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.

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	ber
SID	DHARTH KETHA	510-21	-264'	7
Spouse	's name	Spouse's soc	ial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	re au	thorizina.)
	whole 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	Adjusted gross income		1	14,990.
2	Total tax		2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	177.
4	Amount you want refunded to you		4	1,177.
5	<u>A</u> mount you owe		5	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	E
	ERO firm name		- 5

1	2	6	4	7	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date I					 		
Practitioner PIN Method Returns Only—contir	ue be	low						
Part III Certification and Authentication – Practitioner PIN Method Onl	/							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 all ze	 9	89	)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	Date 🕨
	etain This Form — See Instructions orm to the IRS Unless Requested To Do So
Far Denergy Reduction Act Nation and your toy set	

<b>1040</b>		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and mi	ddle initial	Last na	ime						Your so	ocial sec	curity number
SIDDHART	ч		KETH	A						510	21	2647
		s first name and middle initial	Last na									security number
										-		
Home address	(numbe	r and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.	Preside	ntial Ele	ection Campaign
143 ChAF	TN V	NAY										ou, or your
		ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP c	ode		•	jointly, want \$3
OSWEGO						II		605	43	u v		nd. Checking a not change
Foreign country	name			Foreign pi	rovince/state/c	count	ty	Foreig	n postal code	1	x or refu	•
											Yc	ou 🗌 Spouse
Filing Status	X	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a dig										es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1					
Age/Blindness	You:	Were born before January 2, 1	959 <b>[</b>	Are bl	lind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January 2	2. 1959		s blind
Dependents				(2) 5	Social security		(3) Relationsh	14			ifies for (	(see instructions):
If more	•	irst name Last name		(-)	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)	•				. 1a	1	13,750.
Attach Form(s)	b	Household employee wages not re				•				. <u>1k</u>	>	
W-2 here. Also	С	Tip income not reported on line 1a	•		•			• •		. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f				•		• •		. 10		
was withheld.	f	Employer-provided adoption bene						• •		. 11	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. <u>1ç</u>		0.
W-2, see	h	Other earned income (see instruct	,	· · ·		•	· · · ·	· ·		. <u>1</u> ł	1	0.
instructions.	i -	Nontaxable combat pay election (	see msu	ructions)		•	<b>1</b> i			- 1-		13,750.
Attack Sat D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	ь т	axable interest	· ·		. 1z . 2t		
Attach Sch. B if required.	2a 3a		2a 3a				ordinary divide			. <u>21</u> . 31		
	<u> </u>		3a 4a				axable amoun			. 31. . 41:	-	
Standard	ча 5а		4a 5a				axable amoun			. 41. . 51.		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6t		
Married filing	c	If you elect to use the lump-sum e		method					[			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•					. 8		1,240.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	_	14,990.
\$27,700	10	Adjustments to income from Sche								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incon	ne				. 11		14,990.
\$20,800 • If you checked	12	Standard deduction or itemized								. 12	2	13,850.
any box under	13	Qualified business income deduct	ion from	n Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	L	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter ·	-0 This is y	our <b>t</b>	taxable incom	ie .		. 15	5	1,140.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	114.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	114.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	114.
	21	Add lines 19 and 20						21	114.
	22	Subtract line 21 from line 18	. 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 <b>total tax</b>					24	0.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	177.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	177.
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812			28		]	
	29	American opportunity credit	from Form 8863	8, line 8		29	L,000.	1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lin	e15			31		]	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	1,000.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	1,177.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	1,177.
	35a	Amount of line 34 you want			is attached, che	eck here	🗆	35a	1,177.
Direct deposit?	b	Routing number 0 7 1			c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 6 3 6	1 6 7 6	0 0					
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee	ins	tructions				🗌 <b>Yes.</b> C	omplete b	elow.	× No
	De: nar	signee's		Phone no.			onal identif ber (PIN)	ication	
Ciana		der penalties of perjury, I declare th	at I have examined		accompanying sch		( )	ne hest	of my knowledge and
Sign		ief, they are true, correct, and com			1 7 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
									IN, enter it here
Joint return?					STUDENT		(see	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.							(see		ection Pin, enter it here
	Ph	one no. (630)616-760	n	Email address	<u> </u> טידיש אוזרות דיפ		``		
		parer's name	U Preparer's signat		STDOVEIH	A@GMAIL.CON			Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P02470	1823	Self-employed
Preparer		n's name GLOBAL TAX		TAVAN KUM	TITINAL TO TENT	•	· · · ·		(678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			s EIN	88-2145487
Go to www.irc.or		1040 for instructions and the late		TIDNICK IN				3 LIN	Form <b>1040</b> (2023)
30 10 WWW.113.90		noto initiatiuolions and the late	st mornation.		BAA	REV 03/07/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2 Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SIDDHARTH KETH	510-21	-2647	
Part I Addition	onal Income		

Fai	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<u>8a (</u> )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	0		
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n 80		
0	Section 951A(a) inclusion (see instructions)			
p	Section 461(I) excess business loss adjustment	8p 8q		
q r	Scholarship and fellowship grants not reported on Form W-2	8r		
r S	Nontaxable amount of Medicaid waiver payments included on Form			
3	1040, line 1a or 1d	8s ( )		
+	Pension or annuity from a nonqualifed deferred compensation plan or			
•	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
-	Other income. List type and amount:	<b>8z</b> 1,240.		
9	Total other income. Add lines 8a through 8z		9	1,240.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	1,240.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

Department of the Treasury

### **Additional Credits and Payments**

OMB No. 1545-0074

2

Attachment

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest inform	nation.		Attachment Sequence No. <b>03</b>
	(s) shown on Form 1040, 1040-SR, or 1040-NR		r social s	security number
	t I Nonrefundable Credits	51	0-21-2	647
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441, line Form 2441	11. Attac	n   .   <b>2</b>	
3	Education credits from Form 8863, line 19		. 3	114.
4	Retirement savings contributions credit. Attach Form 8880		. 4	
5a	Residential clean energy credit from Form 5695, line 15		. 5a	
b	Energy efficient home improvement credit from Form 5695, line 32 .		. 5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use         6e			
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
Ι	Amount on Form 8978, line 14. See instructions 6			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1 1040-NR, line 20	040-SR, (	or . <b>8</b>	114.

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/07/24 PRO	Schedu	ile 3 (Form 1040) 2023

Form **8863** 

Internal Revenue Service
Name(s) shown on return

AUTION

#### Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	2023					
		Attachme Sequenc	ent e No. <b>50</b>			
Your so	Your social security number					
510		21	2647			

#### SIDDHARTH KETHA

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2		90,000.		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3		14,990.		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4		75,010.		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5		10,000.		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6			,		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou			}	6	1.000
	at least three places)			]	U	1.000
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portu	nity credit;	7	2,500.
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter				-	2,500.
U	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	1,000.
Part	I Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	
11	Enter the smaller of line 10 or \$10,000				11	
12	Multiply line 11 by 20% (0.20)	•	· · ·		12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13				
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14				
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15				
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16				
17	If line 15 is:					
	$\bullet$ Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 $~$ . $~$ .					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)			}	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see	instruc	ctions) .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Work	sheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3				19	114.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 03/07/2	4 PRO	Form <b>8863</b> (2023)

Form 8863 (2023)				
Name(s) shown on return Yc		Your social security number		
SIDDHARTH KETHA	510	21	2647	

CAUT	Complete Part III for each student for who credit or lifetime learning credit. Use addition		
Par	III Student and Educational Institution Information	n. See instructions.	
20	Student name (as shown on page 1 of your tax return) SIDDHARTH	21 Student social security number (as s your tax return)	hown on page 1 of
	KETHA	510-21-2647	
	Educational institution information (see instructions)	1	
á	Name of first educational institution	<b>b.</b> Name of second educational instituti	on (if any)
	SAINT LOUIS UNIVERSITY	(4) Adduces Number and started to D	
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	DUBOURG ROOM		
	SAINT LOUIS MO 63103		
(	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098 from this institution for 2023?	-T 🗌 Yes 🗌 No
(	3) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes X No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?	
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	<ul> <li>(4) Enter the institution's employer identify you're claiming the American oppic checked "Yes" in (2) or (3). You can 1098-T or from the institution.</li> </ul>	ortunity credit or if you
	43-0654872		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Go to line 31 for this student. No ·	– Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– <b>Stop!</b> Go to line 31 his student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	Go to line 31 for this student. X No	– Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	Yes – <b>Stop!</b> So to line 31 for this student.	<ul> <li>Complete lines 27</li> <li>ugh 30 for this student.</li> </ul>
CAUT			in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). <b>Do</b>		<b>27</b> 4,000.
28			<b>28</b> 2,000.
29			<b>29</b> 500.
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts		<b>30</b> 2,500.
<u> </u>	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Inc III, line 31, on Part II, line 10		31

Form **8863** (2023)

(	Rev	November	2023)
١	1100.	NOVEINDEI	2020)

Department of the Treasury Internal Revenue Service

### **Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information. OMB No. 1545-0074

For tax year 20 23

Attachment	
Sequence No.	70

		nation.		
	Taxpayer name(s) shown on return Taxpayer identification		n number	
	SIDDHARTH KETH	A	510-21-2647	7
	Preparer's name		Preparer tax identifica	tion number
	VENKATA SAI PA	VAN KUMAR DUDIPALLI	P02470833	

#### Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit			
	claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If " <b>Yes</b> ," answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	the amount(s) of the credit(s)			
	· · · · · · · · · · · · · · · · · · ·			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			X

Bit you complete the required recentingation room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the required recenting and room obog is a set of the room obog is a set of the

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

X

Form 8	367 (Rev. 11-2023)			Page <b>2</b>
Part	<b>II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			
Part		, go tc	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes X	No
Part		s, go to		<u>VI.)</u>
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<year< td=""><td>Yes</td><td>No</td></year<>	Yes	No
Part	<ul> <li>Eligibility Certification</li> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:</li> </ul>	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return o in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligit	oility for	the

- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

# If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)



Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_\_\_\_/\_\_\_

	Ste	p 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the	he entire SS	SN(s) - no partial SSN
A	4			
	510	-21-2647 2002		
	SID	DHARTH KETHA		
	143	ChAPIN WAY		
	OSWI	EGO IL 60543 KENDALL		
		SIDDUKETHA@GMAIL.COM		
E	<b>B</b> Fili	ng status: Single Married filing jointly Married filing separately Widowed Head of h	ousehold	
C	Ch	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🗌 You 🔲 S	Spouse	
D	Ch	eck the box if this applies to you during 2023: 🔲 Nonresident - Attach Sch. NR 🔲 Part-year resident - A	Attach Sch	n. NR
				le dollars only)
	5te	p 2: Income	1	14,990.00
	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	.00
	3	Other additions. <b>Attach</b> Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	14,990.00
	Ste	p 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	
ere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
ų s	-	Schedule 1, Ln. 1. 6	.00	
'n,	7 8	Other subtractions. Attach Schedule M. 7 7	<u>.00</u> <b>8</b>	.00
foi	9	Illinois base income. Subtract Line 8 from Line 4.	8 9	.00
66				
and 1099 forms here	3te	<ul> <li>p 4: Exemptions - See instructions for income limitations</li> <li>a Enter the exemption amount for yourself and your spouse. See instructions.</li> <li>a 2,42</li> </ul>	5 00	
pu	10	<b>b Check</b> if 65 or older:  You +  Spouse <b># of checkboxes X</b> \$1,000 = <b>b</b>	.00	
		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	.00	
Ä		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.		
Staple W-2		Attach Schedule IL-E/EIC. d	0.00	
Sta		Exemption allowance. Add Lines 10a through 10d.	10	2,425.00
•,	Ste	p 5: Net Income and Tax		
	11	Residents: Net income. Subtract Line 10 from Line 9.		
	40	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule I	NR. <b>11</b>	12,565.00
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	12	622.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
>	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	622.00
240	Ste	p 6: Tax After Nonrefundable Credits		
-10	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
	16	Property tax, K-12 education expense, and volunteer emergency worker credit amount		
oue		from Schedule ICR. Attach Schedule ICR. 16	.00	
Ķ i	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	0
hec	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0 <u>.00</u> 622.00
r C	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	022.00
no		p 7: Other Taxes		
e y	20 21	Household employment tax. See instructions.	20	.00
Staple your check and IL-1040-V	<b>∠</b> I	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
St	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	622.00
•				



IL-1040 Front (R-12/23) Printed

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 tax from Page 1, Line 23.		24	622.00					
Step 8: Payments and Refundable Credit								
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	681.00						
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							
<b>28</b> Pass-through entity tax credit. <b>Attach</b> Schedule K-1-P or K-1-T.	28							
<b>29</b> Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. <b>Attach</b> Schedule IL-E/EIC.	29							
<b>30 Total payments and refundable credit</b> . Add Lines 25 through 29.		30	722.00					
Step 9: Total								
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	100.00					
<b>32</b> If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	.00					
Step 10: Underpayment of Estimated Tax Penalty and Donations								
<b>33</b> Late-payment penalty for underpayment of estimated tax.	33	.00						
a 🔲 Check if at least two-thirds of your federal gross income is from farming.								
b 🔲 Check if you or your spouse are 65 or older and permanently living in a nursing	home.							
c 🔲 Check if your income was not received evenly during the year and you annualiz	ed your inco	me on Form IL-2210.						
Attach Form IL-2210.								
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.								
	-	-						
34 Voluntary charitable donations. Attach Schedule G.	the previous <b>34</b>	.00						
	-	-	.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> </ul>	34	<u>.00</u> 35	.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L</li> </ul>	34	.00 35						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> </ul>	34 ine 35 from	.00 35 Line 31. 36	100.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L</li> </ul>	34 ine 35 from	.00 35						
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> </ul>	34 ine 35 from	.00 35 Line 31. 36	100.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instr</li> </ul>	34 ine 35 from	.00 35 Line 31. 36	100.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instr</li> <li>38 I choose to receive my refund by <ul> <li>a indirect deposit - Complete the information below if you check this box.</li> </ul> </li> </ul>	34 ine 35 from uctions.	00 35 Line 31. 36 37	100 <u>.00</u> 100 <u>.00</u>					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instr</li> <li>38 I choose to receive my refund by <ul> <li>a ⊠ direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds</li> </ul>	34 ine 35 from uctions.	.00 35 Line 31. 36	100 <u>.00</u> 100 <u>.00</u>					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instr</li> <li>38 I choose to receive my refund by <ul> <li>a indirect deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute Routing number 0 7 1 0 0 0 0 1 3</li> </ul>	34 ine 35 from uctions.	00 35 Line 31. 36 37	100 <u>.00</u> 100 <u>.00</u>					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instr</li> <li>38 I choose to receive my refund by <ul> <li>a ⊠ direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds</li> </ul>	34 ine 35 from uctions.	00 35 Line 31. 36 37	100 <u>.00</u> 100 <u>.00</u>					
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<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instrates a line and line an</li></ul>	34 ine 35 from uctions.		<u>100.00</u> 100.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instrated to college to receive my refund by <ul> <li>a image: direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b image: paper check.</li> </ul>	34 ine 35 from uctions. X Ch		<u>100.00</u> 100.00					
<ul> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract L This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instra38 I choose to receive my refund by <ul> <li>a ⊠ direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b □ paper check.</li> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li> </ul>	34 ine 35 from uctions. X Ch		<u>100.00</u> 100.00					

#### 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 Da		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy	)	Daytime phone	e number		
Here								( )			
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy	)		Paid Preparer's PTIN		
Paid	VENKATA SAI PAVAN KUMAR DUDIPALLI			VENKATA SAI			self-employed	P02470833			
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN		882145487			
	Firm's address	245 ROO	NEY CT E	VEY CT E BRUNSWICKNJ 08816				(678) 965	5-9522		
	Designee's name (please print)				Designee's phone number			Check if the Department may			
Party									discuss this return with the third		
Designee				( )				party designee 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-E/EIC Illinois Exemption and Earned Income Tax Credit

penalties.

amount is figured.

Attach to your Form IL-1040

### Read this information first

Complete this schedule only if you are claiming

- dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3).

**New for 2023!** Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
- without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

## Step 1: Provide the following information

SIDDHARTH KETHA

Your name as shown on your Form IL-1040

5	1	0	2	1	2	6	4	7
Your So	cial Secu	ritv numl	ber					

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC

and 2 of your federal Form 1040 or 1040-SR to this schedule.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1

Warning: If you fraudulently claim the EITC, you may not be allowed

to claim the credit for up to ten years. You also may have to pay

IL Attachment No. 30

# Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit

**1** Multiply the total number of dependents you are claiming by \$2,425. \_\_\_\_0 X \$2,425.

Enter the result here and on Form IL-1040, Line 10d.

# Continue to Page 2 to calculate Illinois Earned Income Tax Credit



0.00

1



# Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

# Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

	Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
	Enter your business inc	es and tips from your feder come or (loss) from your <b>ınt on Line 2, you musf</b>	federal Form 1040	or 1040-SR, Sc		2			.00
2a	Does your occupation re	equire a city, state, or cour	nty issued profession	al license, registi	ration, or certificat	ion? <b>2a</b>	Yes	] No [	
3		23 federal return as marr		•••					
	•	separately, enter your feo eral Form 1040 or 1040-\$		income (AGI) fr	om your	3			.00
3a	If you entered an amount married filing jointly fee	unt on Line 3, enter your leral return.	spouse's Social Se	ecurity number f	rom your	3a			
4	Is the statutory employee	e box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes 🕒	No 🗌	]
St	ep 4: Figure y	our Illinois EIT	С						
6	<ul> <li>5 If you qualify for the federal EITC, go to Line 6. If you do not qualify for the federal EITC, but do qualify for the Illinois EITC, check this box and complete the Illinois Expanded EITC Worksheet on Page 3 before continuing to Line 6. See instructions to find out if you qualify.</li> <li>6 Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, or the amount from the Illinois Expanded EITC Worksheet, Line 23.</li> <li>7 Multiply the amount on Line 6 by 20% (0.2).</li> </ul>					-	×		04.00 41.00
8	8 Illinois residents: Enter 1.0. Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.							000	
٩	•	rt-year residents: Ente decimal on Line 8. This i			ne 48.	8	1 • 00	000	
3		and on your Form IL-10	•			➡ 9			41.00



# Illinois Expanded EITC Worksheet - Complete only if you checked the box on Step 4, Line 5.

Pa	rt 1 Your Earned Incom	1e - See instructions.					
1	Enter the amount from fed	leral Form 1040 or 1040-SR, Line	e 1z.	<b>♦</b> 1		13	,750
		e 1 that is from medicaid waiver					
		ed income (federal Form 1040 or	1040-SR, Line 1d).	◆2 <u> </u>		12	,750
	Subtract Line 2 from Line			3		13	,750
	-	le combat pay from federal Form	1040 or 1040-SR, Line 1i, if you	<b>.</b>			
	elect to include it in earned	d income. ter the result. If you were not self	employed and did not have	▼4			
		E, go to Line 15. Otherwise, contin					,750
		leral Schedule SE, Part I, Line 3.		<b>♦</b> 6			
7	Enter the amount from fed	leral Schedule SE, Part I, Line 4b	and Line 5a.	<b>♦</b> 7			
8	Add Lines 6 and 7 and ent	ter the result.		8			
9	Enter the amount from fed	leral Schedule SE, Part I, Line 13	l.	<b>\$</b> 9			0
10	Subtract Line 9 from Line	8 and enter the result.		10			0
	÷ .	r (loss) from federal Schedule F, edule K-1 (federal Form 1065), Bo		<b>♦</b> 11			
12	Enter any net profit or (los	s) from federal Schedule C, Line	31; and				
	federal Schedule K-1 (fede	eral Form 1065), Box 14, Code A	(other than farming).	<b>•</b> 12			
13	Enter the amount from fed	leral Schedule C, Line 1, that you	are filing as a statutory employee.				
14	Add Lines 10, 11, 12, and	13 and enter the total.		14			0
	Add Lines 5 and 14 and en zero or negative, enter "0"	15		13	,750		
	-	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim		• 10 163	5 🗙 N		
	Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly				
	Zero	\$17,640	\$24,210				
	One	\$46,560	\$53,120				
ĺ	Two	\$52,918	\$59,478				
	Three	\$56,838	\$63,398				
Pa	rt 2 Your Federal EITC	Calculation					
17	Enter your total earned inc	come from Part 1, Line 15.		<b>•</b> 17		13,	750
	to find the credit amount.	-	nn for your filing status and the correct	•			296
		ren. Enter the credit amount here		◆ 18		14	990
		leral Form 1040 or 1040-SR, Line	e 11 (AGI).	19			550
			ne 18 on Line 23. If <b>No</b> , go to Line 21.	◆ 20 Yes	s 📙 N	o 🗙	
			n \$9,800 (\$16,370 if married filing jointly)? ss than \$21,560 (\$28,120 if married filing	◆ 21 Yes	s 🗌 N	• 🗙	
	look up the amount on Lin	e 19 in the federal Form 1040 Ins	It from Line 18 on Line 23. <b>If Line 21 is No</b> structions for Line 27, EIC Table, to find the atus and the correct number of qualifying				
		5 601166160101111101 20101 10000 512					204
	children. Enter the credit a			<b>♦</b> 22			



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)

	DDHARTH KETH				<u>2</u> <u>1</u>	2	6	47	
Column A Column B Form type Employer/Payer Identification Number			Federal Wa	Your Social Security number Column C Column D Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross Distributions, Compensation, etc.					
1	W	85-1469092	\$	13,750 <b>.00</b>	\$	13,750 <b>.00</b>	\$_		681 <b>.00</b>
2			\$	•00	\$	•00	\$_		•00
3			\$	•00	\$	•00	\$_		•00
4			\$	•00	\$	•00	\$_		•00
5			\$	•00	\$	•00	\$ <u>.</u>		•00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Υοι	ur 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.	II	Column E linois Income Tax Withheld
6			\$	•00	\$	•00	\$	•00
7			\$	•00	\$	<u>•00</u>	\$	•00
8			\$	•00	\$	•00	\$	<u>•00</u>
9			\$	•00	\$	•00	\$	•00
10			\$	•00	\$	•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 \$ 681.00

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

33	Illinois Department of the second	of Revenue			
Z	2023 IL-8453 III ( <u>Do not mail</u> Form IL-845				
Ste	ep 1: Provide taxpayer information SIDDHARTH	KETHA			12_6_4_7
Pri	•	first name (and last name if different	) Last name	Social Security number	
Or	nt 143 ChAPIN WAY			 Spouse's Social Security nu	
typ	OSWEGO	IL	60543		liber
	City	State	ZIP	Daytime phone number	
Ste	ep 2: Complete information from	m tax return	Choose one:	X IL-1040 IL-1040-X	
1	Net income from Form IL-1040 or I				12,565  <b>00</b>
2	Tax from Form IL-1040 or IL-1040-2	·			<u>622</u> <u>622</u>
3	Illinois Income Tax withheld from Fo		ne 25 only (enter "0"	if none)	<b>3</b> 681  <u>00</u>
4	Overpayment from Form IL-1040, L	ine 36 or IL-1040-X, Line 35.	6	4	1001 <u>00</u>
5	Total amount due from Form IL-104			ł	51 <u>00</u>
6	Filing status: X Single Marr	ied filing jointly Married	filing separately	Widowed Head of house	ehold
7 8 9 10 11	Routing no. (RN): $\begin{array}{cccc} 0 & 7 & 1 & 0 \\ \hline Account no. (AN): \begin{array}{cccc} 6 & 3 & 6 & 1 \\ \hline \end{array}$ Type of account: $\begin{array}{cccc} \times \end{array}$ Checking Date the payment is to be electroni Electronic funds withdrawal amoun Name on account:	6 7 6 0 0 Savings cally withdrawn:/_/_			
	ep 4: Taxpayer declaration and	signature (Sign only afte	r completing Step	2 and if applicable Step	3)
	I consent that my refund may be correct. If I have filed a joint retu	e directly deposited as design	nated in Step 3 and de	eclare the information on Line	s 7 through 9 is
l	I authorize the Illinois Departme withdrawal as designated in the e financial institutions involved in necessary to answer inquiries a	electronic portion of my 2023 the processing of an electror	Illinois Original or Ame nic overpayment of tax	ended Individual Income Tax re	eturn. I authorize the
	I do not want direct deposit of m	y refund, or an electronic fur	nds withdrawal (direct	debit) of my balance due.	
retu and	der penalties of perjury, I declare the in urn originator (ERO) are identical. To th I accompanying information may be se an accepted or rejected. If rejected, I a	e best of my knowledge, my r nt to IDOR by my ERO. I auth	eturn is true, correct, a orize IDOR to inform n	nd complete. I consent that my ny ERO and/or the transmitter	return, this declaration, when my return has
Się	gn				
he	Your signature	Date	Spouse's signat	ure (if joint return, <b>both</b> must sign)	Date
l de info	ep 5: Electronic return originate eclare that I have examined this taxp prmation. I have followed all requirem payer's return and accompanying inf	ayer's electronic Form IL-104 nents of this program and de	40 or IL-1040-X, the ir clare, under penalties	nformation on this Form IL-84	

ERO use only	ERO's signature		Date	_ Check if paid preparer: ⊠ (See instructions.)
	GLOBAL TAXES LLC Firm's name or your name if self-employed			$- \frac{P}{Your} \frac{0}{PTIN} \frac{2}{2} \frac{4}{2} \frac{7}{2} \frac{0}{2} \frac{8}{3} \frac{3}{3}$
	OAE DOOMEN OF			
	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.

