

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

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		-81–3313 1991 ANTH REDDY AERADLA		资源: 12 2011年1月2日 2011年1月2日
	804	3 n macarthur blvd 2179		VARNA INT VSVV UDA
	IRV	III I SAN HASI NAWA MARAKANA M		
		Jayantaredla@gmail.com	NW 100 100 31	eren er fan de fan d
E	F ili	ng status: 🛛 Single 🔲 Married filing jointly 🗍 Married filing separately 🗌 Widowed 🔲 Head of h	ousehold	
C	Ch	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. 🔲 You 🔲 S	Spouse	
D	Ch	eck the box if this applies to you during 2023: 🔀 Nonresident - Attach Sch. NR 🔲 Part-year resident - A	Attach Sc	h. NR
	Ste	p 2: Income	(Who	le dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	131,821.00
	2 3	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M.	2 3	<u>.00</u> .00
	4	Total income. Add Lines 1 through 3.	4	131,821.00
T		p 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	
ere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
n s	7	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	<u>00.</u> .00	
orm	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	<u> 8 </u>	.00
99 f	9	Illinois base income. Subtract Line 8 from Line 4.	9	131,821.00
Staple W-2 and 1099 forms here	Ste 10	a Enter the exemption amount for yourself and your spouse. See instructions. a 2,42	5 იი	
anc	10	b Check if 65 or older: Vou + Spouse # of checkboxes X \$1,000 = b	.00	
N-2		 c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. 	.00	
ole l			0.00	
Staj		Exemption allowance. Add Lines 10a through 10d.	10	2,425.00
		p 5: Net Income and Tax <i>Residents:</i> Net income. Subtract Line 10 from Line 9.		
1		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule N	NR. 11	18,910.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	40	936.00
	13	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	12 13	<u>936.00</u> .00
0-7	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	936.00
check and IL-1040-V		p 6: Tax After Nonrefundable Credits		
-11-	15 16	Income 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	.00	
and		from Schedule ICR. Attach Schedule ICR. 16	.00	
ck	17 18	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.	<u>.00</u> 18	0.00
che	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	936.00
Staple your		p 7: Other Taxes		
le y	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00
tap		in the instructions. Do not leave blank.	21	0.00
	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 23	.00 936.00
▼	23	10(a) 10A. Add Lilles 13, 20, 21, and 22.	۷	
		IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy. This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		



24	Total tax from Page 1, Line 23.	24	936.00							
Ste	tep 8: Payments and Refundable Credit									
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 259	54.00								
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	954.00							
Ste	tep 9: Total									
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	18.00							
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00							
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations									
33	B 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 annualized your income on	Form IL-2210.								
	Attach Form IL-2210.									
	Attach Form IL-2210.									
	Attach Form IL-2210. d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year	ar.								
34		ar. .00								
	d 🗌 Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year		.00							
35	d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G.	.00	.00							
35 Ste	d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34	.00 35								
35 Ste	d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34	.00 35	18.00							
35 Ste 36	 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34 34 5 Total penalty and donations. Add Lines 33 and 34. 36 The penalty of the pe	<u>.00</u> 35								
35 Ste 36 37	 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34 Total penalty and donations. Add Lines 33 and 34. tep 11: Refund or Amount you owe If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31 This is your overpayment. 	<u>.00</u> 35 36	18.00							
35 Ste 36 37	 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34 5 Total penalty and donations. Add Lines 33 and 34. 5 Total penalty and donations. Add Lines 33 and 34. 5 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31 This is your overpayment. 7 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 	<u>.00</u> 35 36	18.00							
35 Ste 36 37	 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year Voluntary charitable donations. Attach Schedule G. 34	00 35	18.00 18.00							
35 Ste 36 37	 d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year Voluntary charitable donations. Attach Schedule G. 34	00 35	18.00 18.00							
35 Ste 36 37	 d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year Voluntary charitable donations. Attach Schedule G. 34	00 35	18.00 18.00							
35 Sto 36 37 38	d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year Voluntary charitable donations. Attach Schedule G. 34	00 35	18.00 18.00							
35 Ste 36 37 38 39	 d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34	35	18.00 18.00							
35 Ste 36 37 38 39	 d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year Voluntary charitable donations. Attach Schedule G. 34 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 3 Total penalty and donations. Add Lines 33 and 34. 4 Mount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 3 I choose to receive my refund by a College savings funds here. See instructions! Account number 1 2 2 1 0 0 0 2 4	35	18.00 18.00							
35 Ste 36 37 38 39	 d □ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax yea Voluntary charitable donations. Attach Schedule G. 34	35	18.00 18.00							

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									(603) 785	-7056	
	Print/Type paid preparer's name			Paid preparer's signature			Date (mm/dd/yyyy)			Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA			SYAM PRIY	PRIYA RAM SAGAR GUPTA 03/21/2024			1	self-employed P02082703		
Preparer Use Only	Firm's name GLOBAL TAXES LLC		TAXES LLC			Firm's FEIN					
	Firm's address > 245 ROONEY CT			E BRUNSWICKNJ 08816			Firm's phone		(678) 965-9522		
Third	Designee's name (please print)			Designee's phone nu			nber		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.

ID



٦	Illinois Department of Rev	enue
ļ	2023 Schedule	NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	JAYANTH REDDY AERADLA	3 9 3 _ 8 1 _ 3 3 1 3
_	Your name as shown on your Form IL-1040	Your Social Security number
S	Step 1: Provide the following information	
1	1 Were you, or your spouse if "married filing jointly," a full-year resident	of Illinois during the tax year?
	Yes X No If you answered "Yes," STOP you	cannot use this form (see instructions).
2	2 If you, or your spouse if "married filing jointly," were a part-year reside	nt during the tax year, tell us your residency dates for 2023.
	a I lived in Illinois from// 2 3 to// 2 3 Month Day Year Month Day Year	ved in from/ / 2 3 to/ / 2 3 State Month Day Year Month Day Year
	b My spouse lived in Illinois from// <u>2</u> <u>3</u> to// <u>2</u> <u>3</u> Month Day Year Month Day Year	
3	3 If you were a resident of any of the states listed below during the tax y was in the military, or if you elected to use your service member spouse	
	🗌 Iowa 📄 Kentucky 📄 Michigan 🗌	Wisconsin Military Spouse
4	4 List any state other than Illinois or any states already indicated on Line Enter the two-letter abbreviation of that state.	e 2 or 3 above, that you claimed residency for tax purposes in 2023.

Step 2: Complete Form IL-1040

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

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

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

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	131,821.00	19,264.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	0.00	.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line S	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	come	e. 20	19,264.00
	Continue with Step 3 on Page 2			



	Schedule NR – Page 2			
Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	19,264.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13		.00	.00
	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	,		.00
26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15			.00
	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 16)	27	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) 28	.00	.00
29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) 29	.00	.00
30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
31		31	.00	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)32	.00	.00
33	RESERVED	33		
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
35	Other adjustments (see instructions)		.00	.00
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	adjustments to income.		36	.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	131,821.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted groups of the second s	oss i	ncome. 38	19,264.00
In Colu	4: Figure your Illinois additions and subtractions <i>mn A, enter the total amounts from your Form IL-1040. You must read</i> <i>tructions for Column B to properly complete this step.</i>		Column A Form IL-1040 Total	Column B Illinois Portion
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
	Other additions (Form IL-1040, Line 3)		.00	.00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income		41	19,264.00
	Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	42	.00	.00

45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. Step 5: Figure your Illinois income and tax

Schedule 1, Line 1. (Form IL-1040, Line 6)

44 Other subtractions (Form IL-1040, Line 7)

-				
46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is		40	10 264 00
	your Illinois base income.		46	 19,264.00
	If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
47	Enter the base income from Form IL-1040, Line 9.	47	131,821.00	
48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
	decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 146	
49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,425.00	
50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
	allowance.		50	 354.00
51	Subtract Line 50 from Line 46. This is your Illinois net income.			
	Enter the amount here and on your Form IL-1040, Line 11.	\rightarrow	51	 18,910.00
52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than a	zero.		
	Enter the amount here and on your Form IL-1040, Line 12.			
	This is your tax.	\rightarrow	52	 936.00

43 _____ 44 _____

.00

.00

45

.00

.00

.00



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.										
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A							
W-2	W	1099-DIV	D							
W-2G	WG	1099-INT	I							
1099-R	R	1042-S	S							
1099-G	G	1099-B	В							
1099-MISC	М	1099-K	K							
1099-OID	0	1099-NEC	N							

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

JAYANTH REDDY AERADLA				3	9 3				3	3	1	3
YO	ur name as shown	on Form IL-1040		Your S	ocial Se	curity numb	ber					
Column A Form type Column B Employer/Payer Identification Number			Federal Wa	Column CColumn DFederal Wages, Winnings, GrossIllinois Wages, Winnings, GrossDistributions, Compensation, etc.Distributions, Compensation, etc.								E me Id
1	W	30-0476265 000	\$	131,821	00	\$	19,2	264 .00	\$		954	4 ₀00
2			\$	e	00	\$		•00	\$_			<u>•00</u>
3			\$	•	00	\$		•00	\$_			<u>•00</u>
4			\$	•	00	\$		•00	\$_			<u>•00</u>
5			\$	•	00	\$		•00	\$_			<u>•00</u>

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

Your spouse's name as shown on Form IL-1040				Your spouse's	Social Security	number		·	
Column A Form type		Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gro Distributions, Compensation,						
6			\$	• <u>00</u>	\$	•00	\$	•00	
7			\$	•00	\$	• <u>00</u>	\$	•00	
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 \$ 954**.00**

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

35	Illinois Department of Reve	nue					
S.	2023 IL-8453 Illinois I (<u>Do not mail</u> Form IL-8453 to the	ndividual Inc	come Tax Elect				
	p 1: Provide taxpayer information JAYANTH REDDY First name and middle initial Spouse's first name (and the second	AERADLA	Last name	$\frac{3 9 3 - 8 1 - 3 3 1 3}{\text{Social Security number}}$			
or typ		mv	75063	 Spouse's Social Security number (603) 785-7056			
	IRVING City	TX State	ZIP	Daytime phone number			
Ste	p 2: Complete information from tax retu	urn	Choose one: 🗙 IL	-1040 IL-1040-X			
1 2 3 4 5 6	Net income from Form IL-1040 or IL-1040-X, I Tax from Form IL-1040 or IL-1040-X, Line 14 Illinois Income Tax withheld from Form IL-1040 Overpayment from Form IL-1040, Line 36 or II Total amount due from Form IL-1040, Line 40 Filing status: X Single Married filing jo	Line 11 0 or IL-1040-X, Line L-1040-X, Line 35 or IL-1040-X, Line 3	25 only (enter " 0 " if non 8	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
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. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. 7 Routing no. (RN): $\frac{1}{2}$ $\frac{2}{2}$ $\frac{1}{2}$ $\frac{0}{2}$ $\frac{0}{2}$ $\frac{2}{4}$							
8	Account no. (AN): <u>6</u> <u>9</u> <u>8</u> <u>5</u> <u>0</u>						
9	Type of account: X Checking Savi	ngs					
10	Date the payment is to be electronically withdr	rawn:/_/	_				
11	Electronic funds withdrawal amount:	<u> 00</u>					
12	Name on account:						
Ste	p 4: Taxpayer declaration and signature	(Sign only after c	ompleting Step 2 and	l, if applicable, Step 3.)			
[I consent that my refund may be directly de correct. If I have filed a joint return, this is a						
	I authorize the Illinois Department of Rever withdrawal as designated in the electronic p financial institutions involved in the process necessary to answer inquiries and resolve	ortion of my 2023 Illir sing of an electronic	nois Original or Amended overpayment of taxes to	Individual Income Tax return. I authorize the			
[I do not want direct deposit of my refund, o	or an electronic funds	withdrawal (direct debit)	of my balance due.			
retu and	er penalties of perjury, I declare the information o rn originator (ERO) are identical. To the best of m accompanying information may be sent to IDOR n accepted or rejected. If rejected, I authorize IDO	y knowledge, my retu by my ERO. I authori	rn is true, correct, and cor ze IDOR to inform my ER	nplete. I consent that my return, this declaration, O and/or the transmitter when my return has			
Sig	n Your signature	Date	Spouse's signature (if ic	pint return, both must sign) Date			
	p 5: Electronic return originator (ERO)						
l de info	clare that I have examined this taxpayer's electronation. I have followed all requirements of this bayer's return and accompanying information a	tronic Form IL-1040 s program and decla	or IL-1040-X, the informative informative in the informative index penalties of pen	ation on this Form IL-8453, and accompanying			
			03/21/2024	Check if paid preparer: 🔀 (See instructions.)			
	ERO's signature		Date				
ERO	O GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{OUT}PTIN} \frac{0}{2} \frac{0}{2} \frac{8}{2} \frac{2}{7} \frac{7}{0} \frac{3}{3}$			

use only	245 ROONEY CT			84-3171965
	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

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.

