Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number			
AHMED AHTIQ	337-19-5496			
Spouse's name	Spouse's social security number			
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you are authorizing.)			
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income	1 14,090.			
2 Total tax	2 114.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 1,922.			
4 Amount you want refunded to you	4 1,808.			
5 Amount you owe				

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

E	inte	as my				
	9	5	4	9	6	

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date > 3/14/2024

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

			as my
er fiv n't er			

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date ►					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Practitioner P	IN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s	self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1					

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	ure Date Date								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So									
For Denergy and Deduction Act N				Earm 8879 (Bay, 01 2021)					

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 2	2022		MB No. 1545-	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly U checked the MFS box, enter the n on is a child but not your dependent	ame of y	d filing sepa		,	Head of I		()	spou	lifying surviving use (QSS) name if the qualifying
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial security number
AHMED			AHTI	Q						337-1	19-5496
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						Spouse'	s social security numbe
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	Preside	ntial Election Campaig
1713 FOR	T JE	ESSE ROAD SUIT #3									nere if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	5	State		ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
NORMAL						ΙL		617	61	0	ow will not change
Foreign country	name		F	oreign provir	nce/state/cou	unty		Foreig	n postal code		or refund.
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a				-			,	. ,	Yes 🛛 No
Assets		eone can claim: You as a de	-	<u> </u>	ur spouse a			a5501)		010115.)	
Standard Deduction	_	Spouse itemizes on a separate retur	•				uependent				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spou	se:	Was bor	n befo	ore January 2	, 1958	Is blind
Dependents	(see	instructions):			al security		(3) Relationsh	ip (4	Check the bo	ox if qualit	fies for (see instructions)
If more	(1) First name Last name			nur	mber		to you		Child tax cr	edit	Credit for other dependent
than four											
dependents, see instructions											
and check											
here 🗌											
Income	1a	Total amount from Form(s) W-2, b	•		,					. 1a	,
Attach Form(s)	b	Household employee wages not re	•	()				• •		. <u>1b</u>	
W-2 here. Also	c	Tip income not reported on line 1a						• •		. 1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		()		truct	ions)	• •		. 1d	
1099-R if tax	e	Taxable dependent care benefits f				•		• •		. 1e	
was withheld.	f	Employer-provided adoption bene				• •		• •		. 1f	
If you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •	· · ·	. 1g	
W-2, see	h i	Other earned income (see instruct	,			• •	 1i	· ·		. <u>1h</u>	0.
instructions.	-	Nontaxable combat pay election (Add lines 1a through 1h		,		• •	[]]			. 1z	14,074.
Attach Cab D	z 2a		2a			 Тох	 able interest	• •		2b	
Attach Sch. B if required.	2a 3a		2a 3a				inary divider			. 20 . 3b	
	4a		4a				able amount			4b	
Standard			5a				able amount			. 5b	
Deduction for –	6a		6a				able amount			. 6b	
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod che					 Г		
separately,	7	Capital gain or (loss). Attach Sche		,	`		,	• •	· · · [7	
\$12,950Married filing	8	Other income from Schedule 1, lin				,				. 8	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	14,090.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•						. 10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	
household,	12	Standard deduction or itemized								. 12	
\$19,400 • If you checked	13	Qualified business income deduct					Α			13	
any box under Standard	14	Add lines 12 and 13							. 14		
Deduction,	15	Subtract line 14 from line 11. If zer			This is you	ır tax	able incom	е.		. 15	
see instructions.					,						_,,,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (202	2)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	114.	
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	114.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	114.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	114.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	1,918.			
	b	Form(s) 1099				25b	4.			
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c						25d	1,922.	
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	1,922.	
Refund	34	If line 33 is more than line 24						34	1,808.	
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here	🗆	35a	1,808.	
Direct deposit?	b		Routing number X X X X X X X X C Type: C Checking Savings							
See instructions.	d	Account number X X X	XXXXX	XXXX	X X X X X		•			
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions				. 🗌 Yes. 🤇	complete b	below.	🗙 No	
		signee's		Phone			sonal identi	ication		
	nai			no.			nber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation		1		nt you an Identity	
	10	ul signature		Date					IN, enter it here	
Joint return?					COMPUTER SY	STEMS ANALY	ST (see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an	
Keep a copy for your records.							ldent (see		ection PIN, enter it here	
			1	Email address			(000			
		one no. (309) 314-321 eparer's name	4 Preparer's signat	Email address	ATHEEQ511@	AHOO.COM	PTIN		Check if:	
Paid								2702	Self-employed	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM	03/15/2024	P02082		,	
Use Only		m's name GLOBAL TA		NOMITOR N	T 00016				678)965-9522	
		m's address 245 ROONE	Y CT E BRU	INSWICK N	010010		Firm	's EIN	84-3171965	
Lio to WWW ire a	OV/Forn	111/11 tor instructions and the late	et intormation			DEV/ 07/00/00 DDO			Earm 11/41 (0000)	

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 07/23/23 PRO

Form **1040** (2022)

Illinois Department of Revenue 2022 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.

E	AHM 171 NORI B Fili	ED 3 FORT JESSE MAL ng status: 🔀 Sir	IL ngle 🔲 N	61761 ATHEEQ511 Married filing jo	MCLEAN .@YAHOO.COM bintly Married	d filing separately		_	
D) Ch	eck the box if this a	applies to	you during 20	22: Nonresid	dent - Attach Sch. NR	Part-year residen	t - Attach Sch	. NR
	Ste	p 2: Income						(Whol	e dollars only)
_	1 2 3 4	Federal adjusted	mpt intere Attach Sc	est and divider hedule M.) or 1040-SR, Line 11. our federal Form 1040	or 1040-SR, Line 2a.	1 2 3 4	14,090.00 .00 .00 14,090.00
T	Ste	p 3: Base Incom							
ere	5 6	received if included in Line 1. Attach Page 1 of federal return. 55 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,							
s h	7	Schedule 1, Ln. 1		Calcadula M			6		
rm	 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 7 						<u>.00</u> 8	.00	
) fo	9	Illinois base inco			•			9	14,090.00
60	Ste	p 4: Exemptions	 }						
Staple W-2 and 1099 forms here	10	 a Enter the exem b Check if 65 or c Check if legally 	option amo older: y blind: ing depend le IL-E/EIC	\Box You + \Box \Box You + \Box dents, enter the C.	Spouse # c Spouse # c amount from Sch	e. See instructions. of checkboxes X \$1 of checkboxes X \$1 hedule IL-E/EIC, Step 2,	,000 = c	.00	2,425.00
S	Ste	p 5: Net Income							
		Residents: Net i			0 from Line 9.				
Т						net income from Sched	lule NR. Attach Schedu	ıle NR. 11	11,665 _{.00}
	12	Residents: Multip						10	577.00
	13	Nonresidents an Recapture of inve						12 13	
-<	14	Income tax. Add						10 <u></u> 14	<u></u>
check and IL-1040-V	Ste	p 6: Tax After No	onrefun	dable Credit	S				
	15	•				Attach Schedule CR.	15	.00	
q I	16			cation expense	e credit amount fi	rom Schedule ICR.			
an	17	Attach Schedule					16	.00	
sck	17 18	Credit amount fro				299-C. Cannot exceed the tax a	17	<u>.00</u> 18	0.00
che	19	Tax after nonref						19	577.00
ur	Ste	p 7: Other Taxes							
y ç	20	Household emplo		x. See instructi	ons.			20	.00
Staple your	21				out-of-state purch	ases from UT Workshe	eet or UT Table	<u> </u>	0
Sté	22	in the instructions			Drogrom Act and	and of appets by same	na liaanaaa autobarraa	21	0.00
	22 23	Total Tax. Add Lir			Fiogram Act and	sale of assets by gamin	ng incensee surcharges	s. 22 23	<u>.00</u> 577.00
*	20	ISTUI IUN. AUU LII	100 10, 20	o, z i, unu zz.				20	.00

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



24	Total tax from Page 1, Line 23.	24	577 <u>.00</u>							
Ste	ep 8: Payments and Refundable Credit									
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25	657 <u>.00</u>								
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 8. Attach Schedule IL-E/EIC. 29	.00								
30	Total payments and refundable credit. Add Lines 25 through 29.	30	657.00							
Ste	ep 9: Total									
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	80.00							
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00							
Ste	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.									
	Voluntary charitable donations. Attach Schedule G. 34									
	Total penalty and donations. Add Lines 33 and 34.	35	.00							
Ste	ep 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	80.08							
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	80.08							
38	I choose to receive my refund by									
	a direct deposit - Complete the information below if you check this box.									
	You may also contribute Routing number Checki	ng or Savings								
	to college savings funds here. See instructions! Account number									
	b 🗵 paper check.									
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00							
			.00							
40	40 If you have an amount on Line 32, add Lines 32 and 35. - or -									
	If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	.00							
	-	40	.00							
Ste	ep 12: Health Insurance Checkbox and Signature									
41	1 Check this box 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/yyy	y)	Daytime phone number					
Here								(309) 314	-3214		
	Print/Type paid prepa	rer's name		Paid prepare	Date (mm/dd/yyy	<i>y</i>)	Check if	Paid Preparer's PTIN			
Paid	SYAM PRIYA RAM SAGA	AR GUPTA TA	LLAM	SYAM PRIYA R	03/15/202	4	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 (please 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 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

2022 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 th	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	Ν							

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

AH	MED AHTIQ		0 2	1 _	5	4 _	5	4	9	6		
Yo	ur name as shown	on Form IL-1040	Your Social	Your Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, et		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.				Column E Illinois Income Tax Withheld		
1	W	45-4925316	\$	14,074 .00	\$	1	4,074 .0	<u>0</u>	\$	65	57 ₀00	
2			\$	•00	\$		•0	<u>0</u>	\$		•00	
3			\$	•00	\$		•0	<u>0</u>	\$		•00	
4			\$	•00	\$		•0	<u>0</u>	\$		<u>•00</u>	
5			\$	•00	\$		•0	<u>0</u>	\$		• <u>00</u>	

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 \$ 657**.00**

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

Illinois Department of Revenue

Submission ID

2022 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	o 1: Provide taxpayer information	AHTI	0	0 2 1 _ 5 4 _ 5 4 9 6						
	First name and middle initial Spouse's first name (a			Social Security number						
Prin	t1713 FORT JESSE ROAD SUIT #3			·						
or	Mailing address			Spouse's Social Security number						
ype	NORMAL	IL	61761	(309) 314-3214						
	City	State	ZIP	Daytime phone number						
Ster	o 2: Complete information from tax re	turn	Choose one: 🗙 IL	-1040 🔲 IL-1040-X						
	Net income from Form IL-1040 or IL-1040-X			1 <u>11,665</u> 00						
	Tax from Form IL-1040 or IL-1040-X, Line 14			2 577 00						
	Illinois Income Tax withheld from Form IL-10									
	Overpayment from Form IL-1040, Line 36 or	4 80 00								
	Total amount due from Form IL-1040, Line 4	500								
	Filing status: X Single Married filing			•						
		-								
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 (<i>e.g.</i> , 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):									
8	Account no. (AN):									
9	Type of account: Checking Say	vings								
10	Date the payment is to be electronically with	drawn://								
11	Electronic funds withdrawal amount:	<u> 00</u>								
12	Name on account:									
Step	o 4: Taxpayer declaration and signatur	e (Sign only af	ter completing Step 2 and	d, 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 2022 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.										
Þ	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.										
Sig	n e Your signature	Date	Spouse's signature (if j	oint 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		03/15/2024 Date	Check if paid preparer: 🛛 (See instructions.)						
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3						
ERC	Firm's name or your name if self-employed			Your PTIN						
use	,245 ROONEY CT			8 8 - 2 1 4 5 4 8 7						
only	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). 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.

