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.

Α			
	■III WZ-DAS ROAD TO EXPENSE BY A BY SERVER	ARAGRAGIAN EXILER	REPORTED THE
	7-54-1201 1999		
BHZ	AVESH CHATNANI		
304	4 E DANIEL ST 303	AT KIRO SAKURTU KIT EN ALKASA KAYA BERKANIA	TO STATE OF THE ST
CH	AMPAIGN IL 61820 CHAMPAIGN NO CHAMPAIGN	Wernerrand by Region	KATROPROLIII
	BC29@ILLINOIS.EDU		
<b>B</b> F	iling status: X Single Married filing jointly Married filing separately Widowed Head	of household	
СС	heck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	☐ Spouse	
	heck the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resider		n NP
			le dollars only)
	ep 2: Income	(**************************************	- 7
1 2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.  Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a	. 2	29,661 <u>.00</u> .00
3	Other additions. <b>Attach</b> Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	29,661.00
St	ep 3: Base Income		
5	Social Security benefits and certain retirement plan income received if included		
) 6	in Line 1. Attach Page 1 of federal return.  5	.00	
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  6	.00	
7	Other subtractions. <b>Attach</b> Schedule M.	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	29,661.00
•	ep 4: Exemptions - See instructions for income limitations	40-	
10		<u>, 425 .00</u>	
3	b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c		
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		
5	Attach Schedule IL-E/EIC. d	0.00	
	Exemption allowance. Add Lines 10a through 10d.	10	2,425.00
	ep 5: Net Income and Tax		
11	Residents: Net income. Subtract Line 10 from Line 9.	ula NID 44	27 226 00
1 12	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sched Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	ule NR. 11	27,236.00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,348.00
13		13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	1,348.00
St	ep 6: Tax After Nonrefundable Credits		
15		.00	
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. <b>Attach</b> Schedule ICR. <b>16</b>	.00	
17		.00	
3 18		18	0.00
19		19	1,348.00
	ep 7: Other Taxes		
20	1 7	20	.00
<b>£</b> 21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0.00
22			.00
23		23	1,348.00

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.



<b>24</b> Total	al tax from Page 1, Line 23.					24	1,348.00
Step 8:	Payments and Refundal	ole Credit					
25 Illino	ois Income Tax withheld. Atta	<b>ch</b> Schedule IL-W	IT.		<b>25</b> 1	,393.00	
26 Estir	mated payments from Forms	IL-1040-ES and II	L-505-I,				
	iding any overpayment applie				26		
	s-through withholding. Attach				27		
	s-through entity tax credit. Att	28					
	ned Income Credit from Sched		•		c. 29	·	1 202 00
30 Tota	l payments and refundable	credit. Add Lines	25 through	29.		30	1,393.00
Step 9:	Total						
	ne 30 is greater than Line 24, s					31	45.00
<b>32</b> If Lin	ne 24 is greater than Line 30, s	ubtract Line 30 fro	m Line 24.			32	.00
Step 10	: Underpayment of Estin	nated Tax Pena	alty and Do	onations			
	-payment penalty for underpa	-			33	.00	
	Check if at least two-thirds			-			
	Check if you or your spouse			-	-		-
С	Check if your income was no	ot received evenly	during the y	ear and you annuali	zed your income of	on Form IL-2210	).
a -	Attach Form IL-2210.	and to file on Illino	المنامة بالمانية	In a succe Tax waterum in	. Ala a muantianna dans		
	Check if you were not requi			income Tax return in	the previous tax t		
	ntary charitable donations. <b>A</b> I <b>I penalty and donations</b> . Ad				34	.00 <b>35</b>	.00
	· ·		<del>1.</del>				.00
-	: Refund or Amount you		:	an Lina OF authorat	line OF frame line	24	
-	u have an amount on Line 31 is your <b>overpayment</b> .	and this amount	is greater th	an Line 35, Subtract	Line 33 Ironi Line	36	45.00
	ount from Line 36 you want <b>re</b> f	funded to you. Ch	nack <b>one</b> hov	v on Line 38 See inst	tructions	30 <u></u>	45.00
	•	dilucu to you.	icok <b>onc</b> box	CON LINE OO. OCC 11131	iruotions.	01	00
	oose to receive my refund by	be information be	low if you oh	and thin hav			
a <u>K</u>	direct deposit - Complete t			ieck this dox.			
	You may also contribute to college savings funds	Routing number	0 7 1 0	0 0 0 1 3	Checkin	ig or X Savin	gs
	here. See instructions!	ccount number	3 9 5 5	7 7 2 9 7	6		
	1						
	paper check.		l i 2C 1	Caa imatuu etiama		20	00
	ount to be <b>credited forward.</b> S					39	.00
-	ou have an amount on Line		-				
	ss than Line 35, subtract Line			and 32 are blank (ze	<b>ero),</b> enter the am		00
Trom	Line 35. This is the <b>amount</b>	you owe. See ins	structions.			40	.00
Step 12	2: Health Insurance Che	ckbox and Sigr	nature				
41 🗌	Check this box and include y	our email address	in Step 1 if	IDOR may share you	ur income informat	tion with other I	linois state
	agencies in order to determir	ne your eligibility for	or health ins	urance benefits. See	instructions for m	ore information	
0:							
	Ire - Note: If this is a joint reture enalties of perjury, I state that				mu knovilodno it	ia tuua aauraat	and complete
Under p	enaities of perjury, i state the	at i nave examine	a uns return	i, and to the best of i	my knowledge, it	is true, correct,	and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	numher
Here	Tour digitator		opened a sign		Date (IIIII/da/yyyy)	1 ,	
	Drint/Type noid preparer's		Paid prepare	r'a aignatura	Date (mm/dd/yyyy)	, ,	-1882
Paid	Print/Type paid preparer's name	Check if self-employed	Paid Preparer's PTIN				
Preparer	SYAM PRIYA RAM SAGAR G	os omployed	202082/03				
Use Only	Firm's name GLOBAL						
			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	-9522
Third	Designee's name (please print)			Designee's phone nun	nber		Department may
Party		discuss this return with the third party designee shown in this ste					
Designee				1 /			SHOWIT III UIIS SIEP.
	Refer to the 202	23 IL-1040 Ins	struction	s for the addre	ess to mail 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)

	AVESH CHATNA ur name as shown		6 9 Your Social S	7 - 5 4 - 1 2 0 1   Security number						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	column C ges, Winnings, Gross s, Compensation, etc.		Column D lages, Winnings, Grosons, Compensation, e	ss II			
1	W	0069-5955	\$	22,801 <b>.00</b>	\$	22,801 <b>.00</b>	\$	1,129 <b>.00</b>		
2	W	37-6000511	_ \$	6,860 <u>•00</u>	\$	6,860 <u>•<b>00</b></u>	\$	264 <b>•00</b>		
3			_ \$	•00	\$	•00	\$	•00		
4			_ \$	•00	\$	•00	\$	•00		
5			_ \$	•00	\$	•00	\$	<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	Federal Wages,	umn C Winnings, Gross ompensation, etc.	Col Illinois Wages Distributions, (				
6			\$	<u>•00</u>	\$	•00	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			\$	•00	\$	•00	\$	•00	
9			\$	•00	\$	•00	\$	•00	
10			\$	<u>•00</u>	\$	•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 \$ 1,393.00

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





### Illinois Department of Revenue

		_						_				
			S	uhmi	ssion	ı ID						

Step 1: Provide taxpayer infor		דא גדור	6 0 7 5 4 1 2 2 1
BHAVESH  First name and middle initial Spou	CHA'I se's first name (and last name if differ	NANI ent) Last name	
Print 304 E DANIEL ST 303	oo o mochamo (ana laochamo il amor	only East name	Coolar Coolarly Hambol
type Mailing address			Spouse's Social Security number
CHAMPAIGN	IL	61820	(217) 402-1882
City	State	ZIP	Daytime phone number
Step 2: Complete information	from tax return	Choose one: X	IL-1040   IL-1040-X
Net income from Form IL-1040	or IL-1040-X, Line 11		1 <u>27,236</u>   <u>00</u>
2 Tax from Form IL-1040 or IL-10	40-X, Line 14		21,348  <u>00</u>
Illinois Income Tax withheld from		• (	
4 Overpayment from Form IL-104			4 45 1 00
Total amount due from Form IL-			51 <u>00</u>
6 Filing status: X Single N	viarried filing jointly iviarri	ed filling separately vv	idowed Head of household
Routing no. (RN): 0 7 1  Account no. (AN): 3 9 5  Type of account: Checkin  Date the payment is to be elected  Electronic funds withdrawal amounts	5 7 7 2 9 7 6  ng X Savings  ronically withdrawn:/		
Step 4: Taxpayer declaration a	nd signature (Sign only at	fter completing Step 2	and if applicable Step 3 )
I consent that my refund ma	y be directly deposited as des	signated in Step 3 and decl	are the information on Lines 7 through 9 is couse as an agent to receive the refund.
I authorize the Illinois Depart withdrawal as designated in t financial institutions involved necessary to answer inquirie	tment of Revenue (IDOR) and the electronic portion of my 202 I in the processing of an elect es and resolve issues related	It its designated financial at 23 Illinois Original or Amend ronic overpayment of taxes to the payment.	gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the s to receive confidential information
	of my refund, or an electronic	,	
eturn originator (ERO) are identical. I and accompanying information may b	To the best of my knowledge, me e sent to IDOR by my ERO. I a	y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic complete. I consent that my return, this declaration ERO and/or the transmitter when my return has be corrected and retransmitted if possible.
here Your signature	Date	Spouse's signature	(if joint return, <b>both</b> must sign) Date
	axpayer's electronic Form IL- irements of this program and	1040 or IL-1040-X, the info declare, under penalties of , and complete.	rmation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
ERO's signature		04/03/2024 Date	Check if paid preparer: X (See instructions.)
CIORNI TAYES I.I.C		240	P 0 2 0 8 2 7 0 3
Firm's name or your name if self-emplo	pyed		$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{} \frac{0}{} \frac{8}{} \frac{2}{} \frac{7}{} \frac{0}{} \frac{0}{} \frac{3}{}$
only 245 rooney ct			8 4 - 3 1 7 1 9 6 5
Mailing address		<del></del> _	Federal employer identification number (FEIN)
E BRUNSWICK	NJ	08816 ZIP	(678) 965-9522
City	State		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.

