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.

SAI SAI 282	*-**-4309 1995 ***-**-0543 1991 DHANA REDDY PULAGUM BHEEMIREDDY 22 GILCREST CT HAUMBURG IL 60193 COOK VASUREDDY1991@GMAIL.COM			
B Fi	ling status: Single Married filing jointly Married filing separately Widowed Head of h	ousehold		
C CI	heck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🔲 You 🔲 S	Spouse		
D Ch	neck the box if this applies to you during 2023: Nonresident - Attach Sch. NR × Part-year resident - Attach	Attach Sc	h. NR	
Ste	ep 2: Income	(Who	le dollars only)	
1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	65,481.00 .00 .00 65,481.00	
Ste	ep 3: Base Income			
5 6	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00		
2 7	Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. 7	<u>.00</u> .00		
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.0	
9	Illinois base income. Subtract Line 8 from Line 4.	9	65,481.00	
10 10	a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	0.00 .00 .00		
B	Exemption allowance. Add Lines 10a through 10d.	10	4,850.00	
Ste	ep 5: Net Income and Tax			
11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N	VID 11	38,411.00	
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	NFX. 1 1	,	
40	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,901.00	
13 14	The second control of	13 14	.00 1,901.00	
	ep 6: Tax After Nonrefundable Credits			
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 from Schedule ICR. Attach Schedule ICR. 16	.00		
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00		
18 19	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	0.00 1,901.00	
Step 7: Other Taxes				
20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00	
- '	in the instructions. Do not leave blank.	21	0.00	
22 23		22 23	.00 1,901.00	



24 Tota	al tax from Page 1, Line 23.			24	1,901.00	
Step 8:	Step 8: Payments and Refundable Credit					
-	25 Illinois Income Tax withheld. Attach Schedule IL-WIT.					
26 Estin	25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 0.00 26 Estimated payments from Forms IL-1040-ES and IL-505-I,					
inclu	ding any overpayment applied from a prior year	ar return.	26	.00		
27 Pass	s-through withholding. Attach Schedule K-1-P o	or K-1-T.	27	.00		
28 Pass	s-through entity tax credit. Attach Schedule K-1	-P or K-1-T.	28	.00		
	led Income Credit from Schedule IL-E/EIC, Step		29	.00		
30 Tota	I payments and refundable credit. Add Lines	s 25 through 29.		30	0.00	
Step 9:	Total			118		
31 If Lin	e 30 is greater than Line 24, subtract Line 24 fro	m Line 30.		31	.00	
32 If Lin	e 24 is greater than Line 30, subtract Line 30 fro	m Line 24.		32	1,901.00	
Step 10	: Underpayment of Estimated Tax Pena	alty and Donations				
•	-payment penalty for underpayment of estimat	-	33	.00		
a 🗀	Check if at least two-thirds of your federal gro	oss income is from farming.				
b	Check if you or your spouse are 65 or older a	and permanently living in a nursin	g home.			
c [Check if your income was not received evenly	/ during the year and you annuali	zed your income o	n Form IL-2210).	
	Attach Form IL-2210.					
	Check if you were not required to file an Illino					
	ntary charitable donations. Attach Schedule G		34	.00	0.0	
	I penalty and donations. Add Lines 33 and 3	4.		35	00	
-	: Refund or Amount you owe			•		
-	u have an amount on Line 31 and this amount	is greater than Line 35, subtract	Line 35 from Line		00	
	is your overpayment .	hook and hav an Line 20 Coo inc	turretiene.	36 37	.00	
	unt from Line 36 you want refunded to you . Cl	neck one box on line 38. See ins	tructions.	31	.00	
	pose to receive my refund by					
a∟	direct deposit - Complete the information be	elow if you check this box.				
	You may also contribute to college savings funds here. See instructions! Routing number Checking or Savings Account number					
b□	paper check.					
	unt to be credited forward . Subtract Line 37 fro	om Line 36. See instructions.		39	.00	
40 If vo	ou have an amount on Line 32, add Lines 32	and 35. If you have an amount	on Line 31. and th	nis amount		
-	ss than Line 35, subtract Line 31 from Line 35.	_				
	Line 35. This is the amount you owe. See in	The state of the s	,	40	1,901.00	
Ota = 40	o Harliff Income Object to and Cine					
41 🗍	Property Health Insurance Checkbox and Signature Check this box and include your email address agencies in order to determine your eligibility for the content of this is a joint return, both you and you enalties of perjury, I state that I have examined.	s in Step 1 if IDOR may share you or health insurance benefits. See our spouse must sign below.	instructions for mo	ore information.		
Sign	Your signature Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone	number	
Here	Tour digitation Date (minutary))))	- Poudo o digitataro	Date (IIIII/dd/yyyy)	(331) 260-		
	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	` '	-2 ± 62 Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/25/2024	self-employed		
Preparer		SIAM FRITA RAM SAGAR GOFTA TADDAM				
Use Only	Firm's name GLOBAL TAXES LLC	OTI	Firm's FEIN	*****1965		
Thisas		BRUNSWICKNJ 08816	Firm's phone	(678) 965-		
Third Party	Designee's name (please print)	Designee's phone nun	nber	discuss this ret	Department may urn with the third	
Designee		1 1 7			shown in this step.	
	Refer to the 2023 IL-1040 Ins	structions for the addre	ss to mail vo	ur return.		

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 01/12/24 PRO

Smart Worksheets From 2023 Illinois Tax Return

Form IL-1040: Illinois Individual Income Tax Return -- Smart Worksheet

Use Tax Smart Worksheet			
Method 1: Use Tax Worksheet Complete this worksheet to report and pay you liability is over \$600 (\$1,200 if filing jointly), you note: Do not include any items for which you paid sales tax in anote 6.25% or more on Line 1a and 1% or more on Line 2a sales tax you paid in another state, on line	ou must file and pay your use tax w	vith Form ST-44.	
 1a Enter the total cost of general merchandise y to use in Illinois on which you did not pay the amount of Illinois Use Tax 1b Multiply Line 1a by 6.25% (.0625). Round the Enter the total cost of qualifying food, non-prand medical appliances you purchased to us which you did not pay the required amount of 	e required	0. 1b 0.	
 2b Multiply Line 2a by 1% (.01). Round the result 3 Add Lines 1b and 2b. This is your Use Tax 4 Enter the amount of sales tax you paid in an country) on the items included on Lines 1a at 5 Subtract Line 4 from Line 3. If the result is let 	ult to whole dollars	3 0.	
Method 2: Use Tax Table To use the Use Tax Table to calculate Use Tax, of Use tax amount based on table below			
Method 3: File Separate Form ST-44 If this box is checked, your use tax exceeds \$600 You must file Form ST-44 separately from this re reported on IL-1040, line 21. If the box is not che amount from Method 1 or Method 2 on line 21 be Use Tax Table (Method 2) If there are no major purchases and do not he	turn. Use Tax of \$0 will be ecked, enter the elow.		
to estimate annual Illinois Use Tax liability.			
AGI (from IL-1040, Line 1) \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 Above \$100,000	\$3 \$8 \$13 \$18 \$23 \$31 \$44 Multiply AGI by 0.05% (0.0005)		
Keep a copy of this smart worksheet with you	ır records.		