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.

, ,								
	-52-0151 199 KSHA GOPALRAO	95	FULE					
845	SPIROS CT			312		orgen and the second of the se		
DEK.	ALB	IL	60115	DEKALB		1427148711. VRW. 18 N.L.	7 36 FT 37 B 77 ST 18 77 31 F7	-2114-7-11-14-14-1111
	. —		APEKSHAFL@		<u></u>			
B Fili	ng status: X Single	· M	arried filing joir	ıtly Married	filing separately 🔲 Widowe	d Head of	household	
C Ch	eck If someone can cla	aim you	, or your spouse	e if filing jointly, as	a dependent. See instruction	s. You	Spouse	
D Ch	eck the box if this app	lies to y	ou during 2020	3: Nonreside	ent - Attach Sch. NR 🔲 Par	t-year resident -	Attach Sch	n. NR
Ste	p 2: Income						(Whol	e dollars only)
1	Federal adjusted gros	ss incon	ne from your fee	deral Form 1040	or 1040-SR, Line 11.		1	16,991 _{.00}
2				income from you	ur federal Form 1040 or 1040	-SR, Line 2a.	2	.00
3 4	Other additions. Atta Total income. Add L						3 4	.00 16,991.00
. —	p 3: Base Income		anough o.				·	
5	Social Security bene	fits and	certain retirem	ent plan income	received if included			
	in Line 1. Attach Pag	ge 1 of	federal return.	•		5	.00	
6	Illinois Income Tax ov Schedule 1, Ln. 1.	/erpaym	ent included in	federal Form 104	40 or 1040-SR,	6	.00	
2 7	Other subtractions.	Attach S	Schedule M.			6	.00	
8	Add Lines 5, 6, and 7			our subtractions.			8	.00
9	Illinois base income	e. Subtr	act Line 8 from	ı Line 4.			9	16,991.00
	p 4: Exemptions -					0.4	0.5	
10	a Enter the exemptionb Check if 65 or old		ınt for yourself : ☑ You + ☐ :		See instructions. checkboxes X \$1,000 =	a2,4		
1	c Check if legally bl				checkboxes X \$1,000 =			
	d If you are claiming	depend			dule IL-E/EIC, Step 2, Line 1.			
Ž	Attach Schedule IL		Lines 40s thus			d	0.00	2,425.00
,	Exemption allowan			ugn 10a.			10	2,423.00
	p 5: Net Income ar Residents: Net inco			from Line 9				
- ''					et income from Schedule NR.	Attach Schedule	NR. 11	14,566.00
12	Residents: Multiply							E01
13	Nonresidents and page Recapture of investment	-					12 13	721 _{.00} .00
14	Income tax. Add Lin						14	721.00
Ste	p 6: Tax After Non	refund	lable Credits					
15	Income tax paid to a				Attach Schedule CR.	15	.00	
16				volunteer emerç	gency worker credit amount	40	00	
17	from Schedule ICR. A			sch Schedule 12	99 - C	16 17	<u>.00</u> .00	
18					annot exceed the tax amount		<u></u> 18	0.00
19	Tax after nonrefund						19	721.00
	p 7: Other Taxes							
20	Household employm				oog from LIT Workshoot == LI	T Table	20	.00
21	in the instructions. D			oi-state purchas	ses from UT Worksheet or U	i iabie	21	0.00
22				ogram Act and s	ale of assets by gaming licens	see surcharges.	22	.00
7 23	Total Tax Add Lines	10 20	21 and 22				23	721 00

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



24 Tot	tal tax from Page 1, Line 23.					24	721 .00
Step 8:	Payments and Refunda	able Credit					
25 Illino	ois Income Tax withheld. Att	ach Schedule IL-W	/IT.		25	721.00	
26 Estir	mated payments from Forms						
inclu	ıding any overpayment appl	.00					
	s-through withholding. Attac				27	.00	
28 Pass	s-through entity tax credit. At	ttach Schedule K-1	-P or K-1-T.		28	.00	
29 Earr	ned Income Credit from Sche	edule IL-E/EIC, Step	4, Line 9. A	ttach Schedule IL-E/EI0	C. 29	.00	
30 Tota	al payments and refundabl	e credit. Add Lines	s 25 through	29.		30	721.00
Step 9:	Total						
31 If Lir	ne 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	.00
32 If Lir	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.			32	0.00
Step 10): Underpayment of Esti	imated Tax Pena	alty and Do	nations			
	-payment penalty for under		•		33	.00	
	Check if at least two-thirds	-		from farming.			
	Check if you or your spous			-	ng home.		
_	Check if your income was		-		-	on Form IL-2210	
_	Attach Form IL-2210.	ĺ		•	,		
d┌	Check if you were not requ	uired to file an Illino	is Individual	Income Tax return in	n the previous tax	year.	
	intary charitable donations.				34	.00	
	al penalty and donations. A					35	.00
	l: Refund or Amount yo						
-	u have an amount on Line 3		is greater th	an Line 35, subtract	Line 35 from Line	31.	
-	is your overpayment .	or and the amount	io groator ar	arr Erro oo, oabiraot	Line oo nom Line	36	.00
	ount from Line 36 you want r o	efunded to vou. Cl	neck one box	on Line 38. See ins	structions.	37	.00
	•	-				<u> </u>	
	oose to receive my refund by		low if you oh	and this hav			
а∟	direct deposit - Complete	the information be	low II you cr	IECK INS DOX.			
	You may also contribute	Routing number			Checkii	ng or Saving	s
	to college savings funds here. See instructions!	Account number					
_							
	paper check.						
39 Amo	ount to be credited forward.	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00
40 If yo	ou have an amount on Line	32 , add Lines 32	and 35. If yo	u have an amount	on Line 31, and t	his amount	
is le	ss than Line 35, subtract Lir	ne 31 from Line 35.	If Lines 31	and 32 are blank (z	ero) , enter the am	nount	
from	Line 35. This is the amoun	it you owe. See in	structions.			40	0.00
Stop 1	2. Haalth Ingurange Ch	ookhov and Sigr	ooturo				
-	2: Health Insurance Cho	_		IDOD	:	4:	::4-4-
	Check this box and include agencies in order to determ						nois state
	agendes in order to determ	inc your engionity is	or ricaltir iris	dianoc penents. Oct	o instructions for in	iore imorriation.	
Signatu	ure - Note: If this is a joint ret	urn, both you and yo	our spouse m	nust sian below.			
	enalties of perjury, I state the				my knowledge, it	is true, correct,	and complete.
				<u></u>	, ,		<u> </u>
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone r	number
Here						(815) 909-	
	Print/Type paid preparer's nam	ne	Paid prepare	r's signature	Date (mm/dd/yyyy)	<u> </u>	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR			A RAM SAGAR GUPTA		self-employed P	
Preparer			02002703				
Use Only		L TAXES LLC			Firm's FEIN	843171965	
			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965-	9522
Third	Designee's name (please prin	t)		Designee's phone nu	mber	_	Department may
Party							
Declar				()		discuss this retu	
Designee	Refer to the 20			()		party designee	Irn with the third shown in this step.

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)

	EKSHA GOPALRA ur name as shown				8 ial Security r			0	1_	51
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wag	olumn C jes, Winnings, G s, Compensation		Co is Wage outions,	Column E Illinois Income Tax Withheld			
1	W	36-6008480	_ \$	16,991 <u>•00</u>	\$		16,991	00	\$	721 .00
2			_ \$	•00	\$			00	\$	•00
3			_ \$	•00	\$			00	\$	<u>•00</u>
4			_ \$	•00	\$		•	00	\$	<u>•00</u>
5			\$	<u>•00</u>	\$			00	\$	•00

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 Wages	umn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions,				
6			\$	• <u>00</u>	\$	•00	\$	•00	
7			\$	•00	\$	<u>•00</u>	\$	•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 \$ 721•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

P	(Do not mail Form	IL-8453 to the Illinois D	epartment of Revenue	e unless it is requested for review.)	
Step	1: Provide taxpayer in				-
	APEKSHA GOPALRAO First name and middle initial	Spouse's first name (and last name i	FULE f different) Last name		_
Print	845 SPIROS CT 312		ramoromy East name	Coolai Coolaity Hambol	
or type				Spouse's Social Security number	_
t) po	DEKALB	IL	60115	(815) 909-7658	
	City	State	ZIP	Daytime phone number	
Step	2: Complete informat	ion from tax return	Choose one	e: 💢 IL-1040 🔲 IL-1040-X	
-	Net income from Form IL-1			114,566 00	
2	Tax from Form IL-1040 or I	L-1040-X, Line 14		2 721 <u>00</u>	
		d from Form IL-1040 or IL-104			
		-1040, Line 36 or IL-1040-X,		4l_00	_
		m IL-1040, Line 40 or IL-1040		501 <u>00</u>	-
6	-iling status: 🔼 Single _	Married filing jointly I	warried filing separately	WidowedHead of household	
does withir	not support international A	CH transactions. IDOR will on e not funded by international fo	ly perform direct transaction	cluded within the electronic transmission. Illinois ns (e.g., debit, deposit) with financial institutions locate will not be accepted and refunds will be via paper chec	
8 /	Account no. (AN):				
9	Type of account: Ch	ecking Savings			
10 I	Date the payment is to be	electronically withdrawn:			
	Electronic funds withdrawa				
12	Name on account:				
Step	4: Taxpayer declaration	on and signature (Sign on	ly after completing Ste	ep 2 and, if applicable, Step 3.)	
	correct. If I have filed a I authorize the Illinois D withdrawal as designate financial institutions invo	joint return, this is an irrevoca epartment of Revenue (IDOR d in the electronic portion of m	ble appointment of the oth) and its designated financ by 2023 Illinois Original or Al electronic overpayment of	I declare the information on Lines 7 through 9 is ner spouse as an agent to receive the refund. cial agent to initiate an ACH electronic funds mended Individual Income Tax return. I authorize the taxes to receive confidential information	
×	I do not want direct dep	osit of my refund, or an electr	onic funds withdrawal (dire	ect debit) of my balance due.	
returr and a	n originator (ERO) are identi accompanying information m	cal. To the best of my knowled nay be sent to IDOR by my ER	ge, my return is true, correct O. I authorize IDOR to inforn	40-X and the information I provided to my electronic t, and complete. I consent that my return, this declaration my ERO and/or the transmitter when my return has rn may be corrected and retransmitted if possible.	n,
Sigr	Your signature	Date	Spouso's sign	nature (if joint return, both must sign) Date	_
					_
I dec inforr	lare that I have examined that I have followed all		n IL-1040 or IL-1040-X, the and declare, under penalti	e information on this Form IL-8453, and accompanyin ies of perjury, that to the best of my knowledge the	g
			04/04/2024	4 Check if paid preparer: ☒ (See instructions.)	
	ERO's signature		Date		
ERO	GLOBAL TAXES LLC Firm's name or your name if self	omployed			
use	245 ROONEY CT	-өтіріоуви			
only	Mailing address			<u>8 4 - 3 1 7 1 9 6 5</u> Federal employer identification number (FEIN)	
	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).

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

