or for fiscal year ending	ı <i>/_</i> _
---------------------------	---------------

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

	A							
	ANII	-79-9400 1997 L KUMAR	ANKALA					
	2412	2 LADLEYCT, WHISPERI	ING PINES	3				
	WHIS	SPERING PINES IL	62703	MCLEAN	IIII INSTANGEALITACH AYA KEEN PER	APOSTNISOBORIJSKA PRAKTA	A KON LIN IN THE BA	
			ANIL19977@G	MAIL.COM				
E	3 Fili	ng status: 🏻 Single 🔲 l	Married filing jointl	y Married	filing separately	ed 🔲 Head of h	nousehold	
(Ch	eck If someone can claim yo	u, or your spouse	if filing jointly, a	s a dependent. See instruction	ns. 🗌 You 🔲 🤅	Spouse	
	Che	eck the box if this applies to	you during 2023:	Nonresid	ent - Attach Sch. NR 🔲 Pa	rt-year resident -	Attach Sch.	. NR
	Ste	p 2: Income					(Whole	dollars only)
	1	Federal adjusted gross inco					1	4,900.00
	2			ncome from yo	ur federal Form 1040 or 104	0-SR, Line 2a.	2	.00
	3 4	Other additions. Attach So Total income . Add Lines 1					3	.00 4,900.00
		p 3: Base Income	unougn o.					17500.00
4	5	Social Security benefits an	d certain retireme	nt plan income	received if included			
		in Line 1. Attach Page 1 o	f federal return.			5	.00	
ere	6	Illinois Income Tax overpay	ment included in fe	ederal Form 10)40 or 1040-SR,		00	
sh	7	Schedule 1, Ln. 1. Other subtractions. Attach	Schedule M			6	<u>.00</u> .00	
rm	8	Add Lines 5, 6, and 7. This		ur subtractions.		'	<u>.00</u> 8	.00
9 fc	9	Illinois base income. Sub	•				9	4,900.00
60	Ste	p 4: Exemptions - See in	nstructions for inco	ome limitations				
Staple W-2 and 1099 forms here	10	a Enter the exemption amob Check if 65 or older:			e. See instructions. f checkboxes X \$1,000 =	a 2,42 b		
V-2		c Check if legally blind:			checkboxes X \$1,000 =	c	.00	
/e /		Attach Schedule IL-E/EIC		nount from Sche	edule IL-E/EIC, Step 2, Line 1.	d	0.00	
tap		Exemption allowance. Ad		ıgh 10d.		u	10	2,425.00
S	Ste	p 5: Net Income and Ta		<u> </u>				
		Residents: Net income. S		om Line 9.				
T					net income from Schedule NR.	Attach Schedule	NR. 11	2,475.00
_	12	Residents: Multiply Line 1					40	123.00
lack	13	Nonresidents and part-ye Recapture of investment to					12 13	.00
-	14	Income tax. Add Lines 12					14	123.00
040	Ste	p 6: Tax After Nonrefun	dable Credits					
1-1	15	Income tax paid to another	state while an Illi			15	.00	
1 p	16		•	olunteer emer	gency worker credit amount	40		
an	17	from Schedule ICR. Attack Credit amount from Schedu		h Cabadula 10	200 C	16 17	<u>.00</u> .00	
ck	18				annot exceed the tax amoun		<u>.00</u> 18	0.00
check and IL-1040-V	19	Tax after nonrefundable		•			19	123.00
	Ste	p 7: Other Taxes						
Staple your	20	Household employment tax					20	.00
9/di	21			of-state purcha	ises from UT Worksheet or U	IT Table	0.4	0.00
Sta	22	in the instructions. Do not Compassionate Use of Med		nram Act and c	sale of assets by gaming licen	see surcharges	21 22	0.00
V	23	Total Tax . Add Lines 19, 2		grann tot and s	ale of doodle by gairing hoor	ooo oaronargoo.	23	123.00

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

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 Tot	al tax from Page 1, Line 23.						24	123 .00			
Step 8:	Payments and Refunda	ble Credit									
25 Illino	ois Income Tax withheld. Atta	ach Schedule IL-W	IT.			25	238.00				
26 Estir	stimated payments from Forms IL-1040-ES and IL-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	.00				
30 Tota	l payments and refundable	e credit. Add Lines	25 through	29.			30	238.00			
Step 9:	Total										
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 fror	m Line 30.				31	115.00			
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	s 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-22	10.			
-l -	Attach Form IL-2210.				- , .						
	Check if you were not requ			Incom	e lax return in						
	intary charitable donations. A Il penalty and donations. A					34	<u>.00</u> 35	.00			
	• •		+.					00			
-	: Refund or Amount you		i	1 i	- 05	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	115.00			
	ount from Line 36 you want re	ofunded to you. Ch	neck one hov	on Li	ne 38. See ins	tructions	36 <u></u> 37	115.00			
	•	-	icck one box	COII LII	110 00. 000 1113	iluotions.	01				
	oose to receive my refund by		la ifa ala	حالة عام حا	ia hav						
a <u>I</u>	direct deposit - Complete										
	You may also contribute to college savings funds	Routing number	0 8 1 9	0	4 8 0 8	X Checkir	ng or Savi	ngs			
	here. See instructions!	Account number	2 9 1 0	3	8 2 7 7	1 5 1					
ь г	7										
] paper check. ount to be credited forward. S	Subtract Line 27 fre	m Line 26 (Coo in	atruations		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	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 informatio	n.			
Cianati	ma Nata Mala is a laint nat	4		4 -:-							
	.ire - Note: If this is a joint retue enalties of perjury, I state the					my knowlodgo it	is true correc	t and complete			
onder p	enalities of perjury, i state ti	iat i iiave examine	a tilis retarri	, and t	to the best of i	ily kilowieage, it	is true, correc	t, and complete.			
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature		Date (mm/dd/yyyy)	Daytime phon	e number			
Here						(, , , , , , , , , , , , , , , , , , ,		7-1628			
	Print/Type paid preparer's nam	Δ	Paid prepare	r'e eian	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN			
Paid	SYAM PRIYA RAM SAGAR		P02082703								
Preparer		. ,	P02002703								
Use Only	Firm's name GLOBAI	(600)									
Thind			BRUNSWICE	KNJ 0	8816	Firm's phone	(678) 965				
Third Party	Designee's name (please print)		Design	nee's phone nun	nber	Check if the Department may				
Designee				()		discuss this return with the third party designee shown in this step				
Doorginge		22 11 4040 1	tunatia	o for	, , 460 0 d d	00 40 mail	1	·			
	Refer to the 202	23 IL-1U4U INS	struction	s tor	ıne adare	ss to maii 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-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)

	IL KUMAR ANK ur name as shown	ALA on Form IL-1040		7 8 Your Social Se	7 8 3 - 7 9 - 9 4 0 0 Your Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C ges, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gr ns, Compensation							
1	W	37-6000511	\$	4,800 <u>•00</u>	\$	4,800 .00	\$_		238 .00				
2			\$	•00	\$	•00	\$_		<u>•00</u>				
3			\$	•00	\$	•00	\$_		•00				
4			\$	•00	\$	•00	\$_		<u>•00</u>				
5			\$	•00	\$	•00	\$_		•00				

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

You	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 , Winnings, Gross Compensation, etc.	Co Illinois Wages Distributions,			
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
9			\$	•00	\$	•00	\$	•00
10			\$	•00	\$	•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 \$ 238**.00**

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



Illinois Department of Revenue

			_								_							
Submission ID																		

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail Form		partment of Revenue ι	unless it is requested for review.)
Step	1: Provide taxpayer inf		KALA	7 8 3 _ 7 9 _ 9 4 0 0
		Spouse's first name (and last name if di		Social Security number
Print	2412 LADLEYCT, WHIS		,	,
or type	Mailing address			Spouse's Social Security number
٠.	WHISPERING PINES	IL	62703	(832) 597-1628
	City	State	ZIP	Daytime phone number
Step	2: Complete information	on from tax return	Choose one:	X IL-1040 IL-1040-X
1 1	let income from Form IL-10	40 or IL-1040-X, Line 11	L	12,475 <u>00</u>
2 7	ax from Form IL-1040 or IL	-1040-X, Line 14		2 <u>123</u> <u>00</u>
		from Form IL-1040 or IL-1040	• (
		1040, Line 36 or IL-1040-X, Li		4 115 00
		IL-1040, Line 40 or IL-1040->		5l_00_
6 F	iling status: 🔼 Single _	Married filing jointly Ma	irried filing separately	Widowed Head of household
8 A 9 T 10 E	Type of account: X Checo Date the payment is to be el Electronic funds withdrawal	1 0 3 8 2 7 7 cking Savings ectronically withdrawn:/_	1 5 1	
	lame on account:			
Step	4: Taxpayer declaration	ı and signature (Sign only	after completing Step	2 and, if applicable, Step 3.)
X				eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
	withdrawal as designated financial institutions invol	in the electronic portion of my	2023 Illinois Original or Ame ectronic overpayment of tax	agent to initiate an ACH electronic funds anded Individual Income Tax return. I authorize the ses to receive confidential information
	I do not want direct depo	sit of my refund, or an electror	ic funds withdrawal (direct	debit) of my balance due.
return and a	originator (ERO) are identical companying information material accepted or rejected. If rejections	al. To the best of my knowledge by be sent to IDOR by my ERO.	, my return is true, correct, a I authorize IDOR to inform n	 X and the information I provided to my electronic nd complete. I consent that my return, this declaration, ny ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
here	Your signature	Date	Spouse's signatu	ure (if joint return, both must sign) Date
Step I decl inforn	5: Electronic return or are that I have examined the nation. I have followed all re		IL-1040 or IL-1040-X, the ir nd declare, under penalties	d signature Iformation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
			03/16/2024	Check if paid preparer: ☒ (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-e	 mnloved		$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{1} \frac{0}{1} \frac{8}{1} \frac{2}{1} \frac{7}{1} \frac{0}{1} \frac{3}{1}$
use	245 ROONEY CT			_ 8 4 - 3 1 7 1 9 6 5
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).

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

