

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

	HAR AIS 269 SOU	59-3175 1994 981-99-2374 1995 HA VARDHAN PALLIKONDA WARYA MASHETTY SOUTHPOINTE AVE H ELGIN IL 60177 KANE VARDHANHARSHAP72@GMAIL.COM	usehold					
C	C Ch	ck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🔲 You 📋 Spe	ouse					
D Check the box if this applies to you during 2023: 🔲 Nonresident - Attach Sch. NR 🗌 Part-year resident - Attach Sch. NR								
_	Ste 1 2 3 4	2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	(Whole dollars only) 1 96,976.00 2 .00 3 .00 4 96,976.00					
T		3: Base Income						
orms here	5 6 7 8	Ilinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 6	.00 .00 .00 8 0					
9 f	9	Illinois base income. Subtract Line 8 from Line 4.	9 96,976.00					
Staple W-2 and 1099 forms here		c Check if legally blind:	<u>.00</u> .00 .00 10 4,850.00					
S	Ste	5: Net Income and Tax						
▲ ~	11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. ncome tax. Add Lines 12 and 13. Cannot be less than zero.	11 92,126.00 12 4,560.00 13 .00 14 4,560.00					
04(Ste	6: Tax After Nonrefundable Credits						
Staple your check and IL-1040-V	15 16 17 18	ncome tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax, K-12 education expense, and volunteer emergency worker credit amount 1637 from Schedule ICR. Attach Schedule ICR. 1637 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 14.	<u>.00</u> .00 18 137.00					
chi	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 4,423.00					
our	Ste	7: Other Taxes						
e y	20 21	Household employment tax. See instructions.	20 <u>.00</u>					
tapl	21	Jse tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table n the instructions. Do not leave blank.	21 0.00					
S ▼	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. Total Tax . Add Lines 19, 20, 21, and 22.	22 <u>.00</u> 23 4,423.00					
		-1040 Front (R-12/23) Printed y authority of the state of Illinois. Iectronic only, one copy.						



24	Total tax from Page 1, Line 23.		24	4,423.00			
Step 8: Payments and Refundable Credit							
25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	.00					
26	Estimated payments from Forms IL-1040-ES and IL-505-I,						
	including any overpayment applied from a prior year return.	26	.00				
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00				
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00				
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/	EIC. 29	.00				
30	Total payments and refundable credit. Add Lines 25 through 29.		30	.00			
Ste	ep 9: Total						
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		31	.00			
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.		32	4,423.00			
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations						
33	Late-payment penalty for underpayment of estimated tax.	33	.00				
	a Check if at least two-thirds of your federal gross income is from farming.						
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.						
	c Check if your income was not received evenly during the year and you annu	ualized your income on F	orm IL-2210				
	Attach Form IL-2210.						
	d 🗌 Check if you were not required to file an Illinois Individual Income Tax return	n in the previous tax yea	r.				
	Voluntary charitable donations. Attach Schedule G.	.00					
35	Total penalty and donations. Add Lines 33 and 34.		35	.00			
Ste	ep 11: Refund or Amount you owe						
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtra	act Line 35 from Line 31.					
	This is your overpayment .		36	.00			
37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See	instructions.	37	.00			
38	I choose to receive my refund by						
	a direct deposit - Complete the information below if you check this box.						
	You may also contribute Routing number	Checking c	or Saving	s			
	to college savings funds here. See instructions! Account number						
	b 🔲 paper check.						
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.		39	.00			
40	If you have an amount on Line 32, add Lines 32 and 35. If you have an amou						
	is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank	t (zero), enter the amour					
	from Line 35. This is the amount you owe. See instructions.	40	4,423.00				

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 signature		Date (mm/dd/yyyy)		Daytime phone number		
Here								(618) 731	-6216
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	03/01/2024 self-employed		P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN		84317196	5	
	Firm's address	245 ROO	NEY CT H	E BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	-9522
Third	Designee's name (please print)				Designee's phone number			Check if the Department may	
Party				()				discuss this return with the third party designee shown in this step.	
Designee									

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

R DC IR ID



Illinois Credits

Illinois Department of Revenue **2023 Schedule ICR** Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, & 132.
- Volunteer Emergency Worker Credit See Instructions.
- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit, K-12 Education Expense Credit, and Volunteer Emergency Worker Credit cannot exceed tax due.

Step 1: Provide the following information

Your name as shown on your Form IL-1040 Your	Social Security nu	mber		
Step 2: Figure your nonrefundable credit	t			
Enter the amount of tax from your Form IL-1040, Line 14.			1	4,560.00
2 Enter the amount of credit for tax paid to other states from your Form IL-1	040. Line 15.		2	.00
B Subtract Line 2 from Line 1.	,		3	4,560.00
Section A - Illinois Property Tax Credit (See instructions for direction	ns on how to ol	btain your prop	erty number)	
a Enter the total amount of Illinois Property Tax paid during the		, , ,	, ,	
tax year for the real estate that includes your principal residence.	4a	2,738.00		
b Enter the county and property number of your principal residence. Se	e instructions.			
4b KANE 0636384034				
County Property number C Enter the county and property number of an adjoining lot, if included in	n Lina (a			
	n Line 4a.			
4c County Property number				
d Enter the county and property number of another adjoining lot, if inclu	ded in Line 4a.			
4d				
County Property number e Enter the portion of your tax bill that is deductible as a business				
expense on U.S. income tax forms or schedules, even				
if you did not take the federal deduction.	4e	.00		
f Subtract Line 4e from Line 4a.	4f	2,738.00		
g Multiply Line 4f by 5% (.05).	4g	137.00		
Compare Lines 3 and 4g, and enter the lesser amount here.	•		5	137.00
Subtract Line 5 from Line 3.	6	4,423.00		
Section B - K-12 Education Expense Credit				
 lote: You must complete the <i>K-12 Education Expense Credit Worksheet</i> of f this schedule and attach any receipt(s) you received from your student's so in education expense credit. a Enter the total amount of K-12 education expenses from Line 15 	chool to claim			
of the worksheet on Page 3 of this schedule.	7a	.00		
b You may not take a credit for the first \$250 paid.	7b	250.00		
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	.00		
d Multiply Line 7c by 25% (.25). Compare the result and \$750, and				
enter the lesser amount here.	7d	.00	•	
B Compare Lines 6 and 7d, and enter the lesser amount here.			8	.00
Subtract Line 8 from Line 6.	9	4,423.00		

Continue on Page 2. -



137.00

→ 13 _____

Schedule ICR Illinois Credits

Step 2: Figure your nonrefundable credit, continued

Section C - Volunteer Emergency Worker Credit - see instructions.

Note: This credit is only available if you received a Volunteer Emergency Worker Credit Certificate from the Illinois Department of Revenue.

	10a								
b	Enter your spouse's Volunteer Emergency Worker Credit Certificate Number.								
	10b								
	Enter \$500.00 if you, or your spouse if married filing jointly, were awarded the volunteer emergency worker credit. Enter \$1,000.00 if married filing jointly, and both you and your spouse were awarded the credit. 10c .00								
11 Con	npare Lines 9 and 10c, and enter the lesser amount here.		11	.00					
12 Sub	tract Line 11 from Line 9.	12	4,423.00						

13 Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

Continue on Page 3. ->



K-12 Education Expense Credit Worksheet

<u>FNote</u> You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

14 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a						
b					р N Н	
~					P N H	
c					_ LJ LJ LJ P N H	
d						
e					р N Н	
Τ					P N H	
g					_ [_] [_] [_] P N H	
h						
i					р N Н	
i					р N Н	
,					P N H	
	for Lines 14a through 14j (and th). This is the total amount of your re and on Step 2, Line 7a of this	qualified edu			→ ¹⁵	.00

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

3	☐ Illinois Department of Re	evenue			-		
S	2023 IL-8453 Illinoi	s Individual In		Ibmission ID tronic Filing	Declara	ation	
Þ	َ (Do not mail Form IL-8453 to t			•			
Step	1: Provide taxpayer information			0 0 1		<u> </u>	
		MASHETTY PALLIKC le (and last name if different)	Last name	201 Social Security number		3 1 7 5	
Prin	269 SOUTHPOINTE AVE		Luot numo	-		2 3 7 4	
or type				Spouse's Social Secu			
-71	SOUTH ELGIN	IL	60177	(618) 731-62	216		
	City	State	ZIP	Daytime phone numbe	er		
Step	2: Complete information from tax	return	Choose one: 🗙 I	L-1040 🗍 IL-104	0-X		
1	Net income from Form IL-1040 or IL-1040	-X, Line 11				92,126 <u>00</u>	
2	ſax from Form IL-1040 or IL-1040-X, Line	14			2	4,560 00	
	Ilinois Income Tax withheld from Form IL-		e 25 only (enter " 0 " if no	ne)	3	0100	
	Overpayment from Form IL-1040, Line 36		20		4	4,423 00	
	Fotal amount due from Form IL-1040, Line Filing status: Single $\stackrel{\textbf{X}}{}$ Married filin			wood Hood of I	5	<u></u>	
	3: Complete direct deposit of refu						
To in does withir	itiate a payment or refund transaction, in not support international ACH transactions in the United States or those not funded by Routing no. (RN):	the information in this s. IDOR will only perform international funds. Elec	Step must be included n direct transactions (e.g.	within the electron , debit, deposit) with	ic transmiss financial inst	titutions located	
8	Account no. (AN):						
9	Type of account: Checking S	Savings					
10	Date the payment is to be electronically w	rithdrawn:/_/					
11	Electronic funds withdrawal amount:	<u> </u>					
12	Name on account:						
Step	4: Taxpayer declaration and signat	ure (Sign only after	completing Step 2 an	d, if applicable, S	Step 3.)		
	I consent that my refund may be direct correct. If I have filed a joint return, this						
	I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.						
×	I do not want direct deposit of my refun	nd, or an electronic fund	s withdrawal (direct debi	t) of my balance due	Ð.		
Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.							
Sigr							
	Your signature	Date		joint return, both must sig	gn) Da	ate	
l dec inforr	Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.						
			03/01/2024	Check if paid prep	arer: 🔀 (Se	e instructions.)	
	ERO's signature		Date	1 [.			
ERO	GLOBAL TAXES LLC			<u>P 0 2 (</u>	<u> 8 2</u>	7 0 3	
use	Firm's name or your name if self-employed			Your PTIN		_	
only	245 ROONEY CT Mailing address			8 4 – 3 Federal employer ider	$\frac{1}{1}$ $\frac{7}{1}$ $\frac{1}{1}$	<u>9 6 5</u> er (FEIN)	

City	State	ZIP	Daytime phone number
Step 6: Attach required documen	ts (e.g., W-2 forms, 109	9 forms, IL-13	10).
Do not mail Form IL-8453	and these documents	unless reques	ted for review.

NJ

(678) 965-9522

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.

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