

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

REV 02/14/24 PRO

752-82-7322

Your Social Security number

Spouse's Social Security number

Your payment is due April 15, 2024.

\$ 276.00
Payment amount

PRIYANKA MUNDRATHI
5451 N EAST RIVER RD
CHICAGO IL 60656

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

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



104081223 6 2 752827322 5 13211404 6 000027600



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

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.

A

752-82-7322 1998

PRIYANKA

MUNDRATHI

5451 N EAST RIVER RD

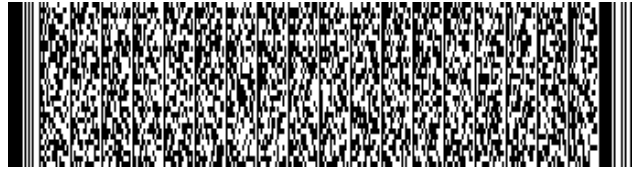
CHICAGO

IL

60656

COOK

PRIYANKAMUNDRATHI15@GMAIL.COM



B Filing status: [X] 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

D Check the box if this applies to you during 2023: [] Nonresident - Attach Sch. NR [] Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Amount: 8,000.00. Line 2: Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Amount: .00. Line 3: Other additions. Attach Schedule M. Amount: .00. Line 4: Total income. Add Lines 1 through 3. Amount: 8,000.00.

Step 3: Base Income

Table with 2 columns: Line number and Amount. Line 5: Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Amount: .00. Line 6: Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Amount: .00. Line 7: Other subtractions. Attach Schedule M. Amount: .00. Line 8: Add Lines 5, 6, and 7. This is the total of your subtractions. Amount: .00. Line 9: Illinois base income. Subtract Line 8 from Line 4. Amount: 8,000.00.

Step 4: Exemptions - See instructions for income limitations

Table with 2 columns: Line number and Amount. Line 10a: Enter the exemption amount for yourself and your spouse. See instructions. Amount: 2,425.00. Line 10b: Check if 65 or older: [] You + [] Spouse # of checkboxes X \$1,000 = Amount: .00. Line 10c: Check if legally blind: [] You + [] Spouse # of checkboxes X \$1,000 = Amount: .00. Line 10d: If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. Amount: 0.00. Line 10: Exemption allowance. Add Lines 10a through 10d. Amount: 2,425.00.

Step 5: Net Income and Tax

Table with 2 columns: Line number and Amount. Line 11: Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. Amount: 5,575.00. Line 12: Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Amount: 276.00. Line 13: Recapture of investment tax credits. Attach Schedule 4255. Amount: .00. Line 14: Income tax. Add Lines 12 and 13. Cannot be less than zero. Amount: 276.00.

Step 6: Tax After Nonrefundable Credits

Table with 2 columns: Line number and Amount. Line 15: Income tax paid to another state while an Illinois resident. Attach Schedule CR. Amount: .00. Line 16: Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. Amount: .00. Line 17: Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Amount: .00. Line 18: Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Amount: 0.00. Line 19: Tax after nonrefundable credits. Subtract Line 18 from Line 14. Amount: 276.00.

Step 7: Other Taxes

Table with 2 columns: Line number and Amount. Line 20: Household employment tax. See instructions. Amount: .00. Line 21: Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Amount: 0.00. Line 22: Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Amount: .00. Line 23: Total Tax. Add Lines 19, 20, 21, and 22. Amount: 276.00.

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 276.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 .00
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
 27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00
 28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00
 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. **Attach** Schedule IL-E/EIC. 29 .00
 30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 .00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 .00
 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 276.00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
 a Check if at least two-thirds of your federal gross income is from farming.
 b Check if you or your spouse are 65 or older and permanently living in a nursing home.
 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.
 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
 34 Voluntary charitable donations. **Attach** Schedule G. 34 .00
 35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 .00
 37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 .00
 38 I choose to receive my refund by
 a **direct deposit** - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number	<input type="text"/>	<input type="checkbox"/>	Checking or	<input type="checkbox"/>	Savings
Account number	<input type="text"/>				

b **paper check**.
 39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00
 40 **If you have an amount on Line 32**, add Lines 32 and 35. **If you have an amount on Line 31**, and this amount is less than Line 35, subtract Line 31 from Line 35. **If Lines 31 and 32 are blank (zero)**, enter the amount from Line 35. This is the **amount you owe**. See instructions. 40 276.00

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 Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					(314) 861-9838
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	SYAM PRIYA RAM SAGAR GUPTA TALLAM		SYAM PRIYA RAM SAGAR GUPTA TALLAM		03/03/2024
	Firm's name	GLOBAL TAXES LLC		Firm's FEIN	843171965
	Firm's address	245 ROONEY CT E BRUNSWICKNJ 08816		Firm's phone	(678) 965-9522
Third Party Designee	Designee's name (please print)			Designee's phone number	
				()	
					<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.

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



Illinois Department of Revenue

Submission ID boxes

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.

Step 1: Provide taxpayer information

Form fields for Step 1: Name (PRIYANKA MUNDRATHI), Social Security number (752-82-7322), Mailing address (5451 N EAST RIVER RD, CHICAGO, IL 60656), Spouse's Social Security number ((314) 861-9838), Daytime phone number.

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

Form fields for Step 2: 1 Net income from Form IL-1040 or IL-1040-X, Line 11 (5,575.00); 2 Tax from Form IL-1040 or IL-1040-X, Line 14 (276.00); 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (0.00); 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 (0.00); 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 (276.00); 6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN); 8 Account no. (AN); 9 Type of account: [] Checking [] Savings; 10 Date the payment is to be electronically withdrawn: ___/___/___; 11 Electronic funds withdrawal amount: ___ | 00; 12 Name on account.

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date.

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature (GLOBAL TAXES LLC), Date (03/03/2024), Firm's name or your name if self-employed (GLOBAL TAXES LLC), Mailing address (245 ROONEY CT, E BRUNSWICK, NJ 08816), Check if paid preparer: [X] (See instructions.), Your PTIN (P 02082703), Federal employer identification number (FEIN) (84-3171965), Daytime phone number ((678) 965-9522).

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.

