



**Illinois Department of Revenue**

# **2-D Barcode Test Package**

## **IL-1371**

## **Tax Year 2023**

Printed by authority of state of Illinois, electronic only – one copy.

## Tax Year 2023 2-D Filing Testing Information

This test package is designed to ensure your ability to format and transmit tax year 2023 Illinois Individual Income Tax returns. This test package contains fictional test cases that include various combinations of forms and line entries.

Different software products allow different actions depending on how they link figures between the federal and Illinois return. As such, minimal line entries for each return are provided with every test case. This is to avoid requiring the entry of unnecessary forms and/or schedules when only certain items are needed for the Illinois return to be prepared. You may complete any additional forms and/or schedules necessary for completing the test case. Please attach the additional forms and/or schedules to your test case when submitting your test package.

### As a reminder:

- Test cases must be prepared in accordance with the 2-D Barcoding Specifications and Record Layouts Instructions for Tax Year 2023. Please see our website for a copy of 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-hand 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.
- You must have your test package approved by the Department before you can begin preparing 2-D barcode returns.

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

Office of Publications Management MC 3-375  
Illinois Department of Revenue  
101 W. Jefferson St.  
Springfield, IL 62702

Contact: [REV.VendorForms.gov](http://REV.VendorForms.gov)  
Phone: (217) 524-7794  
Fax: (217) 524-0513

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Illinois Individual Income Tax Refund Paper Check

# Test Case 1

**Contents: Form IL-1040  
Schedule IL-WIT**

## Taxpayer Identification Information:

Primary Name and SSN:	Lawrence TTTTBTB 400-01-3501
Primary Year of Birth:	1967
Spouse Name and SSN:	None
Foreign Address:	1466 Main Street Victoria, BC K1D0P1 Canada
Email Address:	Lawrence.TTTTBTB@testing.gov
Filing Status:	Single
Line C "You" Box (Claimed as Dependent):	X

## IL-1040 Information:

Line 1 (AGI):	\$870
Line 10a (You/Spouse Exemption Amount):	\$2,425
Line 14 (Total Income Tax):	\$0
Line 25 (IL Tax Withheld):	\$30
Line 36 (Refund):	\$30
Line 37a (Illinois Individual Income Tax Refund Direct Deposit):	X
Routing Transit Number - RTN:	271188081
Deposit Refund to Savings Account:	X
Depositor's Account Number - DAN:	2222TEST333344445
Third Party Designee Box:	X
Third Party Designee Name:	Debbie Monkman
Third Party Designee Telephone:	(217) 524-4767

## Schedule IL-WIT Information:

### **Primary 1**

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-1029403
Primary Federal Wages, Winnings, etc.:	\$870
Primary Illinois Wages, Winnings, etc.:	\$870
Primary Illinois Income Tax Withheld:	\$30

## Test Case 2

**Contents:    Form IL-1040  
                  Schedule M  
                  Schedule CR  
                  Schedule IL-E/EIC**

### **Taxpayer Identification Information:**

Primary Name and SSN:	<b>Juanita TTTTTC    400-01-3502</b>
Primary Year of Birth:	<b>1987</b>
Spouse Name and SSN:	<b>None</b>
Address:	<b>829 W Vine St Taylorville, IL 62568-1843 Christian County</b>
Email Address:	<b>Juanita.TTTTTC@testing.gov</b>
Filing Status:	<b>Head of household</b>

### **IL-1040 Information:**

Line 1 (AGI):	<b>\$30,484</b>
Line 6 (IL Tax Refund):	<b>\$32</b>
Line 7 (Other Subtractions):	<b>\$21,769</b>
Line 10a (You/Spouse Exemption Amount):	<b>\$2,425</b>
Line 10d (Dependents Exemption Amount):	<b>\$4,850</b>
Line 14 (Total Income Tax):	<b>\$70</b>
Line 15 (Credit Schedule-CR):	<b>\$55</b>
Line 20 (Household Employment Tax):	<b>\$29</b>
Line 21 (Use Tax):	<b>\$25</b>
Line 28 (IL Earned Income Tax Credit):	<b>\$1,036</b>
Line 36 (Refund):	<b>\$967</b>
Line 37b (Illinois Individual Income Tax Refund Paper Check):	<b>X</b>

### **IL Schedule M Information:**

Line 21 (Military Pay):	<b>\$21,769</b>
Line 40 (Total Other Subtractions):	<b>\$21,769</b>

### **IL Schedule CR Information:**

Line 1a (Wages):	<b>\$28,337</b>
Line 1b (Non-IL Wages):	<b>\$6,858</b>
Line 10a (Business Income or Loss):	<b>\$2,115</b>
Line 4a (Taxable Refunds):	<b>\$32</b>
Line 38a (IL Income Tax Overpayment):	<b>\$32</b>
Line 39a (Other Subtractions):	<b>\$21,769</b>
Line 43 (Schedule CR Decimal):	<b>0.790</b>
Line 51 (Total Tax Paid to Other State):	<b>\$192</b>
Line 52 (IL Tax Due):	<b>\$70</b>
Line 54 (IL Tax Eligible for Credit):	<b>\$55</b>

**IL Schedule IL-E/EIC Information:**  
**Illinois Dependent Exemption Allowance**

**Dependent 1**

Dependent's First Name:	<b>Zoey</b>
Dependent's Last Name:	<b>TTTTTB</b>
Social Security Number:	<b>400-01-3522</b>
Dependent's Relationship to You:	<b>Daughter</b>
Dependent's Date of Birth:	<b>06/17/2017</b>
Number of Months Living with You:	<b>12</b>
Eligible for Earned Income Credit Box:	<b>X</b>

**Dependent 2**

Dependent's First Name:	<b>Penelope</b>
Dependent's Last Name:	<b>TTTTTB</b>
Social Security Number:	<b>400-01-3523</b>
Dependent's Relationship to You:	<b>Daughter</b>
Dependent's Date of Birth:	<b>10/04/2019</b>
Number of Months Living with You:	<b>12</b>
Eligible for Earned Income Credit Box:	<b>X</b>

**Illinois Earned Income Tax Credit**

Step 3, Line 1 (Wages):	<b>\$28,337</b>
Step 3, Line 4 (Statutory Employee Box):	<b>No</b>
Step 4, Line 6 (Federal EIC Amount):	<b>\$5,179</b>
Step 4, Line 9 (IL Earned Income Tax Credit):	<b>\$1,036</b>

## Test Case 3

**Contents:     Form IL-1040  
                  Schedule M  
                  Schedule ICR  
                  Schedule G  
                  Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	<b>Sam TTTTD    400-01-3503</b>
Primary Year of Birth:	<b>1947</b>
Spouse Name and SSN:	<b>None</b>
Address:	<b>423 Lilac Lane Clay City, IL 62824 Clay County</b>
Email Address:	<b>Sam.TTTTD@testing.gov</b>
Filing Status:	<b>Single</b>

### IL-1040 Information:

Line 1 (AGI):	<b>\$11,680</b>
Line 5 (Federally Taxable Retirement and Social Security):	<b>\$498</b>
Line 7 (Other Subtractions):	<b>\$1,550</b>
Line 10a (You/Spouse Exemption Amount):	<b>\$2,425</b>
Line 10b (65 or Older "You" Box):	<b>X</b>
Line 10b (65 or Older Exemption Amount):	<b>\$1,000</b>
Line 10c (Blind "You" Box):	<b>X</b>
Line 10c (Blind Exemption Amount):	<b>\$1,000</b>
Line 14 (Total Income Tax):	<b>\$258</b>
Line 16 (Credit Schedule ICR-Nonrefundable):	<b>\$18</b>
Line 20 (Household Employment Tax):	<b>\$30</b>
Line 25 (IL Tax Withheld):	<b>\$302</b>
Line 33 (Total Donations):	<b>\$98</b>
Line 39 (Amount You Owe):	<b>\$66</b>

### IL Schedule M Information:

Line 22 (U.S. Obligations):	<b>\$1,550</b>
Line 40 (Total Other Subtractions):	<b>\$1,550</b>

### IL Schedule ICR Information:

Line 1 (IL-1040 Tax Amount):	<b>\$258</b>
Line 4a (Property Tax):	<b>\$350</b>
Line 4b (County 1):	<b>Clay</b>
Line 4b (Property Tax Index Number 1):	<b>132378901270-125</b>
Line 4c (County 2):	<b>Clay</b>
Line 4c (Property Tax Index Number 2):	<b>00-12-8432</b>
Line 4d (County 3):	<b>Clay</b>
Line 4d (Property Tax Index Number 3):	<b>67-428710</b>
Line 4f (Eligible Property Tax Amount):	<b>\$350</b>
Line 5 (IL Property Tax Credit):	<b>\$18</b>

Line 13 (Total Nonrefundable Credit): \$18

**IL Schedule G Information:**

Line 1b (Donation b): \$20

Line 1d (Donation d): \$30

Line 1f (Donation f): \$48

**Schedule IL-WIT Information:**

**Primary 1**

Primary Form Type: W  
Primary Employer/Payer Identification Number: 37-0246288  
Primary Federal Wages, Winnings, etc.: \$8,100  
Primary Illinois Wages, Winnings, etc.: \$8,100  
Primary Illinois Income Tax Withheld: \$234

**Primary 2**

Primary Form Type: WG  
Primary Employer/Payer Identification Number: 37-0012567  
Primary Federal Wages, Winnings, etc.: \$332  
Primary Illinois Wages, Winnings, etc.: \$332  
Primary Illinois Income Tax Withheld: \$23

**Primary 3**

Primary Form Type: R  
Primary Employer/Payer Identification Number: 36-0012379  
Primary Federal Wages, Winnings, etc.: \$48  
Primary Illinois Wages, Winnings, etc.: \$48  
Primary Illinois Income Tax Withheld: \$9

**Primary 4**

Primary Form Type: R  
Primary Employer/Payer Identification Number: 36-0012377  
Primary Federal Wages, Winnings, etc.: \$450  
Primary Illinois Wages, Winnings, etc.: \$450  
Primary Illinois Income Tax Withheld: \$1

**Primary 5**

Primary Form Type: G  
Primary Employer/Payer Identification Number: 36-3042127  
Primary Federal Wages, Winnings, etc.: \$1,200  
Primary Illinois Wages, Winnings, etc.: \$1,200  
Primary Illinois Income Tax Withheld: \$35

## Test Case 4

**Contents:**    **Form IL-1040**  
                  **Schedule ICR**  
                  **Schedule G**  
                  **Schedule 1299-C**  
                  **Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	John TTTTTH	400-01-3505
Primary Year of Birth:	1967	
Spouse Name and SSN:	Betty TTT-TTH	400-01-3515
Spouse Year of Birth:	1969	
Address:	200 Hickory Oak Park, IL 60303 Cook County	
Email Address:	John.TTTTTH@testing.gov	
Filing Status:	Married filing jointly	

### IL-1040 Information:

Line 1 (AGI):	\$96,403
Line 6 (IL Tax Refund):	\$946
Line 10a (You/Spouse Exemption Amount):	\$4,850
Line 14 (Total Income Tax):	\$4,485
Line 16 (Credit Schedule ICR):	\$61
Line 17 (Schedule 1299-C Credit):	\$410
Line 25 (IL Tax Withheld):	\$266
Line 26 (Estimated Payments):	\$3,449
Line 33 (Total Donations):	\$57
Line 39 (Amount You Owe):	\$356

### IL Schedule ICR Information:

Line 1 (IL1040 Tax Amount):	\$4,485
Line 4a (Property Tax):	\$1,214
Line 4b (County 1):	Cook
Line 4b (Property Tax Index Number 1):	dlb122757
Line 4f (Eligible Property Tax Amount):	\$1,214
Line 5 (IL Property Tax Credit):	\$61
Line 13 (Total Nonrefundable Credit):	\$61

### Schedule G Information:

Line 1a (Donation a):	\$1
Line 1b (Donation b):	\$2
Line 1c (Donation c):	\$3
Line 1d (Donation d):	\$4
Line 1e (Donation e):	\$11
Line 1f (Donation f):	\$27
Line 1g (Donation g):	\$9

**Schedule 1299-C Information:**

Step 2, Line 11a (Primary SSN):	<b>400-01-3505</b>
Step 2, Line 11b (Primary School Name):	<b>Irving Elem. School</b>
Step 2, Line 11c (Primary Qualified Expenses):	<b>\$100</b>
Step 3, Line 17 (IL1040 Tax Amount):	<b>\$4,485</b>
Step 3, Line 18 (IL1040 Sch CR and ICR Amounts):	<b>\$61</b>
Step 3, Line 21a (Yrs. Left to Carry):	<b>2</b>
Step 3, Line 21b (Credit Code):	<b>2200</b>
Step 3, Line 21c (IL Tax Year):	<b>2023/12</b>
Step 3, Line 21e (Credit Earned):	<b>\$60</b>
Step 3, Line 22a (Yrs. Left to Carry):	<b>5</b>
Step 3, Line 22b (Credit Code):	<b>5420</b>
Step 3, Line 22c (IL Tax Year):	<b>2023/12</b>
Step 3, Line 22e (Credit Earned):	<b>\$250</b>
Step 3, Line 23a (Yrs. Left to Carry):	<b>5</b>
Step 3, Line 23b (Credit Code):	<b>5740</b>
Step 3, Line 23c (IL Tax Year):	<b>2023/12</b>
Step 3, Line 23e (Credit Earned):	<b>\$100</b>
Step 3, Line 42 (Col I Total):	<b>\$410</b>
Step 3, Line 42 (Total Credit This Year):	<b>\$410</b>

**Schedule IL-WIT Information:**

**Primary 1**

Primary Form Type:	<b>W</b>
Primary Employer/Payer Identification Number:	<b>37-0246288</b>
Primary Federal Wages, Winnings, etc.:	<b>\$8,000</b>
Primary Illinois Wages, Winnings, etc.:	<b>\$8,000</b>
Primary Illinois Income Tax Withheld:	<b>\$234</b>

**Primary 2**

Primary Form Type:	<b>WG</b>
Primary Employer/Payer Identification Number:	<b>37-0012567</b>
Primary Federal Wages, Winnings, etc.:	<b>\$382</b>
Primary Illinois Wages, Winnings, etc.:	<b>\$382</b>
Primary Illinois Income Tax Withheld:	<b>\$23</b>

## Test Case 5

**Contents:    Form IL-1040  
                  Schedule M  
                  Schedule IL-E/EIC  
                  Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	Stan T. TTT-TTE	400-01-3506
Primary Year of Birth:	1975	
Spouse Name and SSN:	Ernie P. TTTTTE	400-01-3516
Spouse Year of Birth:	1977	
Address:	1401 Otter Road Ottawa, IL 61350 LaSalle County	
Email Address:	Stan.TTTTTE@testing.gov	
Filing Status:	Married filing jointly	

### IL-1040 Information:

Line 1 (AGI):	\$71,750
Line 2 (Federally Tax-Exempt Interest):	\$225
Line 5 (Federally Taxable Retirement and Social Security):	\$16,042
Line 7 (Other Subtractions):	\$10,000
Line 10a (You/Spouse Exemption Amount):	\$4,850
Line 10d (Dependents Exemption Amount):	\$4,850
Line 14 (Total Income Tax):	\$1,794
Line 21 (Use Tax):	\$500
Line 25 (IL Tax Withheld):	\$1,622
Line 39 (Amount You Owe):	\$672
Filer's Daytime Telephone Number:	(217) 524-4767

### Schedule M Information:

Line 13 Table Col A (College Savings and Tuition Acct #):	A11111111111111111111
Line 13 Table Col B (College Savings and Tuition Contr. Amt):	\$10,000
Line 13a (College Savings and Tuition 13a total):	\$10,000
Line 13 (College Savings and Tuition Amt):	\$10,000

### Schedule IL-E/EIC Information:

#### **Illinois Dependent Exemption Allowance**

##### **Dependent 1**

Dependent's First Name:	Anthony
Dependent's Last Name:	TTTTTE
Social Security Number:	400-01-3525
Dependent's Relationship to You:	Son
Dependent's Date of Birth:	12/01/2012
Number of Months Living with You:	12
Eligible for Earned Income Credit Box:	X

**Dependent 2**

Dependent's First Name: **Stephanie**  
Dependent's Last Name: **TTTTTE**  
Social Security Number: **400-01-3535**  
Dependent's Relationship to You: **Daughter**  
Dependent's Date of Birth: **05/27/2013**  
Number of Months Living with You: **12**  
Eligible for Earned Income Credit Box: **X**

**Schedule IL-WIT Information:**

**Primary 1**

Primary Form Type: **W**  
Primary Employer/Payer Identification Number: **37-5268431**  
Primary Federal Wages, Winnings, etc.: **\$44,733**  
Primary Illinois Wages, Winnings, etc.: **\$44,733**  
Primary Illinois Income Tax Withheld: **\$1,298**

**Primary 2**

Primary Form Type: **R**  
Primary Employer/Payer Identification Number: **36-0012377**  
Primary Federal Wages, Winnings, etc.: **\$16,042**  
Primary Illinois Wages, Winnings, etc.: **\$16,042**  
Primary Illinois Income Tax Withheld: **\$1**

**Spouse 1**

Spouse Form Type: **W**  
Spouse Employer/Payer Identification Number: **37-8634141**  
Spouse Federal Wages, Winnings, etc.: **\$10,750**  
Spouse Illinois Wages, Winnings, etc.: **\$10,750**  
Spouse Illinois Income Tax Withheld: **\$323**

## Test Case 6

**Contents: Form IL-1040  
Schedule M  
Schedule IL-E/EIC**

### Taxpayer Identification Information:

Primary Name and SSN:	Ronald TTTTTF	400-01-3507
Primary Year of Birth:	1943	
Spouse Name and SSN:	Judy TTTTTF	400-01-3517
Spouse Year of Birth:	1946	
Address:	RR 6 Enos, IL 62626 Macoupin County	
Email Address:	Ronald.TTTTTF@testing.gov	
Filing Status:	Married filing jointly	

### IL-1040 Information:

Line 1 (AGI):	(\$11,555)
Line 3 (Other Additions):	\$2,110
Line 10a (You/Spouse Exemption Amount):	\$4,850
Line 10b (65 or Older "You" Box):	X
Line 10b (65 or Older "Spouse" Box):	X
Line 10b (65 or Older Exemption Amount):	\$2,000
Line 10d (Dependents Exemption Amount):	\$2,425
Line 14 (Total Income Tax):	\$0
Line 26 (Estimated Payments):	\$1,000
Line 32a (Farmer Box):	X
Line 38 (Carry Forward):	\$1,000

### Schedule M Information:

Line 1 (Child Tax Exempt Interest Income):	\$1,900
Line 4 (College Savings and Tuition):	\$210
Line 12 (Total Other Additions):	\$2,110

### Schedule IL-E/EIC Information:

#### **Illinois Dependent Exemption Allowance Dependent 1**

Dependent's First Name:	Kerry
Dependent's Last Name:	TTTTTF
Social Security Number:	400-01-3566
Dependent's Relationship to You:	Daughter
Dependent's Date of Birth:	09/01/2012
Number of Months Living with You:	12
Eligible for Earned Income Credit Box:	X

## Test Case 7

**Contents:**     **Form IL-1040**  
                  **Schedule M**  
                  **Schedule ICR**  
                  **Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	Jerome TTTTGTG     400-01-3508
Primary Year of Birth:	1978
Spouse Name and SSN:	Jennifer TTTTGTG     400-01-3518
Spouse Year of Birth:	1974
Address:	1636 Spruce Kewanee, IL 61443 Henry County
Email Address:	Jerome.TTTTGTG@testing.gov
Filing Status:	Married filing separately

### IL-1040 Information:

Line 1 (AGI):	\$125,150
Line 3 (Other Additions):	\$1,600
Line 5 (Federally Taxable Retirement and Social Security):	\$35,000
Line 7 (Other Subtractions):	\$356
Line 10a (You/Spouse Exemption Amount):	\$2,425
Line 14 (Total Income Tax):	\$4,404
Line 16 (Credit Schedule ICR):	\$500
Line 25 (IL Tax Withheld):	\$1,050
Line 39 (Amount You Owe):	\$2,854
Line 41 (Insurance checkbox):	X

### Schedule M Information:

Line 4 (College Savings and Tuition):	\$1,600
Line 12 (Total Other Additions):	\$1,600
Line 22 (U.S. Obligations):	\$356
Line 40 (Total Other Subtractions):	\$356

### IL Schedule ICR Information:

Line 10a (Primary Certificate Number):	2023054625
Line 10b (Spouse Certificate Number):	2023054626
Line 10c (Maximum Credit):	\$500
Line 11 (Lesser of Credit Amount and Tax amount):	\$500
Line 13 (Total Nonrefundable Credit):	\$500

**Schedule IL-WIT Information:**

**Primary 1**

Primary Form Type:	<b>R</b>
Primary Employer/Payer Identification Number:	<b>37-0055577</b>
Primary Federal Wages, Winnings, etc.:	<b>\$35,000</b>
Primary Illinois Wages, Winnings, etc.:	<b>\$35,000</b>
Primary Illinois Income Tax Withheld:	<b>\$1,050</b>

## Test Case 8

**Contents: Form IL-1040  
Schedule NR, Nonresident  
Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	<b>John TTTTTH 400-01-3509</b>
Primary Year of Birth:	<b>1983</b>
Spouse Name and SSN:	<b>None</b>
Address:	<b>306 West Main Wentzville, MO 63385</b>
Email Address:	<b>John.TTTTTH@testing.gov</b>
Filing Status:	<b>Single</b>
Line D (Nonresident Box):	<b>X</b>

### IL-1040 Information:

Line 1 (AGI):	<b>\$21,255</b>
Line 10a (You/Spouse Exemption Amount):	<b>\$2,425</b>
Line 11 (NR IL Net Income):	<b>\$2,329</b>
Line 14 (Total Income Tax):	<b>\$115</b>
Line 25 (IL Tax Withheld):	<b>\$50</b>
Line 39 (Amount You Owe):	<b>\$65</b>
Filer's Daytime Telephone Number:	<b>217-524-4767</b>

### IL Schedule NR Information:

Residence:	<b>Nonresident</b>
Line 4 (Other State 1):	<b>MO</b>
Line 9 (Column A):	<b>\$18,625</b>
Line 19 (Column A):	<b>\$2,630</b>
Line 19 (Column B):	<b>\$2,630</b>
Line 46 (IL Portion of Base Income):	<b>\$2,630</b>
Line 48 (Line 46 Divided by IL Base Income Line 47):	<b>0.124</b>
Line 51 (IL Net Income):	<b>\$2,329</b>
Line 52 (Tax - Line 51 x 4.95% (.0495)):	<b>\$115</b>

### Schedule IL-WIT information:

#### **Primary 1**

Primary Form Type:	<b>WG</b>
Primary Employer/Payer Identification Number:	<b>37-0062543</b>
Primary Federal Wages, Winnings, etc.:	<b>\$2,630</b>
Primary Illinois Wages, Winnings, etc.:	<b>\$2,630</b>
Primary Illinois Income Tax Withheld:	<b>\$50</b>

## Test Case 9

**Contents:**     **Form IL-1040**  
                  **Schedule NR, Part-Year Resident**  
                  **Schedule ICR**  
                  **Schedule IL-E/EIC**  
                  **Schedule IL-WIT**

### Taxpayer Identification Information:

Primary Name and SSN:	Barbara TTTTTI     400-01-3510
Primary Year of Birth:	1965
Spouse Name and SSN:	Donald TTTTTI     400-01-3520
Spouse Year of Birth:	1966
Address:	1015 W Springfield Champaign, IL 61820 Champaign County
Email Address:	Barbara.TTTTTI@testing.gov
Filing Status:	Married filing jointly

### IL-1040 Information:

Line D (Part-Year Resident Box):	X
Line 1 (AGI):	\$370,297
Line 2 (Federally Tax-Exempt Interest):	\$1,672
Line 10a (You/Spouse Exemption Amount):	\$4,850
Line 10d (Dependents Exemption Amount):	\$4,850
Line 11 (NR IL Net Income):	\$62,247
Line 14 (Total Income Tax):	\$3,081
Line 16 (Credit Schedule ICR):	\$750
Line 25 (IL Tax Withheld):	\$3,663
Line 36 (Refund):	\$332
Line 37b (Illinois Individual Income Tax Refund Paper Check):	X
Line 38 (Carry Forward):	\$1,000

### IL Schedule NR Information:

Residence:	Part-Year
Primary Taxpayer IL Residency from Date:	06/01/2023
Primary Taxpayer IL Residency to Date:	12/31/2023
Primary Taxpayer Other State:	FL
Primary Taxpayer Other State from Date:	03/01/2023
Primary Taxpayer Other State to Date:	05/31/2023
Spouse IL Residency from Date:	06/01/2023
Spouse IL Residency to Date:	12/31/2023
Spouse Other State:	FL
Spouse Other State from Date:	03/01/2023
Spouse Other State to Date:	05/31/2023
Line 4a (Other State 1):	NY
Line 5 (Column A):	\$165,715
Line 5 (Column B):	\$143,284
Line 6 (Column A):	\$3,636

Line 6 (Column B):	\$1,518
Line 7 (Column A):	\$543
Line 7 (Column B):	\$271
Line 15 (Column A):	\$199,803
Line 15 (Column B):	(\$81,782)
Line 19 (Column A):	\$600
Line 19 (Column B):	\$600
Line 39 (Column A):	\$1,672
Line 46 (IL Portion of Base Income):	\$63,891
Line 48 (Line 46 divided by IL Base Income Line 47):	0.172
Line 51 (IL Net Income):	\$62,223
Line 52 (Tax – Line 51 x 4.95% (.0495)):	\$3,080

**IL Schedule ICR Information:**

Line 1 (IL1040 Tax Amount):	\$3,080
Line 7a (Total Education Expenses):	\$4,150
Line 8 (IL Education Expense Credit):	\$750
Line 13 (Total Nonrefundable Credit):	\$750

**Student 1**

Line 10a (Student Last Name):	TTTTTI
Line 10a (Student First Name):	Jennifer
Line 10a (Student Social Security Number):	400-01-3550
Line 10a (Student Grade):	2
Line 10a (School Name):	Little Flower
Line 10a (School City):	Champaign
Line 10a (School Type):	Public
Line 10a (Student Total):	\$4,150
Line 11 (Total Qualified Expenses):	\$4,150

**Schedule IL-E/EIC Information:**

**Illinois Dependent Exemption Allowance**

**Dependent 1**

Dependent's First Name:	Jennifer
Dependent's Last Name:	TTTTTI
Social Security Number:	400-01-3550
Dependent's Relationship to You:	Daughter
Dependent's Date of Birth:	07/10/2015
Number of Months Living with You:	12
Eligible for Earned Income Credit Box:	X

**Dependent 2**

Dependent's First Name:	Robert
Dependent's Last Name:	TTTTTI
Social Security Number:	400-01-3551
Dependent's Relationship to You:	Son
Dependent's Date of Birth:	12/08/2012
Number of Months Living with You:	12

Eligible for Earned Income Credit Box: **X**

**Schedule IL-WIT Information:**

**Primary 1**

Primary Form Type: **W**  
Primary Employer/Payer Identification Number: **36-1404993**  
Primary Federal Wages, Winnings, etc.: **\$165,715**  
Primary Illinois Wages, Winnings, etc.: **\$143,284**  
Primary Illinois Income Tax Withheld: **\$3,523**

**Primary 3**

Primary Form Type: **M**  
Primary Employer/Payer Identification Number: **36-1029406**  
Primary Federal Wages, Winnings, etc.: **\$600**  
Primary Illinois Wages, Winnings, etc.: **\$600**  
Primary Illinois Income Tax Withheld: **\$30**

**Spouse 1**

Spouse Form Type: **D**  
Spouse Employer/Payer Identification Number: **36-3703799**  
Spouse Federal Wages, Winnings, etc.: **\$34**  
Spouse Illinois Wages, Winnings, etc.: **\$34**  
Spouse Illinois Income Tax Withheld: **\$2**