IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number MOHAN SAANKAR RAJAPUNNAIVANAM 778-86-3639 Spouse's name Spouse's social security number 097-35-1660 SHRIE YUVAARAANI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 58,952. 1 1 2 2 0. 3 3 3,250. 4 4 4,137. 5 5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

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Enter five digits, but don't enter all zeros

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signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨	
	N Method Returns Only—continue below	
Part III Certification and Authentication -	Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed		6 0 8 2 7 1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
Don't S	ERO Must Retain This Form — ubmit This Form to the IRS United States and the IRS United States a		
			F 0070 (D 01 0001)

Date

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning 2023, ending 202 See separate instructions. Your first name and model initial Last name 2023, ending 202 Your social security number MOHAN SARNKAR NAJAPUNNAIVANAM 778 86 36.39 Spouse's social security number JINT Four, Spouse's first name and middle initial Last name 202 Check here if you, or your JINT Four, Spouse's first jointy (was a foreign address, also complete spaces below. State 202 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 202 Check here if you, or your Filing Status Single	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or sta	ple in this space.
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get a Form W-2, see instructions. h Other earned income (see instructions) 1 1h 0. w-2, see instructions. i Nontaxable combat pay election (see instructions) 1i iii iii z Add lines 1a through 1h z Add lines 1a through 1h z iii iii Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 2,233. Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Attach Sch. B 4a IRA distributions 4a b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 6b Married filing separately, S13.850 F Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointy or Qualifying pose, S27.700 9 Additional income from Schedule 1, line 10 9 58,952. S27.700 Adjustments to income from Schedule 1, line 26 11 58,952. 12 27,700. 19 Subtract line 10 from line 9. This is your adjusted gross income 13 <t< td=""><td>,</td><td>g</td><td>Wages from Form 8919, line 6 .</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 10</td><td>1</td><td></td></t<>	,	g	Wages from Form 8919, line 6 .								. 10	1	
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BAdditional income from Schedule 1, line 10B-13,875.Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income958,952.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1158,952.12Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.1427,700.	\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not requ	ired	, check here		[7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income958, 952.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1158, 952.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 700.	jointly or	8	Additional income from Schedule	1, line [·]	10						. 8		-13,875.
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Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deducti	ion fror	m Form 89	995 or Form	899	5-A			. 13	3	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	Deduction,	14	Add lines 12 and 13								. 14	, <u> </u>	27,700.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	0 This is ye	our t	taxable incom	е.		. 15	5	31,252.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	3,313.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	3,313.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	3,113.
	20	Amount from Schedule 3, lin	e8				[20	200.
	21	Add lines 19 and 20					[21	3,313.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	0.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	0.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 3	,187.		
	b	Form(s) 1099				25b	63.		
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	3,250.
If you have a	26	2023 estimated tax payment					[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			-	28	887.		
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	887.
	33	Add lines 25d, 26, and 32. T	,	-	-			33	4,137.
Refund	34	If line 33 is more than line 24						34	4,137.
neruna	35a	Amount of line 34 you want	-			, .		35a	4,137.
Direct deposit?	b	Routing number 0 8 1					Savings		
See instructions.	d	Account number 2 9 1		8 0 7 1					
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another							
Designee							omplete be	low.	× No
_ • • • . j •	De	signee's		Phone		Perso	onal identific	ation	
	nai	nē		no.		numb	oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here		· · · ·	piete. Declaration	of preparer (other than taxpayer) is based on all information				·	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SYSTEM ANA	LYST	(see in		iv, enter it here
See instructions.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat		If the II	RS ser	nt your spouse an
Keep a copy for	-1-	,,,,,,,					Identity	y Prote	ection PIN, enter it here
your records.					HOME MAKE	२	(see in	st.)	
	Ph	one no. (224) 659-171	0	Email address	MOHANSANKA	R05@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	T	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/03/2024	P02082	703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

REV 02/23/24 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 20

Attachment

3

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MOHAN SAANKAR RAJTAPUNIATIVANIM & SHRIE YUVAARAANI 778-86-3639 Part I Additional Income 1 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 3 b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Cher gains or (losses). Attach Schedule F 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 7 7 Unemployment compensation 7 8 Other income: 8a (9 Alaska Permanent Fund dividends 8a (9 Alaska Permanent Fund dividends 8a 1 Income from Form 8889 8d 1 Income from Form 8849 8d 1 Income from Form 8491 8a 1 Activity not engaged in for profit income 8d 8 Stock options 8d 9 Nottaxable amount of Medicaid waiver paymets included on Form V-2 8m 9 Section 951(4) inclusion (see instructions) 8g 9 Total other income.	Internal F	Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest	t info	rmation.		S	equence No. 01
Part I Additional Income 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 1 bate of original divorce or separation agreement (see instructions): 1 3 Business income or (loss). Attach Schedule C 3 4 - 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 -14, 068. 6 -14, 068. 7 8 8 Other ropmensation 8 Additional income exclusion from Form 2555 8 8d (9 Cancellation of debt 6 8d (9 Toxis prevalue 9 Toxis prevalue 9 Toxis prevalue 9 Total other income. 9 Total other incore.	Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR			Your se	ocial s	ecurity number
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2a 2a b Date of original divorce or separation agreement (see instructions): 2a c Uther gains or (losse). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule C 5 5 Rental real estate, royatties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F 5 7 Unemployment compensation 7 8 Other income: 8a (a Net operating loss 8a (b Gambling 8a (c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (g Alaska Permanent Fund dividends 8g g Activity not engaged in for profit income 8i g Nort wabe distributions from an ABLE account (see instructions) 8g g Section 951(a) inclusion (see instructions) 8g g Scholarship and fellowship grants not reported on Form W-2 8r <td< td=""><td>Par</td><td>t Additio</td><td>onal Income</td><td></td><td></td><td></td><td></td><td></td></td<>	Par	t Additio	onal Income					
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d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8863 86 f Income from Form 8889 8f g Alaska Permanent Fund dividends 8g h Jury duty pay 8g j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit but were not in the business of renting such property 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8m o Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8g g Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (g Total other income. List type and amount: 8z g Total other income. Add lines 8a through 8z 8u g Total other income. Add lines 8a thro	b			8b				
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g Alaska Permanent Fund dividends 8g 8h h Jury duty pay 8h 8h i Prizes and awards 8i 8i j Activity not engaged in for profit income 8i 8i j Activity not engaged in for profit income 8i 8i j Activity not engaged in for profit income 8i 8i j Activity not engaged in for profit income 8i 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8m 8a n Section 951(a) inclusion (see instructions) 8n 8a o Section 951(a) inclusion (see instructions) 8n 8a g Taxable distributions from an ABLE account (see instructions) 8a 8a g Taxable distributions from an ABLE account (see instructions) 8a 8a s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1 aor 1d 8a 8a 8a u Wages earned while incarcerated 8u 8a 9 10 other income. List type and amount: 8z 9 10 -13, 875.	f	Income from	Form 8889	8f				
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instructions)		for profit but	were not in the business of renting such property	81				
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 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	q							
1040, line 1a or 1d 10 1040, line 1a or 1d 10 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8s () u Wages earned while incarcerated 10 8t 8t 8t y Other income. List type and amount: 8z 9 10 10 10 -13,875.				8r				
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9 Total other income. Add lines 8a through 8z. 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9		•		ðu				
9Total other income. Add lines 8a through 8z	z	Other Income		<u> </u>				
10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-13,875.	•	Tatal ather in		ŏΖ				
1040, 1040-SR, or 1040-NR, line 8				•••		 п. Гания	Э	
	10						10	-13.875
	For Pa							le 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				+		
2	officials. Attach Form 2106	-Dasis	s go	vennn	ent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
/ 8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):						
20						20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction	• •	• •	• •	·	23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
		24h					
i	Attorney fees and court costs you paid in connection with an award						
•	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
i	Housing deduction from Form 2555	24i					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,					
		24k					
z	Other adjustments. List type and amount:						
~		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income					23	
.0	Form 1040, 1040-SR, or 1040-NR, line 10					26	
		• •	• •	• •	•	-	1 (Form 10

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 20

Attachment Sequence No. 03

23

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

				ecurity number
-	AN SAANKAR RAJAPUNNAIVANAM & SHRIE YUVAARAANI	778-8	36-3	639
Par	t Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. A	ttach		
	Form 2441	• •	2	
3	Education credits from Form 8863, line 19	• •	3	
4	Retirement savings contributions credit. Attach Form 8880	• •	4	200.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32	• •	5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use 6e			
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
I	Amount on Form 8978, line 14. See instructions 61			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-S	R, or		
	1040-NR, line 20	•••	8	200.
		(cc	ontinu	led on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	02/23/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074 20

Attach	to Form	1040 or	1040-SR.

Department of the Treasury Internal Revenue Service		Attach to Form 1040 or 1040-SR. Go to <i>www.irs.gov/ScheduleB</i> for instructions and the latest information.		Attachmer Sequence	nt	}
Name(s) shown on r				social securi	-	er
MOHAN SAAN	KAR	RAJAPUNNAIVANAM & SHRIE YUVAARAANI	778	-86-363	9	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this		Amo	ount	
Interest		interest first. Also, show that buyer's social security number and address:			<i>c</i> /	
(See instructions and the		LIBERTYVILLE BANK & TRUST COMPANY				16.
Instructions for		HUNTINGTON NATIONAL BANK				52.
Form 1040,		US BANK)0.
line 2b.)		MIDLAND BANK				50.
Note: If you received a		CHASE BANK				25.
Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's		BANK OF AMERICA	1		35	50.
name as the payer and enter the total interest shown on that form.						
	2	Add the amounts on line 1	2		2,23	33.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		2,23	33.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer:	-			
Ordinary						
Dividends						
(See instructions						
and the						
Instructions for						
Form 1040, line 3b.)			5			
,						
Note: If you received a						
Form 1099-DIV						
or substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter						
the ordinary	~					
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6			
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			d a for	reigr
Foreign						
Accounts					Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of	over a	financial		
Caution: If		account (such as a bank account, securities account, or brokerage account) locate				
required, failure to file FinCEN Form	C	country? See instructions				×
114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank	and I	inancial		
substantial		Accounts (FBAR), to report that financial interest or signature authority? See Find				
penalties.		and its instructions for filing requirements and exceptions to those requirements .				
Additionally, you may be required to file Form 8938,	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(- financial account(s) is (are) located:	·ies) w	here the		
Statement of						
Specified Foreign Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

. Schedule B (Form 1040) 2023

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SCHEDULE	С
(Form 1040)	

L

Profit or Loss From Rusiness

OMB No. 1545-0074 23

(Form 1040)				(Sole Proprietorship)					
Attach to Form 1040, 1040 SP, 1040 SS, 1040 NP, or 1041; partnerships must generally fil				Form 1065.	2023				
	nent of the Treasury Revenue Service					uctions and the latest information.		Attachment Sequence No. 09	
Name	of proprietor						Social se	curity number (SSN)	
	AN SAANKAR	RAJAPUN	NATV	ANAM				6-3639	
A	-			luding product or service (se	e instr	ructions)		ode from instructions	
	IT		, -	51 51		,	.5	1 8 2 1 0	
С		If no separate	busin	ess name, leave blank.				er ID number (EIN) (see instr.)	
E	Business addres	ss (including s	uite or	room no.) 1074 LAK	EHUI	RST DR, Apt. 202			
	City, town or po	st office, state	e, and 2						
F	Accounting met	., .		sh (2) 🗌 Accrual (3		Other (specify)			
G	Did you "materia	ally participate	e" in th	e operation of this business	during	2023? If "No," see instructions for lir	nit on loss	es . 🗙 Yes 🗌 No	
н				-					
I .						n(s) 1099? See instructions			
J			e requi	red Form(s) 1099?				🗌 Yes 🗌 No	
Part	Income								
1						f this income was reported to you on		0 455	
	Form W-2 and t	he "Statutory	emplo	yee" box on that form was c	hecked	d	1	2,455.	
2	Returns and allo	owances		•••••••			2		
3	Subtract line 2 f	rom line 1 .		•••••••			3	2,455.	
4	0	,	,				4		
5							5	2,455.	
6	Other income, ir	ncluding feder		-		refund (see instructions)			
7	Gross income.		nd 6 .	<u> </u>	<u> </u>		7	2,455.	
Part			pense	es for business use of yo	pur ho				
8	Advertising		8		18	Office expense (see instructions) .	18		
9	Car and truck	•			19	Pension and profit-sharing plans .	19		
	(see instructions		9		20	Rent or lease (see instructions):			
10	Commissions ar		10		а	Vehicles, machinery, and equipment	20a		
11	Contract labor (se	e instructions)	11		b	Other business property	20b		
12		 	12		21	Repairs and maintenance	21		
13	Depreciation and expense dedu	uction (not			22	Supplies (not included in Part III) .	22		
	included in Pa				23	Taxes and licenses	23		
	instructions) .		13		24	Travel and meals:			
14	Employee bene	1 0			а	Travel	24a	350.	
	(other than on lin	,	14		b	Deductible meals (see instructions)	24b	400.	
15	Insurance (other		15		25	Utilities	25	1,560.	
16	Interest (see inst	,			26	Wages (less employment credits)	26		
a	Mortgage (paid to		16a		27a	Other expenses (from line 48)	27a		
b	Other		16b		b	Energy efficient commercial bldgs			
17	Legal and profess		17			deduction (attach Form 7205)		0.010	
28	•					8 through 27b	28	2,310.	
29	•	· · /					29	145.	
30				•	e expe	enses elsewhere. Attach Form 8829			
	0			See instructions. r the total square footage of	(a) you	ur home:			
	and (b) the part	of your home	used f	or business:		. Use the Simplified			
	Method Worksh	eet in the instr	ruction	is to figure the amount to ent	ter on	line 30	30		
31	Net profit or (lo	ss). Subtract	line 30	from line 29.					
	 If a profit, enter 	er on both Sch	edule	1 (Form 1040), line 3, and c	n Sch	nedule SE, line 2. (If you			
				uctions.) Estates and trusts, o		, , ,	31	145.	
	• If a loss, you n	nust go to line	e 32.			ļ			
32	If you have a los	s, check the b	box tha	at describes your investment	in this	s activity. See instructions.			
	 If you checked 	d 32a. enter th	e loss	on both Schedule 1 (Form 1	040).	line 3, and on Schedule			
				•		Estates and trusts, enter on	32a 🗌	All investment is at risk.	

• If you checked 32b, you must attach Form 6198. Your loss may be limited. For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 1041, line 3.

32b Some investment is not

at risk.

Schedu	le C (Form 1040) 2023			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attr	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)		e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
-	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
40	Total other expenses. Enter here and on line 27a	48		
48		1 HO	1	

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury	Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Internal Revenue Service	Go to www.irs.gov/ScheduleC for instructions and the latest information.

2 Attachment

Internal	Revenue Service G	Go to www.irs.gov/ScheduleC for	r instructions and the latest information.	Sequence No. 09
Name	of proprietor			Social security number (SSN)
SHR	IE YUVAARAANI			097-35-1660
Α	Principal business or profession	on, including product or service (se	ee instructions)	B Enter code from instructions
	IT			5 1 8 2 1 0
С	Business name. If no separate	e business name, leave blank.		D Employer ID number (EIN) (see instr.)
E	Business address (including s	suite or room no.) 1074 LAP	KEHURST DR, Apt. 202	
		e, and ZIP code WAUKEGAN		
F	Accounting method: (1)	🗙 Cash 🛛 (2) 🗌 Accrual 🛛 (3	3) Other (specify)	
G	Did you "materially participate	e" in the operation of this business	during 2023? If "No," see instructions for lin	mit on losses 🛛 🗙 Yes 🗌 No
н	If you started or acquired this	business during 2023, check here		🗆
I	Did you make any payments in	in 2023 that would require you to fi	le Form(s) 1099? See instructions	🗌 Yes 🗙 No
J	If "Yes," did you or will you file	e required Form(s) 1099?		🗌 Yes 🗌 No
Par	I Income			
1			e box if this income was reported to you on the checked \ldots	1 3,108.
2	Returns and allowances			2
3	Subtract line 2 from line 1 .			3 3,108.
4	Cost of goods sold (from line	42)		4
5	Gross profit. Subtract line 4 f	from line 3		5 3,108.
6	Other income, including feder	ral and state gasoline or fuel tax cre	edit or refund (see instructions)	6
7	Gross income. Add lines 5 ar	nd 6		7 3,108.
Part	II Expenses. Enter ex	penses for business use of ye	our home only on line 30.	
8	Advertising	8	18 Office expense (see instructions) .	18
9	Car and truck expenses		19 Pension and profit-sharing plans .	19
	(see instructions)	9	20 Rent or lease (see instructions):	
10	Commissions and fees .	10	a Vehicles, machinery, and equipment	20a
11	Contract labor (see instructions)	11	b Other business property	20b
12	Depletion	12	21 Repairs and maintenance	21
13	Depreciation and section 179		22 Supplies (not included in Part III) .	22
	expense deduction (not included in Part III) (see		23 Taxes and licenses	23
	instructions)	13	24 Travel and meals:	
14	Employee benefit programs		a Travel	24a 500.
	(other than on line 19) .	14	b Deductible meals (see instructions)	24b 600.
15	Insurance (other than health)	15	25 Utilities	25 1,960.
16	Interest (see instructions):		26 Wages (less employment credits)	26
а	Mortgage (paid to banks, etc.)	16a	27a Other expenses (from line 48)	27a
b	Other	16b	b Energy efficient commercial bldgs	
17	Legal and professional services	17	deduction (attach Form 7205)	
28	•		d lines 8 through 27b	
29	Tentative profit or (loss). Subt	ract line 28 from line 7		29 48.
30	unless using the simplified me		e expenses elsewhere. Attach Form 8829 (a) your home:	
	and (b) the part of your home		. Use the Simplified	
	Method Worksheet in the inst	ructions to figure the amount to en	ter on line 30	30
31	Net profit or (loss). Subtract	line 30 from line 29.	,	
		hedule 1 (Form 1040), line 3, and one instructions.) Estates and trusts,		31 48.
	• If a loss, you must go to line	ie 32.	J	
32	If you have a loss, check the b	box that describes your investment	t in this activity. See instructions.	
	SE, line 2. (If you checked the Form 1041, line 3.	ne loss on both Schedule 1 (Form box on line 1, see the line 31 instruct ust attach Form 6198. Your loss ma	ctions.) Estates and trusts, enter on	 32a All investment is at risk. 32b Some investment is not at risk.

REV 02/23/24 PRO

Schedu	le C (Form 1040) 2023			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year)		e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
-	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
40	Total other expenses. Enter here and on line 27a	48		
48		1 HO	1	

	SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						OMB No. 1545-0074					
	ient of the Treasury	(FIOIIIIe	Attach to Form 1040,	, 1040-	SR, 1040-I	NR, or	1041.		5, etc.)	20 23 Attachment		
	Revenue Service		Go to www.irs.gov/ScheduleE for	r instru	uctions an	d the la	itest in			Sequence No. 13		
.,	shown on return	ום גד גם		ז <u>ה</u> כת ה	ΛΝΤΤ					al securityı 6 − 3639	number	
Part	N SAANKAR		UNNAIVANAM & SHRIE YUVA						//8-8	0-3039		
I al t	Note: If yo	ou are in th	e business of renting personal proper			C . See	instru	ctions. If you are	e an indiv	vidual, repo	ort farm	
			s from Form 4835 on page 2, line 40.			0000						
			nts in 2023 that would require you out file required Form(s) 1099?									
 1a			ch property (street, city, state, ZI			• •	• •		• •	10	3 [] 110	
					,	1						
	Z3A, BIG	STREET	ARUPPUKOTTAI TAMIL NAI	JU II	02010	1						
C												
1b	Type of Prope	rty 2	For each rental real estate prope	ertv list	ted		Fa	ir Rental	Person	al Use	0.11/	
	(from list below		above, report the number of fair	rental	and			Days	Da	ys	QJV	
Α	3		personal use days. Check the Qa if you meet the requirements to f			Α		365		0		
B C			qualified joint venture. See instru			B						
	of Property:					С						
	Single Family R	esidence	3 Vacation/Short-Term Ren	Ital	5 Land		7	Self-Rental				
	Multi-Family Re		4 Commercial		6 Roya	lties	8	Other (descril	ce)			
					-			Propertie				
Incom	e:					Α		B	0.		С	
3	Rents received			3		6	40.					
4	Royalties rece	ived		4								
Expen												
5	-		· · · · · · · · · · · · ·	5								
6 7			tructions)	6 7		2 5	98.					
8				8		2,5	50.					
9				9								
10			ional fees	10								
11	-			11		2,4	72.					
12			to banks, etc. (see instructions)	12								
13 14				13 14		2 8	63.					
15				15			51.					
16				16		, -						
17				17			37.					
18		xpense o	r depletion	18		2,2	87.					
19 20	Other (list)		as 5 through 10	19 20		1 / 7	0.0					
20 21	-		es 5 through 19	20		14,7	00.					
21			structions to find out if you must									
				21		-14,0	68.					
22			state loss after limitation, if any,									
			ructions)	22		14,00		()	()	
23a		-	orted on line 3 for all rental prope			•	23a		640.			
b c		-	orted on line 4 for all royalty prop orted on line 12 for all properties		· · ·		23b 23c					
d		-	orted on line 18 for all properties				23d	2,	287.			
e		-	orted on line 20 for all properties				23e		708.			
24			mounts shown on line 21. Do no t						24			
25			es from line 21 and rental real estat						25	(1	L4,068.)	
26			e and royalty income or (loss). IV, and line 40 on page 2 do no									
), line 5. Otherwise, include this a						26	-	-14,068.	
For Pa			ptice, see the separate instructions		NP			-14,068.	==		orm 1040) 2023	

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or [·]	1040-NR.
Attaon to		10-10,	10-10 011,	<u>.</u>	10-10 1411

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 • Attachment Sequence No. 47

Internal I	Revenue Service Go to www.irs.gov/Schedule8812 for Instructions and the latest information.		Se	equence No. 41	
Name(s)	shown on return	Your	social s	ecurity number	
MOHAN	I SAANKAR RAJAPUNNAIVANAM & SHRIE YUVAARAANI	778-	-86-3	8639	
Par	Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	58,952.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.			
с	Enter the amount from line 15 of your Form 4563 . . <th .<="" td=""><td></td><td></td><td></td></th>	<td></td> <td></td> <td></td>			
d	Add lines 2a through 2c		2d	0.	
3	Add lines 1 and 2d		3	58 , 952.	
4	Number of qualifying children under age 17 with the required social security number 4	2			
5	Multiply line 4 by \$2,000		5	4,000.	
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	0			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resi	dent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	+	7		
8	Add lines 5 and 7	•	8	4,000.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000 }				
	• All other filing statuses $-$ \$200,000 \int		9	400,000.	
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.		10	0.	
11	Multiply line 10 by 5% (0.05)		11	0.	
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.	
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit for other dependents.	edit.			
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	-	13	3,113.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	3,113.	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition				
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	\sqrt{R} three	ough li	ne 27	

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 02/23/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	887.
b	Number of qualifying children under 17 with the required social security number: $2 \times 1,600$.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	3,200.
17	TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b	17	887.
18a b 19	Earned income (see instructions) 18a 70,787. Nontaxable combat pay (see instructions) 18b 18b Is the amount on line 18a more than \$2,500? 18b 18b		
20	□ No. Leave line 19 blank and enter -0- on line 20. ☑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more?	20	10,243.
	 No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	887.
		edule 8	812 (Form 1040) 2023

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

2023

	Go to www.irs.gov/Form8889 for instructions and the latest information and	ntion.	Att See	achment quence No. 52
Name(s	shown on Form 1040, 1040-SR, or 1040-NR	Social security nu	umber of I	HSA beneficiary.
MOHA	AN SAANKAR RAJAPUNNAIVANAM	If both spouses h 778-86		s, see instructions.
Refo	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts if	requir	ed
Part		-		
Fall	and both you and your spouse each have separate HSAs, complete a separ			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) See instructions	during 2023.	Self	-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month durin were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter) (\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time durin include any amount contributed to your spouse's Archer MSAs	ig 2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs an coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fam under an HDHP at any time during 2023, enter your additional contribution amount. See in	nily coverage	7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023 9	2,000.		· ·
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	5,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), F		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruct			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	ch have sepa	rate H	SAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include contributions (and the earnings on those excess contributions) included on line 14 withdrawn by the due date of your return. See instructions	a that were	14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also			
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Scher 1040), Part II, line 17c .	dule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse ear complete a separate Part III for each spouse.	e the instruction the instruction of the instruction of the sep		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Scher			
	1040), Part II, line 17d		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

	BBBBD ent of the Treasury Revenue Service			Form 1040, 1040-SR, o ov/ <i>Form8</i> 880 for the I		ı.			Attac Sequ	hment ence No. 54
ame(s)	shown on return	-								urity number
IOHA	N SAANKAR	RAJAPUNNA	IVANAM & SHRI	E YUVAARAANI				778-8	36-3	639
	You can	not take this	credit if either of t	the following applie	es.					
	married fi	ling jointly).		0-NR, line 11, is more	•					
AUTIC				oution or elective defe or (c) was a student						
4	Traditional on	d Dath IDA as	antributions and Al	DIE aaaaunt aantrik	butions by the		(a	ı) You	(b)	Your spous
1				BLE account contributions						
2	•			employer plan, volur		1				
-				s for 2023 (see instru		2		5 , 775		
3	Add lines 1 an			-		3		5,775		
4				before the due of	date (including			5,113	·	
-				ons). If married filing						
				structions for an exce		4				
	-									
5	Subtract line 4	from line 3. If z	zero or less. enter -0)				5.775		
)		5		5,775 2,000		
	In each colum	n, enter the sm	aller of line 5 or \$2,0	000	· · · · · ·			5,775 2,000 . 7		2,000
6 7	In each colum Add the amou	n, enter the sm nts on line 6. If	aller of line 5 or \$2, zero, stop ; you can		· · · · · ·	5	 58,9	2,000		2,000
5 6 7 8 9	In each column Add the amoun Enter the amound	n, enter the sm nts on line 6. If unt from Form ⁻	aller of line 5 or \$2, zero, stop ; you can	000 't take this credit . 040-NR, line 11* .	· · · · · ·	5	 58,9	2,000		2,000
6 7 8	In each column Add the amou Enter the amou Enter the appli	n, enter the sm nts on line 6. If unt from Form icable decimal a	aller of line 5 or \$2, zero, stop ; you can 1040, 1040-SR, or 1 amount from the tab	000	· · · · · · · · · · · · · · · · · · ·	5	 58,9	2,000		2,000
6 7 8	In each column Add the amoun Enter the amound	n, enter the sm nts on line 6. If unt from Form icable decimal a	aller of line 5 or \$2, zero, stop ; you can 1040, 1040-SR, or 1 amount from the tab	000	us is—	56		2,000		2,000
6 7 8	In each column Add the amou Enter the amou Enter the appli	n, enter the sm nts on line 6. If unt from Form icable decimal a	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married	000 . . . i't take this credit . . 040-NR, line 11* . . ble below. . . And your filing state . . Head of . .	us is—	5 6		2,000		2,000
6 7 8	In each column Add the amou Enter the amou Enter the appli	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is —	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly	000 . . i't take this credit . 040-NR, line 11* . ole below. And your filing state Head of household	us is—	5 6 	g	2,000		2,000
6 7 8	In each column Add the amou Enter the amou Enter the appli If line Over—	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over –	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o	000	us is— Single, Mar Separate Qualifying surv	5 6	g	2,000		2,000
6 7 8	In each column Add the amou Enter the amo Enter the appli If line Over—	n, enter the sm nts on line 6. If unt from Form icable decimal 8 is – But not over – \$21,750	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5	000	us is— Single, Mar Separate Qualifying surv 0.5	5 6 ried filin ely, or iving sp	g	2,000		2,000
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6 7 8	In each column Add the amou Enter the amo Enter the appli If line Over- \$21,750 \$23,750	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over– \$21,750 \$23,750 \$32,625	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1	5 6 . ried filin ely, or iving sp 5 2 1	g	2,000		2,000 x .1
6 7 8	In each column Add the amou Enter the amou Enter the appli If line Over- \$21,750 \$23,750 \$32,625	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1	ried filin ely, or iving sp 5 2 1	g	2,000 . 7 !52.		1
6 7 8	In each column Add the amou Enter the amou Enter the appli Over- \$21,750 \$23,750 \$32,625 \$35,625	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1 0.1 0.1	ried filin ely, or iving sp 5 2 1	g	2,000 . 7 !52.		1
6 7 8	In each column Add the amou Enter the amo Enter the appli Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1	5 6 	g	2,000 . 7 !52.		1
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6 7 8	In each column Add the amou Enter the amo Enter the appli Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1 0.1 0.1 0.1	5 6 .	g	2,000 . 7 !52.		1
6 7 8	In each column Add the amou Enter the amo Enter the appli Over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$43,500	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – 8 ut not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	5 6	g	2,000 . 7 !52.		1
6 7 8	In each column Add the amou Enter the amo Enter the appli If line Over \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is — 8 is — 1 is month 1 is month	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	5 6	g	2,000 . 7 !52.		1
6 7 8	In each column Add the amou Enter the amo Enter the appli If line Over \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500	n, enter the sm nts on line 6. If unt from Form icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$447,500 \$54,750 \$73,000 	aller of line 5 or \$2, zero, stop; you can 1040, 1040-SR, or 1 amount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	000	us is— Single, Mar separate Qualifying surv 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	5 6 	g	2,000 . 7 !52.		1

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/23/24 PRO Form **8880** (2023)

9	8867	Paid Preparer's Due Diligence Check	list	ОМВ	No. 1545	5-0074
	DUU / ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AC Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC Credit for Other Dependents (ODC)), and Head of Household (HOH) Fi	DTC), TC) and		or tax ye 20 _23	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 10 Go to www.irs.gov/Form8867 for instructions and the latest info	40-PR, or 1040-SS.	Attac Sequ	hment ence No.	70
Гахрау	er name(s) shown on	return	Taxpayer identification	n number		
MOH.	AN SAANKAR	RAJAPUNNAIVANAM & SHRIE YUVAARAANI	778-86-363	9		
Prepare	r's name		Preparer tax identific	ation num	ber	
		I SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the rended (check all that apply).	•	e the re AOTC		arts I- HOH
1	Did you compl	ete the return based on information for the applicable tax year provide	d by the taxpayer	Yes	No	N/A
	or reasonably	obtained by you?		×		
2	worksheets for 1040) instruction	claimed on the return, did you complete the applicable EIC and/or und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schoons, and/or the AOTC worksheet found in the Form 8863 instruction that provides the same information, and all related forms and schedule	edule 8812 (Form ons, or your own	X		
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you	must do both of			
	 Interview the 	taxpayer, ask questions, and contemporaneously document the taxpay at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	er's responses to			
		mation to determine that the taxpayer is eligible to claim the credit(s) a pigure the amount(s) of any credit(s)	•	X		
4	information rea	nation provided by the taxpayer or a third party for use in prepari asonably known to you, appear to be incorrect, incomplete, or incon- ons 4a and 4b. If " No ," go to question 5.)	sistent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent	information? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should inclu om you asked, when you asked, the information that was provided, ar d on your preparation of the return.)	nd the impact the			
5	keep a copy o applicable wor 8867 and any	v the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 88 ksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s you relied on to determine eligibility for the credit(s) and/or HOH filing s	67, a copy of any to prepare Form provided by the			
	the amount(s) List those doc	of the credit(s)		×		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiater r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	e return if his/her	×		
7		e taxpayer if any of these credits were disallowed or reduced in a previo		X		

- Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . 7 (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
- If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 8

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/23/24 PRO

Form 8867 (Rev. 11-2023)

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Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	n the re or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 02/23/24 PRO

Form 8867 (Rev. 11-2023)

Additional Information From 2023 Federal Tax Return

Schedule C (IT): Profit or Loss from Business

Line 25	Itemization Statement
Description	Amount
INTERNET BILLS	920.
PHONE BILLS	640.
Tot	t al 1,560.

Schedule C (IT): Profit or Loss from Business

Line 25

Description	Amount
PHONE BILLS	1,240.
INTERNET BILLS	720.
Total	1,960.

Itemization Statement

778-86-3639



1

Electronic only, one copy. ID: 3WM REV 02/14/24 PRO

Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return

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. Α

M S 1 W B	IOHA SHRI .074 JAUH Filir	AN SAANKAR IE 4 LAKEHURST DR KEGAN ng status: Singl	R IL Ie 🔀	YUVAAR 60085 MOHANSANKAI Married filing join	NNAIVAN AANI 202 LAKE R050GMA tly Ma	IL.COM arried filing	separately Widov		household	
							pendent. See instructio			
			plies to	o you during 2023			Attach Sch. NR 🔲 Pa	an-year resident.		e dollars only)
		p 2: Income		f f		1010 10			(1010)	58,952.00
	1 2	Federal adjusted gro					eral Form 1040 or 104	40-SR Line 2a	1 2	.00
	3	Other additions. Att				in your rou			3	.00
,	4	Total income. Add	Lines	1 through 3.					4	58,952 <u>.00</u>
	Ste	p 3: Base Income								
	5	Social Security ben			ent plan in	come recei	ved if included	F	00	
υ	6	in Line 1. Attach Pa Illinois Income Tax o			federal Fo	rm 1040 or	1040-SR	5	.00	
arere	•	Schedule 1, Ln. 1.	ovorpa				1010 014,	6	.00	
SIL	7	Other subtractions.						7	.00	
	8 9	Add Lines 5, 6, and		•		tions.			8	<u>.00</u> 58,952.00
22	-	Illinois base incom	-						9	50,952.00
		p 4: Exemptions -					instructions	a 4,8	50. 00	
ana	10	 a Enter the exempt b Check if 65 or ob 					kboxes X \$1,000 =			
N N		c Check if legally b	blind:	☐ You + □ S	Spouse	# of chec	kboxes X \$1,000 =	= c	.00	
Ň					mount from	n Schedule	L-E/EIC, Step 2, Line 1			
əldi		Attach Schedule I			usila 10d			d 4,8	<u>50.00</u> 10	9,700.00
^		Exemption allowar			ugn 10a.				10	9,700.00
		p 5: Net Income a Residents: Net inc			rom Line (L.				
							ome from Schedule NF	Attach Schedule	NR 11	49,252.00
	12	Residents: Multiply								
		Nonresidents and					edule NR.		12	
		-						`	13	.00 2,438.00
2		Income tax. Add Li			be less tha	an zero.			14	2,430.00
ò i		p 6: Tax After Nor Income tax paid to a			inois rosis	lont Attack	Schodulo CP	15	.00	
÷.							worker credit amount		.00	
DU		from Schedule ICR.						16	.00	
X								17	.00	0
Jer	18 19						exceed the tax amour	nt on Line 14.	18 19	^{0.00} 2,438.00
			luable	creuits. Subtract			•		19	27133.00
		p 7: Other Taxes Household employr	mont to	av See instruction					20	.00
al						urchases fr	om UT Worksheet or I	UT Table	20	.00
la p		in the instructions.	Do not	t leave blank.	-				21	0.00
					ogram Act	and sale of	assets by gaming lice	nsee surcharges.	22	.00
	23	Total Tax. Add Line	es 19, 2	20, 21, and 22.					23	2,438.00
		IL-1040 Front (R-12/23) Printe	ted _							
		by authority of the state of Illin Electronic only, one copy.	nois.	This form is authorized as this information is required						



24	Total tax from Page 1, Line 23	3.														2	24	2,438.00
Step	o 8: Payments and Refund	able Credit																
25	Illinois Income Tax withheld. At	ttach Schedule IL-	WIT.									25	5		3,49	4.0	00	
26 E	Estimated payments from Forr	ns IL-1040-ES and	IL-50)5-I,														
i	including any overpayment app	olied from a prior ye	ear re	turn.								26	<u> </u>			.0	00	
27 F	Pass-through withholding. Atta	ch Schedule K-1-P	or K-	1-T.								27				.0	<u>)0</u>	
28 F	Pass-through entity tax credit.	Attach Schedule K-	-1-P o	or K-1	-T.							28	3			.0	<u>)0</u>	
29 E	Earned Income Credit from Sch	nedule IL-E/EIC, Ste	ep 4, l	Line §	9. Att	ach	Sche	edule	IL-E	E/EIC).	29)			.0	<u>)0</u>	
30	Total payments and refundal	ole credit. Add Line	es 25	throu	igh 2	9.											30	3,494.00
Step	o 9: Total																	
31 I	If Line 30 is greater than Line 24	, subtract Line 24 fr	om Lir	ne 30													31	1,056 <u>.00</u>
32	If Line 24 is greater than Line 30	, subtract Line 30 fr	om Lii	ne 24												:	32	.00
Ster	o 10: Underpayment of Es	timated Tax Per	alty	and	Dor	nati	ons	;										
	Late-payment penalty for unde											33	3			.0	00	
á	a 🔲 Check if at least two-third	ls of your federal g	ross i	ncom	ne is	fron	n far	ming	J.									
l	b 🔲 Check if you or your spor	use are 65 or older	and p	berma	anen	tly li	iving	j in a	nu	rsin	g h	om	ie.					
(c 🔲 Check if your income was	not received even	ly dur	ring th	he ye	ear a	and	you a	anr	ual	zec	d yo	our	inc	ome on F	orm	IL-2210.	
	Attach Form IL-2210.																	
(d 🔲 Check if you were not red	quired to file an Illir	iois In	ndivid	ual li	ncor	me ⁻	Tax r	etu	m ir	n the	e p	rev	iou	s tax year			
34 \	Voluntary charitable donations	Attach Schedule	G.									34	<u>ا_</u>			.0	00	
25 -			24															
35	Total penalty and donations.	Add Lines 33 and	34.													4	35	.00
	Total penalty and donations. o 11: Refund or Amount y		34.														35	.00
Step		ou owe		reate	r tha	n Lii	ne 3	5, sı	ubtr	act	Lin	e 3	5 f	rom	Line 31.		35	.00
Step 36	o 11: Refund or Amount y	ou owe		reate	r tha	n Lii	ne 3	5, sı	ubtr	act	Lin	e 3	5 f	rom	Line 31.		35 36	.00 1,056.00
Step 36	o 11: Refund or Amount y If you have an amount on Line	ou owe 31 and this amour	ıt is gı												Line 31.			
Step 36 37 /	o 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want	ou owe 31 and this amour refunded to you. (ıt is gı												Line 31.		36	1,056 <u>.00</u>
Step 36 37 / 38	o 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund	ou owe 31 and this amour refunded to you . (by	it is gi Check	one	box	on l	_ine	38. \$							Line 31.		36	1,056 <u>.00</u>
Step 36 37 / 38	b 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Complet	ou owe 31 and this amour refunded to you . (by te the information b	it is gr Check below	t one if you	box ı che	on L eck t	_ine this	38. S box.	See	ins			ns.				36 37	1,056 <u>.00</u>
Step 36 37 / 38	b 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Comple You may also contribute to college savings funds	ou owe 31 and this amour refunded to you. (by te the information b Routing number	t is gr Check below	if you	box u che 9	on L ck t	_ine this 4	38. \$ box. 8	See 0	ins 8		ctio	ns. X		Line 31. necking o		36	1,056 <u>.00</u>
Step 36 37 / 38	b 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Comple You may also contribute	ou owe 31 and this amour refunded to you . (by te the information b	t is gr Check below	t one if you	box u che 9	on L eck t	_ine this	38. \$ box. 8	See	ins			ns. X	Cł			36 37	1,056 <u>.00</u>
Step 36 37 / 38 38	b 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Comple You may also contribute to college savings funds here. See instructions!	ou owe 31 and this amour refunded to you. (by te the information b Routing number	t is gr Check below	if you	box u che 9	on L ck t	_ine this 4	38. \$ box. 8	See 0	ins 8	truc	ctio	ns. X	Cł			36 37	1,056 <u>.00</u>
Step 36 37 / 38 38	b 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ⊠ direct deposit - Comple You may also contribute to college savings funds	ou owe 31 and this amour refunded to you. (by te the information k Routing number Account number	ot is gr Check Delow	if you 8 1 9 1	box u che 9 0	on L ck t 0	Line	38. s box. 8	See 0 8	ins 8	truc	ctio	ns. X	Cł			36 37	1,056 <u>.00</u>
Step 36 37 / 38 38 38 /	 p 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a	ou owe 31 and this amour refunded to you. (by te the information to Routing number Account number . Subtract Line 37 f	t is gr Check Delow 0 { 2 \$ 2 \$	if you 8 1 9 1 _ine 3	box u che 9 0 86. S	on L ck t 0 0	Line	38. s box. 8 8	0 8 ns.	ins 8 0	truc 7	rtio	ns. X	Cł	ecking o	· ;	36 37 Savings 39	1,056 <u>.00</u> 1,056.00
Step 36 37 / 38 38 39 / 40	 p 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a	ou owe 31 and this amour refunded to you. (by te the information to Routing number Account number . Subtract Line 37 f ne 32, add Lines 32	ot is gr Check Delow 0 8 2 9 From L 2 and	if you 8 1 9 1 _ine 3 35. If	box 1 che 9 0 86. S f you	on L eck t 0 0 ee ii	this 4 9 nstr	38. s box. 8 8 uctio	0 8 ns.	8 0	7 On	7 Lir	ns. X	Cł	necking of	mou	36 37 Savings 39	1,056 <u>.00</u> 1,056.00
Step 36 37 / 38 38 39 / 40 i	 p 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a	ou owe 31 and this amour refunded to you. (by te the information to Routing number Account number . Subtract Line 37 f ne 32, add Lines 32 ine 31 from Line 35	t is gr Check eelow 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	if you 8 1 9 1 Line 3 35. If ines	box 9 0 86. S f you 31 a	on L eck t 0 0 ee ii	this 4 9 nstr	38. s box. 8 8 uctio	0 8 ns.	8 0	7 On	7 Lir	ns. X	Cł	necking of	mou	36 37 Savings 39	1,056 <u>.00</u> 1,056.00
Step 36 37 / 38 38 39 / 40 i f	 p 11: Refund or Amount y If you have an amount on Line This is your overpayment. Amount from Line 36 you want I choose to receive my refund a ☑ direct deposit - Complete You may also contribute to college savings funds here. See instructions! b □ paper check. Amount to be credited forward If you have an amount on Line is less than Line 35, subtract L 	ou owe 31 and this amour refunded to you. (by te the information to Routing number Account number . Subtract Line 37 f ne 32, add Lines 32 ine 31 from Line 35 nt you owe. See in	t is gr Check 0 8 2 9 From L 2 and 5. If L instruc	if you 8 1 9 1 Line 3 35. If ines	box 9 0 86. S f you 31 a	on L eck t 0 0 ee ii	this 4 9 nstr	38. s box. 8 8 uctio	0 8 ns.	8 0	7 On	7 Lir	ns. X	Cł	necking of	mou	36 37 Savings 39 unt	1,056.00 1,056.00

Step 12: Health Insurance Checkbox and Signature

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 complete.

Sign	Your signature		Date (mm/dd/yyyy) Spouse's sig	nature	Date (mm/dd/yyyy)		Daytime phone	e number	
Here								(224) 659	9-1710	
	Print/Type paid prepa	arer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)			Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAG	AR GUPTA TA	LLAM	SYAM PRIYA F	RAM SAGAR GUPTA TALLAM	03/03/2024		self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC					Firm's FEIN		843171965		
	Firm's address	245 ROO	NEY CT I	E BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (pl	ease print)			nber		Check if the Department may			
Party									eturn with the third	
Designee					()			party designee shown in this step.		

Refer to the 2023 IL-1040 Instructions for the address to mail your return.

AP_____

RR DC IR ID



Illinois Department of Revenue

2023 Schedule IL-E/EIC Illinois Exemption and Earned Income Tax Credit

penalties.

amount is figured.

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming

- dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3).

New for 2023! Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
- without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

Step 1: Provide the following information

M RAJAPUNNAIVANAM & S YUVAARAANI

Your name as shown on your Form IL-1040

7	7	8	8	6	_ 3	6	3	9
Your So	cial Secu	rity num	ber					

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC

and 2 of your federal Form 1040 or 1040-SR to this schedule.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1

Warning: If you fraudulently claim the EITC, you may not be allowed

to claim the credit for up to ten years. You also may have to pay

IL Attachment No. 30

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
PRANAUV	MOHAN	674-21-1364	Son	11/24/2014				
ASMITHA	MOHAN SAANKAR	121-23-7007	Daughter	06/03/2008				

1 Multiply the total number of dependents you are claiming by \$2,425. <u>2</u> X \$2,425.

Enter the result here and on Form IL-1040, Line 10d.

4,850.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit



1



Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

	Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
1 2	 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. If you report an amount on Line 2, you must answer the question in Line 2a below. 00 								
28	a Does your occupation re	equire a city, state, or cour	nty issued profession	al license, registi	ration, or certificat	ion? 2a	Yes 🗌	No 🗌	
3		23 federal return as marr		•••					
	•	separately, enter your feo leral Form 1040 or 1040-3		income (AGI) fr	om your	3			.00
3a	<i></i>	unt on Line 3, enter your		ecurity number f	rom your	•			
	married filing jointly fee	· · · · · ·			5	3a			
4	Is the statutory employe	e box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes 🕒	No 🗌	
S	tep 4: Figure y	our Illinois EIT	С						
6	 If you qualify for the federal EITC, go to Line 6. If you do not qualify for the federal EITC, but do qualify for the Illinois EITC, check this box and complete the Illinois Expanded EITC Worksheet on Page 3 before continuing to Line 6. See instructions to find out if you qualify. Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, or the amount from the Illinois Expanded EITC Worksheet, Line 23. Multiply the amount on Line 6 by 20% (0.2). 								.00
	Illinois residents: En	•				•			
2		rt-year residents: Ente	r the decimal from \$	Schedule NR, Li	ne 48.	8	•		
9	Multiply Line 7 by the o	decimal on Line 8. This i	s your Illinois EITC						
	Enter this amount here and on your Form IL-1040, Line 29.					9			.00



Illinois Expanded EITC Worksheet - Complete only if you checked the box on Step 4, Line 5.

Pa	rt 1 Your Earned Incom	1e - See Instructions.						
1	Enter the amount from federal Form 1040 or 1040-SR, Line 1z.							
2	Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).							
3	Subtract Line 2 from Line	3						
	Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you							
-	elect to include it in earned			◆ 4				
5	Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have							
~	to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6. 5							
	Enter the amount from federal Schedule SE, Part I, Line 3.							
		leral Schedule SE, Part I, Line 4b	and Line 5a.	•7				
	Add Lines 6 and 7 and en			8				
		leral Schedule SE, Part I, Line 13	3.	♦ 9				
	Subtract Line 9 from Line			10				
11	• •	r (loss) from federal Schedule F,		◆ 11				
4.0		edule K-1 (federal Form 1065), Bo		◆ 11				
12	• • •	s) from federal Schedule C, Line eral Form 1065), Box 14, Code A		◆ 12				
13	Enter the amount from fed	leral Schedule C, Line 1, that you	are filing as a statutory employee.	◆ 13				
14	Add Lines 10, 11, 12, and	13 and enter the total.		14				
15	Add Lines 5 and 14 and e zero or negative, enter "0"		enter the amount from Line 5. If the total is	s 15				
	 16 Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children? If yes, continue to Part 2. If No, STOP; you do not qualify for the Illinois EITC. 							
	If yes, continue to Part 2.	If No, STOP; you do not qualify		▼ 16 Yes No				
	If yes, continue to Part 2. Ta	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim	its	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed	its Filing as Married Filing Jointly	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640	its Filing as Married Filing Jointly \$24,210	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560	Filing as Married Filing Jointly \$24,210 \$53,120	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560	Filing as Married Filing Jointly \$24,210 \$53,120	▼ 16 Yes No				
Pa	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478	▼ 16 Yes No				
	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478	◆ 16 Yes No				
17	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three rt 2 Your Federal EITC Enter your total earned inc Look up the amount on Lin to find the credit amount. I	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct colum	Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398	◆ 17				
17 18	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three Tt 2 Your Federal EITC Enter your total earned ince Look up the amount on Ling to find the credit amount. If number of qualifying children	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct colum ren. Enter the credit amount here	Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 \$63,398 \$ structions for Line 27, EIC Table, nn for your filing status and the correct s.	 17				
17 18 19	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three rt 2 Your Federal EITC Enter your total earned ind Look up the amount on Lin to find the credit amount. If number of qualifying childred Enter the amount from federal	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct colum ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line	Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 \$63,398 \$ structions for Line 27, EIC Table, nn for your filing status and the correct s.	 ◆ 17 ◆ 18 19 				
17 18 19 20	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three Tt 2 Your Federal EITC Enter your total earned ind Look up the amount on Lin to find the credit amount. If number of qualifying childred Enter the amount from fed Are the amounts on Lines If Yes, skip Lines 21 and 2	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct colum ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same?	Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 \$63,398 \$ structions for Line 27, EIC Table, nn for your filing status and the correct s.	 17				
17 18 19 20	If yes, continue to Part 2. Ta Qualifying Children Claimed Zero One Two Three Tt 2 Your Federal EITC Enter your total earned ind Look up the amount on Lin to find the credit amount. If number of qualifying children Enter the amount from fed Are the amounts on Lines If Yes, skip Lines 21 and 2 If you have: No qualifying children, is	If No, STOP; you do not qualify ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct colum ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same? 22, and enter the amount from Line s the amount on Line 19 less than	Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 structions for Line 27, EIC Table, mn for your filing status and the correct e 11 (AGI).	 ◆ 17 ◆ 18 ◆ 18 ◆ 20 Yes □ No □ 				

children. Enter the credit amount here.

23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.

• 22 -

23_



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	W-2G WG		I					
1099-R	R	1042-S	S					
1099-G	1099-G G 1099-MISC M		В					
1099-MISC			K					
1099-OID	0	1099-NEC	Ν					

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MOHAN SAANKAR RAJAPUNNAIVANAM Your name as shown on Form IL-1040			863 Your Social Security number						<u>} </u>	6	3 9)
Column A Form type Identification Number			Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross				Column E Illinois Income Tax Withheld		
1	W	13-3924155 000 4	\$	70,594 .00	\$		70,59	4 .00	\$_	3	3 , 494.	00
2			\$	•00	\$			<u>•00</u>	\$_		•	<u>00</u>
3			\$	•00	\$			<u>•00</u>	\$_			<u>00</u>
4			\$	•00	\$			<u>•00</u>	\$_		•	<u>00</u>
5			_ \$	•00	\$			<u>•00</u>	\$_		•	<u>00</u>

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

SHRIE YUVAARAAN Your spouse's name a	0 <u>9</u> Your spouse's		<u>5</u> _ <u>1</u> _	6	6 0		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wages,	IMN C Winnings, Gross ompensation, etc.	Illinois Wages	lumn D s, Winnings, Gross Compensation, etc.	Illino	blumn E bis Income Withheld
6		\$	• <u>00</u>	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	• <u>00</u>
8		\$	•00	\$	•00	\$	• <u>00</u>
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 \$ 3,494.00

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

	Illinois Department of Reve 2023 IL-8453 Illinois I (Do not mail Form IL-8453 to the	Individual Inco	ome Tax Electr	-				
Sten	1: Provide taxpayer information	minois Departmen		s it is requested for review.)				
	MOHAN SAANKAR SHRIE YUVAAN		AIVANAM	7 7 8 _ 8 6 _ 3 6 3 9				
		nd last name if different)	Last name	Social Security number				
or	1074 LAKEHURST DR 202 Mailing address			0 9 7 _ 3 5 _ 1 6 6 0 Spouse's Social Security number				
	WAUKEGAN	IL	60085	(224) 659-1710				
	City	State	ZIP	Daytime phone number				
Step	2: Complete information from tax ret	turn	Choose one: 🗙 IL-	1040 🔲 IL-1040-X				
-	let income from Form IL-1040 or IL-1040-X,			1 <u>49,252</u> <u>00</u>				
	ax from Form IL-1040 or IL-1040-X, Line 14			2 <u>2,438</u> 00				
	linois Income Tax withheld from Form IL-104		5 only (enter "0" if none					
	Overpayment from Form IL-1040, Line 36 or otal amount due from Form IL-1040, Line 40			4 <u>1,056</u> <u>00</u> 5 <u>1,056</u>				
	iling status: Single \times _ Married filing jo		i separatelv Widov					
	3: Complete direct deposit of refund							
does i within 7 F 8 A 9 T 10 C 11 E	tiate a payment or refund transaction, the not support international ACH transactions. If the United States or those not funded by inte couting no. (RN): $\begin{array}{c} 0 \\ 8 \\ 1 \\ 9 \\ 0 \\ 4 \\ \end{array}$ account no. (AN): $\begin{array}{c} 2 \\ 9 \\ 1 \\ 0 \\ 0 \\ 9 \\ \end{array}$ and $\begin{array}{c} 9 \\ 0 \\ 9 \\ 0 \\ 9 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$	DOR will only perform di ernational funds. Electro 8 0 7 7 rings drawn: 1	rect transactions (e.g., o	ithin the electronic transmission. Illinois debit, deposit) with financial institutions located accepted and refunds will be via paper check. —				
Step	4: Taxpayer declaration and signature	e (Sign only after co	mpleting Step 2 and	, if applicable, Step 3.)				
X	I consent that my refund may be directly d correct. If I have filed a joint return, this is							
	 I authorize the Illinois Department of Reversity withdrawal as designated in the electronic prince of the institutions involved in the process necessary to answer inquiries and resolved. I do not want direct deposit of my refund, or the institution of t	portion of my 2023 Illino ssing of an electronic ov sissues related to the p	is Original or Amended I /erpayment of taxes to i ayment.	ndividual Income Tax return. I authorize the receive confidential information				
	penalties of perjury, I declare the information							
return and a		ny knowledge, my return R by my ERO. I authorize	is true, correct, and con DOR to inform my ERC	pplete. I consent that my return, this declaration, D and/or the transmitter when my return has				
Sign	<u>.</u>							
	Your signature			nt return, both must sign) Date				
I decla inform	5: Electronic return originator (ERO) are that I have examined this taxpayer's electronation. I have followed all requirements of the yer's return and accompanying information a	ctronic Form IL-1040 or is program and declare	IL-1040-X, the informa , under penalties of per	tion on this Form IL-8453, and accompanying				
			03/03/2024	Check if paid preparer: 🔀 (See instructions.)				
	ERO's signature		Date					
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{2} \frac{0}{2} \frac{8}{8} \frac{2}{2} \frac{7}{7} \frac{0}{2} \frac{3}{3}$				
use	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5				
only	Mailing address		Federal employer identification number (FEIN)					

ZIP City State Daytime phone number 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.

NJ

E BRUNSWICK

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.

08816



(678) 965-9522