Day Year Month Day Year |
| ı | b My spouse lived in Illinois from// / 2_3 to/_ Month Day Year Month | / <u>2 3</u> , and from / / <u>2 3</u> to / / <u>2 3</u> Day Year State Month Day Year Month Day Year |
| 3 | | ng the tax year, if you were in Illinois only to accompany your spouse who onber spouse's state of residence for tax purposes, check the appropriate box. |
| 4 | Iowa Kentucky Michigan List any state other than Illinois or any states already indica Enter the two-letter abbreviation of that state. | Wisconsin Military Spouse ted on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. |
| C | tep 2: Complete Form IL-1040 complete Lines 1 through 10 of your Form IL-1040, Individual e remainder of this schedule following the instructions for you | l Income Tax Return, as if you were a full-year Illinois resident. Then, complete r residency. Attach Schedule NR to your Form IL-1040. |
| | tep 3: Figure the Illinois portion of your the amounts from your federal return in Column A. R. | |

| | | | Column A Federal Total | Column B Illinois Portion |
|----|---|------|---------------------------|------------------------------|
| 5 | Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5 _ | 63,173.00 | 21,958.00 |
| 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 | | 20 | 21,958.00 |

Continue with Step 3 on Page 2



Schedule NR - Page 2

| _ | | | | |
|---|--|--|--|--|
| Step | 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 | 21,958.00 |
| | 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) | 23 _ | .00 | .00 |
| 24 | 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, | | | |
| | Schedule 1, Line 14) | _ | | |
| | Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 _ | .00 | .00 |
| 27 | Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, | | | |
| | Schedule 1, Line 16) | | .00 | |
| | Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | | | |
| 29 | | | | |
| 30 | Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | | | .00 |
| | IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 _ | .00 | |
| 32 | Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 _ | .00 | .00 |
| 33 | RESERVED | 33 | | |
| 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 | 63,173.00 | |
| | | - | 20 | 21,958.00 |
| | Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro | JSS II | ncome. 38 | 21,956.00 |
| | tructions for Column B to properly complete this step. | | Form IL-1040 Total | Illinois Portion |
| 33 | Foderally tay assemblisherest and dividend income (Form II 1010 Line 2) | 20 | 00 | 00 |
| 40 | 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 | . <u>00</u> 4 1 | |
| 41 | Other additions (Form IL-1040, Line 3) | 40 | .00 | .00 |
| 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 | . <u>00</u> 4 1 | .00 |
| 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) | 40 <u>42 </u> 43 <u>-</u> | .00 41 .00 | .00 21,958.00 .00 |
| 41 42 43 44 | 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) | 40 <u>42 </u> 43 <u>-</u> | .00 41 .00 .00 | .00 21,958.00 .00 |
| 41 42 43 44 | 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) | 40 <u>42 </u> 43 <u>-</u> | .00 41 .00 | .00 21,958.00 .00 |
| 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 | 40 <u>42 </u> 43 <u>-</u> | .00 41 .00 .00 | .00 21,958.00 .00 .00 |
| 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. | 40 <u>42 </u> 43 <u>-</u> | .00 41 .00 .00 | .00 21,958.00 .00 .00 |
| 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. | 40 _ 42 _ 43 _ 44 _ | .00 41 .00 .00 .00 45 | .00 21,958.00 .00 .00 .00 |
| 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. | 40 _ 42 _ 43 _ 44 _ | .00 41 .00 .00 .00 .45 | .00 21,958.00 .00 .00 .00 |
| 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 _ 42 _ 43 _ 44 _ | .00 41 .00 .00 .00 .45 46 | .00 21,958.00 .00 .00 .00 |
| 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 63,173.00 | .00 21,958.00 .00 .00 .00 |
| 41 42 43 44 45 Step 46 47 48 49 | 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 | .00 21,958.00 .00 .00 .00 |
| 41 42 43 44 45 Step 46 47 48 49 | 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 63,173.00 0 • 348 2,425.00 | .00 21,958.00 .00 .00 .00 .00 |
| 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 63,173.00 | .00 21,958.00 .00 .00 .00 |
| 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 63,173.00 0 • 348 2,425.00 50 | |
| 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 63,173.00 0 • 348 2,425.00 | .00 21,958.00 .00 .00 .00 .00 |
| 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. | 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49 | .00 41 .00 .00 .00 45 46 63,173.00 0 • 348 2,425.00 50 | |
| 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 _ 44 _ 48 _ 49 | .00 41 .00 .00 .00 45 46 63,173.00 0 • 348 2,425.00 50 | |
| 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 _ 44 _ 48 _ 49 | .00 41 .00 .00 .00 45 46 63,173.00 0 • 348 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 | 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)

| | NAV MAULESH : ur name as shown | | | 7 4 Your Socia | <u>1</u> I Security nur | 0 6 nber | _16 | 6 2 1 | | |
|---|-----------------------------------|---|-------------|--|----------------------------|--|-------|---|--|--|
| | Column A Form type | Column B Employer/Payer Identification Number | Federal Wag | Column C ges, Winnings, Gro s, Compensation, e | | Column D Wages, Winnings, Gr tions, Compensation | oss I | Column E Illinois Income Tax Withheld | | |
| 1 | W | 37-6000511 | _ \$ | 21,958 .00 | \$ | 21,958 <u>•00</u> | \$_ | 1,087 .00 | | |
| 2 | | | _ \$ | •00 | \$ | •00 | \$_ | •00 | | |
| 3 | | | _ \$ | •00 | \$ | •00 | \$_ | •00 | | |
| 4 | | | _ \$ | •00 | \$ | •00 | \$_ | •00 | | |
| 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 | ur 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, | | | | | | |
| 6 | | | \$ | <u>•00</u> | \$ | •00 | \$ | •00 | | | |
| 7 | | | \$ | •00 | \$ | •00 | \$ | •00 | | | |
| 8 | | | \$ | •00 | \$ | •00 | \$ | •00 | | | |
| 9 | | | \$ | •00 | \$ | •00 | \$ | •00 | | | |
| 10 | | | \$ | •00 | \$ | <u>•00</u> | \$ | •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 \$ 1,087**.00**

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





Illinois Department of Revenue

| | | | | | _ | | | | | | | | _ | | | | | | | |
|---------------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| Submission ID | | | | | | | | | | | | | | | | | | | | |

| 2023 | L-8453 | 3 Illinois | Individual | Income | Tax Elect | ronic Filir | ng Dec | laration |
|------|--------|------------|------------|--------|-----------|-------------|--------|----------|
| | | | | | | | | |

| <i>∞</i> | (Do not mail Form IL-8453 | to the Illinois Depart | ment of Revenue unl | ess it is requested for review.) |
|------------------------------|--|--|---|---|
| Step | 1: Provide taxpayer information | SOMAN | | 7 4 1 _ 0 6 _ 1 6 2 1 |
| Deins | | name (and last name if differer | t) Last name | Social Security number |
| or | 304 E DANIEL ST 301 | | | |
| type | Mailing address | | 61000 0100 | Spouse's Social Security number |
| | CHAMPAIGN | IL State | 61820-9170 ZIP | - (447) 902-1992 Daytime phone number |
| - | City | | | |
| | 2: Complete information from | | Choose one: | |
| | Net income from Form IL-1040 or IL-1 | | | $\frac{1}{2} \frac{21,114}{1045100}$ |
| | Tax from Form IL-1040 or IL-1040-X, | | : OF (OII :f | 21,045 00 one) 31,087 00 |
| | llinois Income Tax withheld from Forn Overpayment from Form IL-1040, Line | | | 4 42 I 00 |
| | Total amount due from Form IL-1040, | | | 5I_00 |
| | Filing status: X Single Married | | | |
| | 3: Complete direct deposit of I | | | |
| withir 7 F 8 A 9 1 10 E 11 E | The United States or those not funder Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | d by international funds. E 0 0 1 3 0 0 2 3 1 Savings ly withdrawn:/_/_/ | Electronic payments will no | g., debit, deposit) with financial institutions located t be accepted and refunds will be via paper check |
| | | | | |
| Step | 4: Taxpayer declaration and signature I consent that my refund may be discorrect. If I have filed a joint return | rectly deposited as design | gnated in Step 3 and decla | nd, if applicable, Step 3.) are the information on Lines 7 through 9 is buse as an agent to receive the refund. |
| | | ctronic portion of my 2023 processing of an electro | B Illinois Original or Amende onic overpayment of taxes | ent to initiate an ACH electronic funds ed Individual Income Tax return. I authorize the to receive confidential information |
| Г | I do not want direct deposit of my r | efund, or an electronic fu | ınds withdrawal (direct del | oit) of my balance due. |
| return and a | n originator (ERO) are identical. To the luccompanying information may be sent | pest of my knowledge, my to IDOR by my ERO. I aut | return is true, correct, and otherse IDOR to inform my E | and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has y be corrected and retransmitted if possible. |
| Sign | 1 | | | |
| here | Your signature | Date | Spouse's signature (| if joint return, both must sign) Date |
| I decl | | er's electronic Form IL-10 Its of this program and de | 040 or IL-1040-X, the infor eclare, under penalties of p | ignature mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the |
| | ERO's signature | | 03/09/2024 Date | Check if paid preparer: (See instructions.) |
| ERO | GLOBAL TAXES LLC | | | <u>P 0 2 0 8 2 7 0 3</u> |
| use | Firm's name or your name if self-employed | | | Your PTIN |
| only | 245 ROONEY CT Mailing address | | | 8 4 - 3 1 7 1 9 6 Federal employer identification number (FEIN) |
| | · · | NT T | 00016 | (678) 965-9522 |
| | E BRUNSWICK City | NJ State | 08816 | 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.

