

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.

F	4								
		-84-0102 I	1997	ALLURI					
	4774	HILL TRAIL	RD		3B				293022003t
	LISI	Œ	IL	60532	DUPAGE	III KAYARGA PAYAANAA RAAA AAX	FRANKSKA PRODUKTERACIO	YUR/NE (IKU)	NA WAX KAXIBI III
				A.AKHILVARM	IA@GMAIL.CC	M			
						filing separately 🔲 Widowe			
C	Che	eck If someone car	n claim you	, or your spouse	if filing jointly, as	a dependent. See instruction	ıs. 🔲 You 📙	Spouse	
D	Che	ck the box if this a	applies to y	ou during 2023:	■ Nonreside	ent - <b>Attach</b> Sch. NR 🔲 Par	t-year resident -	<b>Attach</b> Sc	h. NR
	Stei	o 2: Income						(Who	le dollars only)
	1		gross incon	ne from your fede	eral Form 1040	or 1040-SR, Line 11.		1	102,436.00
	2					ur federal Form 1040 or 1040	)-SR, Line 2a.	2	.00
	3	Other additions.						3	.00
	4	Total income. Ad		through 3.				4	102,436.00
Ļ	-	o 3: Base Incom							
	5				nt plan income	received if included	<b>5</b>	00	
b	6	in Line 1. <b>Attach</b> Illinois Income Tax			ederal Form 10	40 or 1040-SR	5	.00	
ופו		Schedule 1, Ln. 1.			Jacian Form To	10 01 10 10 011,	6	.00	
2	7	Other subtraction		Schedule M.			7	.00	
5	8	Add Lines 5, 6, ar		•				8	.00
5	9	Illinois base inco						9	102,436.00
Š		o 4: Exemptions					0.46	\	
2	10	a Enter the exem	iption amou	ınt for yourself ar	nd your spouse.	See instructions. checkboxes X \$1,000 =	a 2,42	25 .00	
A		c Check if legally				checkboxes X \$1,000 =			
						edule IL-E/EIC, Step 2, Line 1.		.00	
		Attach Schedul				, , ,	d	0.00	
ומ		Exemption allow	vance. Add	Lines 10a throu	gh 10d.			10	2,425.00
,	Ste	5: Net Income	and Tax						
	11	Residents: Net in							
	40					et income from Schedule NR.	Attach Schedule	NR. <b>11</b>	100,011.00
	12	Residents: Multip Nonresidents an						12	4,951.00
	13	Recapture of inve					•	13	.00
>	14	Income tax. Add						14	4,951.00
<b>†</b>	Ste	o 6: Tax After N	onrefund	lable Credits					
					nois resident. A	Attach Schedule CR.	15	.00	
1	16				olunteer emerç	gency worker credit amount			
	4-	from Schedule IC					16	.00	
5	17	Credit amount fro					17	<u>.00</u> <b>18</b>	0.00
Ď		Tax after nonrefu				annot exceed the tax amount ne 14.	OII LINE 14.	19	4,951.00
3		7: Other Taxes							
Ž	20	Household emplo		See instructions	š.			20	.00
<u>ש</u>						ses from UT Worksheet or U	T Table		.00
lak		in the instructions						21	0.00
י	22				gram Act and sa	ale of assets by gaming licens	see surcharges.	22	.00
7	23	Total Tax. Add Lin	nes 19, 20	, 21, and 22.				23	4,951.00



<b>24</b> Tot	al tax from Page 1, Line 23.					24	4,951.00	
Step 8:	Payments and Refunda	ble Credit						
25 Illino	ois Income Tax withheld. Atta	ch Schedule IL-W	/IT.		<b>25</b> 5	<u>,071<sub>.00</sub></u>		
26 Estir	mated payments from Forms	IL-1040-ES and II	L-505-I,					
	ıding any overpayment applie				26	.00		
	s-through withholding. Attach				27			
	s-through entity tax credit. Att				28			
	ned Income Credit from Sched				29	.00	F 071 00	
	l payments and refundable	e credit. Add Lines	25 through	29.		30	5,071.00	
Step 9:	Total							
	ne 30 is greater than Line 24, s					31	120.00	
<b>32</b> If Lin	ne 24 is greater than Line 30, s	subtract Line 30 fro	m Line 24.			32	.00	
•	: Underpayment of Estir		•	onations				
	-payment penalty for underp	-			33	.00		
	Check if at least two-thirds			-				
_	Check if you or your spouse		-	-	-	- II 0046		
СГ	Check if your income was n	of received evenly	during the	year and you annuali	zed your income o	on Form IL-2210	).	
4 -	Attach Form IL-2210.	irad ta fila an Illina	ia Individual	Incomo Toy roturn in	the provious toy	/oor		
	Check if you were not requintary charitable donations. A			income tax return in	34	.00		
	al penalty and donations. A				34	<u>.00</u> <b>35</b>	.00	
	: Refund or Amount you		1.				.00	
-	u have an amount on Line 3		is areater th	an Line 35 subtract	l ine 35 from l ine	31		
-	is your <b>overpayment</b> .	i and this amount	is greater th	an Line 55, Subtract	LINE 33 HOIN LINE	<b>36</b>	120.00	
	ount from Line 36 you want <b>re</b>	funded to vou. Cl	neck <b>one</b> bo	x on Line 38. See inst	tructions.	37	120.00	
	pose to receive my refund by	_						
	direct deposit - Complete		low if you ch	neck this hox				
u Z					V 01 11			
	You may also contribute to college savings funds	Routing number	0 7 5 0	0 0 0 2 2	X Checkin	g or Saving	js	
		Account number	1 8 2 3	7 7 1 7 2	8 7 5			
hГ	paper check.							
	ount to be <b>credited forward.</b> S	Subtract Line 37 fro	om Line 36	See instructions		39	.00	
	ou have an amount on Line				on Line 21 and th		.00	
-	ss than Line 35, subtract Line		_					
	Line 35. This is the <b>amount</b>			and of are blank (2)	croj, criter the am	40	.00	
-	2: Health Insurance Che	•						
	Check this box and include y							
	agencies in order to determine	ne your eligibility is	or nealth ins	urance benefits. See	instructions for m	ore information.		
Signatu	ure - Note: If this is a joint retu	rn, both you and vo	our spouse m	nust sian below.				
	enalties of perjury, I state th				my knowledge, it i	s true, correct,	and complete.	
					-			
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number	
Here						(608) 280-	-1420	
	Print/Type paid preparer's name	e .	Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA T			AM SAGAR GUPTA TALLAM		self-employed I		
Preparer	Firm's name GLOBAL	843171965						
Use Only			י אווויסוודר	KNJ 08816	Firm's FEIN Firm's phone	(678) 965-		
Third	Designee's name (please print)		TIMONOMIC		· ·			
Party	place o print)			Designee's phone nun	IDEL	Check if the Department may discuss this return with the third		
Designee						party designee shown in this ste		
	Refer to the 202	23 IL-1040 Ins	struction	s for the addre	ss to mail vo	ur return.		

IL-1040 Back (R-12/23) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 01/23/24 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	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)

	HIL VARMA ALI ur name as shown		6 Your So	6 4 ocial Sec	urity numbe	<u>8 4 -</u>	0	1_		2	
Column A Form type		Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, ns, Compensati		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
1	W	45-4327288	_ \$	102,436	00	\$	102,436	0	\$	5,07	1 <u>.00</u>
2			_ \$	•!	00	\$	•(	0	\$		<u>•00</u>
3			_ \$	•	00	\$	•(	0	\$		<u>•00</u>
4			_ \$	•	00	\$	•(	0	\$		<u>•00</u>
5			_ \$	•	00	\$	•(	0	\$		<u>•00</u>

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

Υοι	ur 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	umn C , Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions, 0	Column E Illinois Income Tax Withheld				
6	6		\$	•00	\$	•00	\$	•00		
7			\$	•00	\$	•00	\$	•00		
8			\$	•00	\$	•00	\$	•00		
9			\$	•00	\$	•00	\$	•00		
10	- <u></u>		\$	<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** \$ 5,071**.00** 

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





					_								_							
Submission ID																				

# 

	(Do not mail Form IL-845	<u> </u>	thent of Nevenue un	iless it is requested for review.)	
Step	1: Provide taxpayer informat AKHIL VARMA	ion ALLU:	РT	6 6 4 _ 8 4 _ 0 1 (	0 2
		rst name (and last name if differe		Social Security number	
Print	4774 HILL TRAIL RD 3B	,	,	,	
or type				Spouse's Social Security number	
.,,,,,	LISLE	IL	60532	(608) 280-1420	
	City	State	ZIP	Daytime phone number	
Step	2: Complete information from	n tax return	Choose one: X	] IL-1040   IL-1040-X	
	Net income from Form IL-1040 or IL		Z	<b>1</b> 100,011	1 00
	Tax from Form IL-1040 or IL-1040-X			<b>2</b> 4,951	1 00
	llinois Income Tax withheld from Fo		Line 25 only (enter "0" if	none) <b>3</b> 5,071	I <u>00</u>
	Overpayment from Form IL-1040, Li		• `		I <u>00</u>
<b>5</b> 7	Total amount due from Form IL-104	0, Line 40 or IL-1040-X, Li	ne 38	5	I <u>00</u>
<b>6</b> F	Filing status: 🗶 Single Marri	ed filing jointly Marrie	d filing separately W	/idowed Head of household	
does within 7 F 8 # 9 1 10 E 11 E	not support international ACH transa	actions. IDOR will only per led by international funds.  0 0 0 2 2  7 7 1 7 2 8  Savings  cally withdrawn:/_/	form direct transactions (e	ed within the electronic transmission. Illino e.g., debit, deposit) with financial institutions loot be accepted and refunds will be via paper of the manner	cated
Step	4: Taxpayer declaration and s	ignature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)	
×				lare the information on Lines 7 through 9 is pouse as an agent to receive the refund.	
	withdrawal as designated in the e	lectronic portion of my 202 ne processing of an electro	3 Illinois Original or Amen onic overpayment of taxe	gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize t s to receive confidential information	he
	I do not want direct deposit of my	refund, or an electronic f	unds withdrawal (direct d	ebit) of my balance due.	
return and a	originator (ERO) are identical. To the ccompanying information may be ser	e best of my knowledge, my nt to IDOR by my ERO. I au	/ return is true, correct, and thorize IDOR to inform my	and the information I provided to my electronic d complete. I consent that my return, this declar ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.	ration,
Sign		Date	Spaugo's signature	e (if joint return, <b>both</b> must sign) Date	
	Your signature				
I decl		yer's electronic Form IL-1 ents of this program and d	040 or IL-1040-X, the info leclare, under penalties o and complete.	ormation on this Form IL-8453, and accompa f perjury, that to the best of my knowledge th	e
	ERO's signature		02/02/2024 Date	Check if paid preparer: (See instruction	ns.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0	3
ERO	Firm's name or your name if self-employed			Your PTIN	
use only	245 ROONEY CT			8 4 - 3 1 7 1 9 6	5
Only	Mailing address	<u> </u>		Federal employer identification number (FEIN)	
	E BRUNSWICK	NJ	08816	(678) 965-9522	

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.

