Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
John A	Alexander	155 15 1420
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
8025 Blarney Rd

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Tinley Park IL 604776281

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	14,713.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	14,713.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	3,620.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	18,333.
10	Adjustments to income from Schedule 1, line 26				10	256.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	18,077.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	673.
14	Add lines 12 and 13				14	15,273.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	2,804.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	281.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	281.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	281.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	512.
	24	Add lines 22 and 23. This is your **total tax**		24	793.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 357.		
	b	Form(s) 1099	25b 0.		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	357.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	357.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	436.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retail Assistant Manager	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (708)515-0508 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: John A Alexander

Your social security number: 155-15-1420

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . _____

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	3,620.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	3,620.

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	256.
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	256.

SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: John A Alexander

Your social security number: 155-15-1420

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	**1a**			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	**1b**			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	**1c**			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	**1d**			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	**1e**			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	**1f**			
y	Other additions to tax (see instructions): _____	**1y**			
z	Add lines 1a through 1y			**1z**	
2	Alternative minimum tax. Attach Form 6251			**2**	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			**3**	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			**4**	512.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	**5**			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	**6**			
7	Total additional social security and Medicare tax. Add lines 5 and 6			**7**	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			**8**	
9	Household employment taxes. Attach Schedule H			**9**	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			**10**	
11	Additional Medicare Tax. Attach Form 8959			**11**	
12	Net investment income tax. Attach Form 8960			**12**	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			**13**	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			**14**	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			**15**	
16	Recapture of low-income housing credit. Attach Form 8611			**16**	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount: _____	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount: _____ _____	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	512.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
John A Alexander	155-15-1420

A Principal business or profession, including product or service (see instructions): Amazon Fulfillment

B Enter code from instructions: 5 6 1 9 0 0

C Business name. If no separate business name, leave blank.: ECOMWHOLESALE SOLUTIONS

D Employer ID number (EIN) (see instr.): 9 9 4 2 3 7 6 1 8

E Business address (including suite or room no.): 8025 Blarney Rd

City, town or post office, state, and ZIP code: Tinley Park, IL 60477-6281

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2024, check here . . . ☒

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? . ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	4,120.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,120.
4	Cost of goods sold (from line 42)	4	500.
5	**Gross profit.** Subtract line 4 from line 3	5	3,620.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	3,620.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,620.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3,620.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation SEE STMT ☒ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	500.
36	Purchases less cost of items withdrawn for personal use	36	8,380.
37	Cost of labor. Do not include any amounts paid to yourself	37	0.
38	Materials and supplies	38	0.
39	Other costs	39	0.
40	Add lines 35 through 39	40	8,880.
41	Inventory at end of year	41	8,380.
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	500.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

48 **Total other expenses.** Enter here and on line 27a	48

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

John A Alexander

Social security number of person with **self-employment** income: 155-15-1420

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		**1a**	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		**1b**	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		**2**	3,620.
3	Combine lines 1a, 1b, and 2		**3**	3,620.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		**4a**	3,343.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		**4b**	
c	Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue		**4c**	3,343.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	**5a**		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		**5b**	0.
6	Add lines 4c and 5b		**6**	3,343.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024		**7**	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11	**8a**	14,713.	
b	Unreported tips subject to social security tax from Form 4137, line 10	**8b**		
c	Wages subject to social security tax from Form 8919, line 10	**8c**		
d	Add lines 8a, 8b, and 8c		**8d**	14,713.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		**9**	153,887.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		**10**	415.
11	Multiply line 6 by 2.9% (0.029)		**11**	97.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**		**12**	512.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	**13**	256.	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	**14**	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return: John A Alexander

Your taxpayer identification number: 155-15-1420

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ECOMWHOLESALE SOLUTIONS	99-4237618	3,364.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,364.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	3,364.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	673.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	673.
11	Taxable income before qualified business income deduction (see instructions)	11	3,477.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	3,477.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	695.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	673.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Additional Information From 2024 Federal Tax Return

Schedule C (Amazon Fulfillment): Profit or Loss from Business

Line 34 **Explanation Statement**

Change of Inventory Method
There has been no change in the inventory accounting method for this tax year. The method used remains consistent with prior years.

Illinois Department of Revenue

2024 Form IL-1040

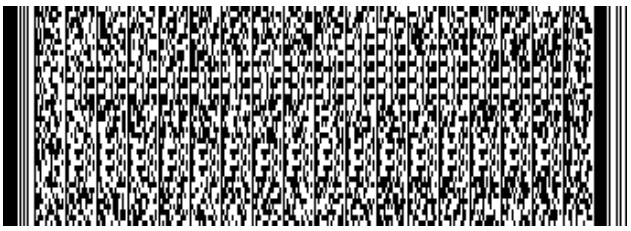
Individual Income Tax Return

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.

155-15-1420 05
John A Alexander

8025 Blarney Rd
Tinley Park IL 604776281 COOK



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 2024: ☐ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	18,077.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. **Attach** Sch. M.	3	.00
4	**Total income**. Add Lines 1 through 3.	4	18,077.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income if included in Line 1. (generally on fed. Forms 1040/1040-SR, Lines 4b, 5b, and 6b) **Attach** fed. Form 1040/1040-SR	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** Sch. 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 18,077.00

Step 4: Exemptions - *See instructions for income limitations*

10	**a** Enter the exemption amount for yourself and your spouse. **See instructions.**	a	2,775.00	
	b **Check** if 65 or older: ☐ You + ☐ Spouse **# of checkboxes X** $1,000 =	b	.00	
	c **Check** if legally blind: ☐ You + ☐ Spouse **# of checkboxes X** $1,000 =	c	.00	
	d If you are claiming dependents, enter the amount from Schedule IL-E/EITC, Step 2, Line 1. **Attach** Sch. IL-E/EITC.	d	0.00	
	Exemption allowance. Add Lines 10a through 10d.			10 2,775.00

Step 5: Net Income and Tax

11	***Residents:*** **Net income:** Subtract Line 10 from Line 9. ***Nonresidents and part-year residents:*** Enter the **Illinois net income** from Schedule NR. **Attach** Sch. NR.	11	15,302.00
12	***Residents:*** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. ***Nonresidents and part-year residents:*** Enter the tax from Schedule NR.	12	757.00
13	Recapture of investment tax credits. **Attach** Sch. 4255.	13	.00
14	**Income tax.** Add Lines 12 and 13. Cannot be less than zero.	14	757.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. **Attach** Sch. CR.	15	.00	
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. **Attach** Sch. ICR.	16	.00	
17	Credit amount from Schedule 1299-C. **Attach** Sch. 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 0.00
19	**Tax after nonrefundable credits.** Subtract Line 18 from Line 14.			19 757.00

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	757.00

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** 757.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Sch. IL-WIT. **25** 728.00

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** Sch. K-1-P or K-1-T. **27** .00

28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T. **28** .00

29 Earned Income Tax credit from Sch. IL-E/EITC, Step 4, Line 9. **Attach** Sch. IL-E/EITC. **29** 8.00

30 Child Tax credit from Sch. IL-E/EITC, Step 5, Line 12. **Attach** Sch. IL-E/EITC. **30** .00

31 **Total payments and refundable credit**. Add Lines 25 through 30. **31** 736.00

Step 9: Total

32 If Line 31 is greater than Line 24, subtract Line 24 from Line 31. **32** .00

33 If Line 24 is greater than Line 31, subtract Line 31 from Line 24. **33** 21.00

Step 10: Underpayment of Estimated Tax Penalty and Donations

34 Late-payment penalty for underpayment of estimated tax. **34** .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.

d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

35 Voluntary charitable donations. **Attach** Sch. G. **35** .00

36 **Total penalty and donations**. Add Lines 34 and 35. **36** .00

Step 11: Refund or Amount you owe

37 If you have an amount on Line 32 and this amount is greater than Line 36, subtract Line 36 from Line 32. This is your **overpayment**. Otherwise, go to Line 41. **37** .00

38 Amount from Line 37 you want **refunded to you**. Check **one** box on Line 39. See instructions. **38** .00

39 I choose to receive my refund by

a ☐ **direct deposit** - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number ☐☐☐☐☐☐☐☐☐ ☐ Checking or ☐ Savings

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b ☐ **paper check.**

40 Amount to be **credited forward.** Subtract Line 38 from Line 37. See instructions. **40** .00

41 **If you have an amount on Line 33**, add Lines 33 and 36. **If you have an amount on Line 32,** and this amount is less than Line 36, subtract Line 32 from Line 36. **If Lines 32 and 33 are blank (zero),** enter the amount from Line 36. This is the **amount you owe**. See instructions. **41** 21.00

Step 12: Health Insurance Checkbox and Signature

42 ☐ 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 Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					(708) 515-0508
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	☐ Check if self-employed / Paid Preparer's PTIN
			Self-Prepared		
	Firm's name ▸			Firm's FEIN ▸	
	Firm's address ▸			Firm's phone ▸	( )
Third Party Designee	Designee's name (please print)		Designee's phone number		☐ Check if the Department may discuss this return with the third party designee shown in this step.
			( )		

Refer to the 2024 IL-1040 Instructions for the address to mail your return.

Illinois Department of Revenue

2024 Schedule IL-E/EITC Illinois Exemption and Earned Income Tax Credit

Attach to your Form IL-1040. ☐ Check if attaching to Amended Form IL-1040-X. **IL Attachment No. 30**

Read this information first

Complete this schedule **only** if you are claiming

- dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3 and 4) and Child Tax credit (Step 5).

New! If you qualifiy for the Illinois EITC and have at least one child that is your dependent and under the age of 12 years old, you qualify for the Illinois Child Tax Credit.

Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
- without a qualifying child and is at least age 18 or older (including taxpayers over age 65).

The Illinois Expanded EITC Worksheet on Page 3 determines the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC and Child Tax Credit may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Warning: If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Step 1: Provide the following information

John A Alexander
Your name as shown on your Form IL-1040

1 5 5 - 1 5 - 1 4 2 0
Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. ***Note:*** *If you are claiming more than ten dependents, complete and attach additional Dependent information tables.*

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐
					☐	☐		☐

1 Multiply the total number of dependents you are claiming by $2,775. 0 X $2,775.
Enter the result here and on Form IL-1040, Line 10d. **1** 0.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit →

Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. Even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note: Only** complete the table in Step 3 if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

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

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					☐	☐	
					☐	☐	
					☐	☐	

1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. ◆ **1** 14,713.00

2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. ◆ **2** 3,620.00

3 If you are filing your 2024 federal return as married filing jointly but are filing your 2024 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. ◆ **3** .00

3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. ◆ **3a** ___-___-____

4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? ◆ **4** Yes ☐ No ☒

Step 4: Figure your Illinois EITC

Complete this Step to figure your Illinois EITC. If you qualify for the federal EITC and do **not** have additional children with an ITIN, **skip Line 5, go to Line 6, and do not complete the Illinois Expanded EITC Worksheet**.

5 Check the box that applies and **complete the Illinois Expanded EITC Worksheet on Pages 3 and 4.**

a I did not qualify for the federal EITC because I have an ITIN. ◆ **a** ☐

b I did not qualify for the federal EITC because I did not meet federal age requirements. ◆ **b** ☒

c I did not qualify for the federal EITC and have children who did not qualify for the federal EITC because they were issued an ITIN**.** ◆ **c** ☐

d I qualified for the federal EITC but have additional children who did not qualify for the federal EITC because they were issued an ITIN**.** ◆ **d** ☐

6 Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, **or** the amount from the Illinois Expanded EITC Worksheet, Line 23. ◆ **6** 40.00

7 Multiply the amount on Line 6 by 20% (0.2). **7** 8.00

8 **Illinois residents:** Enter 1.0.
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. **8** 1.00000

9 Multiply Line 7 by the decimal on Line 8. This is your **Illinois EITC**.
Enter this amount here and on your Form IL-1040, Line 29. → **9** 8.00

Illinois Child Tax Credit

Step 5: Figure your Illinois Child Tax Credit -

If you qualify for the Illinois EITC and have at least one child that is your dependent and under the age of 12 years old, you qualify for the Illinois Child Tax Credit. **Complete this step only if you meet the requirements to claim the credit.**

10	Check the box if you have at least one child that is your dependent, and under the age of 12 years old as of the last day of 2024.	◆ **10** ☐
11	Enter the amount of your Illinois Earned Income Tax Credit from Line 9.	◆ **11** .00
12	Multiply the amount on Line 11 by 20% (0.2). This is your **Illinois Child Tax Credit**. **Enter the total here and on Form IL-1040, Line 30.** →	◆ **12** .00

Illinois Expanded EITC Worksheet -

Complete **only** if you checked any of the boxes in Step 4, Line 5.

Part 1 Your Earned Income - See instructions.

1	Enter the amount from federal Form 1040 or 1040-SR, Line 1z.	◆ **1** 14,713
2	Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).	◆ **2**
3	Subtract Line 2 from Line 1 and enter the result.	**3** 14,713
4	Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income.	◆ **4**
5	Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6.	**5** 14,713

Part 2 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Federal Schedule SE

6	Enter the amount from federal Schedule SE, Part I, Line 3.	◆ **6** 3,620
7	Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a.	◆ **7**
8	Add Lines 6 and 7 and enter the result.	**8** 3,620
9	Enter the amount from federal Schedule SE, Part I, Line 13.	◆ **9** 256
10	Subtract Line 9 from Line 8 and enter the result.	**10** 3,364

Part 3 Self-Employed NOT Required to File Federal Schedule SE and Statutory Employees Filing Federal Schedule C

11	Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A.	◆ **11**
12	Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming).	◆ **12**
13	Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee.	◆ **13**

Part 4 Total Earned Income

14	Add Lines 10, 11, 12, and 13 and enter the total.	**14** 3,364
15	Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero.	**15** 18,077

Continue Illinois Expanded EITC Worksheet calculation on Page 4. →

Illinois Expanded EITC Worksheet - continued.

Part 5 Do You Qualify?

16 Is the amount on Line 15 less than the amount in Table 1 (below) for your filing status and number of qualifying children?

◆ **16** Yes [X] No [ ]

If yes, continue to Part 6. **If No, STOP; you do not qualify for the Illinois EITC**.

Table 1 Federal EITC Income Limits

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	$18,591	$25,511
One	$49,084	$56,004
Two	$55,768	$62,688
Three	$59,899	$66,819

Part 6 Your Federal EITC Calculation

17 Enter your total earned income from Part 1, Line 15. ◆ **17** 18,077

18 Look up the amount on Line 17 in the 2024 federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ **18** 40

19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI). **19** 18,077

20 Are the amounts on Lines 17 and 19 the same? ◆ **20** Yes [X] No [ ]
If **Yes**, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If **No**, go to Line 21.

21 If you have:
- No qualifying children, is the amount on Line 19 less than $10,330 ($17,250 if married filing jointly)?
- 1 or more qualifying children, is the amount on Line 19 less than $22,720 ($29,640 if married filing jointly)?

◆ **21** Yes [ ] No [ ]

22 **If Line 21 is Yes,** leave Line 22 blank and enter the amount from Line 18 on Line 23. **If Line 21 is No,** look up the amount on Line 19 in the 2024 federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ **22**

23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. **This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.** ◆ **23** 40

Illinois Department of Revenue

2024 Schedule IL-WIT Illinois Income Tax Withheld

If you have more than five withholding forms, complete multiple copies of this schedule.
Attach to your Form IL-1040. ☐ Check if attaching to Amended Form IL-1040-X.

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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

John A Alexander — Your name as shown on Form IL-1040

1 5 5 – 1 5 – 1 4 2 0 — Your Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1	W	36-2838856 000 7	$ 14,713.00	$ 14,713.00	$ 728.00
2			$ .00	$ .00	$ .00
3			$ .00	$ .00	$ .00
4			$ .00	$ .00	$ .00
5			$ .00	$ .00	$ .00

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, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6			$ .00	$ .00	$ .00
7			$ .00	$ .00	$ .00
8			$ .00	$ .00	$ .00
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 $ 728.00

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

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.

Illinois Department of Revenue

Submission ID

2024 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

John A	Alexander		155-15-1420
First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
Print or type 8025 Blarney Rd			Spouse's Social Security number
Mailing address			
Tinley Park	IL	60477-6281	(708) 515-0508
City	State	ZIP	Daytime phone number

Step 2: Complete information from tax return

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

1	Net income from Form IL-1040 or IL-1040-X, Line 11	1	15,302 | 00
2	Tax from Form IL-1040 or IL-1040-X, Line 14	2	757 | 00
3	Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 **only** (enter **"0"** if none)	3	728 | 00
4	Overpayment from Form IL-1040, Line 37 or IL-1040-X, Line 36	4	| 00
5	Total amount due from Form IL-1040, Line 41 or IL-1040-X, Line 39	5	21 | 00

6 Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

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. 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): ___ ___ ___ ___ ___ ___ ___ ___ ___

8 Account no. (AN): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

9 Type of account: [ ] Checking [ ] Savings

10 Date the payment is to be electronically withdrawn: ___/___/_____

11 Electronic funds withdrawal amount: _____ | 00

12 Name on account: _____

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

[ ] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

[X] 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 2024 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] 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. 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

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.

Self-Prepared		**Check if paid preparer:** [ ] (See instructions.)	
ERO's signature	Date		
ERO use only Firm's name or your name if self-employed		Your PTIN	
Mailing address		Federal employer identification number (FEIN)	
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.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
John A	Alexander	155 15 1420
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
8025 Blarney Rd

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Tinley Park IL 604776281

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	14,713.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	14,713.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	3,620.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	18,333.
10	Adjustments to income from Schedule 1, line 26				10	256.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	18,077.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	673.
14	Add lines 12 and 13				14	15,273.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	2,804.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	281.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	281.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	281.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	512.
	24	Add lines 22 and 23. This is your **total tax**		24	793.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 357.		
	b	Form(s) 1099	25b 0.		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	357.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	357.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	436.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retail Assistant Manager	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (708)515-0508 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN