

2023 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2024. Type or print in blue or black ink.

| | | | | | | |
|---|--|------|-----------------------------|--|--|--|
| 1. Filer's First Name JENISH HARESH | | M.I. | Last Name HIRPARA | | 2. Filer's Full Social Security No. (Example: 123-45-6789) 839 — 46 — 5614 | |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 304 E DANIEL ST | | | | | 4. School District Code (5 digits) 10000 | |
| City or Town CHAMPAIGN | | | State IL | ZIP Code 61820 | | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. | | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | | * If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/> | | |
| 7. 2023 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* | | | | 8. 2023 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR. | | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | |
|---|-----|---|-----------|-----|-------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <input style="width: 30px; text-align: center;" type="text" value="1"/> | x \$5,400 | 9a. | 5400 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | <input style="width: 30px;" type="text"/> | x \$3,100 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | <input style="width: 30px;" type="text"/> | x \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions)..... | 9d. | <input style="width: 30px;" type="text"/> | x \$5,400 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above..... | 9e. | <input type="checkbox"/> | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15..... | 9f. | | | | 5400 | 00 |
| 10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)..... | 10. | | | | 34742 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | | | | 34742 | 00 |
| 13. Subtractions from Schedule 1, line 31. Include Schedule 1 | 13. | | | | 20668 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | | | | 14074 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | | | | 2188 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | | | | 11886 | 00 |
| 17. Tax. Multiply line 16 by 4.05% (0.0405)..... | 17. | | | | 481 | 00 |

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

| | | | | |
|-----|---|----|---|------|
| 839 | — | 46 | — | 5614 |
|-----|---|----|---|------|

NON-REFUNDABLE CREDITS

| | AMOUNT | | CREDIT | |
|--|--------|----|--------|--------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. | 00 | 18b. | 00 |
| 19. Michigan Historic Preservation Tax Credit (see instructions)..... | 19a. | 00 | 19b. | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | | | 20. | 481 00 |
| 21. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | | | 21. | 00 |
| 22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5..... | | | 22. | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | | | 23. | 0 00 |
| 24. Total Tax Liability. Add lines 20 through 23..... | 24. | | | 481 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | | |
|--|----------------|----|-----------------|--------|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2..... | | | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5..... | | | | 00 |
| | FEDERAL | | MICHIGAN | |
| 27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b..... | 27a. | 00 | 27b. | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | | | 28. | 00 |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions)..... | | | 29. | 00 |
| 30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | | | 30. | 570 00 |
| 31. Estimated tax, extension payments and 2022 credit forward..... | | | 31. | 00 |
| 32. 2023 AMENDED RETURNS ONLY. Taxpayers completing an original 2023 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) . | | | | |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c. | | | | |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. | | | 32c. | 00 |
| 33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c..... | 33. | | | 570 00 |

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

839 — 46 — 5614

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest 00 and penalty 00 **YOU OWE** 34. 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 35. 89 00

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return ... 36. 00

37. Subtract line 36 from line 35 **REFUND** 37. 89 00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| a. Routing Transit Number | b. Account Number | c. Type of Account |
|---------------------------|-------------------|---|
| 071000013 | 887508221 | 1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY)

Filer - - Spouse - -

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature _____ Date _____

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Spouse's Signature _____ Date _____

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2023 MICHIGAN Schedule 1 Additions and Subtractions

Include with Form MI-1040. Type or print in blue or black ink.

Attachment 01

| | | | |
|--|------|-----------------------------|---|
| Filer's First Name JENISH HARESH | M.I. | Last Name HIRPARA | Filer's Full Social Security No. (Example: 123-45-6789) 839 — 46 — 5614 |
|--|------|-----------------------------|---|

Additions to Income (all entries must be positive numbers)

| | | | |
|---|----|---|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i> | 6. | | 00 |
| 7. Federal Net Operating Loss deduction included in AGI..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0 | 00 |

Subtractions from Income (all entries must be positive numbers)

| | | | |
|---|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000..... | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 20668 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions). | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2023 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity | 16. | | 00 |
| 17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program..... | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i> | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792 | 21. | | 00 |
| 22. MRTMA/marihuana expense subtraction. | 22. | | 00 |
| 23. Miscellaneous subtractions (see instructions). Describe: _____ | 23. | | 00 |

2023 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|--|------|-----------------------------|---|
| Filer's First Name JENISH HARESH | M.I. | Last Name HIRPARA | Filer's Full Social Security No. (Example: 123-45-6789) 839 — 46 — 5614 |
|--|------|-----------------------------|---|

Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

| 24. | FILER | | | | SPOUSE | | | |
|-----|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---|---|
| | A. Year of Birth (19xx) | B. Age as of 12-31-2023 | C. Check if filer received benefits from SSA exempt employment | D. Check if filer retired as of 01-01-2013 and born after 1952 | E. Year of Birth (19xx) | F. Age as of 12-31-2023 | G. Check if spouse received benefits from SSA exempt employment | H. Check if spouse retired as of 01-01-2013 and born after 1952 |
| | 2000 | 23 | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-----|--|----|
| 25. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 26, 27 or 28. | 25. | | 00 |
| 26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1957, and reached age 67 on or before December 31, 2023. Do not complete lines 25, 27 or 28. | 26. | | 00 |
| 27. Retirement benefits. Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884 | 27. | | 00 |
| 28. Dividend/interest/capital gains deduction for taxpayers 78 years and older . This deduction is limited to \$13,712 on a single return or \$27,424 on a joint return, and must be reduced by any deduction for retirement benefits (see instructions)..... | 28. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|---|-----|-------|----|
| 29. Subtotal. Add lines 10 through 28 | 29. | 20668 | 00 |
| 30. 2023 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674 | 30. | | 00 |
| 31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13..... | 31. | 20668 | 00 |

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink.

Attachment 02

| | | | |
|---|------|-----------------------------|--|
| 1. Filer's First Name JENISH HARESH | M.I. | Last Name HIRPARA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 839 — 46 — 5614 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2023 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2023*

*Dates of Michigan residency in 2023 (Enter dates as MM-DD-YYYY, Example: 04-15-2023)

| | FILER | SPOUSE |
|-------|----------------|----------|
| FROM: | 01 — 01 — 2023 | — — 2023 |
| TO: | 05 — 31 — 2023 | — — 2023 |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 34742 | 00 | 14074 | 00 | 20668 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (include U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements).... | | 00 | | 00 | | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions)..... | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 34742 | 00 | 14074 | 00 | 20668 | 00 |
| 13. Enter the total adjustments from U.S. 1040 Describe:..... | | 00 | | 00 | | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 34742 | 00 | 14074 | 00 | 20668 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9f..... | 15. | 5400 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 14074 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 34742 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 40.51 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15..... | 19. | 2188 | 00 |

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| | | | |
|--|------|--------------------------|---|
| 1. Filer's First Name JENISH HARESH | M.I. | Last Name HIRPARA | 2. Filer's Full Social Security No. (Example: 123-45-6789) 839 — 46 — 5614 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | | B | C | D | | E | |
|--|--|---|-------------------------|--|----|--|--------|
| Enter "X" for: Filer or Spouse | | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 26-1346699 | DANA AUTOMOTIVE | 14074 | 00 | 570 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | | 4. | 570 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| A | | B | C | D | E | | |
|---|--|--|--------------|---|---------------------------------|----|--------|
| Enter "X" for: Filer or Spouse | | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| | | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | | 5. | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... | | | | | | 6. | 570 00 |



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

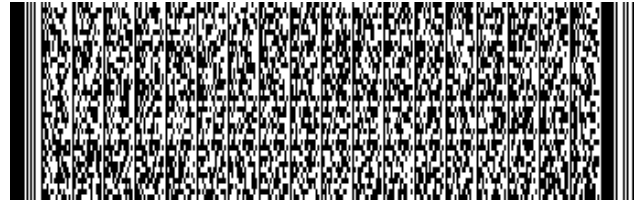
or for fiscal year ending ___/___/___

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

A

839-46-5614 2000
 JENISH HARESH HIRPARA

 304 E DANIEL ST
 CHAMPAIGN IL 61820 CHAMPAIGN
 JENISHHIRPARA23@GMAIL.COM



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

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)

| | | | |
|----------|--|----------|------------------|
| 1 | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 | <u>34,742.00</u> |
| 2 | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 | <u>.00</u> |
| 3 | Other additions. Attach Schedule M. | 3 | <u>.00</u> |
| 4 | Total income. Add Lines 1 through 3. | 4 | <u>34,742.00</u> |

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. | 5 | <u>.00</u> |
| 6 | Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 | <u>.00</u> |
| 7 | Other subtractions. Attach Schedule M. | 7 | <u>.00</u> |
| 8 | Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 | <u>.00</u> |
| 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | <u>34,742.00</u> |

Step 4: Exemptions - See instructions for income limitations

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

Step 5: Net Income and Tax

| | | | |
|-----------|---|-----------|------------------|
| 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. | 11 | <u>19,225.00</u> |
| 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 | <u>952.00</u> |
| 13 | Recapture of investment tax credits. Attach Schedule 4255. | 13 | <u>.00</u> |
| 14 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | <u>952.00</u> |

Step 6: Tax After Nonrefundable Credits

| | | | |
|-----------|---|-----------|---------------|
| 15 | Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 | <u>.00</u> |
| 16 | Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. | 16 | <u>.00</u> |
| 17 | Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 | <u>.00</u> |
| 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | <u>0.00</u> |
| 19 | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 | <u>952.00</u> |

Step 7: Other Taxes

| | | | |
|-----------|--|-----------|---------------|
| 20 | Household employment tax. See instructions. | 20 | <u>.00</u> |
| 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 | <u>0.00</u> |
| 22 | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 | <u>.00</u> |
| 23 | Total Tax. Add Lines 19, 20, 21, and 22. | 23 | <u>952.00</u> |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 952.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,023.00
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 1,023.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 71.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .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 71.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 71.00
38 I choose to receive my refund by
a [X] direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 0 7 1 0 0 0 0 1 3 X Checking or [] Savings
Account number 8 8 7 5 0 8 2 2 1

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 .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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, Signature, Date, Firm's name, Address, FEIN, Phone) and Third Party Designee (Designee's name, phone number, checkbox).

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



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

JENISH HARESH HIRPARA
 Your name as shown on your Form IL-1040

8 3 9 - 4 6 - 5 6 1 4
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.
 a I lived in **Illinois** from 06 / 01 / 23 to 12 / 31 / 23 I lived in Michigan from 01 / 01 / 23 to 05 / 31 / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
 b My spouse lived in **Illinois** from ___ / ___ / 23 to ___ / ___ / 23, and _____ from ___ / ___ / 23 to ___ / ___ / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

| | Column A Federal Total | Column B Illinois Portion |
|--|---------------------------|------------------------------|
| 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5 <u>34,742.00</u> | <u>20,668.00</u> |
| 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | 6 <u>.00</u> | <u>.00</u> |
| 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | 7 <u>.00</u> | <u>.00</u> |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | 8 <u>.00</u> | <u>.00</u> |
| 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | 9 <u>.00</u> | <u>.00</u> |
| 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | 10 <u>.00</u> | <u>.00</u> |
| 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | 11 <u>.00</u> | <u>.00</u> |
| 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | 12 <u>.00</u> | <u>.00</u> |
| 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | 13 <u>.00</u> | <u>.00</u> |
| 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | 14 <u>.00</u> | <u>.00</u> |
| 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | 15 <u>.00</u> | <u>.00</u> |
| 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | 16 <u>.00</u> | <u>.00</u> |
| 17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | 17 <u>.00</u> | <u>.00</u> |
| 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | 18 <u>.00</u> | <u>.00</u> |
| 19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B. | 19 <u>.00</u> | <u>.00</u> |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | 20 <u>20,668.00</u> | <u>20,668.00</u> |

Continue with Step 3 on 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 | 20,668.00 |
| 22 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) | 25 .00 | .00 |
| 26 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) | 27 .00 | .00 |
| 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | 28 .00 | .00 |
| 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | 29 .00 | .00 |
| 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | 30 .00 | .00 |
| 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 .00 | .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 34,742.00 | |
| 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. | 38 | 20,668.00 |

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | Column A Form IL-1040 Total | Column B Illinois Portion |
|---|--------------------------------|------------------------------|
| 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 .00 | .00 |
| 40 Other additions (Form IL-1040, Line 3) | 40 .00 | .00 |
| 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | 20,668.00 |
| 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 .00 | .00 |
| 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 43 .00 | .00 |
| 44 Other subtractions (Form IL-1040, Line 7) | 44 .00 | .00 |
| 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. | 45 | .00 |

Step 5: Figure your Illinois income and tax

| | | |
|--|--------------|-----------|
| 46 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. | 46 | 20,668.00 |
| 47 Enter the base income from Form IL-1040, Line 9. | 47 34,742.00 | |
| 48 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. | 48 0.595 | |
| 49 Enter your exemption allowance from your Form IL-1040, Line 10. | 49 2,425.00 | |
| 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | 1,443.00 |
| 51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. → | 51 | 19,225.00 |
| 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . → | 52 | 952.00 |



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 | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

JENISH HARESH HIRPARA

Your name as shown on Form IL-1040

8 3 9 - 4 6 - 5 6 1 4
Your Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W | 37-6000511 | \$ 20,668.00 | \$ 20,668.00 | \$ 1,023.00 |
| 2 | | \$.00 | \$.00 | \$.00 |
| 3 | | \$.00 | \$.00 | \$.00 |
| 4 | | \$.00 | \$.00 | \$.00 |
| 5 | | \$.00 | \$.00 | \$.00 |

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

Your 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 | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 | | \$.00 | \$.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 \$ 1,023.00

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



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

JENISH HARESH HIRPARA 8 3 9 - 4 6 - 5 6 1 4
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
304 E DANIEL ST Mailing address
CHAMPAIGN IL 61820 (206) 746-8309
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X
1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 19,225 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 952 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 1,023 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 71 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 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.

7 Routing no. (RN): 0 7 1 0 0 0 0 1 3
8 Account no. (AN): 8 8 7 5 0 8 2 2 1
9 Type of account: [X] 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.)

- [X] 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.
[] 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.

ERO's signature Date 03/13/2024 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
245 ROONEY CT Mailing address 8 4 - 3 1 7 1 9 6 5 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).

Do not mail Form IL-8453 and these documents unless requested for review.

