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.

•	•								
	HARS		1999	KHATRI					
	4045	5 LINKWOOD 1	DR		802				
	HOUS	STON	TX	77025					09838 9 8
			_	HARSHKHATRI14					
Е	3 Filii	ng status: 🔀 S	Single	Married filing jointly	Married	filing separately 🔲 Widow	ed Head of	household	
C	Ch	eck If someone o	an claim yc	ou, or your spouse if	filing jointly, as	s a dependent. See instructio	ns. You	Spouse	
	Che	eck the box if this	s applies to	you during 2023:	■ Nonreside	ent - Attach Sch. NR 🔲 Pa	art-year resident -	Attach Scl	h. NR
	Ste	p 2: Income						(Who	le dollars only)
	1	-	d gross inco	ome from your feder	al Form 1040	or 1040-SR, Line 11.		1	20,657.00
	2				come from you	ur federal Form 1040 or 104	0-SR, Line 2a.	2	.00
	3 4	Other additions Total income.						3	.00 20,657.00
		p 3: Base Inco		i tillough 3.					20,037.00
lack	5	•		nd certain retiremen	t plan income	received if included			
		in Line 1. Attac	h Page 1 o	of federal return.			5	.00	
ere	6			ment included in fed	deral Form 10	40 or 1040-SR,	C	00	
IS h	7	Schedule 1, Ln. Other subtraction		Schedule M			6	.00 .00	
Drm	8			s is the total of your	subtractions.			<u> </u>	.00
Staple W-2 and 1099 forms here	9	Illinois base in	come. Sub	otract Line 8 from Li	ne 4.			9	20,657.00
108	'			nstructions for incom			0.4	0.5	
pu	10					. See instructions. checkboxes X \$1,000 =		25 <u>.00</u> .00	
-2 a				☐ You + ☐ Spo		checkboxes X \$1,000 =		.00	
Š		d If you are clair	ming depen	idents, enter the amo		edule IL-E/EIC, Step 2, Line 1			
aple		Attach Sched		C. dd Lines 10a throug	h 10d		d	0 <u>.00</u> 10	2,425.00
St	Sto	p 5: Net Incom			11 100.				2,123.00
				Subtract Line 10 fro	m Line 9.				
T		Nonresidents	and part-y	<i>ear residents:</i> Ente	r the Illinois n	et income from Schedule NR	. Attach Schedule	NR. 11	2,484.00
_	12			1 by 4.95% (.0495)				40	122.00
	13			<i>ear residents:</i> Ente ax credits. Attach S				12 13	123 <u>.00</u> .00
<u>-</u>	14			and 13. Cannot be				14	123.00
940	Ste	p 6: Tax After	Nonrefur	ndable Credits					
<u>r-1</u>	15					Attach Schedule CR.	15	.00	
Įρι	16			on expense, and vo h Schedule ICR.	lunteer emer	gency worker credit amount	16	.00	
(al	17			ule 1299-C. Attach	Schedule 12	99-C.	17	.00	
ec/	18					annot exceed the tax amoun	it on Line 14.	18	0.00
ch	19			credits. Subtract Li	ne 18 from Li	ne 14.		19	123.00
Staple your check and IL-1040-V	'	p 7: Other Tax		v Caa inat				20	00
le y	20 21		•	 See instructions. rder or other out-of 	-state nurcha	ses from UT Worksheet or L	IT Table	20	.00
tap		in the instruction			otato purona	ood nom or workshoot or t	J. IUDIO	21	0.00
S	22			_	ram Act and s	ale of assets by gaming licer	nsee surcharges.	22	.00
	23	Total Tax. Add	Lines 19. 2	0. 21. and 22.				23	123.00

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

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.



Step 8: Payments and Refundable Credit 25 Illinois income Tax withheld. Attach Schedule IL-WIT. 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 Pass-through withholding. Attach Schedule K-I-P or K-I-T. 28 Pass-through withholding. Attach Schedule K-I-P or K-I-T. 29 Earned Income Credit from Schedule IL-EEIC. Step 4, Line 9, Attach Schedule IL-EEIC. 29								
25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 26 Estimated payments from Forms IL-1040-ES and IL-5051-, including any overpayment applied from a prior year return. 27 Pass-through withholding. Attach Schedule K-I-P or K-I-T. 28 —	24 Total	al tax from Page 1, Line 23.					24	123 .00
26 Estimated payments from Forms IL-1040-ES and IL-3054-1, including any overpayment applied from a prior year return. 27 Pass-through withholding, Attach Schedule K-1-P or K-1-T. 28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 9, Attach Schedule IL-EFIC. 29 Earned Income Credit from Schedule IL-EFIC. Step 4, Line 9, Attach Schedule IL-EFIC. 29 30 Total payments and refundable credit. Add Lines 25 through 29. 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 32 If Line 24 is greater than Line 24, subtract Line 24 from Line 30. 31 If Line 30 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 33 Line 24 is greater than Line 30, subtract Line 30 from Line 24. 34 Line 30 is greater than Line 30, subtract Line 30 from Line 31. 35 Line 24 is greater than Line 30, subtract Line 30 from Line 31. 36 Line 24 is greater than Line 31. 37 Line 24 is greater than Line 32 through greater devenly during in a nursing home. 26 Check if you or your spouse are 50 or older and permanently living in a nursing home. 27 Line 24 is greater than Line 32 through greater devenly during the year and you annualized your income on Form IL-2210. 28 Attach Form IL-2210. 29 Line 24 is greater than Line 32 through greater than Line 35, subtract Line 35 from Line 31. 30 Line 35 Total panalty and donations. Add Lines 33 and 34. 31 Line 30 panalty and donations. Add Lines 33 and 34. 32 Line 30 panalty and donations. Add Lines 33 and 34. 33 Line 30 panalty and donations. Add Lines 33 and 34. 34 Voluntary charitable donations. Add Lines 33 and 34. 35 Line 30 panalty and donations. Add Lines 30 panalty and donations. Add Lines 33 panalty and donations. Add Lines 34 panalty and donations. Add Lines 35 panalty and donations. Add Lines 35 panalty and donations. Add Lines 35 panalty and don	Step 8:	Payments and Refunda	ble Credit					
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27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 28	26 Estir	mated payments from Forms	IL-1040-ES and I	505-I,				
28 Seas-through entity tax credit. Attach Schedule K-I-P or K-I-T. 28 Seamed Income Credit from Schedule IIIEIG. (Step 4, Line 9, Attach Schedule IIIEIG. 29 .00 .00 .139_00						26	.00	
29 Earned Income Credit from Schedule IL-ERIC, Step 4, Line 9, Attach Schedule IL-ERIC. 30 Total payments and refundable credit. Add Lines 25 through 29. 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 If Line 24 is greater than Line 24, subtract Line 24 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 33 Late-payment penalty for underpayment of Estimated Tax Penalty and Donations 33 Late-payment penalty for underpayment of destinated tax. a Check if you or your spouse are 65 or older and permanently living in a nursing home. 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 annualized your income 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. 35 Total penalty and donations. Attach Schedule G. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. Account number 1 1 0 0 6 1 4 X Checking or Savings from Saving	27 Pass	s-through withholding. Attach	n Schedule K-1-P o	r K-1-T.		27	.00	
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31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 2 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32	30 Tota	l payments and refundable	e credit. Add Lines	25 through	29.		30	139.00
Step 10: Underpayment of Estimated Tax Penalty and Donations 32	Step 9:	Total						
Step 10: Underpayment of Estimated Tax Penalty and Donations 32	-		subtract Line 24 fro	m Line 30.			31	16.00
Step 10: Underpayment of Estimated Tax Penalty and Donations 33 Late-payment penalty for underpayment of estimated tax. a							32	.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 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 annualized your income on 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. 35 Total penalty and donations. Attach Schedule G. 35 Total penalty and donations. Attach Schedule G. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36					nations			
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b			•		s from farming	33	.00	
c	_				•	a home		
Attach Form IL-2210. d	_			•		•	on Form II 22:	10
d	C _		iot received everily	during the	year and you annuar	ized your income o	DII FOIIII IL-22	10.
34 Voluntary charitable donations. Attach Schedule G. 35 Total penaity and donations. Add Lines 33 and 34. 36	4 [ired to file an Illino	ie Individual	Income Tay return in	the previous tax	/ear	
Step 11: Refund or Amount you owe 36 16 you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36	_	• •			income lax return i			
Step 11: Refund or Amount you owe 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 16.00 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute Routing number 1 1 1 0 0 0 6 1 4						34		00
This is your overpayment. 36 16.00 This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Routing number 1 1 0 0 0 6 1 4 X Checking or Savings hore. See instructions! D paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 0.01 16 you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 39 0.01 17 you have an amount on Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 39 0.01 18 you have an amount on Line 35, subtract Line 37 from Line 36. See instructions. 39 0.01 18 you have an amount on Line 35, subtract Line 37 from Line 36. See instructions. 39 0.01 39 0.01 39 0.01 30 0.01 30 0.01 40 1 you have an amount on Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 36. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 35. If Lines 31 and 32 are blank (zero), enter the amount sees the line 36. See instru				+.				00
This is your overpayment. 36	-	-						
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college so contribute to college sovings funds here. See instructions! Routing number 1 1 1 0 0 0 6 1 4	-		1 and this amount	is greater th	an Line 35, subtract	Line 35 from Line		16
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a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! Account number	37 Amo	ount from Line 36 you want re	efunded to you. Cl	neck one bo	x on Line 38. See ins	tructions.	37	<u> 16.00</u>
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is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. Step 12: Health Insurance Checkbox and Signature 41								.00
Step 12: Health Insurance Checkbox and Signature 41	_			-				
Step 12: Health Insurance Checkbox and Signature 41					and 32 are blank (z	ero) , enter the am		0.0
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 completed this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penalties of penjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penjury is penjury. Sign Your signature Paid (832) 997-0635 Print/Type paid preparer's name Paid preparer's signature Paid (832) 997-0635 Paid Preparer's signature Date (mm/dd/yyyy) Check if Paid Preparer's penjury, I state that I have examined this return with the penjury designee shown in this signature. Paid (832) 997-0635 Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Daytime phone number SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA O3/28/2024 Self-employed Prim's penjury of the	from	Line 35. This is the amoun	t you owe. See ins	structions.			40	.00
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 completed this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penalties of penjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and completed the penjury is penjury. Sign Your signature Paid (832) 997-0635 Print/Type paid preparer's name Paid preparer's signature Paid (832) 997-0635 Paid Preparer's signature Date (mm/dd/yyyy) Check if Paid Preparer's penjury, I state that I have examined this return with the penjury designee shown in this signature. Paid (832) 997-0635 Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Daytime phone number SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA O3/28/2024 Self-employed Prim's penjury of the	Step 12	2: Health Insurance Che	ckbox and Sign	nature				
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Sign ature - 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 the state of the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete the state of the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete the penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my knowledge, it is true, correct, and complete the penalties of my								
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Sign Here Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number						my knowledge, it	is true, correc	t, and complete.
Paid Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Check if Paid Preparer's SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA O3/28/2024 Self-employed Preparer Use Only Firm's name GLOBAL TAXES LLC Firm's FEIN Firm's address 245 ROONEY CT E BRUNSWICKNJ 08816 Firm's phone (678) 965-9522 Third Party Designee Designee's name (please print) Designee's phone number Check if the Department madiscuss this return with the thir party designee shown in this self-employed Paid Preparer's signature Date (mm/dd/yyyy) Check if Paid Preparer's self-employed Paid Paid Paid Paid Paid Paid Paid Pai					·		·	·
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Party Designee discuss this return with the thir party designee shown in this s		Designee's name (please print)		Designee's phone nur	mber	Check if th	e Department may
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Refer to the 2023 IL-1040 Instructions for the address to mail your return	Designee				()		party designe	e shown in this step.
to the man and the contraction of the watered to their year (Vidial)		Refer to the 202	23 IL-1040 Ins	struction	s for the addre	ess to mail vo	our return.	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/14/24 PRO





Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	HARSH KHATRI	7 3 4 _ 7 8 _ 0 9 9 6	
	Your name as shown on your Form IL-1040	Your Social Security number	
S	tep 1: Provide the following information		
1	Were you, or your spouse if "married filing jointly," a full-year resident	t of Illinois during the tax year?	
	Yes X No If you answered "Yes," STOP you	u cannot use this form (see instructions).	
2	If you, or your spouse if "married filing jointly," were a part-year resident	ent during the tax year, tell us your residency dates for 2023.	
ć	Month Day Year Month Day Year	ived in from / / <u>2 3</u> to / / <u>2 3</u> State Month Day Year Month Day Year	
k	My spouse lived in Illinois from / / <u>2 3</u> to / / <u>2 3</u> Month Day Year Month Day Yea		
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spot		
4	lowa	Wisconsin Military Spouse ne 2 or 3 above, that you claimed residency for tax purposes in 2023.	
			-

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	20,657.00	2,814.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10_	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15_	.00	.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16_	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17_	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	e. 20	2,814.00
	Continue with Step 3 on Page 2	\rightarrow		

IL-1040 Schedule NR Front (R-12/23)

Printed by authority of the state of Illinois. Electronic only, one copy.

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.



Schedule NR - Page 2

Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	2,814.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 _		
	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 14)	_		
	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	.00
27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	07	22	22
20	Schedule 1, Line 16)		.00	
	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
29				
30				.00
	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 _		
	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)			.00
	RESERVED	_		
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)			.00
35	Other adjustments (see instructions)	35 _	.00	
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	adjustments to income.		36	.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	20,657.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	nee in	ncome. 38	2,814.00
	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)		.00	.00
40	Other additions (Form IL-1040, Line 3)	40	.00	.00
40	· · · · · · · · · · · · · · · · · · ·	40	.00	
40 41	Other additions (Form IL-1040, Line 3)	40	.00	.00
40 41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	40	. <u>00</u> 41	.00 2,814.00
40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	42	.00 41 .00	.00 2,814.00 .00
40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	40 <u>42 </u> 43 <u>-</u>	.00 41 .00 .00	.00 2,814.00 .00
40 41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 <u>42 </u> 43 <u>-</u>	.00 41 .00	.00 2,814.00 .00
40 41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	40 <u>42 </u> 43 <u>-</u>	.00 41 .00 .00	.00 2,814.00 .00 .00
40 41 42 43 44 45 Step	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	40 <u>42 </u> 43 <u>-</u>	.00 41 .00 .00 .00 .45	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	40 <u>42 </u> 43 <u>-</u>	.00 41 .00 .00	.00 2,814.00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	40 <u>42 </u> 43 <u>-</u>	.00 41 .00 .00 .00 .45	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 .45	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 45 46 20,657.00	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	40 _ 42 _ 43 _ 44 _	.00 41 .00 .00 .00 45 46 20,657.00	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 20,657.00	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 20,657.00	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	40 _ 42 _ 43 _ 44 _ 47 _ 48 _	.00 41 .00 .00 .00 45 46 20,657.00	.00 2,814.00 .00 .00 .00
40 41 42 43 44 45 Step 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	40 _ 42 _ 43 _ 44 _ 47 _ 48	.00 41 .00 .00 .00 45 46 20,657.00 0 • 136 2,425.00	.00 2,814.00 .00 .00 .00 .00
40 41 42 43 44 45 Step 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	40 _ 42 _ 43 _ 44 _ 47 _ 48	.00 41 .00 .00 .00 45 46 20,657.00 0 • 136 2,425.00	.00 2,814.00 .00 .00 .00 .00
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49	.00 41 .00 .00 .00 45 46 20,657.00 0 • 136 2,425.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49	.00 41 .00 .00 .00 45 46 20,657.00 0 • 136 2,425.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2	40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49	.00 41 .00 .00 .00 45 46 20,657.00 0 • 136 2,425.00	





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)

	RSH KHATRI ur name as shown	on Form IL-1040	73 Your Social	<u>4</u>	7 8	0 9	9 6		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C jes, Winnings, Gro s, Compensation, e		Column D Vages, Winnings, Gr ons, Compensation	ross II	Column E Illinois Income Tax Withheld	
1	W	36-1258310 000 8	_ \$	11,225 .00	\$	2,814 .00	\$_	139 .00	
2			_ \$	•00	\$	•00	\$_	•00	
3			_ \$	•00	\$	•00	\$_	•00	
4			_ \$	•00	\$	•00	\$	•00	
5			_ \$	•00	\$	•00	\$	•00	

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

Υοι	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.	Illinois Wages	umn D , Winnings, Gross Compensation, etc.	Illinoi	umn E s Income Vithheld
6			\$	<u>•00</u>	\$	•00	\$	•00
7			\$	•00	\$	•00	\$	•00
8			\$	•00	\$	•00	\$	•00
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 \$ 139**.00**

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





Illinois Department of Revenue

				_								_							
Submission ID																			

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	,	<u> </u>	rtment of Revenue ur	nless it is requested for review.)
Step	1: Provide taxpayer info	mation KHAT	T G"	7 3 4 _ 7 8 _ 0 9 9 6
		use's first name (and last name if differ		Social Security number
Print	4045 LINKWOOD DR 802	2	,	
or type				Spouse's Social Security number
71	HOUSTON	TX	77025	(832) 997-0635
	City	State	ZIP	Daytime phone number
Step	2: Complete information	from tax return	Choose one:] IL-1040
	Net income from Form IL-1040		<u> </u>	12,484 <u>00</u>
2	Tax from Form IL-1040 or IL-10)40-X, Line 14		2 123 _ 00 _
3 I	llinois Income Tax withheld fro	m Form IL-1040 or IL-1040-X,	Line 25 only (enter "0" if	
	Overpayment from Form IL-10			416 00
	Total amount due from Form IL			5l <u>00</u>
6 F	Filing status: X Single	Married filing jointly Marri	ed filing separately W	/idowed Head of household
does within 7 F 8 4 9 1 10 E 11 E	not support international ACH	transactions. IDOR will only pe t funded by international funds. 0 0 0 6 1 4 6 0 2 8 7 6 ng Savings tronically withdrawn:/	rform direct transactions (e	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
		nd signature (Sign only at	fter completing Step 2	and, if applicable, Step 3.)
×	correct. If I have filed a joint I authorize the Illinois Depa withdrawal as designated in financial institutions involve	return, this is an irrevocable a rtment of Revenue (IDOR) and the electronic portion of my 202	appointment of the other spansion of the oth	clare the information on Lines 7 through 9 is pouse as an agent to receive the refund. In agent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the set to receive confidential information
	I do not want direct deposit	of my refund, or an electronic	funds withdrawal (direct d	ebit) of my balance due.
returr and a	n originator (ERO) are identical. accompanying information may b accepted or rejected. If rejected	To the best of my knowledge, more sent to IDOR by my ERO. I a	y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic d complete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
	Your signature	Date	Spouse's signature	e (if joint return, both must sign) Date
I decl		taxpayer's electronic Form IL- irements of this program and	1040 or IL-1040-X, the info declare, under penalties o	signature permation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the Check if paid preparer: ☒ (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-emp	loyed		Your PTIN 2 0 8 2 7 0 3
use	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
only	Mailing address			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).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

