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

, ,								
SAK 57	-10-3627 199 ET E JOHN ST MPAIGN		NAIK 61820	2 CHAMPAIGN				
		S	AKETSNAIK9	9@GMAIL.CO	M.			
B Fill	ng status: 🏻 Single	Mai	rried filing joint	ly Married fi	ling separately 🔲 W	/idowed Head o	of household	
C Ch	eck If someone can cla	aim you, d	or your spouse	if filing jointly, as	a dependent. See inst	ructions. You	Spouse	
D Ch	eck the box if this app	lies to vo	u durina 2023 [.]	Nonresider	nt - Attach Sch. NR. [Part-vear resident	- . t - Attach Scl	h NR
		noo to yo	a daming 2020.		it Attaon con. Title	r are your rootdom		le dollars only)
1 2 3 4	p 2: Income Federal adjusted gros Federally tax-exempi Other additions. Atta Total income. Add L	t interest ch Sche	and dividend i		r 1040-SR, Line 11. r federal Form 1040 o	r 1040-SR, Line 2a.	1 2 3 4	32,033.00 .00 .00 32,033.00
Ste	p 3: Base Income							
5 6	Social Security bene in Line 1. Attach Pag Illinois Income Tax ov Schedule 1, Ln. 1.	ge 1 of fe	deral return.	•		5 6	.00	
7	Other subtractions.	ttach So	chedule M.			7	.00	
8	Add Lines 5, 6, and 7		,				8	.00
9	Illinois base income						9	32,033.00
	p 4: Exemptions -				Cae instructions	a 2,	425 00	
10	a Enter the exemptionb Check if 65 or old		You + 🔲 S		checkboxes X \$1,0			
Ĭ	c Check if legally bli	nd: 🔲	You + 🗌 S	pouse # of c	checkboxes X \$1,0	00 = c		
	-		nts, enter the an	nount from Sched	lule IL-E/EIC, Step 2, L	_	0.00	
2	Attach Schedule IL Exemption allowand		ines 10a throu	ıah 10d.		d	0 _{.00} 10	2,425.00
Ste	p 5: Net Income an			9.1.104.				,
	Residents: Net inco		tract Line 10 fr	om Line 9.				
					t income from Schedul	le NR. Attach Schedu	le NR. 11	29,608.00
12	Residents: Multiply		•	,			12	1,466.00
13	Nonresidents and page Recapture of investment	-			Schedule NR.		12 13	1,400.00
14	Income tax. Add Lin						14	1,466.00
Ste	p 6: Tax After Non	refunda	ble Credits					
15	Income tax paid to a					15	.00	
16	Property tax, K-12 ed from Schedule ICR.			olunteer emerge	ency worker credit am	nount 16	.00	
17	Credit amount from S			h Schedule 129	9-C.	17	.00	
18	Add Lines 15, 16, and						18	0.00
19	Tax after nonrefund	able cre	dits. Subtract	Line 18 from Lin	e 14.		19	1,466.00
	p 7: Other Taxes							
20	Household employm				6 LIT \A/ L L		20	.00
- 41	USE IAX ON INTERNET	mail arda	r or other out	of ctata nurahaa		torili labla		
<u></u> .	in the instructions. D			of-state purchas	es from UT Workshee	et or UT Table	21	0.00
22		o not lea	ve blank.	-			21 . 22 23	0.00 .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	1,466.00	
Step 8:	Payments and Refundab	le Credit							
-	ois Income Tax withheld. Attac		/IT.			25	L,582 _{.00}		
26 Estir	mated payments from Forms I	L-1040-ES and I	L-505-I,						
inclu	iding any overpayment applie	d from a prior yea	ar return.			26	.00		
27 Pass	s-through withholding. Attach	Schedule K-1-P o	r K-1-T.			27	.00		
28 Pass	s-through entity tax credit. Atta	nch Schedule K-1	-P or K-1-T.			28	.00		
29 Earr	ned Income Credit from Sched	ule IL-E/EIC, Step	4, Line 9. A	ttach So	chedule IL-E/EIC	. 29	.00		
30 Tota	I payments and refundable	credit. Add Lines	25 through	29.			30	1,582.00	
Step 9:	Total								
31 If Lir	ne 30 is greater than Line 24, su	ıbtract Line 24 froi	m Line 30.				31	116.00	
32 If Lir	ne 24 is greater than Line 30, su	ubtract Line 30 fro	m Line 24.				32	.00	
): Underpayment of Estim			nation	าร				
•	-payment penalty for underpa		-			33	.00		
	Check if at least two-thirds o	-		s from f	arming.				
	Check if you or your spouse				-	g home.			
c [Check if your income was no	t received evenly	during the	year an	d you annuali	zed your income	on Form IL-22	10.	
	Attach Form IL-2210.								
d□	Check if you were not requir	ed to file an Illino	is Individual	Income	e Tax return in	the previous tax	year.		
	ntary charitable donations. At					34	.00		
35 Tota	al penalty and donations. Ad	d Lines 33 and 3	4.				35	.00	
Step 11	: Refund or Amount you	owe							
36 If yo	u have an amount on Line 31	and this amount	is greater th	an Line	35, subtract l	Line 35 from Line	31.		
	is your overpayment .						36	116.00	
37 Amo	ount from Line 36 you want ref	unded to you . Cl	neck one bo	x on Lin	ie 38. See inst	tructions.	37	116.00	
38 I cho	oose to receive my refund by								
a ⊵	direct deposit - Complete to	he information be	low if you ch	neck this	s box.				
	You may also contribute R	outing number	0 7 1 0	0 0	0 0 1 3	X Checki	ng or Savir	ngs	
	to college savings funds	_					3		
	here. See instructions!	ccount number	8 8 6 1	. 6 5	5 9 9 9				
b 🗆	paper check.								
39 Amo	ount to be credited forward. Su	ubtract Line 37 fro	om Line 36.	See ins	tructions.		39	.00	
40 If yo	ou have an amount on Line 3	32, add Lines 32	and 35. If yo	ou have	an amount o	on Line 31, and t	this amount		
-	ss than Line 35, subtract Line		-						
from	Line 35. This is the amount	you owe. See ins	structions.				40	.00	
Stop 11	Lacith Incurence Chec	khov and Ciar	noturo.						
	2: Health Insurance Chec	_		IDOD "		:		Illinois state	
	Check this box and include you agencies in order to determin								
	agonolog in order to determin	o your ongionity is	or moditin ino	aranoo	bonomo. ccc				
Signatu	ıre - Note: If this is a joint retur	n, both you and yo	our spouse m	nust sigr	n below.				
	enalties of perjury, I state tha					my knowledge, it	is true, correc	t, and complete.	
	I	1							
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number	
Here							(217) 305	5-2400	
	Print/Type paid preparer's name		Paid prepare	r's signa	ature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GU	JPTA	SYAM PRIY	A RAM S	SAGAR GUPTA	03/21/2024		P02082703	
Preparer	Firm's name GLOBAL	TAXES LLC				Firm's FEIN			
Use Only	Firm's address > 245 ROO		BRUNSWIC	KNIT O	2216	Firm's phone	/ \	 5-9522	
Third	Designee's name (please print)	NINGI CI E	, DKUNSWIC						
Party	2 3 3 100 0 Harrio (picaso print)			Design	ee's phone num	nper	Check if the Department may discuss this return with the third		
Designee				()				e shown in this step.	
<u> </u>	Refer to the 202	3 II -1040 Inc	struction	s for	the addro	ess to mail v			
		· · · · · · · · · · · · · · · · ·		J . V.		to man y			

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)

SAKET NAIK Your name as shown on Form IL-1040					<u>0</u> cial Secur		<u>1</u> 0 -	3	6_		7
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column C ges, Winnings, G s, Compensation							
1	W	37-6000511	_ \$	11,132 .00	<u>)</u>	\$	11,132	00	\$	55	<u>1.00</u>
2	W	27-3572632 000 1	_ \$	20,820 .00	<u>)</u>	\$	20,820	00	\$	1,03	<u>1.00</u>
3			- \$	•00	<u>)</u>	\$	•	00	\$		<u>•00</u>
4			_ \$	<u>•00</u>	<u>)</u>	\$	•[00	\$		<u>•00</u>
5			 \$	•00	<u>)</u>	\$	•(00	\$		<u>•00</u>

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

Υοι	ır spouse's name a	as shown on Form IL-1040		Your spouse's	Social Security	number		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Illinois Wages	umn D , Winnings, Gross Compensation, etc.	Illinoi	umn E s Income Vithheld
6			\$	•00	\$	<u>•00</u>	\$	•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 \$ 1,582**.00**

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





Illinois Department of Revenue

			_						_				
				S	ubmi	ssion	ı ID						1

Step 1: Provide taxpayer inform			
SAKET	NAIK		$\frac{8}{2}$ $\frac{8}{2}$ $\frac{8}{2}$ $\frac{0}{2}$ $\frac{1}{2}$ $\frac{0}{2}$ $\frac{3}{2}$ $\frac{6}{2}$ $\frac{2}{2}$
First name and middle initial Spouse Print 57 E JOHN ST 2	e's first name (and last name if different)	Last name	Social Security number
or Mailing address			Spouse's Social Security number
CHAMPAIGN	IL	61820	(217) 305-2400
City	State	ZIP	Daytime phone number
Step 2: Complete information fr	om tax return	Choose one: X	IL-1040 IL-1040-X
Net income from Form IL-1040 o		Onloose one.	129,608 00
2 Tax from Form IL-1040 or IL-1040	•		2 1,466 00
Illinois Income Tax withheld from		e 25 onlv (enter " 0 " if	none) 3 1,582 00
Overpayment from Form IL-1040		, (4 <u>116 00</u>
Total amount due from Form IL-1	040, Line 40 or IL-1040-X, Line	38	5l <u>00</u>
6 Filing status: 🗶 Single Ma	arried filing jointly Married f	iling separately W	/idowed Head of household
within the United States or those not full Routing no. (RN): $\begin{array}{c ccccccccccccccccccccccccccccccccccc$	unded by international funds. Ele 0 0 0 0 1 3 1 6 5 9 9 9		e.g., debit, deposit) with financial institutions locate not be accepted and refunds will be via paper check — ——
Type of account: X Checking			
10 Date the payment is to be electron	nically withdrawn://		
11 Electronic funds withdrawal amou	unt:I_00_		
12 Name on account:			
Step 4: Taxpayer declaration and	d signature (Sign only after	completing Step 2	and, if applicable, Step 3.)
			lare the information on Lines 7 through 9 is pouse as an agent to receive the refund.
withdrawal as designated in th financial institutions involved i	e electronic portion of my 2023 II	linois Original or Amen c overpayment of taxe	gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the s to receive confidential information
I do not want direct deposit of	my refund, or an electronic fund	ds withdrawal (direct d	ebit) of my balance due.
eturn originator (ERO) are identical. To and accompanying information may be	the best of my knowledge, my re sent to IDOR by my ERO. I author	turn is true, correct, and orize IDOR to inform my	and the information I provided to my electronic decomplete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
here Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
nformation. I have followed all require axpayer's return and accompanying	kpayer's electronic Form IL-104 ements of this program and dec	0 or IL-1040-X, the info lare, under penalties o d complete. 03/21/2024	signature ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the Check if paid preparer: (See instructions.)
ERO's signature		Date	,
ERO GLOBAL TAXES LLC	ad		$\frac{P}{V_{\text{our}}} \frac{0}{P_{\text{TIN}}} \frac{2}{2} \frac{0}{0} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{0} \frac{3}{8}$
ISE	ea		Your PTIN
- 745 POUNTY (""			8 4 - 3 1 7 1 9 6 5
only 245 ROONEY CT Mailing address			
only 245 ROUNET CT Mailing address E BRUNSWICK	NJ	08816	Federal employer identification number (FEIN) (678) 965-9522

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.

