

Electronic only, one copy. ID: 3WM REV 02/14/24 PRO

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

C	PRI 100 CHAI 3 Fili 2 Ch	AWATRAMANI AWATRAMANI S FIRST STREET 30 IPAIGN IL 618206649 CHAMPAIGN AWATRAMANIPRIYANKA1@GMAIL.COM ag status: Single Married filing jointly Married filing separately Wide AWATRAMANIPRIYANKA1@GMAIL.COM AWATRAMANIPRIYANKA1@GMAIL.COM AWATRAMANIPRIYANKA1@GMAIL.COM AWATRAMANIPRIYANKA1@GMAIL.COM AWATRAMANIPRIYANKA1@GMAIL.COM	ctions. 🗌 You 🔲	Spouse	. NR
		o 2: Income			e dollars only)
_	1 2 3 4	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 7 Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1040-SR, Line 2a.	1 2 3 4	38,544 <u>.00</u> .00 .00 38,544 <u>.00</u>
┺		o 3: Base Income			
	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00	
nere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00	
ns ł	7	Other subtractions. Attach Schedule M.	7	.00	
fori	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.		8 9	.00 38,544.00
660	-	5 4: Exemptions - See instructions for income limitations		J	307311.00
Staple W-2 and 1099 forms here	10	 a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 c Check if legally blind: You + Spouse # of checkboxes X \$1,000 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Lin Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d. 	b = b	25 <u>.00</u> .00 .00 0.00 10	2,425.00
St	Ste	5 5: Net Income and Tax			
▲	11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	NR. Attach Schedule	NR.11 12 13 14	36,119.00 1,788.00 .00 1,788.00
104		o 6: Tax After Nonrefundable Credits			
Staple your check and IL-1040-V	15 16 17 18 19	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax, K-12 education expense, and volunteer emergency worker credit amou from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amo Tax after nonrefundable credits. Subtract Line 18 from Line 14.	16 17	<u>.00</u> .00 .00 18 19	0.00 1,788 <u>.00</u>
our		o 7: Other Taxes			
le y	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet of	or UT Table	20	.00
Stap		in the instructions. Do not leave blank.		21	0.00
	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming li Total Tax. Add Lines 19, 20, 21, and 22.	censee surcharges.	22 23	<u>.00</u> 1,788 <u>.00</u>
		IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.			



24 Total tax from Page 1, Line 23. 24 1, 788.00 Step 8: Payments and Refundable Credit 25 1, 908.00 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1, 908.00 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. 28 00 29 Earned Income Credit from Schedule IL-E/EIC. Step 4, Line 9. Attach Schedule IL-E/EIC. 29 00 30 Total payments and refundable credit. Add Lines 25 through 29. 30 1, 908.00 Step 9: Total 31 120.00 32 .00 31 If Line 24 is greater than Line 24, subtract Line 24 from Line 30. 31 120.00 32 If Line 24 is greater than Line 24, subtract Line 30 from Line 24. 32 .00 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00 33 Late-payment of Estimated Tax Penalty and Donations 33 .00 a 33 Late-payment of payment of estimated tax. 33 .00 a .00 34 Ob	Step 8: Payments and Refundable Credit 25 11,908,00 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 29 Earned Income Credit from Schedule K-1-P or K-1-T. 28 00 29 Earned Income Credit from Schedule K-1-P or K-1-T. 28 00 20 Total payments and refundable credit. Add Lines 25 through 29. 30 1,908,00 Step 9: Total 31 120,00 31 120,00 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 120,00 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 00 33 Late-payment of Estimated Tax Penalty and Donations 33					
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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	nature		Date (mm/dd/yyy	/)	Daytime phone	e number
Here									()	
	Print/Type paid prepa	arer's name		Paid prepare	r's signature		Date (mm/dd/yyy	/)	Check if	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA		PTA	SYAM PRIY	A RAM SAGAR	GUPTA	04/01/2024		self-employed	P02082703
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC				Firm's FEIN	►		
	Firm's address	245 ROO	NEY CT E	E BRUNSWIC	KNJ 08816		Firm's phone		(678) 965	-9522
Third	Designee's name (please print)			Designee's phone number			Check if the Department may			
Party				()				discuss this return with the third		
Designee								e shown in this step.		

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

AP_____

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				
VV-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)

PRIYANKA AWATRAMANI Your name as shown on Form IL-1040				<u>1_7</u> Your Social S	<u>1_7_48_34_1_3_0</u> Your Social Security number						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	Column C ges, Winnings, Gross s, Compensation, etc		Column D Vages, Winnings, Gro ions, Compensation,		Colum Illinois Ind Tax With	come		
1	W	37-6000511	\$	11,575 .00	\$	11,575 .00	\$_	5	573 .00		
2	W	58-1960019 000 7	\$	26,969 .00	\$	26,969 .00	\$_	1,3	335 .00		
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 withhold-ing)

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.	Illir	c olumn E nois Income ax Withheld	
6			\$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>	
7			\$	•00	\$	•00	\$ <u></u>	• <u>00</u>	
8			\$	•00	\$	•00	\$ <u></u>	<u>•00</u>	
9			\$	•00	\$	•00	\$	<u>•00</u>	
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 \$ 1,908.00

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

35	Illinois Department of R	Revenue		Submission ID	-
S	2023 IL-8453 Illino (<u>Do not mail</u> Form IL-8453 to			lectronic Filing	•
Ste	ep 1: Provide taxpayer information	AWATR	λμγνιτ	1 7 4	9 2 4 1 2 0
		ame (and last name if different		<u> </u>	$\frac{8}{6}$ $\frac{3}{-}$ $\frac{4}{-}$ $\frac{1}{-}$ $\frac{3}{-}$ $\frac{0}{-}$
Pri	int ₁₀₀₉ s first street 30	(,	_	_
	De Mailing address			Spouse's Social Secu	Irity number
-7 F	CHAMPAIGN	IL	61820-664	9 ()	
	City	State	ZIP	Daytime phone numb	er
Ste	ep 2: Complete information from ta	x return	Choose one:	x IL-1040 ∏ IL-104	.0-X
1	Net income from Form IL-1040 or IL-104				1 <u>36,119</u>] 00
2	Tax from Form IL-1040 or IL-1040-X, Lin				2 <u>1,788</u>] 00
3	Illinois Income Tax withheld from Form I		ine 25 only (enter " 0 "	if none)	3 <u>1,908</u> 00
4	Overpayment from Form IL-1040, Line 3		•	,	4 <u>120</u> 00
5	Total amount due from Form IL-1040, Li	ne 40 or IL-1040-X, Lin	ie 38		5 _00_
6	Filing status: X Single Married fil	ling jointly Married	filing separately	Widowed Head of I	household
with 7 8 9 10 11 <u>12</u>	Electronic funds withdrawal amount:	Savings withdrawn:	Electronic payments wil	I not be accepted and ref	unds will be via paper check.
Ste	ep 4: Taxpayer declaration and signation	ature (Sign only afte	er completing Step	2 and, if applicable, S	Step 3.)
	I consent that my refund may be dire correct. If I have filed a joint return, th				
	I authorize the Illinois Department of withdrawal as designated in the electr financial institutions involved in the p necessary to answer inquiries and re	ronic portion of my 2023 rocessing of an electro	Illinois Original or Ame nic overpayment of tax	ended Individual Income	Tax return. I authorize the
	X I do not want direct deposit of my ref	und, or an electronic fu	nds withdrawal (direct	debit) of my balance du	e.
retu and	der penalties of perjury, I declare the informa urn originator (ERO) are identical. To the bes d accompanying information may be sent to en accepted or rejected. If rejected, I authori	st of my knowledge, my i IDOR by my ERO. I auti	return is true, correct, a horize IDOR to inform r	nd complete. I consent the transmission of the	nat my return, this declaration, nitter when my return has
Si					
	Your signature	Date		ure (if joint return, both must si	gn) Date
l de info	ep 5: Electronic return originator (E eclare that I have examined this taxpayer's prmation. I have followed all requirements payer's return and accompanying informa	s electronic Form IL-10 of this program and de	040 or IL-1040-X, the in eclare, under penalties	nformation on this Form	
			04/01/2024	Check if paid prer	arer: X (See instructions)

	ERO's signature		04/01/2024 Date	Check if paid preparer: X (See instructions.)
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{2} \frac{0}{2} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{2} \frac{3}{3}$
use only	245 DOONEY CT			8 4 - 3 1 7 1 9 6 5 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.

