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

0.5.6	75 2570 2000					
		CONT				
YAN	V I	SONI				
304	E. DANIEL ST		501			
CHAI	MPAIGN I	L 61820	CHAMPAIGN			
		YANVI5900@0	GMAIL.COM			
Fili	ng status: 🛛 Single 📗	Married filing joint	tly Married filing separately	☐ Widowed ☐ Head of	household	
Ch	eck If someone can claim	vou. or vour spouse	if filing jointly, as a dependent. So	ee instructions.	Spouse	
				_	-	ND
		s to you during 2023.	. Monresident - Attach Sch	. NR Part-year resident -		
	-				(VVIIOI	e dollars only)
					1	14,970.00
			income nom your lederal Form	1040 01 1040-SK, Lille Za.		.00 .00
4					4	14,970.00
Ste	p 3: Base Income					
5	Social Security benefits	and certain retireme	ent plan income received if inclu			
_				5	.00	
6		payment included in t	federal Form 1040 or 1040-SR,	6	00	
7		nch Schedule M		7		
8			ur subtractions.		8	.00
9	Illinois base income. S	Subtract Line 8 from	Line 4.		9	14,970.00
Ste	p 4: Exemptions - See	e instructions for inc	ome limitations			
10						
					.00	
				d	0.00	
			1 40 1			0 40-
	Exemption allowance.	Add Lines 10a throu	ugn 10a.		10	2,425.00
Ste	Exemption allowance. p 5: Net Income and		ugn 10a.		10	2,425.00
	p 5: Net Income and Residents: Net income	Tax e. Subtract Line 10 fi	rom Line 9.			
11	p 5: Net Income and Residents: Net income Nonresidents and part	Tax e. Subtract Line 10 fi <i>t-year residents:</i> Er	rom Line 9. nter the Illinois net income from S	Schedule NR. Attach Schedule		12,545.00
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11 12 13 14 Ste 15 16 17 18 19 Ste	Residents: Net income Nonresidents: Multiply Line Nonresidents and part Residents: Multiply Line Nonresidents and part Recapture of investmen Income tax. Add Lines p 6: Tax After Nonref Income tax paid to anoth Property tax, K-12 eduction Schedule ICR. Atta Credit amount from Schedule ICR. Atta C	Tax e. Subtract Line 10 fit-year residents: Ere 11 by 4.95% (.049 fit-year residents: Ere 11 tax credits. Attach 12 and 13. Cannot be fundable Credits her state while an Illiation expense, and ach Schedule ICR. This is the total of the credits. Subtract tax. See instruction if order, or other out-	rom Line 9. Inter the Illinois net income from States the Illinois net income from States than zero. Inter the tax from Schedule NR. In Schedule 4255. In Schedule 4255. In Schedule 4256. In Schedul	CR. 15edit amount 1617etax amount on Line 14.	NR.11	12,545.00 621.00 .00 621.00 0.00 621.00
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	YANY 304 CHAP CHAP Chap Chap Ste 1 2 3 4 Ste 5 6 7 8 9 Ste	Check If someone can claim Check the box if this applies Step 2: Income Federal adjusted gross in Federally tax-exempt in Other additions. Attach Total income. Add Line Step 3: Base Income Step 3: Base Income Illinois Income Tax overy Schedule 1, Ln. 1. Other subtractions. Atta Add Lines 5, 6, and 7. T Illinois base income. S Step 4: Exemptions - See Total Security benefits In Line 1. Attach Page Illinois Income Tax overy Schedule 1, Ln. 1. The other subtractions. Atta Add Lines 5, 6, and 7. T Illinois base income. S Step 4: Exemptions - See The other incomes income. S Total Check if 65 or older: Check if legally blind If you are claiming dep	YANVI SONI 304 E. DANIEL ST CHAMPAIGN IL 61820 YANVI5900@ Filling status: Single Married filing joint Check If someone can claim you, or your spouse Check the box if this applies to you during 2023 Step 2: Income 1 Federal adjusted gross income from your fed 2 Federally tax-exempt interest and dividend in 3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. Step 3: Base Income 5 Social Security benefits and certain retiremed in Line 1. Attach Page 1 of federal return. 6 Illinois Income Tax overpayment included in 1 Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of you 9 Illinois base income. Subtract Line 8 from Step 4: Exemptions - See instructions for incomes and the second of th	SONI 304 E. DANIEL ST CHAMPAIGN IL 61820 CHAMPAIGN YANVI5900@GMAIL.COM Filling status: Single Married filing jointly Married filing separately Check If someone can claim you, or your spouse if filing jointly, as a dependent. Some the box if this applies to you during 2023: Nonresident - Attach Scheck the box if this applies to you during 2023: Nonresident - Attach Scheck the box if this applies to you during 2023: Nonresident - Attach Scheck the box if this applies to you during 2023: Nonresident - Attach Scheck the box if this applies to you during 2023: Nonresident - Attach Scheck the box if this applies to you during 2023: Nonresident - Attach Scheck If Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 2 Federally tax-exempt interest and dividend income from your federal Form 3 Other additions. Attach Schedule M. Total income. Add Lines 1 through 3. Step 3: Base Income 5 Social Security benefits and certain retirement plan income received if incluin Line 1. Attach Page 1 of federal return. 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 9 Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See instruction b Check if 65 or older: You + Spouse # of checkboxes X c Check if legally blind: You + Spouse # of checkboxes X d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, St	SONI SONI S	SONI SONI CHAMPAIGN IL 61820 CHAMPAIGN YANVI5900@GMAIL.COM Filing status: Single Married filing jointly Married filing separately Widowed Head of household Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. Step 2: Income (Whol 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 3 Other additions. Attach Schedule M. 3 Total income. Add Lines 1 through 3. Step 3: Base Income 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 Jillinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2, 425,00 b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = c

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





24 Tot	al tax from Page 1, Line 23.						24	621 .00
Step 8:	Payments and Refunda	ble Credit						
25 Illino	ois Income Tax withheld. Atta	ach Schedule IL-W	IT.			25	671.00	
26 Estir	mated payments from Forms	IL-1040-ES and II	505-I,					
inclu	ıding any overpayment appli	ed from a prior yea	ar return.			26	.00	
27 Pass	s-through withholding. Attach	n Schedule K-1-P o	r K-1-T.			27	.00	
28 Pass	s-through entity tax credit. At	tach Schedule K-1	-P or K-1-T.			28	.00	
29 Earn	ned Income Credit from Sche	dule IL-E/EIC, Step	4, Line 9. A	ttach S	chedule IL-E/EIC	. 29	41.00	
30 Tota	l payments and refundable	e credit. Add Lines	25 through	29.			30	712.00
Step 9:	Total							
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 fror	m Line 30.				31	91.00
32 If Lin	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.				32	.00
Step 10	: Underpayment of Esti	mated Tax Pena	Ity and Do	natio	ns			
33 Late	-payment penalty for underp	payment of estimate	ed tax.			33	.00	
a [Check if at least two-thirds	of your federal gro	ss income is	from	farming.			
	Check if you or your spous		-	-	_	-		
c [Check if your income was r	not received evenly	during the y	ear ar	nd you annuali	zed your income of	on Form IL-221	0.
-l -	Attach Form IL-2210.				- , .			
	Check if you were not requ			Incom	e iax return in			
	intary charitable donations. A Il penalty and donations. A					34	<u>.00</u> 35	.00
	• •		+.					
-	: Refund or Amount you		i	1 i	- 25	line OF frame Line	24	
-	u have an amount on Line 3 is your overpayment .	1 and this amount	is greater th	an Line	e 35, subtract	Line 35 from Line	31. 36	91.00
	ount from Line 36 you want re	ofunded to you. Ch	neck one hov	on Liu	ne 38. See incl	tructions	36 37	91.00
	•	-	icck one box	V OIT LII	10 00. 000 11131	iluotions.	<u> </u>	
	oose to receive my refund by		la ifa ala	l - 4l-	ia hav			
a <u>I</u>	direct deposit - Complete							
	You may also contribute to college savings funds	Routing number	0 7 1 0	0	0 0 1 3	X Checkir	ng or Savir	ngs
	here. See instructions!	Account number	8 8 6 0	2	9 9 8 9			
ь г	7							
] paper check. ount to be credited forward. S	Subtract Line 27 fre	m Line 26 (Coo in	atrustians.		39	00
								.00
-	ou have an amount on Line		-					
	ss than Line 35, subtract Lin			and 32	z are blank (ze	ero), enter the am	ount 40	00
	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 determi	ne your eligibility for	or health ins	urance	benefits. See	instructions for m	ore information	٦.
Cianoti	uno. Noto: If this is a laint not	uma da a tha suasu a sa al suo			un la alasse			
	.ire - Note: If this is a joint retue enalties of perjury, I state the					my knowledge it	is true correct	t and complete
Onder p	challes of perjury, I state th	iat i iiave examine	a tino retarri	, and t	o the best of i	ny knowicage, it	is true, correc	i, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phone	e number
Here						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2-1993
	Print/Type paid preparer's nam	e	Paid prepare	r's sian	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA				R GUPTA TALLAM	03/14/2024		P02082703
Preparer			DIAM IKIIA K	AN DAGA	IK GOLIA TABBAN			
Use Only		L TAXES LLC				Firm's FEIN	84317196	
Third			BRUNSWICE			Firm's phone	(678) 965	
Third Party	Designee's name (please print)		Design	nee's phone nun	nber	_	e Department may eturn with the third
Designee				()			e shown in this step.
_00.91100		22 11 1010 1-	truction	o for	the edder	se to mail ::		
	Refer to the 202	23 IL-1040 INS	struction.	s ior	ure addre	รร เบ man 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 IL-E/EIC Illinois Exemption and Earned Income Tax Credit

Attach to your Form IL-1040

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming

- · dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3).

New for 2023! Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

with an Individual Taxpayer Identification Number (ITIN), or

Step 1: Provide the following information

 without a qualifying child and is at least age 18 or older (including taxpayers over ages 65). The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Warning: If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

YANVI SONI	8	5	6	7	5	_ 2	5	7	0
Your name as shown on your Form IL-1040	Your Soc	cial Secu	urity numl	oer					

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit

1 Multiply the total number of dependents you are claiming by \$2,4250 X \$	2,425.	
Enter the result here and on Form IL-1040, Line 10d.	1	0.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit







Number

Illinois Earned Income Tax Credit

Complete this section only if you qualify for the Illinois EITC. New for 2023, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. Note: You must complete the table in Step 3 only if you are claiming a qualifying child not included in Step 2. Attach: a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
2 2 3 3 4	1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. If you report an amount on Line 2, you must answer the question in Line 2a below. 2									
6 7 8	 Step 4: Figure your Illinois EITC If you qualify for the federal EITC, go to Line 6. If you do not qualify for the federal EITC, but do qualify for the Illinois EITC, check this box and complete the Illinois Expanded EITC Worksheet on Page 3 before continuing to Line 6. See instructions to find out if you qualify. Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, or the amount from the Illinois Expanded EITC Worksheet, Line 23. Multiply the amount on Line 6 by 20% (0.2). Illinois residents: Enter 1.0. Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. Multiply Line 7 by the decimal on Line 8. This is your Illinois EITC. Enter this amount here and on your Form IL-1040, Line 29. 41.00 									



Illinois Expanded EITC Worksheet - Complete only if you checked the box on Step 4, Line 5.

Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z.
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).
- 3 Subtract Line 2 from Line 1 and enter the result.
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income.
- Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6.
- 6 Enter the amount from federal Schedule SE, Part I, Line 3.
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a.
- 8 Add Lines 6 and 7 and enter the result.
- 9 Enter the amount from federal Schedule SE, Part I, Line 13.
- 10 Subtract Line 9 from Line 8 and enter the result.
- 11 Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A.
- 12 Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming).
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee.
- 14 Add Lines 10, 11, 12, and 13 and enter the total.
- 15 Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero.
- 16 Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?

If yes, continue to Part 2. If No, STOP; you do not qualify for the Illinois EITC.

Table 1 F	-ederal	EITC	Income	Limits
-----------	---------	------	--------	--------

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	\$17,640	\$24,210
One	\$46,560	\$53,120
Two	\$52,918	\$59,478
Three	\$56,838	\$63,398

14,970 **16** Yes |x|

14,970

Part 2 Your Federal EITC Calculation

- 17 Enter your total earned income from Part 1. Line 15.
- 18 Look up the amount on Line 17 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI).
- **20** Are the amounts on Lines 17 and 19 the same?

If Yes, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If No, go to Line 21.

- 21 If you have:
 - No qualifying children, is the amount on Line 19 less than \$9,800 (\$16,370 if married filing jointly)?
 - 1 or more qualifying children, is the amount on Line 19 less than \$21,560 (\$28,120 if married filing
- 22 If Line 21 is Yes, leave Line 22 blank and enter the amount from Line 18 on Line 23. If Line 21 is No, look up the amount on Line 19 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.

♦ 18				204
19				14,970
4 20	Yes	X	No	

14,970

)	
♦ 22	
	204

21 Yes





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	M	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)

	<u>NVI SONI</u> ur name as shown	on Form IL-1040	8 5 9 Your Social Se		7 5 – 2 er	2 5	70	
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C es, Winnings, Gross , Compensation, etc.	Illinois Wa	Column D iges, Winnings, Gros ns, Compensation, e	s Illi	column E nois Income ax Withheld
1	W	37-6000511	\$	5,781 .00	\$	5,781 <u>•00</u>	\$	216 .00
2	W	83-2312213	\$	9,189 .00	\$	9,189 <u>•00</u>	\$	455 •00
3			_ \$	•00	\$	•00	\$	<u>•00</u>
4			\$	•00	\$	•00	\$	<u>•00</u>
5			\$	•00	\$	<u>•00</u>	\$	•00

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.	Col Illinois Wages Distributions, C	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	\$	<u>•00</u>	
10			\$	<u>•00</u>	\$	•00	\$	<u>•00</u>	

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 \$ 671**.00**

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





Illinois Department of Revenue

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2023 IL-8453 Illinois Indivi	idual Income Tax Ele	ectronic Filing Declaration
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24			ineni oi Revenue ui	nless it is requested for review.)
Step	1: Provide taxpayer information YANVI	nation SONI		8 5 6 _ 7 5 _ 2 5 7 0
		se's first name (and last name if differen	nt) Last name	Social Security number
Print	304 E. DANIEL ST 501	,	•	
or type	Mailing address			Spouse's Social Security number
.,,,,	CHAMPAIGN	IL	61820	(447) 902-1993
	City	State	ZIP	Daytime phone number
Step	2: Complete information	rom tax return	Choose one: 🗙	IL-1040 IL-1040-X
1 N	let income from Form IL-1040	or IL-1040-X, Line 11		1 <u>12,545</u> <u>00</u>
	ax from Form IL-1040 or IL-10			2 621 _00
3 II	linois Income Tax withheld fron	n Form IL-1040 or IL-1040-X, I	ine 25 only (enter "0" if	none) 3671 <u>00</u>
4 (Overpayment from Form IL-104	0, Line 36 or IL-1040-X, Line 3	35	4 91 _00
	otal amount due from Form IL-			5l <u>00</u>
6 F	iling status: X Single N	larried filing jointly Marrie	d filing separately W	/idowed Head of household
within 7 F 8 A 9 T 10 E 11 E 12 N	the United States or those not Routing no. (RN): $\frac{0}{0}$ $\frac{7}{7}$ $\frac{1}{1}$ Account no. (AN): $\frac{8}{0}$ $\frac{8}{0}$ $\frac{6}{0}$ Type of account: $\frac{\times}{0}$ Checkin Date the payment is to be electrical Electronic funds withdrawal amounts.	funded by international funds. I 0 0 0 0 0 1 3 0 2 9 9 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Electronic payments will n	e.g., debit, deposit) with financial institutions locate ot be accepted and refunds will be via paper chec — —
Step	4: Taxpayer declaration ar	ıd signature (Sign only aft	er completing Step 2	and, if applicable, Step 3.)
×				lare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
	withdrawal as designated in t financial institutions involved	he electronic portion of my 2023	3 Illinois Original or Ameno onic overpayment of taxes	gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the s to receive confidential information
	I do not want direct deposit o	of my refund, or an electronic fu	unds withdrawal (direct de	ebit) of my balance due.
return and a	originator (ERO) are identical. T ccompanying information may be	o the best of my knowledge, my e sent to IDOR by my ERO. I au	return is true, correct, and thorize IDOR to inform my	and the information I provided to my electronic I complete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign		Date	Spouso's signature	e (if joint return, both must sign) Date
	Your signature			
I decl		axpayer's electronic Form IL-1 rements of this program and d	040 or IL-1040-X, the info eclare, under penalties of and complete.	ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
	ERO's signature		03/14/2024 Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-emplo	yed		Your PTIN
use only	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
Jilly	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).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

