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.

<b>A</b>								
LAK	-55-0657 19 SHYA 2W STOUGHTON ST		SHANKA	ar 7				
IIRP	SANA	IL	61801	CHAMPAIG				82 <b>5931038   </b>
0112			LS35@ILLIN					
<b>B</b> Fil	ing status: X Single				filing separately W	Vidowed  Head o	f household	
C Ch	neck If someone can cl	aim you	, or your spouse	e if filing jointly, a	is a dependent. See insti	ructions. You	Spouse	
D Ch	eck the box if this app	lies to v	ou durina 202	3: Nonresid	ent - <b>Attach</b> Sch. NR	Part-vear resident	- Attach Sch	n. NR
		,						e dollars only)
316 1	ep 2: Income	ee incon	ne from vour fe	deral Form 1040	or 1040-SR, Line 11.		1	5,456.00
2					our federal Form 1040 o	or 1040-SR. Line 2a.	2	.00
3	Other additions. Atta						3	.00
4	Total income. Add L	ines 11	through 3.				4	5,456.00
Ste	ep 3: Base Income							
5				ient plan income	e received if included			
) 0	in Line 1. Attach Pa	_			10.40.00	5	.00	
6	Illinois Income Tax ov Schedule 1, Ln. 1.	/erpaym	nent included in	federal Form 10	)40 or 1040-SR,	6	.00	
2 7	Other subtractions.	Attach 9	Schedule M			6	.00	
8	Add Lines 5, 6, and			our subtractions		·	8	.00
9	Illinois base incom		•				9	5,456.00
Ste	ep 4: Exemptions -	See ins	structions for in	come limitations	)			
10	a Enter the exemption					<b>a</b> 2,4		
3					f checkboxes X \$1,0			
1	c Check if legally bl				f checkboxes X \$1,0		.00	
2	Attach Schedule IL			amount irom Sch	edule IL-E/EIC, Step 2, L	d d	0.00	
5	Exemption allowan			ough 10d.		u	10	2,425.00
Ste	ep 5: Net Income ar							
	Residents: Net inco			from Line 9.				
					net income from Schedul	le NR. <b>Attach</b> Schedul	e NR. <b>11</b>	3,031.00
12	Residents: Multiply							4 = 0
42	Nonresidents and p					,	12	150.00
13 14	Recapture of investre Income tax. Add Line						13 14	.00 150 <sub>.00</sub>
· —								
. 15	ep 6: Tax After Non				Attach Schedule CR.	15	.00	
16					gency worker credit am	•	.00	
	from Schedule ICR.				g,	16	.00	
17	Credit amount from					17	.00	
18				•	annot exceed the tax ar	mount on Line 14.	18	0.00
19	Tax after nonrefund	able ci	redits. Subtrac	t Line 18 from L	ine 14.		19	150.00
	p 7: Other Taxes		0 : ( !:				00	00
20	Household employm				acoc from LIT Markobas	ot or LIT Table	20	.00
21	- ,	man ord	iei, oi other ou	t-or-state purch?	ases from UT Workshee	et of OT Table		
	in the instructions 11	o not le	ave hlank				21	0 nn
22	in the instructions. <b>D</b> Compassionate Use			•	sale of assets by gaming		21 22_	.00 <u>.00</u>

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> Tot	al tax from Page 1, Line 23.						24	150 .00		
Step 8:	Payments and Refunda	able Credit								
25 Illino	ois Income Tax withheld. Att	ach Schedule IL-W	/IT.			25	270.00			
26 Estir	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.									
inclu	ıding any overpayment appl	.00								
<b>27</b> Pass	s-through withholding. Attac	h Schedule K-1-P c	r K-1-T.			27	.00			
<b>28</b> Pass	s-through entity tax credit. At	ttach Schedule K-1	-P or K-1-T.			28	.00			
<b>29</b> Earn	ned Income Credit from Sche	edule IL-E/EIC, Step	4, Line 9. <b>A</b>	<b>Attach</b> Sc	hedule IL-E/EIC	. 29	.00			
30 Tota	l payments and refundabl	e credit. Add Lines	25 through	29.			30	270.00		
Step 9:	Total									
-	ne 30 is greater than Line 24,	subtract Line 24 from	m Line 30.				31	120.00		
	ne 24 is greater than Line 30,						32	.00		
	): Underpayment of Esti			onation						
	-payment penalty for under		•	Jiiatioi	.0	33	.00			
	Check if at least two-thirds	•		s from f	arming		<u></u>			
_	Check if you or your spous				•	g home.				
	Check if your income was		-	-	_	-	on Form IL-2210	).		
_	Attach Form IL-2210.			,	<b>,</b>					
dГ	Check if you were not requ	uired to file an Illino	is Individual	Income	e Tax return in	the previous tax	vear.			
_	intary charitable donations.					34	.00			
	I penalty and donations. A						35	.00		
	: Refund or Amount yo									
-	u have an amount on Line 3		is greater th	an Line	35 subtract	Line 35 from Line	31			
-	is your <b>overpayment</b> .	T and this amount	is greater th	iaii Liiic	oo, sabilaoi	LINE OF HOMELINE	36	120.00		
	ount from Line 36 you want <b>r</b> o	efunded to you. Cl	neck <b>one</b> bo	x on I in	e 38. See inst	tructions	37	120.00		
	-	-		,, o., <u>-</u>			<u> </u>			
	oose to receive my refund by	•	low if you ob	a a alk this	a bay					
a 🗷	direct deposit - Complete			_						
	You may also contribute to college savings funds	Routing number	0 7 1 9	9 2 1	L 8 9 1	X Checkir	ng or Saving	gs		
	here. See instructions!	Account number	4 7 2 8	3 7 2	2 9 1 7	7				
. –										
	paper check.									
<b>39</b> Amo	ount to be <b>credited forward.</b>	Subtract Line 37 fro	om Line 36.	See ins	tructions.		39	.00		
-	ou have an amount on Line		-							
	ss than Line 35, subtract Lir			and 32	are blank (ze	ero), enter the am				
from	Line 35. This is the <b>amoun</b>	t you owe. See in	structions.				40	.00		
Step 12	2: Health Insurance Ch	eckbox and Sign	nature							
-	Check this box and include	_		IDOR r	nav share voi	ır income informa	tion with other II	linois state		
	agencies in order to determ									
		, , ,								
Signatu	ıre - Note: If this is a joint ret	urn, both you and yo	our spouse n	nust sigr	n below.					
Under p	enalties of perjury, I state tl	nat I have examine	d this returr	n, and to	o the best of r	my knowledge, it	is true, correct,	and complete.		
<u> </u>										
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	ınature		Date (mm/dd/yyyy)	Daytime phone	number		
Here							(447) 902	-1041		
	Print/Type paid preparer's nam	ne	Paid prepare	er's signa	ature	Date (mm/dd/yyyy)		Paid Preparer's PTIN		
Paid	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/13/2024							202082703		
Preparer	Firm's name						843171965			
Use Only			BRUNSWIC	KMT U	8816	Firm's phone	(678) 965			
Third	Designee's name (please prin		אראמאוטאים י	1		· ·	<u> </u>			
Party	ploude plill	-1		Design	ee's phone num	iper	Check if the Department may discuss this return with the third			
Designee				( )				shown in this step.		
22.930	Refer to the 20	22 II -1040 Ind	etruction	e for	the addra	ee to mail w				
	neiei lu liie 20	∠J IL~ I U4U III\	วน นษนบไไ	3 IUI	uic auuie	SS WIIIAII Y	Jui i Cluiii.			

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	1099-G G		В
1099-MISC	1099-MISC M		K
1099-OID	0	1099-NEC	N

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

	KSHYA SHANKA ur name as shown		45_4 Your Social Se		5 <u>5</u> _ <u>0</u>	6	5_7_					
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C les, Winnings, Gross s, Compensation, etc.	Illinois Wag	Column D ges, Winnings, Gros s, Compensation, et	s Illir					
1	W	37-6000511	\$	5,456 <b>.00</b>	\$	5,456 <u>•00</u>	\$	270 <b>.00</b>				
2			_ \$	•00	\$	•00	\$	•00				
3			_ \$	•00	\$	<u>•00</u>	\$	•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)

Υοι	Form type Employer/Payer Federal Wages,			Your spouse's Social Security number						
		Employer/Payer	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions, C					
6			\$	•00	\$	•00	\$	•00		
7			\$	•00	\$	•00	\$	<u>•00</u>		
8			\$	•00	\$	•00	\$	<u>•00</u>		
9			\$	•00	\$	•00	\$	<u>•00</u>		
10			\$	<u>•00</u>	\$	•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** \$ 270**.00** 

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





Illinois Department of Revenue						] _		missio			_ [						_
2023 IL-8453 Illinois Individ	lauk	Inc	con	ne	Tá	ах	ΕI		Fil	in	g [	Эе	cla	ara	atio	on	

Stor	(DO HOL IIIaII FOITH	·	ment of Revenue u	inless it is requested for review.)
этер	1: Provide taxpayer in	<b>formation</b> SHANK	CAR	4 5 4 _ 5 5 _ 0 6 5 7
	First name and middle initial	Spouse's first name (and last name if differen		Social Security number
Print	1102W STOUGHTON ST	7		
type	Mailing address			Spouse's Social Security number
	URBANA	IL	61801	<u>(447)</u> 902-1041
	City	State	ZIP	Daytime phone number
Step	2: Complete information	on from tax return	Choose one:	
	Net income from Form IL-10			13,031  <u>00</u>
	Tax from Form IL-1040 or IL			2 150   00
		from Form IL-1040 or IL-1040-X, L	• `	
		1040, Line 36 or IL-1040-X, Line 3		4120   00
		IL-1040, Line 40 or IL-1040-X, Lin		5   <u>00</u>
		Married filing jointlyMarried		
9 1 10 [	Type of account: X Chec	ectronically withdrawn://_		
Step	4: Taxpayer declaration	n and signature (Sign only afte	er completing Step 2	2 and, if applicable, Step 3.)
×	I consent that my refund correct. If I have filed a jo	may be directly deposited as desig int return, this is an irrevocable ap	gnated in Step 3 and de pointment of the other s	clare 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	B Illinois Original or Ame onic overpayment of tax	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 depo	sit of my refund, or an electronic fu	ınds withdrawal (direct	debit) of my balance due.
returr and a been	n originator (ERO) are identic accompanying information ma accepted or rejected. If rejec	al. To the best of my knowledge, my ly be sent to IDOR by my ERO. I aut	return is true, correct, ar thorize IDOR to inform m	X and the information I provided to my electronic and complete. I consent that my return, this declaration by ERO and/or the transmitter when my return has analy be corrected and retransmitted if possible.
Sign	Your signature	 Date	Snouse's signatu	re (if joint return, <b>both</b> must sign)  Date
I decl	lare that I have examined the nation. I have followed all re		040 or IL-1040-X, the in eclare, under penalties	formation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
			04/13/2024	Check if paid preparer: X (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-e	mnloved		$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} \frac{3}{PTIN}$
use	245 ROONEY CT	mpioyou		
only	Mailing address			_ <u>8 4 - 3 1 7 1 9 6 5</u> 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.

