Illinois Department of Revenue

2-D Barcoding Specifications
and
Individual Income Tax Return Record Layouts

IL-1351

Tax Year 2023

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If you have questions regarding the file specifications and record layouts explained in this booklet, please contact our Springfield office at:

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ILLINOIS DEPARTMENT OF REVENUE   Phone: 217 524-7794
101 W. JEFFERSON ST.   Fax: 217 524-0513
SPRINGFIELD, IL   62702

Introduction

At this time, there are a variety of different barcode languages called symbologies. Each symbology has strengths and weaknesses. The various type of barcodes is characterized by their unique pattern of bars and spaces to represent characters. The start and stop bars at both ends of the symbol are also unique.

PDF-417 is a two-dimensional barcode that can store up to 1,800 printable ASCII characters of 1,100 binary characters per symbol. However, for technical reasons, the expected number of characters for tax applications is approximately 1,200 characters.

When generating and submitting 2-D Barcode Returns,

   the IDOR barcode sequence is:
1. Header.
2. IL-1040 Page 1.
3. IL-1040 Page 2.
4. followed by Forms and Schedules associated with the IL-1040 Return.
5. Trailer.

   the IDOR paper attachment sequence should be:
1. IL-1040 Page 1.
2. IL-1040 Page 2.
3. followed by Forms and Schedules associated with the IL-1040 Return.

Tax Year 2023 Reminders

1. The Primary SSN, Secondary SSN, Dependent SSN, Student SSN, and Employee's SSN must be in the valid range established by the IRS and numeric only.
2. Conserve space in the 2-D barcode – do not include empty or blank schedules or attachments. The record layouts for schedules and attachments are only to be used for tax returns that have line amounts on the schedules and attachments.
3. Punctuation must not be included in the barcode in the Name and Address fields (e.g., O'Day should be Oday; 8 Hay Ct. should be 8 Hay Ct).
4. Decimals must not be included in the barcode in the money amount fields (e.g., 100.00 should be 100).
5. Dates should always be a valid date within the tax processing year. The date should be between 01/01/**2023** and 12/31/**2023**.
6. We allow returns for deceased taxpayers. Your software should output "Deceased" and the date of death above the corresponding Social Security Number (SSN). For example: Deceased 10/10/**2023**.   Include this information in the 2-D barcode.
7. No special characters are allowed in the barcode, unless otherwise noted.
8. Print the IL-1040-V, Payment Voucher for Individual Income Tax for all balance due returns.
9. If an IL-1040 line amount comes from a schedule or form, the schedule or form must be present in the barcode.
10. If your software gives the taxpayer an option, the department prefers the default be set to print the 2-D barcode.
11. Do not generate a barcode if there are more than
    - One (1) of any of the schedules (Schedule ICR, Schedule G, Schedule 1299-C, Schedule IL-E/EIC, Schedule M, or Schedule IL-WIT, Schedule NR, or Schedule CR).
    - the maximum amount of data the barcode can contain.
12. Please remind taxpayers that, when filing a paper return generated by a tax preparation product, do not make any changes to the return after printing. These returns have a scannable 2-D barcode that contains elements of data that will not reflect changes made to the return after printing. Making any changes to the return after printing could result in errors and processing delays.
13. Please remind taxpayers to send the original 2-D barcode return and payment voucher (if applicable) to the proper address:

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
      PO BOX 19027
      SPRINGFIELD IL 62794-9027

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
      PO BOX 19041
      SPRINGFIELD IL 62794-9041

Field Descriptions

The following discloses the various characters that are allowed in returns filed with a 2-D barcode.
- Unsigned numeric fields – leading zeros may be dropped, except for date and percentage fields.
- Signed numeric fields – leading zeros must be dropped. For negative values, the minus sign ("-") must be present to the left of the number.
- Alphanumeric fields – should be left-justified and no leading blanks. Trailing blanks may be dropped.
- Fields defined as having literal values – only the literal value (including embedded blanks) must be supplied.
- Delimit each field with a carriage return.

Allowable Characters in Returns with 2-D Barcodes:

Alpha   **A-Z** – Upper case alpha characters only. Literals must be as shown in the record layouts. No punctuation or special characters, unless otherwise noted.

Numeric   0-9 – Numeric characters only. Right-justified and zero-filled. No punctuation or special characters.
- Money Fields – Maximum 13 numerals for positive numbers, 12 numerals for negative numbers with a leading negative sign. Unless specified, numbers can be positive or negative.
  Whole dollars only, no cents, right-justified, and do not zero fill.
  No dollar signs, commas, decimal points, or other non-numeric characters are allowed.
- Percentage Fields – Fraction fields, factor fields, and ratio fields should be left-justified and zero-filled.
  No decimals present. The decimal is assumed to be left-most and second left-most positions.
  For example, 10 percent shown in a five-character field would be 01000, which is 0.1000 with the decimal omitted.
- ZIP Codes should be left-justified.
- Date Format is   Y = Year, M = Month, D = Day in YYYYMMDD. Valid dates only, within the tax processing year.
- Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN) :
  Valid numbers: 001-01-0001 through 699-99-9999
  700-01-0001 through 733-99-9999
  750-01-0001 through 763-99-9999
  764-01-0001 through 899-99-9999
  900-70-0000 through 999-80-9999.

IL-1040 Returns and Schedules have been revised for 2023 Tax Year.

The changes are listed below:

IL-1040: None

G: None

ICR: Add Line 9 (Field 805), 10a (Field 810), 10b (Field 815), 10c (Field 820), 11 (Field 825), 12 (Field 830) . Line 13 is not new but the Field number is 900.

M: Add Line 40 (Field 605)

NR: None

1299-C: None

CR: None

EIC: Remove "Issuing Agency Name Table" (Field 211 – 220). Add Step 4 Line 5 Checkbox (Field 275)

4562: Add Line 12a (Field 61), 12b (Field 62), and 12c (Field 63), 13 (Field 64)

IL-WIT: None

THE FIRST FIELD OF EACH FORM (STATIC) IS NOT COUNTED IN THE FORM TYPE IDENTIFIERS FIELDS AND RECORD SIZE.

FORM TYPE IDENTIFIERS

	FORM TYPE	HEADER	FIELDS	RECORD SIZE
1	Header	T1	1	4
2	IL-1040	**2DIL1040**2023****	107	1323
4	Schedule G	**2DILG**	8	104
5	Schedule ICR	**2DILICR**	108	1562
6	Schedule M	**2DILM**	113	1406
7	Schedule NR	**2DILNR**	97	1118
8	IL-1299C	**2DIL1299-C**	104	1640
9	Schedule CR	**2DILCR**	88	1087
10	Schedule IL-E/EIC	**2DILEEIC**	182	2338
11	IL-4562	**2DIL4562**	23	299
12	Schedule IL-WIT	**2DILWIT**	107	1101
13	Trailer	*EOD*	0	0

HEADER

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**HEADER Identifier**	**2**	**Alphanumeric**	**Value = T1.**
0001		Developer Code	4	Numeric	Assigned by the NACTP.

IL-1040

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**IL-1040 2023 Identifier**	**16**	**Alphanumeric**	****2DIL10402023****
0020	A	Primary Taxpayer's Date of Death	8	Numeric	YYYYMMDD – Valid date within Tax Year of return filed. Deceased date should be printed above Primary Taxpayer's SSN with the word "Deceased". Example: "Deceased 11/01/2023".
0040	A	Secondary Taxpayer's Date of Death	8	Numeric	YYYYMMDD - Valid date within Tax Year of return filed. Deceased date should be printed above Secondary Taxpayer's SSN with the word "Deceased". Example: "Deceased 11/01/2023".
0041	A	Primary Year of Birth	4	Numeric	YYYY
0042	A	Secondary Year of Birth	4	Numeric	YYYY
0010	A	Primary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters. Must be within valid range established by IRS. Required field.
0030	A	Secondary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters. Must be within valid range established by IRS. Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate.
0051	A	Primary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-). Required field.
0052	A	Primary Taxpayer's Suffix	3	Alphanumeric	Allowable characters are JR, SR, or Roman Numerals II – X. No special characters allowed.
0053	A	Secondary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-). Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate.
0054	A	Secondary Taxpayer's Suffix	3	Alphanumeric	Allowable characters are JR, SR, or Roman Numerals II – X. No special characters allowed.
0056	A	Primary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-). No prefixes. Required field.
0057	A	Primary Taxpayer's Middle Initial	1	Alphanumeric	Allowable characters are A-Z or space.
0058	A	Secondary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-). No prefixes. Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate.
0059	A	Secondary Taxpayer's Middle Initial	1	Alphanumeric	Allowable characters are A-Z or space.

IL-1040

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0062	A	Foreign Street Address	35	Alphanumeric	No punctuation – Example: "AVE." should be "AVE" and "N." should be "N".
0064	A	Foreign City	20	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0065	A	Foreign Province or State	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0066	A	Foreign Country	15	Alpha	Allowable special character is space. Do not abbreviate.
0067	A	Foreign Postal Code	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0070	A	Care-of-Name	35	Alphanumeric	First and Last Name, no punctuation or special characters.
0080	A	Mailing Address	35	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space. No punctuation – Example: "AVE." should be "AVE" and "N." should be "N".
0082	A	Apartment Number	30	Alphanumeric	Special characters not allowed are percentage (%) and pound sign (#).
0083	A	City	20	Alpha	Allowable special character is space. Required field.
0087	A	State	2	Alpha	Standard Postal Abbreviation (including foreign military bases and U.S. possessions). Required field.
0095	A	Zip or Postal Code	9	Numeric	Left-justified. No hyphens or special characters. Required field.
0096	A	County	12	Alpha	Only if address state is Illinois, else blank.
0098	A	E-Mail Address	75	Alphanumeric	Must be in the format of a valid e-mail address
0130	B	Filing Status	1	Alphanumeric	1=Single, 2=Married Filing Jointly, 3=Married Filing Separately, 4=Widowed, 5=Head of Household. Required field.
0135	C	You claimed as dependent Checkbox	1	Alpha	Blank or "X".
0140	C	Spouse claimed as dependent Checkbox	1	Alpha	Blank or "X".
0150	D	Nonresident Checkbox	1	Alpha	If a Nonresident transmit "X", else blank.
0155	D	Part year Resident Checkbox	1	Alpha	If a Part-year resident transmit "X", else blank.
0200	1	Federal Adjusted Gross Income	13	Numeric	Federal Adjusted Gross Income.
0210	2	Federally Tax-Exempt Interest and Dividend Income	13	Numeric	Cannot be negative.

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Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0230	3	Other Additions	13	Numeric	Total of Other additions to your income from Schedule M; must not be less than 0.
0250	4	Total Income	13	Numeric	Sum of Line 1 + Line 2 + Line 3.
0280	5	Social Security Benefits or Retirement Income	13	Numeric	Cannot be negative.
0300	6	IL Income Tax Overpayment	13	Numeric	Cannot be negative.
0330	7	Other Subtractions	13	Numeric	Total of Other subtractions to your income from Schedule M; must not be less than 0.
0350	8	Total Subtractions	13	Numeric	Cannot be negative. Sum of Lines 5 through 7.
0360	9	Illinois Base Income	13	Numeric	Cannot be negative. Line 4 minus Line 8.
0380	10a	Federal Exemption Allowance	13	Numeric	Cannot be negative.
0400	10b	Primary Taxpayer 65 or Older Exemption Checkbox	1	Alpha	Blank or "X".
0410	10b	Spouse 65 or Older Exemption Checkbox	1	Alpha	Blank or "X". Must be blank if Filing Status is 1 for Single, 3 for Married Filing Separately, 4 for Widowed, or 5 for Head of Household.
0420	10b	Total of 65 or Older Exemption Allowance	13	Numeric	Cannot be negative.
0421	10c	Primary Taxpayer Blind Exemption Checkbox	1	Alpha	Blank or "X".
0426	10c	Spouse Blind Exemption Checkbox	1	Alpha	Blank or "X". Must be blank if Filing Status is 1 for Single, 3 for Married Filing Separately, 4 for Widowed, or 5 for Head of Household.
0430	10c	Total Blind Exemption Allowance	13	Numeric	Cannot be negative.
0435	10d	Dependent Claimed Exemption Allowance	13	Numeric	Cannot be negative.
0440	10	Total Exemption Allowance	13	Numeric	Cannot be negative. Must be blank if IL-1040, is filed as Single, Widowed, Married Filing Separately, or Head of Household and Line 1 is > $250,000 or Married Filing Jointly and IL-1040, Line 1 > $500,000.
0450	11	Net Income	13	Numeric	Net Income; For residents, Line 9, Base Income minus Line 10, Total Exemptions; For Nonresidents or Part-year residents, Schedule NR, Line 51; must not be less than 0.

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Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0470	12	Tax on Net Income	13	Numeric	Line 11, Net Income times 4.95% (.0495) for IL Residents; amount from Schedule NR, Line 52, Tax for Nonresidents or Part-year Residents; must not be less than 0.
0494	14	Total Income Tax	13	Numeric	Total Income Tax; the sum of Line 12, Tax on Net Income and Line 13, Recapture Investment Credits; Line 13 is a Reserved field, so Line 14 must equal Line 12; must not be less than 0.
0520	15	Credit from Schedule CR	13	Numeric	Income tax paid to another state while an Illinois resident. Attach Schedule CR.
0540	16	Credit from Schedule ICR	13	Numeric	Cannot be negative. Must equal Schedule ICR Line 13.
0550	17	Credit from Schedule 1299-C	13	Numeric	Cannot be negative. Must equal Schedule 1299-C Step 4 Line 32.
0560	18	Total Nonrefundable Credits	13	Numeric	Total of Nonrefundable Credits; the sum of Line 15, Credit from Schedule CR through Line 17, Credit from Schedule 1299-C must not exceed Line 14, Total Income Tax and must not be less than 0.
0562	19	Tax after Nonrefundable Credits	13	Numeric	Tax after nonrefundable credits; Line 14, Total Income Tax minus Line 18, Total Nonrefundable Credits; must not be less than 0.
0572	20	Household Employment Tax	13	Numeric	Cannot be negative.
0573	21	Use Tax	13	Numeric	Cannot be negative.
0574	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges	13	Numeric	Cannot be negative.
0575	23	Total Tax	13	Numeric	Total Tax; the sum of Line 19, Total Income Tax Less Nonrefundable Credits, Line 20, Household Employment Tax, Line 21, Use Tax and Line 22, Compassionate Use of Medical Cannabis Program Act and sale of gaming licensee surcharges; must not be less than 0.
0576	25	Illinois Income Tax Withheld	13	Numeric	The total amount of Illinois Income Tax withheld from all wage forms; must not be less than 0.
0580	26	Estimated Payments	13	Numeric	Cannot be negative.

IL-1040

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0585	27	Pass-through Withholding Payments	13	Numeric	Cannot be negative.
0587	28	Pass-through Entity Tax Credit	13	Numeric	Cannot be negative.
0590	29	Earned Income Credit from Schedule IL-E/EIC	13	Numeric	Cannot be negative. Must equal Schedule IL-E/EIC Line 9.
0595	30	Total Payments and Refundable Credits	13	Numeric	Total payments and refundable credit; the sum of Line 25, IL Tax Withheld through Line 29, IL Earned Income Credit; must not be less than 0.
0600	31	Overpayment	13	Numeric	Overpayment amount; Line 30, Total Payments and Refundable Credits minus Line 24, Total Tax when Line 30 is > Line 24; must not be less than 0.
0610	32	Underpayment	13	Numeric	Underpayment amount; Line 24, Total Tax minus Line 30, Total Payments and Refundable Credits when Line 24 is > Line 30; must not be less than 0.
0620	33	Late-payment Penalty	13	Numeric	Cannot be negative.
0627	33a	Farm Income Checkbox	1	Alpha	Blank or "X".
0628	33b	65 or Older and Living in Nursing Home Checkbox	1	Alpha	Blank or "X".
0629	33c	IL-2210 Checkbox	1	Alpha	Blank or "X".
0630	33d	Not Required to File in Previous Year Checkbox	1	Alpha	Blank or "X".
0650	34	Donation Amount from Schedule G	13	Numeric	Cannot be negative. Must equal Schedule G Line 2.
0660	35	Total Penalty and Donations	13	Numeric	Total penalty and donations; the sum of Line 33, Penalty IL-2210 and Line 34, Total Donations; must not be less than 0.
0670	36	Overpayment	13	Numeric	Overpayment balance; Line 31, Overpayment Amount minus Line 35, Total Penalty and Donations when Line 31 is greater than 0 and greater than Line 35; must not be less than 0.
0690	37	IL Income Tax to be Refunded	13	Numeric	Amount from Line 36, Overpayment Balance to be refunded to taxpayer; must not be less than 0. Cannot be negative.
0722	38a	Direct Deposit Checkbox	1	Alpha	Blank or "X".
0724	38b	Paper Check - Checkbox	1	Alpha	Blank or "X".

IL-1040

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0950	38	Routing Number	9	Numeric	Right-justified. Must be valid Routing Number.
0960	38	Checking Account Checkbox	1	Alpha	Blank or "X".
0970	38	Savings Account Checkbox	1	Alpha	Blank or "X".
0972	38	Depositor Account Number	17	Alphanumeric	Right-justified.
0695	39	Amount to Apply to Estimated Tax	13	Numeric	Cannot be negative. Line 36 minus Line 37.
0700	40	Amount You Owe	13	Numeric	Cannot be negative. If Line 33 > 0, add Line 33 and Line 36. If Line 32 < Line 36, subtract Line 32 from Line 36.
0705	41	Insurance checkbox	1	Alpha	Blank or "X".
0800		Taxpayer's Phone Number	10	Numeric	10 digits only - no hyphens or special characters.
0900		Paid Preparer's Name	35	Alphanumeric	Paid Preparer's Name.
0910		Firm Phone Number	10	Numeric	10 digits only - no hyphens or special characters.
0920		Preparer's PTIN	9	Alphanumeric	9 digits only - no hyphens or special characters.
0921		Firm Name	35	Alphanumeric	Firm Name.
0922		Firm Street Address	35	Alphanumeric	Firm Street Address.
0923		Firm City	20	Alphanumeric	Firm City.
0924		Firm State	2	Alphanumeric	Firm State.
0925		Firm Zip	9	Alphanumeric	Firm Zip.
0926		Foreign Street Address	35	Alphanumeric	No punctuation – Example: "AVE." should be "AVE" and "N." should be "N".
0927		Foreign City	20	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0928		Foreign Province or State	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0929		Foreign Country	2	Alpha	Allowable special character is space. Do not abbreviate.
0930		Foreign Postal Code	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.
0931		Firm FEIN	9	Numeric	Firm FEIN.
0932		Self Employed Checkbox	1	Alpha	Blank or "X".
0933		Third Party Designee Box	1	Alpha	Blank or "X".
0934		Third Party Designee Name	35	Alphanumeric	Third Party Designee Name.
0935		Third Party Designee Phone Number	10	Numeric	10 digits only- no hyphens or special characters.

Schedule G

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	IL Schedule G Identifier	9	Alphanumeric	**2DILG**
0630	1a	Donation – Wildlife Preservation	13	Numeric	Cannot be negative.
0632	1b	Donation – Alzheimer's Disease Research, Care, and Support Fund	13	Numeric	Cannot be negative.
0633	1c	Donation – Assistance to the Homeless	13	Numeric	Cannot be negative.
0636	1d	Donation – Diabetes Research	13	Numeric	Cannot be negative.
0639	1e	Donation – Hunger Relief Fund	13	Numeric	Cannot be negative.
0641	1f	Donation – Ronald McDonald House Charities Fund	13	Numeric	Cannot be negative.
0645	1g	Donation – 100 Club of Illinois Fund	13	Numeric	Cannot be negative.
0700	2	Total Donations	13	Numeric	Cannot be negative. Sum of Lines 1a through 1g.

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**IL Schedule ICR Identifier**	**10**	**Alphanumeric**	****2DILICR****
0100	1	Amount of Tax from IL-1040 Line 14	13	Numeric	Cannot be negative.
0200	2	Amount of Credit from IL-1040 Line 15	13	Numeric	Cannot be negative.
0300	3	Tax After Nonrefundable Credit	13	Numeric	Cannot be negative. Line 1 minus Line 2.
0400	4a	IL Property Tax Paid During Tax Year	13	Numeric	Cannot be negative.
		County and Property Table			
0404	4b	County of Property Number 1	12	Alpha	Illinois county.
0405	4b	Property Number 1	30	Alphanumeric	Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros.
0409	4c	County of Property Number 2	12	Alpha	Illinois county.
0410	4c	Property Number 2	30	Alphanumeric	Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros.
0414	4d	County of Property Number 3	12	Alpha	Illinois county.
0415	4d	Property Number 3	30	Alphanumeric	Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros.
0420	4e	Portion of Tax that is Deductible as Business Expense	13	Numeric	Cannot be negative.
0440	4f	Eligible Property Tax Amount	13	Numeric	Cannot be negative. Line 4a minus Line 4e.
0460	4g	Base Property Tax Credit	13	Numeric	Cannot be negative. Multiply Line 4f by 5% (.05).
0500	5	IL Property Tax Credit	13	Numeric	Cannot be negative. Lesser amount of Line 3 or Line 4g.
0600	6	Net Tax less IL Property Tax Credit	13	Numeric	Cannot be negative. Line 3 minus Line 5.
0710	7a	Total Amount of K-12 Education Expense	13	Numeric	Cannot be negative. Enter amount from Line 11.
0720	7b	Excluded Amount	13	Numeric	Right-justified. Value is $250.
0730	7c	Subtract Line 7b from 7a	13	Numeric	If Line 7a minus Line 7b < 0, enter 0.
0740	7d	Multiply Line 7c by 25% (.25)	13	Numeric	Cannot be negative. Line 7c * 25% (.25). Compare with $750 and write lesser amount.
0800	8	IL Education Expense Credit	13	Numeric	Cannot be negative. Lesser of Line 6 or Line 7d.
0805	9	Subtract Line 8 from Line 6	13	Numeric	Cannot be negative. Line 6 minus Line 8.
0810	10a	Your Volunteer Emergency Worker Credit Certificate Number	13	Numeric	Cannot be negative.
0815	10b	Your Spouse's Volunteer Emergency Worker Credit Certificate Number	13	Numeric	Cannot be negative.

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0820	10c	Enter $500 unless return is married filing jointly and both taxpayers were awarded the credit, then enter $1,000.	13	Numeric	Cannot be negative. Must equal either $500 or $1,000.
0825	11	Compare Lines 9 and 10c and enter the lesser amount.	13	Numeric	Cannot be negative. Lesser of Line 9 and Line 10c.
0830	12	Subtract Line 11 from Line 9	13	Numeric	Cannot be negative. Line 9 – Line 11.
0900	13	Total Nonrefundable Credit	13	Numeric	Cannot be negative. Sum of Lines 5 + 8 + 11.
		K-12 Education Expense Table			
1200	10a	Student Last Name A	20	Alpha	Student Last Name.
1201	10a	Student First Name A	15	Alpha	Student First Name.
1202	10a	Student SSN A	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1203	10a	Grade (K-12 only) A	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1204	10a	School Name A	35	Alphanumeric	Allowable special character is: space. Required field.
1205	10a	School City (IL cities only) A	20	Alpha	Allowable special character is: space. Required field.
1206	10a	School Type checkbox A	1	Alpha	P, N, H or blank.
1209	10a	Total Tuition, Book/Lab Fees A	13	Numeric	Cannot be negative.
1210	10b	Student Last Name B	20	Alpha	Student Last Name.
1211	10b	Student First Name B	15	Alpha	Student First Name.
1212	10b	Student SSN B	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1213	10b	Grade (K-12 only) B	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1214	10b	School Name B	35	Alphanumeric	Allowable special character is: space. Required field.
1215	10b	School City (IL cities only) B	20	Alpha	Allowable special character is: space. Required field.
1216	10b	School Type checkbox B	1	Alpha	P, N, H or blank.
1219	10b	Total Tuition, Book/Lab Fees B	13	Numeric	Cannot be negative.
1220	10c	Student Last Name C	20	Alpha	Student Last Name.
1221	10c	Student First Name C	15	Alpha	Student First Name.
1222	10c	Student SSN C	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1223	10c	Grade (K-12 only) C	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1224	10c	School Name C	35	Alphanumeric	Allowable special character is: space. Required field.
1225	10c	School City (IL cities only) C	20	Alpha	Allowable special character is: space. Required field.

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
1226	10c	School Type checkbox C	1	Alpha	P, N, H or blank.
1229	10c	Total Tuition, Book/Lab Fees C	13	Numeric	Cannot be negative.
1230	10d	Student Last Name D	20	Alpha	Student Last Name.
1231	10d	Student First Name D	15	Alpha	Student First Name.
1232	10d	Student SSN D	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1233	10d	Grade (K-12 only) D	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1234	10d	School Name D	35	Alphanumeric	Allowable special character is: space. Required field.
1235	10d	School City (IL cities only) D	20	Alpha	Allowable special character is: space. Required field.
1236	10d	School Type checkbox D	1	Alpha	P, N, H or blank.
1239	10d	Total Tuition, Book/Lab Fees D	13	Numeric	Cannot be negative.
1240	10e	Student Last Name E	20	Alpha	Student Last Name.
1241	10e	Student First Name E	15	Alpha	Student First Name.
1242	10e	Student SSN E	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1243	10e	Grade (K-12 only) E	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1244	10e	School Name E	35	Alphanumeric	Allowable special character is: space. Required field.
1245	10e	School City (IL cities only) E	20	Alpha	Allowable special character is: space. Required field.
1246	10e	School Type checkbox E	1	Alpha	P, N, H or blank.
1249	10e	Total Tuition, Book/Lab Fees E	13	Numeric	Cannot be negative.
1250	10f	Student Last Name F	20	Alpha	Student Last Name.
1251	10f	Student First Name F	15	Alpha	Student First Name.
1252	10f	Student SSN F	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1253	10f	Grade (K-12 only) F	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1254	10f	School Name F	35	Alphanumeric	Allowable special character is: space. Required field.
1255	10f	School City (IL cities only) F	20	Alpha	Allowable special character is: space. Required field.
1256	10f	School Type checkbox F	1	Alpha	P, N, H or blank.
1259	10f	Total Tuition, Book/Lab Fees F	13	Numeric	Cannot be negative.
1260	10g	Student Last Name G	20	Alpha	Student Last Name.
1261	10g	Student First Name G	15	Alpha	Student First Name.

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
1262	10g	Student SSN G	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1263	10g	Grade (K-12 only) G	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1264	10g	School Name G	35	Alphanumeric	Allowable special character is: space. Required field.
1265	10g	School City (IL cities only) G	20	Alpha	Allowable special character is: space. Required field.
1266	10g	School Type checkbox G	1	Alpha	P, N, H or blank.
1269	10g	Total Tuition, Book/Lab Fees G	13	Numeric	Cannot be negative.
1270	10h	Student Last Name H	20	Alpha	Student Last Name.
1271	10h	Student First Name H	15	Alpha	Student First Name.
1272	10h	Student SSN H	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1273	10h	Grade (K-12 only) H	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1274	10h	School Name H	35	Alphanumeric	Allowable special character is: space. Required field.
1275	10h	School City (IL cities only) H	20	Alpha	Allowable special character is: space. Required field.
1276	10h	School Type checkbox H	1	Alpha	P, N, H or blank.
1279	10h	Total Tuition, Book/Lab Fees H	13	Numeric	Cannot be negative.
1280	10i	Student Last Name I	20	Alpha	Student Last Name.
1281	10i	Student First Name I	15	Alpha	Student First Name.
1282	10i	Student SSN I	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1283	10i	Grade (K-12 only) I	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1284	10i	School Name I	35	Alphanumeric	Allowable special character is: space. Required field.
1285	10i	School City (IL cities only) I	20	Alpha	Allowable special character is: space. Required field.
1286	10i	School Type checkbox I	1	Alpha	P, N, H or blank.
1289	10i	Total Tuition, Book/Lab Fees I	13	Numeric	Cannot be negative.
1290	10j	Student Last Name J	20	Alpha	Student Last Name.
1291	10j	Student First Name J	15	Alpha	Student First Name.
1292	10j	Student SSN J	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
1262	10g	Student SSN G	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1263	10g	Grade (K-12 only) G	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1264	10g	School Name G	35	Alphanumeric	Allowable special character is: space. Required field.
1265	10g	School City (IL cities only) G	20	Alpha	Allowable special character is: space. Required field.
1266	10g	School Type checkbox G	1	Alpha	P, N, H or blank.
1269	10g	Total Tuition, Book/Lab Fees G	13	Numeric	Cannot be negative.
1270	10h	Student Last Name H	20	Alpha	Student Last Name.
1271	10h	Student First Name H	15	Alpha	Student First Name.
1272	10h	Student SSN H	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1273	10h	Grade (K-12 only) H	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1274	10h	School Name H	35	Alphanumeric	Allowable special character is: space. Required field.
1275	10h	School City (IL cities only) H	20	Alpha	Allowable special character is: space. Required field.
1276	10h	School Type checkbox H	1	Alpha	P, N, H or blank.
1279	10h	Total Tuition, Book/Lab Fees H	13	Numeric	Cannot be negative.
1280	10i	Student Last Name I	20	Alpha	Student Last Name.
1281	10i	Student First Name I	15	Alpha	Student First Name.
1282	10i	Student SSN I	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.
1283	10i	Grade (K-12 only) I	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1284	10i	School Name I	35	Alphanumeric	Allowable special character is: space. Required field.
1285	10i	School City (IL cities only) I	20	Alpha	Allowable special character is: space. Required field.
1286	10i	School Type checkbox I	1	Alpha	P, N, H or blank.
1289	10i	Total Tuition, Book/Lab Fees I	13	Numeric	Cannot be negative.
1290	10j	Student Last Name J	20	Alpha	Student Last Name.
1291	10j	Student First Name J	15	Alpha	Student First Name.
1292	10j	Student SSN J	9	Numeric	9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS.

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
1293	10j	Grade (K-12 only) J	2	Alphanumeric	Right-justified. Values "K" or 1 through 12. Required field.
1294	10j	School Name J	35	Alphanumeric	Allowable special character is: space. Required field.
1295	10j	School City (IL cities only) J	20	Alpha	Allowable special character is: space. Required field.
1296	10j	School Type checkbox J	1	Alpha	P, N, H or blank.
1299	10j	Total Tuition, Book/Lab Fees J	13	Numeric	Cannot be negative.
1310	11	Total Amount of Education Expense	13	Numeric	Cannot be negative. Sum of Column G, Lines 10a though 10j.

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**IL Schedule M Identifier**	**10**	**Alphanumeric**	****2DILM****
0010	1	Child's Federally Tax-exempt Interest and Dividend Income	13	Numeric	Cannot be negative.
0020	2	Distributive Share of Additions from Partnership, S Corp, Trust, or Estate	13	Numeric	Cannot be negative.
0040	3	Lloyds Plan of Operations Loss on IL-1065	13	Numeric	Cannot be negative.
0050	4	Earnings Distributed from College Savings and Tuition Programs	13	Numeric	Cannot be negative.
0060	5	Illinois Special Depreciation Addition from Form IL-4562	13	Numeric	Cannot be negative. Attach IL-4562.
0070	6	Business Expense Recapture	13	Numeric	Cannot be negative. Nonresidents only.
0072	7	Recapture of Deductions for Contributions to Illinois College Savings Plans	13	Numeric	Cannot be negative.
0073	8	Credit taken on 1299-C for Student Assistance Contributions	13	Numeric	Cannot be negative.
0074	9	Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded.	13	Numeric	Cannot be negative.
0076	11	Other Income line	20	Alphanumeric	Other Income line.
0080	11	Other Income	13	Numeric	Cannot be negative.
0090	12	Total Additions	13	Numeric	Cannot be negative. Sum of Lines 1 through 11.
		"Bright Start" and "Bright Directions" College Savings Pool and "College Illinois" Prepaid Tuition Program Table			
0091	13 Table	Column A: Account Number 1	20	Alphanumeric	Account Number 1.
0092	13 Table	Column B: Contribution Amount 1	13	Numeric	Contribution Amount 1.
0093	13 Table	Column C: Gift 1	1	Alpha	Blank or "X".
0094	13 Table	Column A: Account Number 2	20	Alphanumeric	Account Number 2.
0095	13 Table	Column B: Contribution Amount 2	13	Numeric	Contribution Amount 2.
0096	13 Table	Column C: Gift 2	1	Alpha	Blank or "X".
0097	13 Table	Column A: Account Number 3	20	Alphanumeric	Account Number 3.
0098	13 Table	Column B: Contribution Amount 3	13	Numeric	Contribution Amount 3.
0099	13 Table	Column C: Gift 3	1	Alpha	Blank or "X".

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0100	13 Table	Column A: Account Number 4	20	Alphanumeric	Account Number 4.
0101	13 Table	Column B: Contribution Amount 4	13	Numeric	Contribution Amount 4.
0102	13 Table	Column C: Gift 4	1	Alpha	Blank or "X".
0103	13 Table	Column A: Account Number 5	20	Alphanumeric	Account Number 5.
0104	13 Table	Column B: Contribution Amount 5	13	Numeric	Contribution Amount 5.
0105	13 Table	Column C: Gift 5	1	Alpha	Blank or "X".
0106	13 Table	Column A: Account Number 6	20	Alphanumeric	Account Number 6.
0107	13 Table	Column B: Contribution Amount 6	13	Numeric	Contribution Amount 6.
0108	13 Table	Column C: Gift 6	1	Alpha	Blank or "X".
0109	13 Table	Column A: Account Number 7	20	Alphanumeric	Account Number 7.
0110	13 Table	Column B: Contribution Amount 7	13	Numeric	Contribution Amount 7.
0111	13 Table	Column C: Gift 7	1	Alpha	Blank or "X".
0112	13 Table	Column A: Account Number 8	20	Alphanumeric	Account Number 8.
0113	13 Table	Column B: Contribution Amount 8	13	Numeric	Contribution Amount 8.
0114	13 Table	Column C: Gift 8	1	Alpha	Blank or "X".
0115	13 Table	Column A: Account Number 9	20	Alphanumeric	Account Number 9.
0116	13 Table	Column B: Contribution Amount 9	13	Numeric	Contribution Amount 9.
0117	13 Table	Column C: Gift 9	1	Alpha	Blank or "X".
0118	13 Table	Column A: Account Number 10	20	Alphanumeric	Account Number 10.
0119	13 Table	Column B: Contribution Amount 10	13	Numeric	Contribution Amount 10.
0120	13 Table	Column C: Gift 10	1	Alpha	Blank or "X".
0125	13a	**"Bright Start" and "Bright Directions" College Savings Pool and "College Illinois" Prepaid Tuition Program Contribution Amount Total**	13	Numeric	Line 13a total.
0127	13	College savings plan contributions. The lesser amount of Lines 13a or $10,000 ($20,000 if married filing a joint return); must not be less than 0.	13	Numeric	College savings plan contributions. The lesser amount of Lines 13a or $10,000 ($20,000 if married filing a joint return); must not be less than 0.
0128	14	Distributive Share of Subtractions from Partnership, S Corp, Trust, or Estate	13	Numeric	Cannot be negative.
0129	15	Restoration of Amounts Held Under Claim of Right under Internal Revenue Code	13	Numeric	Cannot be negative.
0130	16	Contributions to Job Training Project	13	Numeric	Cannot be negative.

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0140	17	Expenses Related to Federal Credits or Federally Tax-exempt Income	13	Numeric	Cannot be negative.
0160	19	Illinois Special Depreciation Subtraction Amount from IL-4562	13	Numeric	Cannot be negative. Attach IL-4562.
		Illinois ABLE account Table			
0170	20 Table	Illinois ABLE account Column A: Account Number 1	20	Alphanumeric	Account Number 1.
0171	20 Table	Illinois ABLE account Column B: Contribution Amount 1	13	Numeric	Contribution Amount 1.
0172	20 Table	Column C: Gift 1	1	Alpha	Blank or "X".
0173	20 Table	Illinois ABLE account Column A: Account Number 2	20	Alphanumeric	Account Number 2.
0174	20 Table	Illinois ABLE account Column B: Contribution Amount 2	13	Numeric	Contribution Amount 2.
0175	20 Table	Column C: Gift 2	1	Alpha	Blank or "X".
0176	20 Table	Illinois ABLE account Column A: Account Number 3	20	Alphanumeric	Account Number 3.
0177	20 Table	Illinois ABLE account Column B: Contribution Amount 3	13	Numeric	Contribution Amount 3.
0178	20 Table	Column C: Gift 3	1	Alpha	Blank or "X".
0179	20 Table	Illinois ABLE account Column A: Account Number 4	20	Alphanumeric	Account Number 4.
0180	20 Table	Illinois ABLE account Column B: Contribution Amount 4	13	Numeric	Contribution Amount 4.
0181	20 Table	Column C: Gift 4	1	Alpha	Blank or "X".
0182	20a	Illinois ABLE account Contribution Amount Total	13	Numeric	Line 20a total.
0183	20	ABLE contributions. The lesser amount of Line 20a or $10,000 ($20,000 if married filing a joint return); must not be less than 0.	13	Numeric	ABLE contributions. The lesser amount of Line 20a or $10,000 ($20,000 if married filing a joint return); must not be less than 0.
0184	21	Military Pay Earned	13	Numeric	Cannot be negative. Attach military W2.

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0185	22	U.S. Treasury Bonds, Bills, Notes, Savings Bonds, and U.S. Agency Interest	13	Numeric	Cannot be negative.
0190	23	Valuation Limitation Amount	13	Numeric	Cannot be negative.
0200	24	River Edge Redevelopment Zone and High Impact Business Dividend Subtraction	13	Numeric	Cannot be negative. Attach 1299-C.
0210	25	Recovery of Items Previously Deducted U.S. 1040, Schedule A	13	Numeric	Cannot be negative.
0220	26	Ridesharing Money and Other Benefits	13	Numeric	Cannot be negative.
0230	27	Payment of Life Insurance, Endowment, or Annuity Benefits Received	13	Numeric	Cannot be negative.
0250	28	Lloyds Plan of Operations Income on IL-1065	13	Numeric	Cannot be negative.
0260	29	Income from IL Pre-Need Funeral, Burial, and Cemetery Trusts	13	Numeric	Cannot be negative.
0270	30	Education Loan Repayments for Physicians	13	Numeric	Cannot be negative.
0280	31	Reparations or Amounts Received as a Victim of Persecution	13	Numeric	Cannot be negative.
0281	32	Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. Line 33 is not used.	13	Numeric	Cannot be negative.
0290	34a	IL Housing Dev Authority Bonds and Notes	13	Numeric	Cannot be negative.
0300	34b	Tri-County River Valley Development Authority Bonds	13	Numeric	Cannot be negative.
0310	34c	IL Development Finance Authority Bonds, Notes, and Other Obligations	13	Numeric	Cannot be negative.
0320	34d	Quad Cities Regional Economic Development Authority Bonds and Notes	13	Numeric	Cannot be negative.
0330	34e	College Savings Bonds	13	Numeric	Cannot be negative.
0340	34f	Illinois Sports Facilities Authority Bonds	13	Numeric	Cannot be negative.
0350	34g	Higher Education Student Assistance Bonds	13	Numeric	Cannot be negative.
0360	34h	IL Development Finance Authority Bonds under IL Dev. Finance Authority Act	13	Numeric	Cannot be negative.

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0370	34i	Rural Bond Bank Act Bonds and Notes	13	Numeric	Cannot be negative.
0380	34j	IL Dev Finance Authority Bonds Issued Under Asbestos Abatement Finance Act	13	Numeric	Cannot be negative.
0390	34k	Quad Cities Interstate Metropolitan Authority Bonds	13	Numeric	Cannot be negative.
0400	34l	Southwestern IL Dev Authority Bonds	13	Numeric	Cannot be negative.
0401	34m	Illinois Finance Authority Bonds	13	Numeric	Cannot be negative.
0420	34n	Illinois Power Agency Bonds	13	Numeric	Cannot be negative.
0430	34o	Central IL Economic Dev Authority Bonds	13	Numeric	Cannot be negative.
0440	34p	Eastern IL Economic Dev Authority Bonds	13	Numeric	Cannot be negative.
0450	34q	Southeastern IL Economic Dev Authority Bonds	13	Numeric	Cannot be negative.
0460	34r	Southern IL Economic Dev Authority Bonds	13	Numeric	Cannot be negative.
0470	34s	IL Urban Development Authority Bonds	13	Numeric	Cannot be negative.
0480	34t	Downstate IL Sports Facilities Authority Bonds	13	Numeric	Cannot be negative.
0490	34u	Western IL Economic Dev Authority Bonds	13	Numeric	Cannot be negative.
0500	34v	Upper IL River Valley Dev Authority Bonds	13	Numeric	Cannot be negative.
0505	34w	Will-Kankakee Regional Development Authority Bonds	13	Numeric	Cannot be negative.
0507	34x	Export Development Act of 1983 Bonds	13	Numeric	Cannot be negative.
0508	34y	New Harmony Bridge Authority bonds	13	Numeric	Cannot be negative
0509	34z	New Harmony Bridge Bi-State Commission bonds	13	Numeric	Cannot be negative
0510	35a	Guam Bonds	13	Numeric	Cannot be negative.
0520	35b	Puerto Rico Bonds	13	Numeric	Cannot be negative.
0530	35c	Virgin Islands Bonds	13	Numeric	Cannot be negative.
0540	35d	American Samoa Bonds	13	Numeric	Cannot be negative.
0550	35e	Northern Mariana Islands Bonds	13	Numeric	Cannot be negative.
0560	35f	Mutual Mortgage Insurance Fund Bonds	13	Numeric	Cannot be negative.
0570	36	Child's Interest Earned from U.S. Treasury and U.S. Obligations from U.S. Form 8814	13	Numeric	Cannot be negative.
0580	37	Railroad Sick Pay and Unemployment Income	13	Numeric	Cannot be negative.
0590	38	Unjust Imprisonment Compensation	13	Numeric	Cannot be negative.
0600	39	College Savings Plans Distributions	13	Numeric	Cannot be negative.
0605	40	Deductions for cannabis establishments disallowed under IRC Section 280E	13	Numeric	Cannot be negative.
0630	41	Total Subtractions	13	Numeric	Cannot be negative. Total of Line 33 through 39.

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	Schedule NR Identifier	10	Alphanumeric	**2DILNR**
0010	1	Full Year Illinois Resident Yes Box	1	Alpha	Blank or "X". If Filing Status is 2 for Married Filing Jointly and Yes Box is checked, Schedule NR must not be completed.
0020	1	Full Year Illinois Resident No Box	1	Alpha	Blank or "X". Must be "X" if taxpayer is completing Schedule NR.
0030	2A	Primary Taxpayer IL Resident From Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0040	2A	Primary Taxpayer IL Resident To Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0045	2A	Primary Taxpayer Other State Name	2	Alpha	Standard Postal Abbreviation.
0050	2A	Primary Taxpayer Other State From Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0055	2A	Primary Taxpayer Other State To Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0056	2B	Secondary Taxpayer IL Resident From Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0057	2B	Secondary Taxpayer IL Resident To Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0058	2B	Secondary Taxpayer Other State Name	2	Alpha	Standard Postal Abbreviation.
0059	2B	Secondary Taxpayer Other State From Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0060	2B	Secondary Taxpayer Other State To Date	8	Numeric	YYYYMMDD – Valid date within current tax year.
0061	3	Iowa Box	1	Alpha	Blank or "X".
0070	3	Kentucky Box	1	Alpha	Blank or "X".
0080	3	Michigan Box	1	Alpha	Blank or "X".
0090	3	Wisconsin Box	1	Alpha	Blank or "X".
0095	3	Military Spouse Box	1	Alpha	Blank or "X".
0100	4	Other States Abbreviations	24	Alpha	Standard Postal Abbreviation, up to 12 states. Right-justified. No spaces or special characters. Example: 'ORCAAZ'.
0180	5A	Wages, Salaries, Tips, etc.	13	Numeric	Cannot be negative.
0190	5B	Wages, Salaries, Tips, etc.	13	Numeric	Cannot be negative or > Line 5A.
0200	6A	Taxable Interest	13	Numeric	Cannot be negative.
0210	6B	Taxable Interest	13	Numeric	Cannot be negative or > Line 6A.
0220	7A	Ordinary Dividends	13	Numeric	Cannot be negative.
0230	7B	Ordinary Dividends	13	Numeric	Cannot be negative or > Line 7A.
0240	8A	Taxable Refunds, Credits, or Offsets	13	Numeric	Cannot be negative.
0250	8B	Taxable Refunds, Credits, or Offsets	13	Numeric	Cannot be negative or > Line 8A.
0260	9A	Alimony Received	13	Numeric	Cannot be negative.
0270	9B	Alimony Received	13	Numeric	Cannot be negative or > Line 9A.

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0280	10A	Business Income or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0290	10B	Business Income or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0300	11A	Capital Gain or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0310	11B	Capital Gain or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0320	12A	Other Gains or Losses	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0330	12B	Other Gains or Losses	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0340	13A	Taxable IRA Distributions	13	Numeric	Cannot be negative.
0350	13B	Taxable IRA Distributions	13	Numeric	Cannot be negative or > Line 13A.
0355	14A	Pensions and Annuities	13	Numeric	Cannot be negative.
0360	14B	Pensions and Annuities	13	Numeric	Cannot be negative or > Line 14A.
0380	15A	Rents, Royalties, Partnerships, etc.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0390	15B	Rents, Royalties, Partnerships, etc.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0400	16A	Farm Income or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0410	16B	Farm Income or Loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0420	17A	Unemployment Compensation	13	Numeric	Cannot be negative.
0430	17B	Unemployment Compensation	13	Numeric	Cannot be negative or > Line 17A.
0440	18A	Taxable Social Security Benefits	13	Numeric	Cannot be negative.
0450	18B	Taxable Social Security Benefits	13	Numeric	Cannot be negative or > Line 18A.
0460	19A	Other Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0470	19B	Other Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0480	20B	Illinois Portion of Federal Total Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 5B through 19B.
0488	22A	Educator Expenses	13	Numeric	Cannot be negative.
0489	22B	Educator Expenses	13	Numeric	Cannot be negative or > Line 22A.
0490	23A	Certain Business Expenses	13	Numeric	Cannot be negative.
0491	23B	Certain Business Expenses	13	Numeric	Cannot be negative or > Line 23A.
0495	24A	Health Savings Account Deduction	13	Numeric	Cannot be negative.
0496	24B	Health Savings Account Deduction	13	Numeric	Cannot be negative or > Line 24A.
0510	25A	Moving Expenses	13	Numeric	Cannot be negative.
0520	25B	Moving Expenses	13	Numeric	Cannot be negative or > Line 25A.
0525	26A	Deductible Part of Self-Employment Tax	13	Numeric	Cannot be negative.
0526	26B	Deductible Part of Self-Employment Tax	13	Numeric	Cannot be negative or > Line 26A.
0535	27A	Self-Employed SEP, Simple, and Qual. Plans	13	Numeric	Cannot be negative.
0536	27B	Self-Employed SEP, Simple, and Qual. Plans	13	Numeric	Cannot be negative or > Line 27A.
0550	28A	Self-Employed Health Insurance Deduction	13	Numeric	Cannot be negative.
0560	28B	Self-Employed Health Insurance Deduction	13	Numeric	Cannot be negative or > Line 28A.
0570	29A	Penalty on Early Withdrawal of Savings	13	Numeric	Cannot be negative.
0580	29B	Penalty on Early Withdrawal of Savings	13	Numeric	Cannot be negative or > Line 29A.
0590	30A	Alimony Paid	13	Numeric	Cannot be negative.
0600	30B	Alimony Paid	13	Numeric	Cannot be negative or > Line 30A.
0610	31A	IRA Deduction	13	Numeric	Cannot be negative.
0620	31B	IRA Deduction	13	Numeric	Cannot be negative or > Line 31A.
0630	32A	Student Loan Interest Deduction	13	Numeric	Cannot be negative.
0640	32B	Student Loan Interest Deduction	13	Numeric	Cannot be negative or > Line 32A.
0661	34A	Archer MSA Deduction	13	Numeric	Cannot be negative.
0663	34B	Archer MSA Deduction	13	Numeric	Cannot be negative or > Line 34A
0667	35A	Other Adjustments	13	Numeric	Cannot be negative.
0668	35B	Other Adjustments	13	Numeric	Cannot be negative or > Line 35A.
0670	36B	IL Portion of Federal Adjustments to Income	13	Numeric	Cannot be negative. Sum of Lines 22B through 35B.
0680	37A	Adjusted Gross Income as Reported on IL-1040, Line 1	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0690	38B	Illinois Portion of Federal AGI	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Line 21B minus Line 36B.
0710	39A	Federally Tax-Exempt Interest Income	13	Numeric	Cannot be negative.

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0720	39B	Federally Tax-Exempt Interest Income	13	Numeric	Cannot be negative or > Line 39A.
0730	40A	Other Additions	13	Numeric	Cannot be negative. Must equal IL-1040 Line 3.
0740	40B	Other Additions	13	Numeric	Cannot be negative or > Line 40A.
0750	41B	Illinois Portion of Total Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 38B through Line 40B.
0760	42A	Federally Taxed SS and Retirement Income	13	Numeric	Cannot be negative.
0770	42B	Federally Taxed SS and Retirement Income	13	Numeric	Cannot be negative or > Line 42A.
0800	43A	Illinois Income Tax Overpayment	13	Numeric	Cannot be negative.
0810	43B	Illinois Income Tax Overpayment	13	Numeric	Cannot be negative or > Line 43A.
0840	44A	Other Subtractions	13	Numeric	Cannot be negative. Must equal IL-1040 Line 7.
0850	44B	Other Subtractions	13	Numeric	Cannot be negative or > Line 44A.
0860	45B	Total of Illinois Subtractions	13	Numeric	Cannot be negative. Sum of Lines 42B through 44B.
0870	46	Illinois Base Income	13	Numeric	Max positive amount = 999999999. Line 41B minus Line 45B. If Line 45B > Line 41B, enter 0.
0880	47	Illinois Base Income from IL-1040, Line 9	13	Numeric	Cannot be negative.
0890	48	Illinois Base Income Ratio	5	Numeric	Ratio, round to third decimal. Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340. If Line 46 > Line 47, enter 10000. If Line 46 <= $0, enter 0.
0900	49	Exemption Allowance from IL-1040, Line 10	13	Numeric	Cannot be negative.
0910	50	Illinois Exemption Allowance	13	Numeric	Cannot be negative. Line 49 * Line 48 (decimal).
0920	51	Illinois Net Income	13	Numeric	Cannot be negative. Line 46 minus Line 50. If Line 50 > Line 46, enter 0.
0930	52	Illinois Income Tax	13	Numeric	Cannot be negative. Line 51 * 4.95% (.0495).

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**IL Schedule 1299-C Identifier**	**14**	**Alphanumeric**	****2DIL1299-C****
0020	Step 1, Line 3	River Edge Redevelopment Zone Dividend Subtraction	13	Numeric	Cannot be negative.
0025	Step 1, Line 6	High Impact Business Dividend Subtraction	13	Numeric	Cannot be negative.
0100	Step 2, Line 8A	Research and Development	13	Numeric	Cannot be negative.
0101	Step 2, Line 8B	Research and Development	13	Numeric	Cannot be negative.
0102	Step 2, Line 9	Research and Development Total	13	Numeric	Subtract Step 2, Col A, Line 8 from Col B, Line 8. If negative, enter zero.
0103	Step 2, Line 10	Research and Development Percent	13	Numeric	Multiply Step 2, Line 9 by 6.5% (.065).
0110	Step 2, Line 11a Col A	Primary taxpayer Professional Educator License number	13	Alphanumeric	Must be present if 11c Col A > $0. If present, must be numeric or can contain "N/A".
0115	Step 2, Line 11a Col B	Spouse Professional Educator License number	13	Alphanumeric	Must be present if 11c Col B > $0. If present, must be numeric or can contain "N/A".
0120	Step 2, Line 11b Col A	Primary taxpayer school name	35	Alphanumeric	Must be present if 11c Col A > $0
0125	Step 2, Line 11b Col B	Spouse school name	35	Alphanumeric	Must be present if 11c Col B > $0
0180	Step 2, Line 12	Instructional Materials and Supplies	13	Numeric	Cannot be negative.
	Adopted Child Table				
0181	Step 2, Line 13	Adopted Child First Name	15	Alpha	Adopted Child First Name.
0182		Adopted Child Last Name	20	Alpha	Adopted Child Last Name.
0183		Identifying Number	9	Alphanumeric	Identifying Number.
0184		Birth Date Month	2	Numeric	Birth Date Month.
0185		Birth Date Year	4	Numeric	Birth Date Year.
0186		IL Resident Checkbox	1	Alphanumeric	Blank or "X".
0187		Final In 2023 Checkbox	1	Alphanumeric	Blank or "X".
0188	Step 2, Line 14	Adopted Child First Name	15	Alpha	Adopted Child First Name.
0189		Adopted Child Last Name	20	Alpha	Adopted Child Last Name.
0190		Identifying Number	9	Alphanumeric	Identifying Number.
0191		Birth Date Month	2	Numeric	Birth Date Month.
0192		Birth Date Year	4	Numeric	Birth Date Year.
0193		IL Resident Checkbox	1	Alphanumeric	Blank or "X".
0194		Final In 2023 Checkbox	1	Alphanumeric	Blank or "X".
0195	Step 2, Line 15	Adopted Child First Name	15	Alpha	Adopted Child First Name.
0196		Adopted Child Last Name	20	Alpha	Adopted Child Last Name.
0197		Identifying Number	9	Alphanumeric	Identifying Number.
0199		Birth Date Year	4	Numeric	Birth Date Year.

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0200		IL Resident Checkbox	1	Alphanumeric	Blank or "X".
0201		Final In 2023 Checkbox	1	Alphanumeric	Blank or "X".
0202	Step 2, Line 16a	Maximum credit allowed per child – Child 1	13	Numeric	Cannot be negative.
0203		Maximum credit allowed per child – Child 2	13	Numeric	Cannot be negative.
0204		Maximum credit allowed per child – Child 3	13	Numeric	Cannot be negative.
0205	Step 2, Line 16b	IL Adoption credit previously claimed – Child 1	13	Numeric	Cannot be negative.
0206		IL Adoption credit previously claimed – Child 2	13	Numeric	Cannot be negative.
0207		IL Adoption credit previously claimed – Child 3	13	Numeric	Cannot be negative.
0208	Step 2, Line 16d	Qualified adoption expenses – Child 1	13	Numeric	Cannot be negative.
0209		Qualified adoption expenses – Child 2	13	Numeric	Cannot be negative.
0210		Qualified adoption expenses – Child 3	13	Numeric	Cannot be negative.
0211	Step 2, Line 16	Adoption	13	Numeric	Cannot be negative.
0212	Step 3, Line 17	Income tax from Form IL-1040, Line 14	13	Numeric	Total tax from Form IL-1040, Line 14.
0220	Step 3, Line 18	Credit amounts from Form IL-1040, Lines 15 and 16	13	Numeric	Add the credit amounts from Form IL-1040, Lines 15 and 16.
		Income Tax Credit Table			
0230	Step 3, Line 21	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0240		Credit Code Col B	25	Numeric	Credit Code.
0250		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0260		Identifying Number Col D	30	Numeric	Identifying Number.
0270		Credit Earned Or Carried Col E	13	Numeric	Cannot be negative.
0280		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0290	Step 3, Line 22	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0300		Credit Code Col B	25	Numeric	Credit Code.
0310		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0320		Identifying Number Col D	30	Numeric	Identifying Number.
0330		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0340		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0350	Step 3, Line 23	Years Left to Carry Col A	25	Numeric	Years Left to Carry Col A.
0360		Credit Code Col B	25	Numeric	Credit Code.
0370		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0380		Identifying Number Col D	30	Numeric	Identifying Number.
0400		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0410		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0420	Step 3, Line 24	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0430		Credit Code Col B	25	Numeric	Credit Code.
0440		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0450		Identifying Number Col D	30	Numeric	Identifying Number.
0460		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0470		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0480	Step 3, Line 25	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0490		Credit Code Col B	25	Numeric	Credit Code.
0500		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0510		Identifying Number Col D	30	Numeric	Identifying Number.
0520		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0530		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0540	Step 3, Line 26	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0550		Credit Code Col B	25	Numeric	Credit Code.
0560		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0570		Identifying Number Col D	30	Numeric	Identifying Number.
0580		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0590		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0600	Step 3, Line 27	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0610		Credit Code Col B	25	Numeric	Credit Code.
0620		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0630		Identifying Number Col D	30	Numeric	Identifying Number.
0640		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0650		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0660	Step 3, Line 28	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0670		Credit Code Col B	25	Numeric	Credit Code.
0680		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0690		Identifying Number Col D	30	Numeric	Identifying Number.
0700		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0710		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0720	Step 3, Line 29	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0730		Credit Code Col B	25	Numeric	Credit Code.
0740		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0750		Identifying Number Col D	30	Numeric	Identifying Number.

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0760		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0770		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0780	Step 3, Line 30	Years Left to Carry Col A	25	Numeric	Years Left to Carry.
0790		Credit Code Col B	25	Numeric	Credit Code.
0800		IL Tax Year Credit Earned Col C	7	Numeric	IL Tax Year Credit Earned.
0810		Identifying Number Col D	30	Numeric	Identifying Number.
0820		Credit Earned or Carried Col E	13	Numeric	Cannot be negative.
0830		Distributive Share or Transfer Col F	13	Numeric	Cannot be negative.
0850	Step 3, Line 43	Amount of credit total	13	Numeric	Cannot be negative.

Schedule CR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**IL Schedule CR Identifier**	**10**	**Alphanumeric**	**2DILCR**
0100	1A	Wages, salaries, tips, etc.	13	Numeric	Cannot be negative.
0110	1B	Wages, salaries, tips, etc.	13	Numeric	Cannot be negative or > line 1A.
0120	2A	Taxable interest	13	Numeric	Cannot be negative.
0130	2B	Taxable interest	13	Numeric	Cannot be negative or > Line 2A.
0140	3A	Ordinary dividends	13	Numeric	Cannot be negative.
0150	3B	Ordinary dividends	13	Numeric	Cannot be negative or > Line 3A.
0160	4A	Taxable refunds, credits, or offsets of state and local income tax	13	Numeric	Cannot be negative.
0170	5A	Alimony received	13	Numeric	Cannot be negative.
0180	6A	Business income or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0190	6B	Business income or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0200	7A	Capital gain or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0210	7B	Capital gain or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0220	8A	Other gains or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0230	8B	Other gains or loss	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0240	9A	Taxable IRA distributions	13	Numeric	Cannot be negative.
0250	10A	Pensions and annuities	13	Numeric	Cannot be negative.
0260	11A	Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0270	11B	Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0280	12A	Farm income or loss.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.

Schedule CR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0290	12B	Farm income or loss.	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0300	13A	Unemployment compensation	13	Numeric	Cannot be negative.
0310	13B	Unemployment compensation	13	Numeric	Cannot be negative or > Line 13A.
0320	14A	Taxable Social Security benefits	13	Numeric	Cannot be negative.
0330	15 Line	Federal 1040, Line 21 Other Income line	20	Alphanumeric	Other Income line.
0340	15A	Other Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0350	15B	Other Income	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999.
0360	16A	Total of Line 1A through Line 15A	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 1A through 15A.
0370	16B	Total of Line 1B through Line 15B	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 1B through 15B.
0380	18A	Educator expenses	13	Numeric	Cannot be negative.
0390	18B	Educator expenses	13	Numeric	Cannot be negative or > Line 18A.
0400	19A	Certain business expenses of reservists, performing artists, and fee-based government officials	13	Numeric	Cannot be negative.
0410	19B	Certain business expenses of reservists, performing artists, and fee-based government officials	13	Numeric	Cannot be negative or > Line 19A.
0420	20A	Health savings account deduction	13	Numeric	Cannot be negative.
0430	20B	Health savings account deduction	13	Numeric	Cannot be negative or > Line 20A.
0440	21A	Moving expenses	13	Numeric	Cannot be negative.
0450	21B	Moving expenses	13	Numeric	Cannot be negative or > Line 21A.
0460	22A	Deductible part of self-employment tax	13	Numeric	Cannot be negative.
0470	22B	Deductible part of self-employment tax	13	Numeric	Cannot be negative or > Line 22A.

Schedule CR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0480	23A	Self-employed (SEP), SIMPLE, and qualified plans	13	Numeric	Cannot be negative.
0490	23B	Self-employed (SEP), SIMPLE, and qualified plans	13	Numeric	Cannot be negative or > Line 23A.
0500	24A	Self-employed health insurance deduction	13	Numeric	Cannot be negative.
0510	24B	Self-employed health insurance deduction	13	Numeric	Cannot be negative or > Line 24A.
0520	25A	Penalty on early withdrawal of savings	13	Numeric	Cannot be negative.
0530	25B	Penalty on early withdrawal of savings	13	Numeric	Cannot be negative or > Line 25A.
0540	26A	Alimony paid	13	Numeric	Cannot be negative.
0550	26B	Alimony paid	13	Numeric	Cannot be negative or > Line 26A.
0560	27A	IRA deduction	13	Numeric	Cannot be negative.
0570	27B	IRA deduction	13	Numeric	Cannot be negative or > Line 27A.
0580	28A	Student loan interest deduction	13	Numeric	Cannot be negative.
0590	28B	Student loan interest deduction	13	Numeric	Cannot be negative or > Line 28A.
0610	30A	Archer MSA deduction	13	Numeric	Cannot be negative.
0620	30B	Archer MSA deduction	13	Numeric	Cannot be negative or > Line 30A.
0640	31A	Other adjustments	13	Numeric	Cannot be negative.
0650	31B	Other adjustments	13	Numeric	Cannot be negative.
0660	32A	Total of Line 18A through 31A	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 18A through 31A.
0670	32B	Total of Line 18B through 31B	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 18B through 31B.
0680	33A	Line 16A, Federal total income minus Line 32A	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Line 16A minus 32A.
0690	33B	Line 16B, Non-Illinois Federal total income minus Line 32B	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Line 16B minus 32B.
0700	34A	Federally tax-exempt interest and dividend income amount	13	Numeric	Cannot be negative.

Schedule CR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0710	34B	Federally tax-exempt interest and dividend income amount	13	Numeric	Cannot be negative or > Line 34A.
0720	35A	Other additions amount	13	Numeric	Cannot be negative.
0730	35B	Other additions amount	13	Numeric	Cannot be negative or > Line 35A.
0740	36A	Total of Lines 33A, Federal AGI through Line 35A, Other additions	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 33A through 35A.
0750	36B	Total of Lines 33B, Federal AGI through Line 35B, Other additions	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 33B through 35B.
0760	37A	Federally taxed Social Security and retirement income amount	13	Numeric	Cannot be negative.
0770	37B	Federally taxed Social Security and retirement income amount	13	Numeric	Cannot be negative or > Line 37A.
0780	38A	Illinois Income Tax Overpayment	13	Numeric	Cannot be negative.
0790	39A	Other subtractions	13	Numeric	Cannot be negative.
0800	39B	Other subtractions	13	Numeric	Cannot be negative or > Line 39A.
0810	40A	Add Column A, Lines 37 through 39	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 37A through 39A.
0820	40B	Add Column B, Lines 37 through 39	13	Numeric	Max positive amount = 999999999, Max negative amount = -99999999. Sum of Lines 37B through 39B.
0830	41A	Line 36A, Total income minus Line 40A	13	Numeric	Line 36A minus 40A. If negative, enter zero.
0840	41B	Line 36B, Non-Illinois Total income minus Line 40B	13	Numeric	Line 36B minus 40B. If negative, enter zero.
0850	43B	Line 41B, Non-Illinois Base Income divided by Line 41A, Base Income	5	Numeric	Line 41B divided by Line 41A. Round to three decimal places. (Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340). If Line 41B is greater than Line 41A, Line 43 must equal "10000".
0860	44	Base income from Form IL-1040, Line 9; must not be less than 0.	13	Numeric	Cannot be negative.
0861	45	Line 41A, Base Income divided by Line 44, IL-1040 Base Income; round to three decimal places.	5	Numeric	Line 41A divided by Line 44. Round to three decimal places (Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340).If Column A, Line 42 is greater than Line 44, enter 1.000.

Schedule CR

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0862	46	Exemption allowance from Form IL-1040, Line 10; must not be less than 0.	13	Numeric	Cannot be negative.
0863	47	Illinois exemption allowance is Line 46, Exemption Allowance times Line 45, Base Income Ratio; must not be less than 0.	13	Numeric	Line 46 multiplied by Line 45. Cannot be negative.
0864	48	Line 41A, Base Income minus Line 47, CR Exemption Allowance; must not be less than 0.	13	Numeric	Line 41A minus Line 47. Cannot be negative.
0865	49	CR Tax is Line 48, CR State Net Income times 4.95% (0.495).	13	Numeric	Line 48 multiplied by 4.95% (0.495).
0870	50	Resident of Iowa	1	Numeric	Blank or "X".
0880	50	Resident of Kentucky	1	Numeric	Blank or "X".
0890	50	Resident of Michigan	1	Numeric	Blank or "X".
0900	50	Resident of Wisconsin	1	Numeric	Blank or "X".
0910	51	Total income tax paid to other states on Illinois base income	13	Numeric	Total income tax paid to other states on Illinois base income.
0920	52	Illinois tax due	13	Numeric	Illinois Residents Form IL-1040, Line 13. Part-year Residents: Step 5, Line 49. Cannot be negative.
0930	54	Schedule CR, Line 52 times the ratio from Line 43	13	Numeric	Line 52 multiplied by Line 43.
0940	55	The lesser amount of Line 51 Total Tax Paid to Other States or Line 54, IL Tax Eligible for Credit	13	Numeric	The lesser of Line 51 and Line 54.

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	IL Schedule EEIC Identifier	12	Alphanumeric	**2DILEEIC**
		Step 2 Dependent Information Table			
0001	Dependent 1	Dependent's first name	35	Alpha	Dependent's First name.
0002		Dependent's last name	35	Alpha	Dependent's Last name.
0003		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0004		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0005		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0006		Full time student checkbox	1	Alpha	Blank or "X".
0007		Person with disability checkbox	1	Alpha	Blank or "X".
0008		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0009		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0010	Dependent 2	Dependent's first name	35	Alpha	Dependent's First name.
0011		Dependent's last name	35	Alpha	Dependent's Last name.
0012		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0013		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0014		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0015		Full time student checkbox	1	Alpha	Blank or "X".
0016		Person with disability checkbox	1	Alpha	Blank or "X".
0017		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0018		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0019	Dependent 3	Dependent's first name	35	Alpha	Dependent's First name.
0020		Dependent's last name	35	Alpha	Dependent's Last name.
0021		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0022		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0023		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0024		Full time student checkbox	1	Alpha	Blank or "X".
0025		Person with disability checkbox	1	Alpha	Blank or "X".
0026		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0027		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0028	Dependent 4	Dependent's first name	35	Alpha	Dependent's First name.
0029		Dependent's last name	35	Alpha	Dependent's Last name.
0030		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0031		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0032		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0033		Full time student checkbox	1	Alpha	Blank or "X".
0034		Person with disability checkbox	1	Alpha	Blank or "X".
0035		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0036		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0037	Dependent 5	Dependent's first name	35	Alpha	Dependent's First name.
0038		Dependent's last name	35	Alpha	Dependent's Last name.
0039		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0040		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0041		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0042		Full time student checkbox	1	Alpha	Blank or "X".
0043		Person with disability checkbox	1	Alpha	Blank or "X".
0044		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0045		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0046	Dependent 6	Dependent's first name	35	Alpha	Dependent's First name.
0047		Dependent's last name	35	Alpha	Dependent's Last name.
0048		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0049		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0050		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0051		Full time student checkbox	1	Alpha	Blank or "X".
0052		Person with disability checkbox	1	Alpha	Blank or "X".
0053		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0054		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0055	Dependent 7	Dependent's first name	35	Alpha	Dependent's First name.
0056		Dependent's last name	35	Alpha	Dependent's Last name.
0057		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0058		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0059		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0060		Full time student checkbox	1	Alpha	Blank or "X".
0061		Person with disability checkbox	1	Alpha	Blank or "X".
0062		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0063		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0064	Dependent 8	Dependent's first name	35	Alpha	Dependent's First name.
0065		Dependent's last name	35	Alpha	Dependent's Last name.
0066		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0067		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0068		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0069		Full time student checkbox	1	Alpha	Blank or "X".
0070		Person with disability checkbox	1	Alpha	Blank or "X".
0071		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0072		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0073	Dependent 9	Dependent's first name	35	Alpha	Dependent's First name.
0074		Dependent's last name	35	Alpha	Dependent's Last name.
0075		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0076		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0077		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0078		Full time student checkbox	1	Alpha	Blank or "X".
0079		Person with disability checkbox	1	Alpha	Blank or "X".
0080		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0081		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".
0082	Dependent 10	Dependent's first name	35	Alpha	Dependent's First name.
0083		Dependent's last name	35	Alpha	Dependent's Last name.
0084		Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Dependent's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0085		Dependent's relationship to you	20	Alphanumeric	Dependent's relationship to you.
0086		Dependent's date of birth	8	Numeric	YYYYMMDD - Dependent's date of birth.
0087		Full time student checkbox	1	Alpha	Blank or "X".
0088		Person with disability checkbox	1	Alpha	Blank or "X".
0089		Number of months living with you	2	Numeric	Number of months the dependent lived with you in Illinois during 2023, cannot be > 12.
0090		Eligible for Earned Income Credit checkbox	1	Alpha	Blank or "X".

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0100	Step 2 Line 1	Multiply the total number of dependents being claimed here and on Table A by $2,425. _____ X $2,425. Enter the result here and on Form IL-1040, Line 10d.	13	Numeric	Multiply the total number of dependents being claimed here and on Table A by $2,425. _____ X $2,425. Enter the result here and on Form IL-1040, Line 10d.
		Step 3 Qualifying Child Table			
0101	Child 1	Child's First name	35	Alpha	Child's First name.
0102		Child's Last name	35	Alpha	Child's Last name.
0103		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0104		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0105		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0106		Full Time Student	1	Alpha	Blank or "X".
0107		Person with Disabilities	1	Alpha	Blank or "X".
0108		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0109	Child 2	Child's First name	35	Alpha	Child's First name.
0110		Child's Last name	35	Alpha	Child's Last name.
0111		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0112		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0113		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0114		Full Time Student	1	Alpha	Blank or "X".
0115		Person with Disabilities	1	Alpha	Blank or "X".
0116		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0117	Child 3	Child's First name	35	Alpha	Child's First name.
0118		Child's Last name	35	Alpha	Child's Last name.
0119		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0120		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0121		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0122		Full Time Student	1	Alpha	Blank or "X".

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0123		Person with Disabilities	1	Alpha	Blank or "X".
0124		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0125	Child 4	Child's First name	35	Alpha	Child's First name.
0126		Child's Last name	35	Alpha	Child's Last name.
0127		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0128		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0129		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0130		Full Time Student	1	Alpha	Blank or "X".
0131		Person with Disabilities	1	Alpha	Blank or "X".
0132		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0133	Child 5	Child's First name	35	Alpha	Child's First name.
0134		Child's Last name	35	Alpha	Child's Last name.
0135		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0136		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0137		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0138		Full Time Student	1	Alpha	Blank or "X".
0139		Person with Disabilities	1	Alpha	Blank or "X".
0140		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0141	Child 6	Child's First name	35	Alpha	Child's First name.
0142		Child's Last name	35	Alpha	Child's Last name.
0143		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0144		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0145		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0146		Full Time Student	1	Alpha	Blank or "X".
0147		Person with Disabilities	1	Alpha	Blank or "X".

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0148		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0149	Child 7	Child's First name	35	Alpha	Child's First name.
0150		Child's Last name	35	Alpha	Child's Last name.
0151		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0152		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0153		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0154		Full Time Student	1	Alpha	Blank or "X".
0155		Person with Disabilities	1	Alpha	Blank or "X".
0156		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0157	Child 8	Child's First name	35	Alpha	Child's First name.
0158		Child's Last name	35	Alpha	Child's Last name.
0159		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0160		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0161		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0162		Full Time Student	1	Alpha	Blank or "X".
0163		Person with Disabilities	1	Alpha	Blank or "X".
0164		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0165	Child 9	Child's First name	35	Alpha	Child's First name.
0166		Child's Last name	35	Alpha	Child's Last name.
0167		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0168		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0169		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0170		Full Time Student	1	Alpha	Blank or "X".
0171		Person with Disabilities	1	Alpha	Blank or "X".
0172		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0173	Child 10	Child's First name	35	Alpha	Child's First name.

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0174		Child's Last name	35	Alpha	Child's Last name.
0175		Child's Social Security number\Individual Taxpayer Identification number	9	Alphanumeric	Child's identification number. If SSN or ITIN, must be 9 digits only and within valid range established by IRS or can contain "DIED".
0176		Child's relationship to you	20	Alphanumeric	Child's relationship to you.
0177		Child's date of birth	8	Numeric	YYYYMMDD - Child's date of birth.
0178		Full Time Student	1	Alpha	Blank or "X".
0179		Person with Disabilities	1	Alpha	Blank or "X".
0180		Number of months the child lived with you in Illinois during 2023	2	Numeric	Number of months the child lived with you in Illinois during 2023, cannot be > 12.
0190	Step 3 Line 1	Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z.	13	Numeric	Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z.
0200	Step 3 Line 2	Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Sch. 1, Line 3.	13	Numeric	Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Sch. 1, Line 3.
0210	Step 3 Line 2a	Does your occupation require a city, state, or county issued professional license, registration, or certification?	1	Alpha	"Y" if you checked "Yes" or "N" if you checked "No".
0250	Step 3 Line 3	If you are filing your 2023 federal return as married filing jointly but are filing your 2023 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	13	Numeric	Must be blank if return is not married filing separately. Must be present if return is married filing separately.
0260	Step 3 Line 3a	Spouse Social Security number	9	Numeric	If you entered an amount on line 3, you must enter your spouse's social security number. Must be 9 digits only and within valid range established by IRS.
0270	Step 3 Checkbox 4	Is the statutory employee box marked on your W-2, Wage and Tax Statement Box 13?	1	Alpha	"Y" if you checked "Yes" or "N" if you checked "No".
0275	Step 4 Line 5 Checkbox	Check if you do not qualify for the federal EITC but do qualify for the Illinois EITC.	1	Alpha	**If box is checked, do not print 2D barcode.**

Schedule IL-E/EIC

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
1080	Step 4 Line 6	Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27a.	13	Numeric	Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27a.
1090	Step 4 Line 7	Multiply the amount on Line 6 by 20% (.20).	13	Numeric	Multiply the amount on Line 6 by 20% (.20).
1100	Step 4 Line 8	Illinois residents: Enter 1.0 Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.	5	Numeric	Illinois residents: Enter 10000 Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.
1110	Step 4 Line 9	Multiply Line 7 by the decimal on Line 8. This is your Illinois Earned Income Credit. Enter this amount here and on your Form IL-1040, Line 29.	13	Numeric	Multiply Line 7 by the decimal on Line 8. This is your Illinois Earned Income Credit. Enter this amount here and on your Form IL-1040, Line 29.

IL-4562

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	IL-4562 Identifier	12	Alphanumeric	**2DIL4562**
0010	1	Special Depreciation Allowance	13	Numeric	Cannot be negative.
0015	2	Employee Business Expenses Special Depreciation Allowance	13	Numeric	Cannot be negative.
0020	3	IL Depreciation Claimed on Prior Year Forms	13	Numeric	Cannot be negative. From prior year IL-4562 Step 3 for each property.
0025	4	IL Special Depreciation Addition Total	13	Numeric	Cannot be negative. Sum of Line 1 + Line 2 + Line 3.
0030	7a	Bonus depreciation equal to 30 percent	13	Numeric	Cannot be negative.
0035	7b	Individuals Only-Bonus depreciation equal to 30 percent	13	Numeric	Cannot be negative.
0040	7c	Add Lines 7a and 7b	13	Numeric	Cannot be negative.
0045	8	Multiply Line 7c by 42.9%	13	Numeric	Cannot be negative. Multiply Line 7c by 0.429
0050	11a	Bonus depreciation equal to 50 percent	13	Numeric	Cannot be negative.
0055	11b	Individuals Only-Bonus depreciation equal to 50 percent	13	Numeric	Cannot be negative.
0060	11c	Add Lines 11a and 11b	13	Numeric	Cannot be negative.
0061	12a	Bonus depreciation equal to 60 percent	13	Numeric	Cannot be negative.
0062	12b	Individuals Only-Bonus depreciation equal to 60 percent	13	Numeric	Cannot be negative.
0063	12c	Add Lines 12a and 12b	13	Numeric	Cannot be negative.
0064	13	Multiply Line 12c by one and one-half	13	Numeric	Cannot be negative. Multiply Line 12c by 1.5
0065	14a	Bonus depreciation equal to 80 percent	13	Numeric	Cannot be negative.
0070	14b	Individuals Only-Bonus depreciation equal to 80 percent	13	Numeric	Cannot be negative.
0075	14c	Add Lines 14a and 14b	13	Numeric	Cannot be negative.
0080	15	Multiply Line 14c by four (4).	13	Numeric	Cannot be negative. Multiply Line 14c by 4.
0085	16	Amount of federal depreciation you would have claimed if you elected not to claim bonus depreciation on your federal return	13	Numeric	Cannot be negative.
0090	17	Add Lines 8, 11c, 13, 15, and 16	13	Numeric	Cannot be negative. Sum of Lines 8 + 11c + 13 + 15 + 16.
0095	18	Last year of regular depreciation only: Illinois special depreciations addition reported on any prior year form IL-4562	13	Numeric	Cannot be negative.
0100	19	IL Depreciation Subtraction Total for this Year	13	Numeric	Cannot be negative. Sum of Line 17 + Line 18.

Schedule IL-WIT

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	Schedule IL_WIT Identifier	11	Alphanumeric	**2DILWIT**
0020	Step 1	Primary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-).
0030	Step 1	Primary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-).
0035	Step 1	Primary Taxpayer's SSN	9	Numeric	Numeric 9 digits only - no hyphens or special characters. Must be within valid range established by IRS.
		Step 1 Primary Table			****USE THIS REFERENCE FOR COLUMN A VALUES **** Form Type W2 = W Form Type W2G = WG Form Type 1099R = R Form Type 1099G = G Form Type 1099MISC = M Form Type 1099OID = O Form Type 1099DIV = D Form Type 1099INT = I Form Type 1099K = K Form Type 1099NEC = N
0040	Primary 1	Primary Form Type	2	Alphanumeric	Column A values.
0042		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0044		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0046		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0048		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0050	Primary 2	Primary Form Type	2	Alphanumeric	Column A values.
0052		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0054		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0056		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0058		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0060	Primary 3	Primary Form Type	2	Alphanumeric	Column A values.
0062		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.

Schedule IL-WIT

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0064		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0066		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0069		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0070	Primary 4	Primary Form Type	2	Alphanumeric	Column A values.
0072		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0074		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0076		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0078		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0080	Primary 5	Primary Form Type	2	Alphanumeric	Column A values.
0082		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0084		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0086		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0088		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0090	Primary 6	Primary Form Type	2	Alphanumeric	Column A values.
0092		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0094		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0096		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0098		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0100	Primary 7	Primary Form Type	2	Alphanumeric	Column A values.
0102		Primary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.

Schedule IL-WIT

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0104		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0106		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0108		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0110	Primary 8	Primary Form Type	2	Alphanumeric	Column A values.
0112		Primary Employer/Payer Identification Number	9	Numeric	9 digits only – no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0114		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0116		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0118		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0120	Primary 9	Primary Form Type	2	Alphanumeric	Column A values.
0122		Primary Employer/Payer Identification Number	9	Numeric	9 digits only – no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0124		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0126		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0128		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0130	Primary 10	Primary Form Type	2	Alphanumeric	Column A values.
0132		Primary Employer/Payer Identification Number	9	Numeric	9 digits only – no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0134		Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0136		Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0138		Primary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0140	Step 2	Secondary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-).
0141	Step 2	Secondary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-).

Schedule IL-WIT

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0142		Secondary Taxpayer's SSN	9	Numeric	Numeric 9 digits only - no hyphens or special characters. Must be within valid range established by IRS.
		Step 2 Table Secondary			
0150	Secondary 1	Secondary Form Type	2	Alphanumeric	Column A values.
0152		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0154		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0156		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0158		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0160	Secondary 2	Secondary Form Type	2	Alphanumeric	Column A values.
0162		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0164		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0166		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0168		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0170	Secondary 3	Secondary Form Type	2	Alphanumeric	Column A values.
0172		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0174		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0176		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0178		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0180	Secondary 4	Secondary Form Type	2	Alphanumeric	Column A values.
0182		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0184		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.

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Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0186		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0188		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0190	Secondary 5	Secondary Form Type	2	Alphanumeric	Column A values.
0192		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0194		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0196		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0198		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0200	Secondary 6	Secondary Form Type	2	Alphanumeric	Column A values.
0202		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0204		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0206		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0208		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0210	Secondary 7	Secondary Form Type	2	Alphanumeric	Column A values.
0212		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0214		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0216		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0218		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0220	Secondary 8	Secondary Form Type	2	Alphanumeric	Column A values.
0222		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0224		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.

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Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
0226		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0228		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0230	Secondary 9	Secondary Form Type	2	Alphanumeric	Column A values.
0232		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0234		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0236		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0238		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0240	Secondary 10	Secondary Form Type	2	Alphanumeric	Column A values.
0242		Secondary Employer/Payer Identification Number	9	Numeric	9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.
0244		Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0246		Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	13	Numeric	Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.
0248		Secondary Illinois Income Tax Withheld	13	Numeric	Illinois Income Tax Withheld. Cannot be negative.
0300	Step 3	Total Illinois withholding	13	Numeric	Total Illinois withholding

Trailer

Field #	Line #	Description	Field Size	Field Type	Comments, Acceptable Values
	Static	**End-of-Barcode Marker**	**5**	Alpha	Value = "EOD".

Refund Delay Conditions

The following conditions may delay refunds and/or change refund amounts.

- Taxpayer owes individual back taxes (refund offset).

- Taxpayer owes delinquent child support (refund offset).

- Taxpayer has certain delinquent federal debt, such as student loans, etc. (refund offset).

- The estimated (ES) tax payments reported on the return do not match the ES tax payments recorded on the IDOR master file.

- Taxpayer is claiming an unallowable or improperly supported deduction.

- Return is received with a valid SSN that belongs to another taxpayer.

Barcode Placement and Example

We try to closely follow 2-D barcode standards finalized by NACTP.
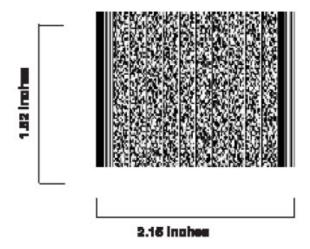
Barcode Requirements:
- The X (horizontal) dimension of the barcode element should range from a minimum of 10 mils to a maximum of 25 mils.
- The minimum Y/X ratio of the barcode element should be 2.
- The minimum error correction level should be 4.
- The minimum DPI for the barcode is 400.

Barcode Placement:
The completed 2-D barcode must be placed on the upper right-side portion of the form. The area reserved for the barcode is 2 inches tall and 4.5 inches wide and begins 1.5 inches from the top of the form and 4 inches from the left-hand side of the form.

This example is approximately 1.62" x 2.15" and contains about 1,500 characters.

1-D Barcode Content and Parameters

Barcode Content:
- Year – (Position 1)
- Form ID – (Always 600) *(Positions 2-4)
- For Revision – (Alphanumeric number ranging from 0 to 9 and A through Z assigned sequentially by the vendor starting with 0 for the original release) – (Position 5)
- Page Number – (Position 6)
- Software/Forms Developer Identification Number – (Positions 7-9)

Barcode Parameters:
- Code 39 symbology
- Nine characters (not including the start and stop asterisk)
- 2.5:1 wide narrow ratio
- Height ¼ inch (0.250 inches) (24 points)
- Length 1.447 inches
- An alphanumeric version of the 1-D barcode may appear below the barcode readability
- "X" dimension (the narrowest bar and/or space) must be at least 1.5 pts. (approximately 20 mils or 3/144")

Barcode Placement:
The barcode must start 6.375 inches from the left edge and must fall between .25 and .375 inches from the bottom edge of the form.

Reproduction Requirements / Testing

Form Requirements:

2-D barcode returns must be

- in the same format as the department produced Form IL-1040,
- the same size – portrait orientation – 8.5" wide by 11" high, and
- printed on white, 20 lb. stock paper

Printing Requirements:

2-D barcode returns must

- have a blank area beginning 1.5" from the top of the form and ending 3.0" from the top of the form,
- have the taxpayer information (i.e., name(s), address, and Social Security Number) printed in the blank area beginning 0.5" from the left edge and 1.5" from the top of the form,
- have a space above the SSN for a deceased indicator. If applicable, "Deceased" and the date of death (e.g., **Deceased mmddyyyy**) must be printed above the deceased taxpayer's SSN,
- have barcode printed in the blank area .75" from the right edge and 1.5" from the top of the form, and
- have IL-1040-V payment voucher generated if a balance is due. IL-1040-V and checks must be submitted to the department with the IL-1040 2-D barcode return.

Watermark Requirements:

All 2-D barcode returns must have a watermark added to the taxpayer's printed copy.

- For all 2-D forms and schedules, except page 2 of the IL-1040, the watermark should read: **"NO HANDWRITTEN ENTRIES ON THIS FORM".**
- For page 2 of the IL-1040, the watermark should read: **"NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM".**
- The watermark will be located along the right-hand margin of each page of the IL-1040 and all supporting forms and schedules.
- The watermark should be at least 1/8" from the data entry boxes on all forms and schedules.

Testing and Approval:

- Illinois will provide sample test cases for developers.
- Test cases must be prepared in accordance with the specifications and instructions found in this document.
- Illinois prefers that the test cases be sent as a PDF file for expediency.
- Testing requires approximately one week from the department's receipt of the documents. Submitters will be notified as to the acceptability of the test documents.
- Upon approval from the department, a three-digit identification number (if not previously issued) will be assigned to the form's producer. This identification number must be placed on the bottom, left corner of the 2-D barcode form (near the form's revision date) in the following format: ID:999. This identification number must be included in the heading on the IL-1040-V payment voucher. (Testing and approval of the IL-1040-V is also necessary. Please see our website for specifications.)
- You must have your test package approved by Illinois Department of Revenue **before** you can begin preparing 2-D returns.