



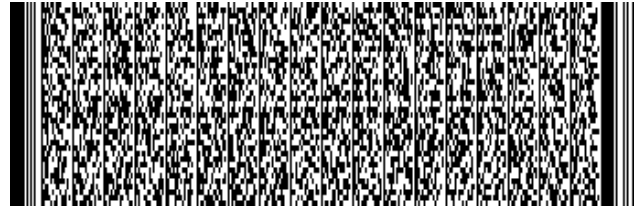
Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return

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.

A

201-59-3175 1994 981-99-2374 1995
 HARSHA VARDHAN PALLIKONDA
 AISHWARYA MASHETTY
 269 SOUTHPOINTE AVE
 SOUTH ELGIN IL 60177 KANE
 VARDHANHARSHAP72@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	96,976.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	Total income. Add Lines 1 through 3.	4	96,976.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M.	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	96,976.00

Step 4: Exemptions - See instructions for income limitations

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	4,850.00
b	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	0.00
	Exemption allowance. Add Lines 10a through 10d.	10	4,850.00

Step 5: Net Income and Tax

11	Residents: Net income. Subtract Line 10 from Line 9.	11	92,126.00
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.		
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	4,560.00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.		
13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	4,560.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR.	16	137.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	137.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	4,423.00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	4,423.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





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

H PALLIKONDA & A MASHETTY

Your name as shown on your Form IL-1040

2 0 1 - 5 9 - 3 1 7 5
Your Social Security number

Step 2: Figure your nonrefundable credit

Table with 3 rows: 1 Enter the amount of tax from your Form IL-1040, Line 14. 2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15. 3 Subtract Line 2 from Line 1.

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

Table with 6 rows: 4 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. See instructions. 4b KANE County 0636384034 Property number
c Enter the county and property number of an adjoining lot, if included in Line 4a. 4c
d Enter the county and property number of another adjoining lot, if included in Line 4a. 4d
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
5 Compare Lines 3 and 4g, and enter the lesser amount here. 5 137.00
6 Subtract Line 5 from Line 3. 6 4,423.00

Section B - K-12 Education Expense Credit

Note: You must complete the K-12 Education Expense Credit Worksheet on the last page of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

Table with 9 rows: 7 a Enter the total amount of K-12 education expenses from Line 15 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
8 Compare Lines 6 and 7d, and enter the lesser amount here. 8 .00
9 Subtract Line 8 from Line 6. 9 4,423.00

Continue on Page 2. ->



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.

10 a Enter your Volunteer Emergency Worker Credit Certificate Number.

10a _____

b Enter your spouse's Volunteer Emergency Worker Credit Certificate Number.

10b _____

c 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 Compare Lines 9 and 10c, and enter the lesser amount here.

11 _____ .00

12 Subtract Line 11 from Line 9.

12 _____ 4,423.00

Section D - Total Nonrefundable Credit

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

➔ **13** _____ 137.00

Continue on Page 3. ➔



K-12 Education Expense Credit Worksheet

Note → 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	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

15 Add the amounts in Column G for Lines 14a through 14j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ **15** _____ .00

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



Illinois Department of Revenue

Submission ID boxes

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.

Step 1: Provide taxpayer information

Form fields for Step 1: HARSHA VARDHAN, AISHWARYA MASHETTY PALLIKONDA, Social Security number 201-59-3175, Mailing address 269 SOUTHPOINTE AVE, SOUTH ELGIN, IL 60177, Daytime phone number (618) 731-6216

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

Form fields for Step 2: 1 Net income 92,126.00, 2 Tax 4,560.00, 3 Illinois Income Tax withheld 0.00, 4 Overpayment 0.00, 5 Total amount due 4,423.00, 6 Filing status: [X] Married filing jointly

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions.

Form fields for Step 3: 7 Routing no. (RN), 8 Account no. (AN), 9 Type of account: [] Checking [] Savings, 10 Date the payment is to be electronically withdrawn, 11 Electronic funds withdrawal amount, 12 Name on account

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- Consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
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 do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

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.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

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.

Form fields for Step 5: ERO's signature, Date 03/01/2024, Check if paid preparer: [X], Firm's name GLOBAL TAXES LLC, Mailing address 245 ROONEY CT, BRUNSWICK, NJ 08816, Your PTIN P02082703, Federal employer identification number (FEIN) 84-3171965, Daytime phone number (678) 965-9522

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.

