

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

or for fiscal year ending

Step 1: Pers	onal Infor	matio	on Enter personal i	nformation and Social	Security numbers (SSN).	You must provide the entire $\ensuremath{SSN}(s)$ - no partial \ensuremath{SSN}	SN.
Α							
712-04-9703 RAHUL NILES		0	THAKER				
304 EAST DA	ANIEL STI	REET IL	61820	CHAMPAIGN			
CHAMPAIGN		ТП	RTHAKER3@IL			nala telepungkeleten kerikan ke	
B Filing status:	X Single				separately Widow	ed 🔲 Head of household	

C Check If someone can claim you, or your spouse if	f filing jointly, as a dependent. See instructions. 🔲 You 🔲 Spouse
D Check the box if this applies to you during 2023:	Nonresident - Attach Sch. NR Dart-year resident - Attach Sch. NR

	Ste	p 2: Income		(Whole	e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.		1	35,411.00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040	-SR, Line 2a.	2	.00
	3	Other additions. Attach Schedule M.		3	.00
	4	Total income. Add Lines 1 through 3.		4	35,411.00
	Ste	p 3: Base Income			
$\mathbf{\nabla}$	5	Social Security benefits and certain retirement plan income received if included			
		in Line 1. Attach Page 1 of federal return.	5	.00	
ere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	•		
s h	-	Schedule 1, Ln. 1.	6	.00	
Ű,	7 8	Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions.	/	<u>.00</u> 8	00
foi	9	Illinois base income. Subtract Line 8 from Line 4.		0 9	.00 35,411.00
and 1099 forms here					55,111.00
10		p 4: Exemptions - See instructions for income limitations	a 2,42	5 00	
pu	10	a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: □ You + □ Spouse # of checkboxes X \$1,000 =		.00	
2 a		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 =	b	.00	
ž		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	0	.00	
ole		Attach Schedule IL-E/EIC.	d	0.00	
Staple W-2		Exemption allowance. Add Lines 10a through 10d.		10	2,425.00
S	Ste	p 5: Net Income and Tax			
		Residents: Net income . Subtract Line 10 from Line 9.			
Т		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. A	Attach Schedule	NR. 11	32,986.00
	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.		12	1,633.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	`	13	.00
0		Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	1,633 _{.00}
104		p 6: Tax After Nonrefundable Credits			
Ľ		Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00	
p	16	Property tax, K-12 education expense, and volunteer emergency worker credit amount	40	00	
an	47	from Schedule ICR. Attach Schedule ICR.	16 17	<u>00.</u> .00	
ck	17 18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount		<u>.00</u> 18	0.00
he	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	UII LINE 14.	10	1,633.00
ır c		p 7: Other Taxes			,
10/	20	Household employment tax. See instructions.		20	.00
Staple your check and IL-1040-V	20	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT	Table	20	.00
ap	<u> </u>	in the instructions. Do not leave blank.	TUDIC	21	0.00
Sı	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licens	ee surcharges.	22	.00

Ste	p 7: Other Taxes		
20	Household employment tax. See instructions.	20	.00
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.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	1,633.00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.	This form is authorized as of this information is required.
ID: 3WM REV 02/14/24 PRO	

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outlined under the Illinois Income Tax Act. Disclosure of Failure to provide information could result in a penalty.





24 Tota	al tax from Page 1, Line 2	3.												24	1,633.00
Step 8: I	tep 8: Payments and Refundable Credit														
25 Illinoi	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1, 68								1,68	6.00					
26 Estim	Estimated payments from Forms IL-1040-ES and IL-505-I,														
includ	ding any overpayment app	olied from a prior y	ear re	eturn.							26	6		.00	
	-through withholding. Atta										27	7		.00	
	-through entity tax credit.				-T.									.00	
29 Earne	ed Income Credit from Sch	nedule IL-E/EIC, St	әр 4,	Line	9. At	tach	Sche	dule I	L-E/	EIC				.00	
30 Total	payments and refundal	ble credit. Add Lin	es 25	5 thro	ugh	29.								30	1,686 <u>.00</u>
Step 9: ⁻	Total														
•	e 30 is greater than Line 24	, subtract Line 24 fr	om L	ine 30).									31	53.00
	e 24 is greater than Line 30													32	.00
Step 10:	Underpayment of Es	timated Tax Per	nalty	and	Do	nati	ons								
	payment penalty for unde		-								33	3		.00	
	Check if at least two-third				ne is	fron	n far	ming							
b 🗌	Check if you or your spou	use are 65 or older	and	perm	aner	ntly li	iving	in a	nur	sing	g hom	e.			
c 🗌	Check if your income was	not received ever	ıly du	uring t	he y	ear a	and	you a	nnu	Jaliz	zed yo	our	income on Fo	orm IL-2210.	
	Attach Form IL-2210.														
d 🗌	Check if you were not red	quired to file an Illir	nois I	ndivic	lual	ncoi	me T	ax re	eturi	n in	the p	revi	ious tax year.		
34 Volur	ntary charitable donations	. Attach Schedule	G.								34	ـ		.00	
35 Total	penalty and donations.	Add Lines 33 and	34.											35	.00
Step 11:	Refund or Amount y	ou owe													
36 If you	۔ have an amount on Line ا	31 and this amour	nt is g	greate	er tha	an Li	ne 3	5, su	btra	ict L	_ine 3	5 fr	rom Line 31.		
	is your overpayment .			,				,						36	53.00
	unt from Line 36 you want	refunded to you.	Chec	k one	box	on l	_ine	38. S	see	inst	ructio	ns.		37	53.00
	ose to receive my refund	2													
	direct deposit - Complet	•	helow	/ if vo	u ch	ork 1	his l	NOX							
			_									~ /			
	You may also contribute to college savings funds	Routing number	0	7 1	. 0	0	0	0	1	3		Х	Checking or	Saving	S
	here. See instructions!	Account number	8	86	0	2	0	8	2	2					
bП	paper check.														
	unt to be credited forward	. Subtract Line 37	from	Line	36. 5	See i	nstru	uctior	ıs.					39	.00
40 If you	u have an amount on Lir	ne 32 , add Lines 32	2 and	1 35. I	f yo	u ha	ve a	n an	າວບ	nt c	on Lir	ne 3	31 , and this a	mount	
-	s than Line 35, subtract L				-										
	Line 35. This is the amou									,	,,			40	.00
		-							-	-		-			
Step 12	: Health Insurance Cl	neckbox and Sid	nat	ure											

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							(447) 902-1180				
	Print/Type paid prepa	arer's name		Paid prepare	r's signature	Date (mm/dd/yyyy	')	Check if	Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAGA	AR GUPTA TA	LLAM	SYAM PRIYA R	03/09/2024	1	self-employed P02082703				
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN		843171965			
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	►	(678) 965	5-9522		
Third	Designee's name (pl	ease print)			Designee's phone number			Check if the Department may			
Party								discuss this return with the third			
Designee					()			party designee shown in this step.			

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

RR 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)

	HUL NILESH T ur name as showr	<u>THAKER</u> 1 on Form IL-1040	71 Your Social Se		0 4 _ 9		7_0_3				
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column CColumn DFederal Wages, Winnings, GrossIllinois Wages, Winnings, GrossDistributions, Compensation, etc.Distributions, Compensation, etc.							
1	W	37-6000511	\$	8,360 .00	\$	8,360 .00	\$_	347 .00			
2	W	37-0602744-00	\$	27,051 .00	\$	27,051 .00	\$_	1,339 .00			
3			\$	•00	\$	•00	\$_	<u>•00</u>			
4			\$	• <u>00</u>	\$	•00	\$_	•00			
5			\$	•00	\$	•00	\$_	•00			

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

Υοι	ır spouse's name	as shown on Form IL-1040		Your spouse's Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illir	olumn E nois Income ax Withheld			
6			\$	•00	\$	•00	\$	•00			
7			\$	•00	\$	<u>•00</u>	\$	• <u>00</u>			
8			\$	•00	\$	•00	\$	<u>•00</u>			
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 \$ 1,686.00

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

Illinois Department of Revenue		
2023 IL-8453 Illinois Individua	al Income Tax Elec	-
(Do not mail Form IL-8453 to the Illinois Dep	partment of Revenue unle	ess it is requested for review.)
Step 1: Provide taxpayer information RAHUL NILESH TH	AKER	7 1 2 _ 0 4 _ 9 7 0 3
First name and middle initial Spouse's first name (and last name if dif		Social Security number
Print 304 EAST DANIEL STREET		
type Mailing address		Spouse's Social Security number
CHAMPAIGN IL	61820	(447) 902-1180
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-X, Line 11		1 <u>32,986</u>] <u>00</u>
2 Tax from Form IL-1040 or IL-1040-X, Line 14		2 1,633 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-	X, Line 25 only (enter " 0 " if n	one) 3 <u>1,686</u>] <u>00</u>
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Lin	ne 35	4 <u>53</u> 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X	, Line 38	5l <u>00</u> _
6 Filing status: X Single Married filing jointly Married	rried filing separately Wic	lowed Head of household
To initiate a payment or refund transaction, the information is does not support international ACH transactions. IDOR will only p within the United States or those not funded by international fund 7 Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	perform direct transactions (e.g	g., debit, deposit) with financial institutions located
8 Account no. (AN): 8 8 6 0 2 0 8 2 2		
9 Type of account: × Checking Savings		
10 Date the payment is to be electronically withdrawn: /		
11 Electronic funds withdrawal amount:I_00_		
12 Name on account:		
Step 4: Taxpayer declaration and signature (Sign only	after completing Step 2 a	nd, if applicable, Step 3.)
I consent that my refund may be directly deposited as d correct. If I have filed a joint return, this is an irrevocable	esignated in Step 3 and decla	re the information on Lines 7 through 9 is
I authorize the Illinois Department of Revenue (IDOR) a withdrawal as designated in the electronic portion of my 2 financial institutions involved in the processing of an ele necessary to answer inquiries and resolve issues relate	2023 Illinois Original or Amende ectronic overpayment of taxes d to the payment.	ed Individual Income Tax return. I authorize the to receive confidential information
I do not want direct deposit of my refund, or an electron	,	
Under penalties of perjury, I declare the information on my electron return originator (ERO) are identical. To the best of my knowledge, and accompanying information may be sent to IDOR by my ERO. I been accepted or rejected. If rejected, I authorize IDOR to identify	my return is true, correct, and o I authorize IDOR to inform my E	complete. I consent that my return, this declaration, RO and/or the transmitter when my return has
Sign Date	Spouso's signature (if joint roturn both must sign)
		if joint return, both must sign) Date
Step 5: Electronic return originator (ERO) and paid pull I declare that I have examined this taxpayer's electronic Form II information. I have followed all requirements of this program an taxpayer's return and accompanying information are true, corre	L-1040 or IL-1040-X, the inform d declare, under penalties of p	mation on this Form IL-8453, and accompanying
	03/09/2024	Check if paid preparer: 🔀 (See instructions.)
ERO's signature	Date	
GLOBAL TAXES LLC		P02082703

	ERO's signature		Date	
ERU	GLOBAL TAXES LLC Firm's name or your name if self-employed			$- \frac{P}{Your} \frac{0}{PTIN} \frac{2}{VOUT} \frac{0}{PTIN} \frac{8}{2} \frac{2}{7} \frac{7}{0} \frac{3}{3}$
use only	245 ROONEY CT Mailing address			$- \frac{8}{\text{Federal employer identification number (FEIN)}} \frac{4}{2} - \frac{3}{2} \frac{1}{2} \frac{7}{2} \frac{1}{2} \frac{9}{2} \frac{6}{5} \frac{5}{2}$
	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.

