

Illinois Department of Revenue		□ - □		Ш] _ [
2023 IL-8453 Illinois Individ	dual Income	Tax Ele	Submission ID ectronic	; : Filin	g D	eclar	ati	on	

Sten	1: Provide taxpayer information	•	ment of Revenue	,
O top		ne (and last name if different) Last name	
Print	•	ne (and last hame if different	j Last name	Social Security Humber
or type	Mailing address			Spouse's Social Security number
				<u>()</u>
	City	State	ZIP	Daytime phone number
Step	2: Complete information from tax	return	Choose one:	
	Net income from Form IL-1040 or IL-1040			1
	Tax from Form IL-1040 or IL-1040-X, Line		n - 05 amb. (amtau 602	2 100 if none) 3 100
	Illinois Income Tax withheld from Form IL Overpayment from Form IL-1040, Line 36		• `	4 100
	Total amount due from Form IL-1040, Line 30			5
	Filing status: Single Married fili			<u> </u>
does withir 7 I	not support international ACH transaction n the United States or those not funded by Routing no. (RN):	ns. IDOR will only perfor r international funds. E 	orm direct transactions lectronic payments wil	Ided within the electronic transmission. Illinois (e.g., debit, deposit) with financial institutions located I not be accepted and refunds will be via paper check
	Account no. (AN):			<u> </u>
9 -	Type of account: Checking	Savings		
10 I	Date the payment is to be electronically v	vithdrawn://_		
11	Electronic funds withdrawal amount:	I_00_		
12	Name on account:			
Step	4: Taxpayer declaration and signa	ture (Sign only afte	er completing Step	2 and, if applicable, Step 3.)
				eclare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
	I authorize the Illinois Department of F withdrawal as designated in the electro financial institutions involved in the pro necessary to answer inquiries and res	onic portion of my 2023 ocessing of an electror	Illinois Original or Ame nic overpayment of tax	agent to initiate an ACH electronic funds ended Individual Income Tax return. I authorize the ses to receive confidential information
	I do not want direct deposit of my refu		•	,
returr and a	n originator (ERO) are identical. To the best accompanying information may be sent to l	of my knowledge, my i DOR by my ERO. I auth	return is true, correct, a norize IDOR to inform r	-X and the information I provided to my electronic and complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has may be corrected and retransmitted if possible.
Sigr				Windowski and the second secon
	Your signature	Date	, ,	ure (if joint return, both must sign) Date
l dec inforr		electronic Form IL-10 of this program and de	40 or IL-1040-X, the in clare, under penalties	nformation on this Form IL-8453, and accompanying of perjury, that to the best of my knowledge the
	ERO's signature		Date	Check if paid preparer: ☐ (See instructions.)
EPA	1			
ERO use	Firm's name or your name if self-employed			Your PTIN
only	Mailing address			Federal employer identification number (FEIN)
	.9			()
	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.

