

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. Α

	ANT. 304 CHAI	E DANIEL S' MPAIGN	IL	61820 ANTARAC2@	ARKAR 501 CHAMPAIG ILLINOIS.EDU intly 🗌 Married 1		wed 🗌 Head of	household	
C	Ch	eck If someone c	an claim y	ou, or your spou	se if filing jointly, as	a dependent. See instruct	ions. 🗌 You 🔲	Spouse	
C) Ch	eck the box if this	s applies t	to you during 20	23: 🗌 Nonreside	ent - Attach Sch. NR 🔲 F	Part-year resident -		
	Ste 1 2 3 4		kempt inte . Attach S	erest and dividen Schedule M.		or 1040-SR, Line 11. ır federal Form 1040 or 10	040-SR, Line 2a.	(Whole 1 2 3 4	e dollars only) <u>34,361.00</u> <u>.00</u> <u>.00</u> <u>34,361.00</u>
and 1099 forms here	Ste 5 6 7 8 9	in Line 1. Attac Illinois Income T Schedule 1, Ln. Other subtraction Add Lines 5, 6,	benefits a h Page 1 ax overpa 1. ons. Attac and 7. Th	of federal return ayment included i : h Schedule M.	n federal Form 10- your subtractions.	received if included 40 or 1040-SR,	5 6 7		.00 34,361.00
Staple W-2 and 109		a Enter the exe b Check if 65 o c Check if lega d If you are clain Attach Sched	mption ar or older: ally blind: ming depe lule IL-E/E	nount for yoursel You + You + Nou + ndents, enter the	Spouse # of spouse # of amount from Sche	See instructions. checkboxes X \$1,000 checkboxes X \$1,000 dule IL-E/EIC, Step 2, Line	= c	.00	2,425.00
↑	11	Residents: Mu Nonresidents Recapture of in	t income . and part- ltiply Line and part- vestment	Subtract Line 10 year residents: 11 by 4.95% (.0 year residents: tax credits. Atta		Schedule NR.	IR. Attach Schedule	NR.11 12 13 14	31,936.00 1,581.00 .00 1,581.00
Staple your check and IL-1040-V	15 16 17 18 19	Property tax, K- from Schedule Credit amount f Add Lines 15, 1 Tax after nonre	to anoth 12 educa ICR. Atta rom Sche 6, and 17	er state while an tion expense, an ch Schedule ICF dule 1299-C. At . This is the total	Illinois resident. A Id volunteer emerg R. tach Schedule 129	annot exceed the tax amou	16 17	00 00 18 19	0 <u>.00</u> 1,581 <u>.00</u>
Staple your	Ste 20 21 22 23	Use tax on inter in the instruction	oloyment t rnet, mail ns. Do no Use of Me	t leave blank. edical Cannabis I	ut-of-state purchas	ses from UT Worksheet or ale of assets by gaming lice		20 21 22 23	.00 0.00 .00 1,581.00
		IL-1040 Front (R-12/23) by authority of the state Electronic only, one cop	of Illinois.			s Income Tax Act. Disclosure of mation could result in a penalty.			





	24	1,581.00			
25 1,6	99 <u>.00</u>				
26	.00				
27	.00				
28	.00				
29	.00				
	30	1,699.00			
	31	118.00			
	32	.00			
33	.00				
nome.					
d your income on	Form IL-2210.				
	ar.				
34	.00				
5 Total penalty and donations. Add Lines 33 and 34.					
	35	.00			
	35	.00			
ne 35 from Line 31					
ne 35 from Line 31		118.00			
ne 35 from Line 31 ctions.					
	36	118.00			
	36	118.00			
ctions.	36 37	118.00			
ctions.	36	118.00			
ctions.	36 37	118.00			
ctions.	36 37	118.00			
ctions.	36 37	118.00			
ctions.	36 37 or X Savings 39	<u>118.00</u> 118.00			
Checking Checking Checking	36 37 or X Savings 39 amount	<u>118.00</u> 118.00			
ctions.	36 37 or X Savings 39 amount	<u>118.00</u> 118.00			
	26 27 28 29 33 nome. d your income on l	251,699.00 2600 2700 2800 2900 30 3132 3300 home. bd your income on Form IL-2210. the previous tax year.			

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	Inature			Date (mm/dd/yyy	/)	Daytime phon	e number	
Here										(614) 20	7-9703	
	Print/Type paid preparer's name			Paid prepare	Paid preparer's signature			Date (mm/dd/yyy	/)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA			SYAM PRIY	A RAM	SAGAR G	SUPTA	03/23/202	4	self-employed P02082703		
Preparer Use Only	Firm's name GLOBAL TAXES LLC							Firm's FEIN				
•••• • • • • • • • • • • • • • • • • •	Firm's address	245 ROO	NEY CT H	E BRUNSWIC	knj 0	8816		Firm's phone		(678) 96	5-9522	
Third	Designee's name (please print)			Designee's phone number			mber		Check if the Department may discuss this return with the third			
Party												
Designee					()				party designe	e shown in this step.	

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

RR DC IR ID



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.						
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A			
W-2	W	1099-DIV	D			
W-2G	WG	1099-INT	I			
1099-R	R	1042-S	S			
1099-G	G	1099-B	В			
1099-MISC	М	1099-K	K			
1099-OID	0	1099-NEC	N			

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

	<u>FARA CHANSARK</u> Ir name as shown o		<u>68</u> Your Social Se		<u>8 5</u> –	<u>9 2</u>	99	
	Form type Employer/Payer Federal Wages, V		Column C ges, Winnings, Gross s, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
1	W	37-6000511	\$	13,316 .00	\$	13,316 .00	\$	659 .00
2	W	06-1236737	\$	3,705 .00	\$	3,705 ₀00	\$	183 .00
3	W	36-3249852 000 7	\$	17,340 .00	\$	17,340 .00	\$	857 .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	Federal Wage	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illin	olumn E nois Income ax Withheld	
6			\$	•00	\$	•00	\$	<u>•00</u>	
7			\$	•00	\$	• <u>00</u>	\$	<u>•00</u>	
8			\$	•00	\$	•00	\$	<u>•00</u>	
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 \$ 1,699**.00**

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

Contract States	evenue		
			submission ID ectronic Filing Declaration
(Do not mail Form IL-8453 to	the Illinois Departm	nent of Revenue u	nless it is requested for review.)
Step 1: Provide taxpayer information ANTARA First name and middle initial Spouse's first name	CHANSA me (and last name if different)		<u>6 8 7 _ 8 5 _ 9 2 9 9</u> Social Security number
Print 304 E DANIEL ST 501	ne (and last name if different)	Last name	Social Security number
or type Mailing address			Spouse's Social Security number
CHAMPAIGN	IL	61820	(614) 207-9703
City	State	ZIP	Daytime phone number
Step 2: Complete information from tax	return	Choose one: 🔉	IL-1040 IL-1040-X
1 Net income from Form IL-1040 or IL-1040		Ľ	1 <u>31,936</u> <u>00</u>
2 Tax from Form IL-1040 or IL-1040-X, Line	•		2 <u>1,581</u> <u>00</u>
3 Illinois Income Tax withheld from Form IL	-1040 or IL-1040-X, Lin	ne 25 only (enter " 0 " i	f none) 3 <u>1,699</u> <u>100</u>
4 Overpayment from Form IL-1040, Line 30	6 or IL-1040-X, Line 35		4 118 <u>00</u>
5 Total amount due from Form IL-1040, Lin			5l <u>00</u> _
6 Filing status: X Single Married fili	ng jointly Married f	filing separately \	Nidowed Head of household
within the United States or those not funded by 7 Routing no. (RN): $\begin{array}{c} 0 \\ 7 \end{array}$	y international funds. Ele		<i>e.g.,</i> debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
8 Account no. (AN): <u>3</u> <u>9</u> <u>5</u> <u>9</u> <u>9</u>			
,, <u> </u>	Savings		
10 Date the payment is to be electronically w	withdrawn:/_/_/		
11 Electronic funds withdrawal amount:	<u> 00</u>		
12 Name on account:			
Step 4: Taxpayer declaration and signa	ture (Sign only after	completing Step 2	and, if applicable, Step 3.)
			clare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
I authorize the Illinois Department of F withdrawal as designated in the electro financial institutions involved in the pro necessary to answer inquiries and res	onic portion of my 2023 l ocessing of an electroni	llinois Original or Ameri ic overpayment of taxe	agent to initiate an ACH electronic funds nded Individual Income Tax return. I authorize the es to receive confidential information
I do not want direct deposit of my refu	nd, or an electronic fun	ds withdrawal (direct o	debit) of my balance due.
return originator (ERO) are identical. To the bes	t of my knowledge, my re DOR by my ERO. I autho	eturn is true, correct, an orize IDOR to inform m	X and the information I provided to my electronic ad complete. I consent that my return, this declaration, y ERO and/or the transmitter when my return has hay be corrected and retransmitted if possible.
Sign			
here Your signature	Date	Spouse's signatu	re (if joint return, both must sign) Date
	electronic Form IL-104 of this program and dec	0 or IL-1040-X, the intelestion of the intelestion of the second se	I signature formation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
		03/23/2024	Check if paid preparer: 🔀 (See instructions.)
ERO's signature		Date	

	City	State	ZIP	Daytime phone number
	E BRUNSWICK	NJ	08816	(678) 965-9522
only	Mailing address			Federal employer identification number (FEIN)
use only	245 ROONEY CT			84-3171965
ERO	Firm's name or your name if self-employed			Your PTIN
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
	EROS signature		Date	

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.

