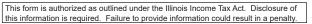
or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A								
SAI	-60-9936 199 PHANIDHAR RAILROAD ST	8	PASUPI	JLETI				
ם ביא:	RDSTOWN	IL	62618	CASS				2004-1200
חנום.	RDSTOWN							
D Fili	ing status. V Single		PHANIDHAR			d \square Hood of	hausahald	
					arried filing separately			
		•		_ ~	<u></u>		•	ND
		iles to y	70u during 202	.s.	resident - Attach Sch. NR 🔲 Par	ı-year resideni -		dollars only)
	p 2: Income				4040 4040 OD 1: 44		(WITOIC	
1 2					1040 or 1040-SR, Line 11. om your federal Form 1040 or 1040	SD Line 2e	1 2	1,781 _{.00}
3	Other additions. Atta			i ii come ne	on your lederal Form 1040 or 1040	-SIN, LINE Za.	3	.00
4	Total income. Add L						4	1,781.00
Ste	p 3: Base Income							
5	•	fits and	certain retirer	nent plan in	come received if included			
	in Line 1. Attach Pag					5	.00	
6	Illinois Income Tax ov	erpayn	nent included in	n federal Fo	rm 1040 or 1040-SR,			
7	Schedule 1, Ln. 1.	ttoob (Cobodulo M			6	<u>.00</u> .00	
? 7 8	Other subtractions. A Add Lines 5, 6, and 7			our subtrac	tions	<i>'</i>	<u>.00</u> 8	.00
9	Illinois base income		•		uono.		9	1,781.00
Ste	p 4: Exemptions -				ations			
-					oouse. See instructions.	a 2,4	25.00	
3					# of checkboxes X \$1,000 =	b	.00	
1	c Check if legally bli					c	.00	
.	-			amount from	Schedule IL-E/EIC, Step 2, Line 1.	al.	0.00	
2	Attach Schedule IL Exemption allowand			ough 10d		d	0 _{.00} 10	2,425.00
St0	p 5: Net Income an			ough rou.				
	Residents: Net inco			from Line (9			
- ''					nois net income from Schedule NR.	Attach Schedule	NR. 11	0.00
12	Residents: Multiply I							
	Nonresidents and p						12	0.00
13	Recapture of investm					`	13	.00.
14	Income tax. Add Line				an zero.		14	0.00
	p 6: Tax After Non					45	00	
15	•	nother (state while an	IIIInois resid	lent. Attach Schedule CR.	15	.00	
2 10	Droporty toy K 12 oc				amarganay warkar aradit amaunt			
		lucatio	n expense, an	d volunteer	emergency worker credit amount	16	.00	
17	Froperty tax, K-12 ed from Schedule ICR. A Credit amount from S	lucatioı Attach	n expense, and Schedule ICR	d volunteer		16 17	.00	
18	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and	lucation Attach Schedu d 17. Tl	n expense, and Schedule ICR le 1299-C. Att his is the total	d volunteer ach Schedu of your cred	ule 1299-C. its. Cannot exceed the tax amount	17	.00 18	0.00
18 19	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and Tax after nonrefund	lucation Attach Schedu d 17. Tl	n expense, and Schedule ICR le 1299-C. Att his is the total	d volunteer ach Schedu of your cred	ule 1299-C. its. Cannot exceed the tax amount	17	.00	0.00 0.00
18 19 Ste	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and Tax after nonrefund p 7: Other Taxes	lucation Attach Schedu d 17. TI able c	n expense, and Schedule ICR le 1299-C. Att his is the total redits. Subtrac	d volunteer ach Schedu of your cred ct Line 18 fr	ule 1299-C. its. Cannot exceed the tax amount	17	.00 18 19	0.00
18 19 Ste 20	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and Tax after nonrefund p 7: Other Taxes Household employment	Attach Attach Achedu d 17. Ti able co	n expense, and Schedule ICR le 1299-C. Att nis is the total redits. Subtraction See instruction	d volunteer . ach Schedu of your cred ct Line 18 fr	ule 1299-C. its. Cannot exceed the tax amount om Line 14.	17 on Line 14.	.00 18	
18 19 Ste	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and Tax after nonrefund p 7: Other Taxes Household employments tax on internet, r	Attach Schedu d 17. Ti able c ent tax.	n expense, and Schedule ICR le 1299-C. Att nis is the total redits. Subtraction See instruction ler, or other out.	d volunteer . ach Schedu of your cred ct Line 18 fr	ule 1299-C. its. Cannot exceed the tax amount	17 on Line 14.	.00 18 19 20	.00.0
18 19 Ste 20	from Schedule ICR. A Credit amount from S Add Lines 15, 16, and Tax after nonrefund p 7: Other Taxes Household employments tax on internet, rin the instructions. Do	Attach Schedu d 17. Ti able ci ent tax. mail ord	n expense, and Schedule ICR le 1299-C. Att his is the total redits. Subtract See instruction ler, or other outpeave blank.	d volunteer . ach Schedu of your cred ct Line 18 fr ons. ut-of-state p	ule 1299-C. its. Cannot exceed the tax amount om Line 14.	on Line 14.	.00 18 19	0.00

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





24 Total	al tax from Page 1, Line 23.					24	0.00	
Step 8:	Payments and Refunda	able Credit						
25 Illino	is Income Tax withheld. Att	ach Schedule IL-W	IT.		25	88.00		
26 Estir	mated payments from Form	s IL-1040-ES and II	505-I,					
	ding any overpayment appl				26	.00		
	s-through withholding. Attac				27			
	s-through entity tax credit. At				28	.00		
	ed Income Credit from Sche	•			. 29	.00	0.0	
30 Tota	I payments and refundabl	e credit. Add Lines	25 through	29.		30	88.00	
Step 9:	Total							
31 If Lin	e 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	88.00	
32 If Lin	e 24 is greater than Line 30,	subtract Line 30 from	m Line 24.			32	.00	
Step 10	: Underpayment of Esti	imated Tax Pena	ilty and Do	onations				
33 Late	-payment penalty for under	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			-	-			
С	Check if your income was	not received evenly	during the	year and you annuali	zed your income o	on Form IL-221	0.	
	Attach Form IL-2210.							
_	Check if you were not requ			Income Tax return in				
	ntary charitable donations.				34	.00		
	I penalty and donations.		4 .			35	.00	
-	: Refund or Amount yo							
-	u have an amount on Line 3	31 and this amount	is greater th	an Line 35, subtract	Line 35 from Line		0.0	
	is your overpayment .					36	88.00	
37 Amo	unt from Line 36 you want r o	efunded to you. Cl	neck one bo	x on Line 38. See inst	tructions.	37	88.00	
	oose to receive my refund by	•						
a ⊠	direct deposit - Complete	the information be	low if you ch	neck this box.				
	You may also contribute	Routing number	0 7 1 0	0 0 0 0 1 3	X Checkin	g or Savin	gs	
	to college savings funds here. See instructions!	Account number			\top			
	Tiere. See instructions:	Account number	8 8 9 8	6 2 9 1 5				
b] paper check.							
39 Amo	unt to be credited forward .	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00	
40 If yo	u have an amount on Line	32 , add Lines 32	and 35. If yo	ou have an amount o	on Line 31, and th	nis amount		
is les	ss than Line 35, subtract Lir	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the am	ount		
from	Line 35. This is the amoun	it you owe. See ins	structions.			40	.00	
Stop 12	. Hoalth Incurance Ch	ockhov and Sigr	aturo					
	2: Health Insurance Cho	•		IDOD many above way	:		Illimaia atata	
	Check this box and include agencies in order to determ							
	agonolog in oraci to actorni	into your ongionity is	or moditin ino	didiloo bollollo. 000	mondonono ioi ini		•	
Signatu	re - Note: If this is a joint ret	urn, both you and yo	our spouse m	nust sign below.				
_	enalties of perjury, I state tl			•	my knowledge, it i	is true, correct	, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number	
Here						(475) 308	-6707	
	Print/Type paid preparer's nam	ne	Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA	self-employed	P02082703					
Preparer	Firm's name	843171965						
Use Only			י ססוואומעד מ	KNJ 08816	Firm's FEIN Firm's phone	(678) 965		
Third	Designee's name (please prin		DKUNSWIC		·			
Party	_ saignes a name (picase pilit	-1		Designee's phone nun	nper	Check if the Department may discuss this return with the third		
Designee				()		party designee shown in this step		
	Refer to the 20	23 II -1040 Ind	struction	s for the addra	es to mail ve	1 1 1		
	Refer to the 20	∠3 IL-1U4U INS	รน นบันิปิก	s ioi tile adare	ss williali yo	ur returri.		

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)

	I PHANIDHAR Ir name as shown	PASUPULETI on Form IL-1040			9 3	6			
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wage	olumn C es, Winnings, Gross Compensation, etc.	gs, Gross Illinois Wages, Winnings, Gross				E me eld
1	W	37-0910458	\$	1,781 <u>•00</u>	\$	1,781 .00	\$_	8	8 .00
2			\$	•00	\$	•00	\$_		<u>•00</u>
3			\$	•00	\$	•00	\$_		<u>•00</u>
4			\$	•00	\$	•00	\$_		<u>•00</u>
5			\$	•00	\$	•00	\$_		<u>•00</u>

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 Wage	lumn C s, Winnings, Gross Compensation, etc.	Co Illinois Wages Distributions,				
6			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	•00	\$	•00	
8			\$	•00	\$	•00	\$	<u>•00</u>	
9			\$	•00	\$	•00	\$	<u>•00</u>	
10			\$	•00	\$	•00	\$	<u>•00</u>	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$<u>88</u>•00







Illinois Department of Revenue

				_						П		_				Г
Submission ID																

S.	2023 IL-8453 Illin (<u>Do not mail</u> Form IL-8453		Income Tax Ele				
Step	1: Provide taxpayer information	· ·		1			
•	SAI PHANIDHAR		PULETI	7 5 0	6_0	9 9 3	3 6
Duint	•	name (and last name if differe	ent) Last name	Social Security	number		
	802 RAILROAD ST						
type	Mailing address				al Security number		
	BEARDSTOWN	IL	62618	_ (475) 30	08-6707		
	City	State	ZIP	Daytime phone	number		
Step	2: Complete information from t	ax return	Choose one: X	IL-1040 I	L-1040-X		
1 1	Net income from Form IL-1040 or IL-1	040-X, Line 11		_	1	0	I <u>00</u>
2 T	ax from Form IL-1040 or IL-1040-X, I	ine 14			2	0	I <u>00</u>
3 II	llinois Income Tax withheld from Form	IL-1040 or IL-1040-X,	Line 25 only (enter "0" if	none)	3	88	I <u>00</u>
4 (Overpayment from Form IL-1040, Line	e 36 or IL-1040-X, Line	35		4	88	I <u>00</u>
5 T	Total amount due from Form IL-1040,	Line 40 or IL-1040-X, L	ine 38		5		I <u>00</u>
6 F	Filing status: 🗶 Single Married	filing jointly Marrie	ed filing separately W	idowed Hea	ad of household		
within 7 F 8 A 9 T 10 E 11 E	not support international ACH transact the United States or those not funded Routing no. (RN): $\begin{array}{cccccccccccccccccccccccccccccccccccc$	by international funds. 0 0 1 3 2 9 1 5 Savings by withdrawn:/_/_/					
	Name on account:	notive (Cian only of	tor completing Oten 2	and if annline	hla Ctan 2\		
Step	4: Taxpayer declaration and sig						
×	I consent that my refund may be did correct. If I have filed a joint return,						
	I authorize the Illinois Department of withdrawal as designated in the electron financial institutions involved in the necessary to answer inquiries and I do not want direct deposit of my re-	ctronic portion of my 202 processing of an electr resolve issues related to	3 Illinois Original or Amendonic overpayment of taxes of the payment.	led Individual Ind to receive confi	come Tax return. I a dential information	authorize th	he
	r penalties of perjury, I declare the infor					v electronic	:
return and a	originator (ERO) are identical. To the b ccompanying information may be sent t accepted or rejected. If rejected, I autho	est of my knowledge, my to IDOR by my ERO. I at	y return is true, correct, and uthorize IDOR to inform my	complete. I cons ERO and/or the t	sent that my return ransmitter when m	, this declar ny return ha	ration
Sign		D-1-	- Constant	/if !- i-44			
	Your signature	Date	1 0	(if joint return, both	must sign) L	Date	
I decl inforn	5: Electronic return originator of are that I have examined this taxpayed nation. I have followed all requirement yer's return and accompanying inform	er's electronic Form IL-1 ts of this program and c	040 or IL-1040-X, the info declare, under penalties of and complete.	rmation on this I perjury, that to t	he best of my kno	wledge the	e
	ERO's signature		03/07/2024 Date	Check if pai	d preparer: 🗵 (Se	e instruction	ns.)
	GLOBAL TAXES LLC			О Ф	2 0 8 2	7 0	2
ERO	Firm's name or your name if self-employed			$\frac{P}{Your} \frac{O}{PTIN} -$	<u>2 0 8 2</u>		
use	245 ROONEY CT				2 1 7 1	0 6	5
only	Mailing address			Federal emplo	$\frac{3}{\text{yer identification}} \frac{1}{\text{numb}}$	er (FEIN)	<u></u>
	E BRUNSWICK	NJ	08816	(678) 96		. ,	

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.

NJState



Daytime phone number

ZIP