Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission	Identification Number (SID)		•		
Taxpayer's nam	е	Social securi	ty numb	er	
SUREKHA	CHEBROLU	892-56	-6820)	
Spouse's name		Spouse's soo	ial secu	rity numbe	er
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (En	 ter year you a	re aut	horizing	1.)
	dollars only on lines 1 through 5.	, ,			
Note: Form	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjus	sted gross income		1	-	7,533.
	tax		2		0.
	ral income tax withheld from Form(s) W-2 and Form(s) 1099		3		100.
	unt you want refunded to you		4		100.
5 Amou	unt you owe		5		
	Taxpayer Declaration and Signature Authorization (Be sure you get and es of perjury, I declare that I have examined a copy of the income tax return (original or amend				
to send my re for any delay i Agent to initia payment of m authorization payment, I m business days taxes to recei personal identi	I or amended) I am now authorizing. I consent to allow my intermediate service provider, transturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the tean ACH electronic funds withdrawal (direct debit) entry to the financial institution account in y federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation respiror to the payment (settlement) date. I also authorize the financial institutions involved in two confidential information necessary to answer inquiries and resolve issues related to the difficult of the confidential consent.	rejection of the to U.S. Treasury andicated in the tution to debit the attention to the tution to debit the authorize equests must be processing on a payment. I fur	ransmise ax prepare entry the entry ac	sion, (b) talesignated aration so this according to revoke yed no late ectronic particularly and the sectronic particularly are the sectronic particularly	the reason of Financial of Fina
	PIN: check one box only		T		l
	theorize GLOBAL TAXES LLC to enter or general	to my DIN	6 8	2 0	ac my
_	ERO firm name nature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	as my
☐ I wi	Il enter my PIN as my signature on the income tax return (original or amended) I amou are entering your own PIN and your return is filed using the Practitioner PIN me				
Your signatu	rre▶ Date▶				
Spouse's Pl	N: check one box only	_			1
- —	ithorize to enter or general	te mv PIN			as my
	ERO firm name		ter five	digits, but	, as,
_	nature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	Il enter my PIN as my signature on the income tax return (original or amended) I amou are entering your own PIN and your return is filed using the Practitioner PIN means.				
Spouse's sig	gnature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part III	Certification and Authentication — Practitioner PIN Method Only				
FRO's FFIN	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2 .	7 1
	71 III Eritar your aix digit Er iii fanowad by your iivo digit con colocted i iii.	Don't ent	-		· -
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual income file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	bmitting this reti	urn in a	ccordanc	
ERO's signa	ture ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	parate i	nstructio	ns.
Your first name	and m	iddle initial	Last nar	ne							Your so	cial sec	urity num	ıber
SUREKHA			CHEB	ROLU							892	56	6820	
	pouse's	s first name and middle initial	Last nar										security r	number
		er and street). If you have a P.O. box, see	instructio	ons.				P	pt. no.	1			ection Car	
19 BETH						10.		710					ou, or you jointly, wa	
		ce. If you have a foreign address, also co	impiete sp	baces bei	ow.	Sta		ZIP c			•	.	nd. Check	
MECHANIO			1-		var din a a /atata /	PA		170					not chang	је
Foreign country	упатте			oreign pr	rovince/state/	Count	y	roreig	ın postal c	oue	your tax	Correiu	_	Spouse
Filing Status	, ×	Single					Head of he	ouseh	old (HOH	——⊢ ∃)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ild's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fir	nancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)		es 🗵 N	No
Standard	Som	neone can claim: 🔲 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	re Janua	ary 2,	, 1959	☐ Is	s blind	
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	_{ip} (4) Check t	he bo	x if quali	fies for (see instrud	ctions):
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other dep	endents
than four														
dependents, see instruction	e ——													
and check	. —													
here L									[
Income	1a	Total amount from Form(s) W-2, b	,		•						1a		7,5	33.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1i</u>							
	<u>z</u>	Add lines 1a through 1h			· · ·	 . -					1z		/,5	33.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b			
roquiiou. 	3a_		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a		ala a al . It is i		axable amoun	τ			6b			
separately, \$13,850	c	If you elect to use the lump-sum e		-		•	,				1 -			
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			
jointly or Qualifying	8	Additional income from Schedule									8			
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		/,5	33.
Head of	10	Adjustments to income from Sche									10			22
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11			33.
If you checked	12	Standard deduction or itemized				-	 E A				12		13,8	50.
any box under Standard	13	Qualified business income deduct									13		12 0) E ()
Deduction, see instructions.	14 15	Add lines 12 and 13									14		13,8	0.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	з 🗌			. 16	0.
Credits	17	Amount from Schedule 2, lir							. 17	
	18	Add lines 16 and 17							. 18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lir	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						. 24	0.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a		10	0.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c							. 25d	100.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				. 26	
qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3. line 8		29				
	30	Reserved for future use .		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					le credits		. 32	
	33	Add lines 25d, 26, and 32. T								100.
Refund	34	If line 33 is more than line 24							. 34	100.
neiulu	35a	Amount of line 34 you want	-			•	-		35a	100.
Direct deposit?	b	Routing number 0 3 6				Chec		Savin		
See instructions.	d	Account number 6 3 2						Ouviii	95	
	36	Amount of line 34 you want			ad tax	36	T '			
Amount	37					- 00				
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g		•					. 37	
	38	Estimated tax penalty (see in	_	-		38			. 0,	
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omple	ete below.	X No
Doolgiloo		signee's		Phone				•	lentification	
_	nar	ne		no.				ber (Pl		
Sign		der penalties of perjury, I declare t								, ,
Here	bei	ief, they are true, correct, and com	ipiete. Declaration	of preparer (otne	r tnan taxpayer) is b	ased on	ali informati	on of v	vnicn prepar	er nas any knowledge.
	Yo	ur signature		Date	Your occupation					nt you an Identity
laint vatuum?					SOFTWARE	FNCT	MEED		see inst.)	IN, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa		NEEL	-	f the IRS se	nt your spouse an
Keep a copy for	Op	oues o eignaturer ir a jennt return, i	ee ar maar argiii							ection PIN, enter it here
your records.								((see inst.)	
	Ph	one no. (223)239-970	9	Email address	SUREKHA.CHE	BROLU	@GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN	1	Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/	16/2024	P02	082703	Self-employed
Preparer	Fire	m's name GLOBAL TA	XES LLC						Phone no. (678)965-9522
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	3/07/24 PRO			Form 1040 (2023)
					·					

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.

A						
SUI	2-56-6820 1979 REKHA BETHPAGE DR	CHEBROLU				
ME	CHANICSBURG PA	17050		(KEPENDAN PARATATENE	YKRIYIBYIA	
		SUREKHA.CHEBROLU@GMA	II. COM			
B F	ling status: Single		ried filing separately	d Head of	household	
СС	neck If someone can claim y	ou, or your spouse if filing joint	ly, as a dependent. See instructions	s. You	Spouse	
D C	neck the box if this applies t	o you during 2023: Nonre	esident - Attach Sch. NR 🔲 Part	-year resident -	Attach Sch.	NR
St	ep 2: Income				(Whole	dollars only)
1	-	come from your federal Form 1	040 or 1040-SR. Line 11.		1	7,533.00
2			n your federal Form 1040 or 1040-	-SR, Line 2a.	2	.00
3	Other additions. Attach S				3	.00
_ 4	Total income. Add Lines	1 through 3.			4	7,533.00
St	ep 3: Base Income					
5		nd certain retirement plan inc	ome received if included	_		
) (in Line 1. Attach Page 1		4040 4040 05	5	.00	
6		yment included in federal Forr	n 1040 or 1040-SR,	6	.00	
7	Schedule 1, Ln. 1. Other subtractions. Attac	h Schedule M		6	.00	
8		is is the total of your subtracti	ons.	'	<u>.00</u> 8	.00
9	Illinois base income. Su	•			9	7,533.00
St	ep 4: Exemptions - See	instructions for income limitat	ions			
•	-	nount for yourself and your spo		a 2,42	25 .00	
3			# of checkboxes X \$1,000 =	b	.00	
1			# of checkboxes X \$1,000 =	c	.00	
,			Schedule IL-E/EIC, Step 2, Line 1.		0	
į	Attach Schedule IL-E/EI			d	0 _{.00} 10	2,425.00
,		dd Lines 10a through 10d.			10	2,423.00
	ep 5: Net Income and Ta					
11		Subtract Line 10 from Line 9.	ois net income from Schedule NR.	Attach Schodulo	NID 11	5,108.00
1 12		11 by 4.95% (.0495). Cannot		Allacii Scriedule	NIX. I I	3,100.00
		year residents: Enter the tax			12	253.00
13		tax credits. Attach Schedule		`	13	.00
14	Income tax. Add Lines 12	2 and 13. Cannot be less thar	ı zero.		14	253 _{.00}
St	ep 6: Tax After Nonrefu	ndable Credits				
15	Income tax paid to another	er state while an Illinois reside	ent. Attach Schedule CR.	15	.00	
16	1 ,		mergency worker credit amount			
	from Schedule ICR. Attac			16	.00	
17		dule 1299-C. Attach Schedul		17	<u>.00</u> 18	0.00
3 18 3 19		credits. Subtract Line 18 fro	s. Cannot exceed the tax amount on Line 14	on Line 14.	19	253.00
' —	ep 7: Other Taxes		2.1.5			00
20	•	av See instructions			20	.00
21			rchases from UT Worksheet or UT	Table	۷	.00
ğ -,	in the instructions. Do no		The second of th	13510	21	0.00
22			nd sale of assets by gaming license	ee surcharges.	22	.00
7 23	Total Tax. Add Lines 19.	_		•	23	253.00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.





24 Tot	al tax from Page 1, Line 23.						24	253 .00
Step 8:	Payments and Refunda	able Credit						
25 Illino	ois Income Tax withheld. Att	ach Schedule IL-W	/IT.			25	373.00	
26 Estir	mated payments from Forms	s IL-1040-ES and I	L-505-I,					
inclu	ıding any overpayment appl	ied from a prior yea	ar return.			26	.00	
27 Pass	s-through withholding. Attacl	h Schedule K-1-P o	r K-1-T.			27	.00	
28 Pass	s-through entity tax credit. At	tach Schedule K-1	-P or K-1-T.			28	.00	
	ned Income Credit from Sche	•			chedule IL-E/EIC	. 29		
30 Tota	Il payments and refundabl	e credit. Add Lines	25 through	29.			30	373.00
Step 9:	Total							
31 If Lin	ne 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.				31	120.00
32 If Lin	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.				32	.00
Step 10	: Underpayment of Esti	mated Tax Pena	alty and Do	natio	ns			
33 Late	-payment penalty for underp	payment of estimat	ed tax.			33	.00	
a [Check if at least two-thirds	of your federal gro	ss income is	s from	farming.			
	Check if you or your spous		-	-	-	-		
c [Check if your income was	not received evenly	during the y	ear ar	nd you annuali	zed your income	on Form IL-22	10.
	Attach Form IL-2210.							
	Check if you were not requ			Incom	e Iax return in	-	-	
	ntary charitable donations.					34	<u>.00</u> 35	00
	nl penalty and donations.		4.				ან	.00
-	: Refund or Amount yo				05 14 4	056	0.4	
-	u have an amount on Line 3	31 and this amount	is greater th	an Lin	e 35, subtract	Line 35 from Line		120,00
	is your overpayment .	ofunded to you. Cl	nook ana hay	v on Li	no 20 Soo inc	tructions	36 37	120.00
	ount from Line 36 you want r o	-	leck one box	X OII LI	ne so. see ms	iructions.	31	120.00
	oose to receive my refund by	•						
a 🗵	direct deposit - Complete	the information be	low if you cr	neck th	is box.			
	You may also contribute	Routing number	0 3 6 0	7	6 1 5 0	X Checkir	ng or Savir	ngs
	to college savings funds here. See instructions!	Account number	6 3 2 3	9	6 8 1 0	3		
. –					- - - -			
	paper check.							
	ount to be credited forward .						39	.00
-	ou have an amount on Line		-					
	ss than Line 35, subtract Lir			and 32	2 are blank (ze	ero) , enter the am		
from	Line 35. This is the amoun	t you owe. See ins	structions.				40	.00
Step 12	2: Health Insurance Che	eckbox and Sigr	nature					
	Check this box and include	•		IDOR	may share you	ır income informa	tion with other	Illinois state
	agencies in order to determ	ine your eligibility for	or health ins	urance	benefits. See	instructions for m	ore informatio	٦.
	Ire - Note: If this is a joint ret							
Under p	enalties of perjury, I state th	nat i have examine	d this return	i, and i	to the best of I	ny knowledge, it	is true, correc	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	natura		Data (mm/dd/sass)	Doutime phone	numbor
Here	Tour signature	Date (IIIII/dd/yyyy)	opouse's sign	ilatul 6		Date (mm/dd/yyyy)	Daytime phone	
	D: UT		D : 1	, .			<u>`</u>	9-9709
Paid	Print/Type paid preparer's nam		Paid prepare			Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Preparer	SYAM PRIYA RAM SAGAR		SYAM PRIYA	A RAM	SAGAR GUPTA	04/16/2024	sell-employed	P02082703
Use Only	Firm's name GLOBA	L TAXES LLC				Firm's FEIN	84317196	5
	Firm's address > 245 Re	OONEY CT E	BRUNSWIC	KNJ 0	8816	Firm's phone	(678) 965	5-9522
Third	Designee's name (please print	t)		Design	nee's phone nun	nber	_	e Department may
Party				()			eturn with the third
Designee					/		1	e shown in this step.
	Refer to the 20	23 IL-1040 Ins	struction	s for	the addre	ss 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)

	IREKHA CHEBRO our name as shown			8 _ 9 Your Social S	<u>5</u> <u>6</u>	6 8	3 2 0			
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C les, Winnings, Gross s, Compensation, etc	Column D ages, Winnings, Grons, Compensation,	, Winnings, Gross Illinois Income				
1	W	45-3071590	_ \$	7,533 <u>•00</u>	\$ 7,533 .00	\$_	373 .00			
2			_ \$	•00	\$ •00	\$	•00			
3			_ \$	•00	\$ •00	\$	•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	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	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illin	olumn E ois Income withheld
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	<u>•00</u>
9			\$	•00	\$	•00	\$	<u>•00</u>
10			\$	<u>•00</u>	\$	<u>•00</u>	\$	•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 \$ 373**.00**

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





Illinois Department of Revenue

			_						_				l
			•	S	ubmi	ssion	ı ID						Ī

Ørg (Do not mail Form IL	-8453 to the Illinois Departn	nent of Revenue เ	unless it is requeste	d for review.)
	Provide taxpayer info		NT TT	0 0 0	F (()) 0
	REKHA t name and middle initial Spo	CHEBRO buse's first name (and last name if different)			<u>5</u> <u>6</u> _ <u>6 8 2 0</u>
Print 19	BETHPAGE DR	,		, _	_
	ing address			Spouse's Social Secu	urity number
	CHANICSBURG	PA	17050	(223) 239-9	709
City	1	State	ZIP	Daytime phone numb	er
Step 2: (Complete information	from tax return	Choose one:	X IL-1040 IL-104	10-X
-	ncome from Form IL-1040		L		15,108 <u>00</u>
	rom Form IL-1040 or IL-1				2 253 _ 00
3 Illinoi	is Income Tax withheld fro	om Form IL-1040 or IL-1040-X, Lir	ne 25 only (enter " 0 "	if none)	3 373 l 00
		40, Line 36 or IL-1040-X, Line 35			4 <u>120</u> <u>00</u>
		1040, Line 40 or IL-1040-X, Line			5l <u>00</u>
6 Filing	g status: X Single	Married filing jointly Married	filing separately	Widowed Head of	household
8 Acco9 Type10 Date	ount no. (RN): 0 3 6 ount no. (AN): 6 3 2 of account: X Check the payment is to be electronic funds withdrawal ar	3 9 6 8 1 0 3 ing Savings ctronically withdrawn:/_/			
12 Name	e on account:	•			
Step 4: 7	Taxpayer declaration a	and signature (Sign only afte	r completing Step	2 and, if applicable,	 Step 3.)
co	orrect. If I have filed a join authorize the Illinois Depa	ay be directly deposited as design t return, this is an irrevocable app artment of Revenue (IDOR) and its the electronic portion of my 2023	ointment of the other s designated financial	spouse as an agent to ragent to initiate an ACH	receive the refund. Helectronic funds
fir	nancial institutions involve	ed in the processing of an electron ies and resolve issues related to t	ic overpayment of tax		
	do not want direct deposit	of my refund, or an electronic fur	nds withdrawal (direct	debit) of my balance du	e.
return orig and accor	ginator (ERO) are identical. mpanying information may	the information on my electronic Fo To the best of my knowledge, my r be sent to IDOR by my ERO. I auth d, I authorize IDOR to identify the re	eturn is true, correct, a orize IDOR to inform n	nd complete. I consent the stransmit in	hat my return, this declaration mitter when my return has
here You	ur signature	Date	Spouse's signate	ure (if joint return, both must s	ign) Date
I declare information taxpayer's ERC ERC ERC Firm	that I have examined this on. I have followed all req	inator (ERO) and paid prepa taxpayer's electronic Form IL-104 uirements of this program and dea ng information are true, correct, ar	40 or IL-1040-X, the ir clare, under penalties	nformation on this Form of perjury, that to the be	
use 241	5 ROONEY CT			8 4 - 3	1 7 1 9 6 5
OHIV —	ing address				entification number (FEIN)
	BRUNSWICK	NJ	08816	<u>(678) 965-9</u>	522
City		State	7IP	Daytime phone numb	or

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.

