## AMENDED RETURN

E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		urn	20	23	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	ple in this	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 202	23, ending			, 20	See se	parate i	nstructi	ions.
Your first name	iddle initial	ame					Your social security number						
JULIA		LEY						605	5-00-	8881			
											Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Preside	ntial Ele	ction Ca	ampaign
159 ARCH	IER A	VENUE										ou, or yo	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			jointly, v nd. Cheo	
CHICAGO						I	L	606	06	- U		not char	0
Foreign countr	y name			Foreign p	rovince/	'state/cour	nty	Foreię	gn postal code	your tax	or refu		1
											X Yo	u 🗌	Spouse
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.	L	Married filing separately (MFS)							ing spouse/	. ,			
	-	you checked the MFS box, enter the		-	pouse.	lf you ch	ecked the HOF	l or Q	SS box, ente	er the ch	ild's nar	me if the	е
	qu	alifying person is a child but not you	ır depe	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, awar	d, or pay	ment for prope	rty or	services); or	(b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial	interest i	in a digital asse	t)? (S	ee instructio	ns.) .	🗌 Ye	s X	No
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your s	pouse as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-st	tatus aliei	n						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind	Spouse	e: 🗌 Was bor	n befo	ore January 2	2, 1959	ls	blind	
Dependent				(2) 5	Social se		(3) Relationsh	in (4	) Check the b	ox if quali	fies for (s	see instr	uctions):
If more		(1) First name Last name			number to you				Child tax c	redit	Credit for	r other de	ependents
than four													
dependents,													
see instruction and check	s —												
here	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instruc	ctions)					. 1a		4	40200
Attach Form(s)	b	Household employee wages not re	eported	l on Form	n(s) W-2	2				. 1b	)		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 1c	;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26       .								. 1e	•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f	-			
lf you did not get a Form	g	Wages from Form 8919, line 6								. 1g			
W-2, see	h	Other earned income (see instruct	,					· ·		. 1h			
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)			· · · <b>1</b> i			_			
		Add lines 1a through 1h			• •	· · ·		• •		. 1z	-		40200
Attach Sch. B if required.	2a	'	2a		22	_	Taxable interest			. 2b	-		15
	<u>3a</u>		3a		<u> </u>	_	Ordinary divider						300
Standard	4a 5a		4a 5a			_	Faxable amount Faxable amount			. 4b . 5b	-		3000
Deduction for-	-					-			• • •	. 6b	-		
<ul> <li>Single or Married filing</li> </ul>	c	<b>6a</b> Social security benefits <b>6a b</b> Taxable amount								' 			
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							7			1700	
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10							. 8			6642	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9	-		51857	
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26							. 0 . 10	,		2970	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							. 11		2	48887	
\$20,800	12	Standard deduction or itemized	-	-	-					. 12			13850
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13	-		1240	
Standard Deduction,	14	Add lines 12 and 13								. 14			15090
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 Th	is is your	taxable incom	е.		. 15			33797

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

Form **1040** (2023)

QNA

OAKLE Form 1040 (2023							6	05-(	00-8881 Page <b>2</b>	
Tax and	, 16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3		16	3605	
Credits	17	Amount from Schedule 2, lin						17	5005	
	18	Add lines 16 and 17						18	3605	
	19	Child tax credit or credit for						19		
	20	Amount from Schedule 3, lin						20	480	
	21	Add lines 19 and 20 .						21	480	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3125	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	999	
	24	Add lines 22 and 23. This is						24	4124	
Payments	25	Federal income tax withheld								
, <b>,</b>	а	Form(s) W-2				25a	3100			
	b	Form(s) 1099				25b	300	)		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	3400	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	2 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	3400	
Refund	34	4 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid					34			
	35a							35a		
Direct deposit?	b									
See instructions.	d									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount You Owe	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							27	724	
rou Owe	38	38       Estimated tax penalty (see instructions)						37	724	
Third Party		you want to allow another								
Designee		instructions								
	De nai	signee's ne		Phone no.			ersonal identif Imber (PIN)	ication		
Sign	Un	der penalties of perjury, I declare th		d this return and		dules and statem	ents, and to t			
Here	bel	ief, they are true, correct, and com	of preparer (other than taxpayer) is based on all information of wh			ation of which	prepar	er has any knowledge.		
	Yo	Your signature			Date Your occupation I				nt you an Identity IN. enter it here	
la interations 0							(see			
Joint return? See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	D5/10/24 DATA ENTRY CLERK Date Spouse's occupation			If the	IRS se	nt your spouse an		
Keep a copy for	op	epocos o ognataro. In a joint rotarit, <b>boti</b> r mast sign.					Ident	lentity Protection PIN, enter it here		
your records.	(see ir					inst.)				
		one no. (555) 121-234		Email address		-				
Paid	Pre	eparer's name	Preparer's signature Date			PTIN		Check if:		
Preparer						05/10/24	S1234567		Self-employed	
Use Only	Fir	Firm's name PRACTICE LAB Phone						ie no. 2	e no. 202-202-2022	
	Fir	m's address 15 PRACTICE LA	B WAY WASHING	TON DC 20005			Firm	s EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.						Form <b>1040</b> (2023)	

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

**Step 1: Personal Information** 

	15	ULIA OAKLEY 1997 605-00-8881 59 ARCHER AVENUE HICAGO IL 60606		H A N D W N N N N N N N N N N N N N N N N N
С	Che Che	ng status: X Single Arried filing jointly Arried filing separately Widowed Heat eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You eck the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year reside p 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 or 1040 or 1040-SR, Line 2 Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	Spouse ent - Attach Sch 1	NR NR N dollars only) <u>48887.00</u> <u>.00</u> E <u>.00</u> 48887.00 N
Staple W-2 and 1099 forms here	Ster 5 6 7 8 9	p 3: Base Income         Social Security benefits and certain retirement plan income         received if included in Line 1. Attach Page 1 of federal return.         Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,         Schedule 1, Ln. 1.         Other subtractions. Attach Schedule M.         Add Lines 5, 6, and 7. This is the total of your subtractions.         Illinois base income. Subtract Line 8 from Line 4.	.00 .00 .00 .00 .00 .00	T R 00 E
Staple W-2 and	10	p 4: Exemptions       a         a Enter the exemption amount for yourself and your spouse. See instructions.       a         b Check if 65 or older:       You +       Spouse       # of checkboxes X \$1,000 = b		S 2425.00
<b>↑ ∧</b> <i>1-0t</i>	11	<ul> <li>p 5: Net Income and Tax</li> <li>Residents: Net income. Subtract Line 10 from Line 9.</li> <li>Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sche</li> <li>Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.</li> <li>Nonresidents and part-year residents: Enter the tax from Schedule NR.</li> <li>Recapture of investment tax credits. Attach Schedule 4255.</li> <li>Income tax. Add Lines 12 and 13. Cannot be less than zero.</li> </ul>	edule NR. 11 12 13 14	46462.00 H 2300.00 I 2300.00 S
Staple your check and IL-1040-V	15 16 17 18 19	p 6: Tax After Nonrefundable Credits         Income tax paid to another state while an Illinois resident. Attach Schedule CR.         Property tax and K-12 education expense credit amount from Schedule ICR.         Attach Schedule ICR.         Credit amount from Schedule 1299-C. Attach Schedule 1299-C.         Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.         Tax after nonrefundable credits.	00 00 .00 <b>18</b> <b>19</b>	F .00 <u>2300.00</u> R
<ul> <li>Staple your or</li> </ul>	Ste 20 21 22 23	<ul> <li>p 7: Other Taxes</li> <li>Household employment tax. See instructions.</li> <li>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.</li> <li>Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharge</li> <li>Total Tax. Add Lines 19, 20, 21, and 22.</li> </ul>	20 ges. 22 23	.00 .00 .00 2300.00

ID: 2C6 IL-1040 2D 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.





<b>24</b> Total tax from Page 1, Line 23.	24_	2300.00
Step 8: Payments and Refundable Credit		
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	800.00	
26 Estimated payments from Forms IL-1040-ES and IL-505-I,		
including any overpayment applied from a prior year return.	.00	
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	.00	
	.00	
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	.00	
30 Total payments and refundable credit. Add Lines 25 through 29.	30_	800.00
Step 9: Total		
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31_	.00
<b>32</b> If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32_	1500.00
Step 10: Underpayment of Estimated Tax Penalty and Donations		
	.00	
a Check if at least two-thirds of your federal gross income is from farming.		
<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing ho	ne.	
c Check if your income was not received evenly during the year and you annualized		210.
Attach Form IL-2210.		
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in the	previous tax year.	
34 Voluntary charitable donations. Attach Schedule G.	.00	
35 Total penalty and donations. Add Lines 33 and 34.	35_	.00
Step 11: Refund or Amount you owe		
36 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 <b>overpayment</b> .	36	.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructi	ons. <b>37</b>	
<b>38</b> 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 to college savings funds	Checking or Sa	vings
here. See instructions! Account number		
<ul> <li>b paper check.</li> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li> </ul>	39	.00
	39_	.00
40 If you have an amount on Line 32, add Lines 32 and 35 or -		
If you have an amount on Line 31 and this amount is less than Line 35,	10	1500
subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40_	1500.00
Step 12: Health insurance Checkbox and Signature		
41 Check this box if IDOR may share your income information with other Illinois state a your eligibility for health insurance benefits. See instructions for more information.	gencies in order to deter	nine

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 Here	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone number		
			05/10/2024				(555) 121	L-2345	
	Print/Type paid pre	eparer's name	Paid preparer's signature		Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN		
Paid							self-employed		
Preparer Use Only	Firm's name					Firm's FEIN			
	Firm's address	•				Firm's phone	( )		
Third	Designee's name	(please print)			Designee's phone number			Check if the Department may	
Party Designee				( )			discuss this return with the third party designee shown in this step.		
Designee					( )		party designed	e shown in this step.	

Refer to the 2022 IL-1040 Instructions for the address to mail your return.

ID: 2C6 IL-1040 Back (R-12/23)

-12/23) DR\_\_\_\_\_ AP\_\_\_\_\_

RR DC IR

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