

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

Print or type	<u>ANUSHA KONCHADA</u>			<u>181-31-8586</u>
	First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
	<u>PEACHTREE ST NE STE 1500 APT. NO. 191</u>			
	Mailing address			Spouse's Social Security number
	<u>ATLANTA</u>	<u>GA</u>	<u>30303</u>	
	City	State	ZIP	Daytime phone number

1	Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	80,987.00
2	Tax from Form IL-1040, Line 13	2	3,527.00
3	Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none)	3	3,665.00
4	Overpayment from Form IL-1040, Line 36	4	138.00
5	Total amount due from Form IL-1040, Line 40	5	0.00
6	Filing status: <input checked="" type="checkbox"/> Single/head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed		

7 Routing no. (RN): 122100024

8 Account no. (AN): 860275218

9 Type of account: X Checking Savings

10 Date the payment is to be electronically withdrawn:

11 Electronic funds withdrawal amount: 00

12 Name on account: ANUSHA KONCHADA

Under penalties of perjury, I declare the information on my electronic Form IL-1040 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.

Sign here K. Anwar 13th MARCH, 2018

Your signature Date

Spouse's signature (if joint return, **both** must sign) Date

ERO use only	RAHUL KUMAR BAJORIA		03/08/18		Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.)
	ERO's signature		Date		
	DELOITTE TAX SERVICES INDIA PVT. LTD.				
	Firm's name or your name if self-employed				
	BPTP CREST PLOT 15 UDYOG VIHAR				
	Mailing address				
	GURGAON 122015 INDIA				
	City	State	ZIP		
					P01477751
					Your PTIN
					980432569
					Federal employer identification number (FEIN)
					(678) 299-3756
					Daytime phone number

Do not mail Form IL-8453 and these documents unless requested for review.

ID: 2BX IL-8453 (R-12/17) 749091 01-22-18

