

**Illinois Department of Revenue** 

# 2-D Barcode Test Package

# IL-1351

# Tax Year 2021

IL-1351 R1221 Printed by authority of the State of Illinois, web only, 1 copy.

# **Tax Year 2021 2-D Filing Testing Information**

This test package is designed to ensure your ability to format and transmit tax year 2021 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 2021. 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 Phone: (217) 524-7794 Fax: (217) 524-0513

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# Test Case 1

# Contents: Form IL-1040 Schedule IL-WIT

# **Taxpayer Identification Information:**

Primary Name and SSN:	Lawrence TTTTTB 400-01-3501
Primary Year of Birth:	1965
Secondary Name and SSN:	None
Foreign Address:	1466 Main Street
	Victoria, BC K1D0P1 Canada
Email Address:	Lawrence.TTTTTB@testing.gov
Filing Status:	Single
Line C "You" Box (Claimed as Dependent):	X
<u>IL-1040 Information:</u>	
Line 1 (AGI):	\$870
Line 10a (You/Spouse Exemption Amount):	\$2,375
Line 14 (Total Income Tax):	<b>\$0</b>
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
Schodule II WIT Information.	
<u>Schedule IL-WIT Information:</u> Primary 1	

$\mathbf{W}$
37-1029403
<b>\$870</b>
<b>\$870</b>
\$30

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

# **Taxpayer Identification Information:**

Primary Name and SSN: Primary Year of Birth: Secondary Name and SSN: Address:

Email Address: Filing Status:

## **IL-1040 Information:**

Line 1 (AGI):	\$30,334
Line 6 (IL Tax Refund):	\$32
Line 7 (Other Subtractions):	\$21,769
Line 10a (You/Spouse Exemption Amount):	\$2,375
Line 10d (Dependents Exemption Amount):	\$4,750
Line 14 (Total Income Tax):	\$70
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 Credit):	\$730
Line 36 (Refund):	\$661
Line 37b (Illinois Individual Income Tax Refund Paper Check):	Χ

# **IL Schedule M Information:**

Line 21 (Military Pay):	\$21,479
Line 22 (U.S. Obligations):	\$290
Line 40 (Total Other Subtractions):	\$21,769

## **IL Schedule CR Information:**

Line 1a (Wages):	\$28,187
Line 1b (Non-IL Wages):	\$6,708
Line 2a (Interest Income):	\$1,890
Line 3a (Dividend Income):	\$225
Line 4a (Taxable Refunds):	\$32
Line 38a (IL Income Tax Overpayment):	\$32
Line 39a (Other Subtractions):	\$21,769
Line 43 (Schedule CR Decimal):	0.786
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):	\$55

Juanita TTTTTC 400-01-3502 1985 None 829 W Vine St Taylorville, IL 62568-1843 Christian County Juanita.TTTTTC@testing.gov Head of household

# <u>IL Schedule IL-E/EIC Information:</u> Illinois Dependent Exemption Allowance:

# **Dependent 1**

Zoey
ТТТТТВ
400-01-3522
Daughter
06/17/2015
12
X
Penelope
ТТТТТВ
400-01-3523
Daughter

10/04/2017

12

Х

Social Security Number: Dependent's Relationship to You: Dependent's Date of Birth: Number of Months Living with You: Eligible for Earned Income Credit Box:

# Illinois Earned Income Credit:

Step 3, Line 1 (Wages):	\$28,187
Step 3, Line 4 (Statutory Employee Box):	No
Step 4, Line 5 (Federal EIC Amount):	\$4,057
Step 4, Line 8 (IL Earned Income Credit):	\$730

<b>Contents:</b>	Form IL-1040
	Schedule M
	Schedule ICR
	Schedule G

# **Taxpayer Identification Information:** Primary Name and SSN:

**Schedule IL-WIT** 

Primary Name and SSN: Primary Year of Birth: Secondary Name and SSN: Address:

Email Address: Filing Status:

# IL-1040 Information:

11-10-0 Information.	
Line 1 (AGI):	\$11,630
Line 5 (Federally Taxable Retirement and Social Security):	<b>\$498</b>
Line 7 (Other Subtractions):	\$1,550
Line 10a (You/Spouse Exemption Amount):	\$2,375
Line 10b (65 or Older "You" Box):	X
Line 10b (65 or Older Exemption Amount):	\$1,000
Line 10c (Blind "You" Box):	X
Line 10c (Blind Exemption Amount):	\$1,000
Line 14 (Total Income Tax):	<b>\$258</b>
Line 16 (Credit Schedule ICR-Nonrefundable):	<b>\$18</b>
Line 20 (Household Employment Tax):	\$30
Line 25 (IL Tax Withheld):	\$302
Line 33 (Total Donations):	<b>\$98</b>
Line 39 (Amount You Owe):	<b>\$66</b>
IL Schedule M Information: Line 22 (U.S. Obligations): Line 40 (Total Other Subtractions):	\$1,550 \$1,550
IL Schedule ICR Information:	
Line 1 (IL-1040 Tax Amount):	<b>\$258</b>
Line 4a (Property Tax):	\$350
Line 4b (County 1):	Clay
Line 4b (Property Tax Index Number 1):	132378901270-125
Line 4c (County 2):	Clay
Line 4c (Property Tax Index Number 2):	00-12-8432
Line 4d (County 3):	Clay
Line 4d (Property Tax Index Number 3):	67-428710
Line 4f (Eligible Property Tax Amount):	\$350
Line 5 (IL Property Tax Credit):	\$18
Line 9 (Total Nonrefundable Credit):	\$18

Sam TTTTD 400-01-3503 1945 None 423 Lilac Lane Clay City, IL 62824 Clay County Sam.TTTTD@testing.gov Single

IL Schedule G Information: Line 1b (Donation b): Line 1d (Donation d): Line 1f (Donation f):	\$20 \$30 \$48
Schedule IL-WIT Information: Primary 1 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	W 37-0246288 \$8,050 \$8,050 \$234
Primary 2 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	WG 37-0012567 \$332 \$332 \$23
Primary 3 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	R 36-0012379 \$48 \$48 \$9
Primary 4 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	R 36-0012377 \$450 \$450 \$1
Primary 5 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	G 36-3042127 \$1,200 \$1,200 \$35

<b>Contents:</b>	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: 1965 Secondary Name and SSN: Betty TTT-TTH 400-01-3515 Secondary Year of Birth: 1967 Address: **200 Hickory** Oak Park, IL 60303 **Cook County** Email Address: John.TTTTTH@testing.gov Married filing jointly Filing Status: **IL-1040 Information:** Line 1 (AGI): \$96,303 Line 6 (IL Tax Refund): \$76 Line 7 (Other Subtractions): \$870 Line 7 (Check if Amount is from 1299-C): Х Line 10a (You/Spouse Exemption Amount): \$4,750 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 9 (Total Nonrefundable Credit):	\$61

# **Schedule G Information:**

Line 1a (Donation a):	<b>\$1</b>
Line 1b (Donation b):	\$2
Line 1c (Donation c):	\$3
Line 1d (Donation d):	\$4
Line 1e (Donation e):	\$20
Line 1f (Donation f):	\$27

# **<u>Schedule 1299-C Information:</u>**

Step 1, Line 1a (Corp Name):Step 1, Line 1a (Zone):Step 1, Line 1a (Dividend Amount):Step 2, Line 1a (Primary SSN):Step 2, Line 11b (Primary School Name):Step 2, Line 11b (Primary Qualified Expenses):Step 3, Line 11c (Primary Qualified Expenses):Step 3, Line 17 (IL1040 Tax Amount):Step 3, Line 18 (IL1040 Sch CR and ICR Amounts):Step 3, Line 21a (Yrs. Left to Carry):Step 3, Line 21b (Credit Code):Step 3, Line 21c (IL Tax Year):Step 3, Line 22a (Yrs. Left to Carry):Step 3, Line 22b (Credit Code):Step 3, Line 23a (Yrs. Left to Carry):Step 3, Line 23a (Yrs. Left to Carry):Step 3, Line 23b (Credit Code):Step 3, Line 23c (IL Tax Year):Step 3, Line 23c (IL Tax Year):Step 3, Line 23e (Credit Code):Step 3, Line 23e (Credit Code):Step 3, Line 23e (Credit Code):Step 3, Line 23e (Credit Earned):Step 3, Line 24e (Col I Total):	ABC Corp Rockford \$870 400-01-3505 Irving Elem. School \$100 \$4,485 \$61 2 2200 2021/12 \$60 5 5420 2021/12 \$250 5 5 5740 2021/12 \$100 \$410
-	
Schedule IL-WIT Information: Primary 1 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	W 37-0246288 \$8,000 \$8,000 \$234

#### **Primary 2** Primary Form Ty

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

# Spouse 1

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

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

#### **Taxpayer Identification Information:**

Primary Name and SSN: Primary Year of Birth: Secondary Name and SSN: Secondary Year of Birth: Address:

Email Address: Filing Status:

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

Line 1 (AGI):	\$51,550
Line 2 (Federally Tax-Exempt Interest):	<b>\$225</b>
Line 5 (Federally Taxable Retirement and Social Security):	\$16,042
Line 7 (Other Subtractions):	\$10,000
Line 10a (You/Spouse Exemption Amount):	\$4,750
Line 10d (Dependents Exemption Amount):	\$4,750
Line 14 (Total Income Tax):	<b>\$804</b>
Line 21 (Use Tax):	\$600
Line 25 (IL Tax Withheld):	\$1,049
Line 39 (Amount You Owe):	\$355
Filer's Daytime Telephone Number:	(217) 524-4767

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

Line 13 Table A (College Savings and Tuition Acct #):	A1111111111111111111111
Line 13 Table 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:**

# **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:	12/01/2010
Number of Months Living with You:	12
Eligible for Earned Income Credit Box:	Χ

Stan T. TTT-TTE 400-01-3506 1973 Ernie P. TTTTTE 400-01-3516 1975 1401 Otter Road Ottawa, IL 61350 LaSalle County Stan.TTTTTE@testing.gov Married filing jointly

Dependent 2 Dependent's First Name: Dependent's Last Name: Social Security Number: Dependent's Relationship to You: Dependent's Date of Birth: Number of Months Living with You: Eligible for Earned Income Credit Box:	Stephanie TTTTTE 400-01-3535 Daughter 05/27/2011 12 X
Schedule IL-WIT Information: Primary 1 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	W 37-5268431 \$24,533 \$24,533 \$725
Primary 2 Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	R 36-0012377 \$16,042 \$16,042 \$1
<b>Spouse 1</b> Primary Form Type: Primary Employer/Payer Identification Number: Primary Federal Wages, Winnings, etc.: Primary Illinois Wages, Winnings, etc.: Primary Illinois Income Tax Withheld:	W 37-8634141 \$10,750 \$10,750 \$323

# Test Case 6

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

# **Taxpayer Identification Information:**

Taxpayer Identification Information.	
Primary Name and SSN:	Ronald TTTTTF 400-01-3507
Primary Year of Birth:	1940
Secondary Name and SSN:	Judy TTTTTF 400-01-3517
Secondary Year of Birth:	1943
Address:	RR 6
	Enos, IL 62626
	Macoupin County
Email Address:	Ronald.TTTTTF@testing.gov
Filing Status:	Married filing jointly
<u>IL-1040 Information:</u>	
Line 1 (AGI):	(\$11,555)
Line 3 (Other Additions):	\$2,110
Line 10a (You/Spouse Exemption Amount):	\$4,750
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):	\$2,375
Line 14 (Total Income Tax):	<b>\$0</b>
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

# <u>Schedule IL-E/EIC:</u> Illinois Dependent Exemption Allowance:

# Dependent 1KerryDependent's First Name:KerryDependent's Last Name:TTTTTFSocial Security Number:400-01-3566Dependent's Relationship to You:DaughterDependent's Date of Birth:09/01/2009Number of Months Living with You:12Eligible for Earned Income Credit Box:X

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

#### **Taxpayer Identification Information:** Primary Name and SSN:

Primary Name and SSN:	Jerome TTTTTG 400-01-3508
Primary Year of Birth:	1975
Secondary Name and SSN:	Jennifer TTTTTG 400-01-3518
Secondary Year of Birth:	1971
Address:	1636 Spruce
	Kewanee, IL 61443
	Henry County
Email Address:	Jerome.TTTTTG@testing.gov
Filing Status:	Married filing separately
IL-1040 Information:	
Line 1 (AGI):	\$125,100
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):	\$2,375
Line 14 (Total Income Tax):	\$4,404
Line 16 (Credit Schedule ICR):	\$178
Line 25 (IL Tax Withheld):	\$1,050
Line 39 (Amount You Owe):	\$3,176
Schedule M Information:	01 (00
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
II. Schodula ICD Information	
<u>IL Schedule ICR Information:</u> Line 1 (IL1040 Tax Amount):	\$4,404
Line 4a (Property Tax):	\$3,560
Line 4b (County 1):	Henry
Line 4b (Property Tax Index Number 1):	dlm12345678910abcdefghij
Line 46 (Fligible Property Tax Amount):	\$3,560
Line 5 (IL Property Tax Credit):	\$178
Line 9 (Total Nonrefundable Credit):	\$178
Line y (10tui 1toinerandaoie Ciedity.	ΨI/U

# <u>Schedule IL-WIT Information:</u> Primary 1

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

400-01-3509

Contents:	Form IL-1040 Schedule NR, Nonresident Schedule IL-WIT	
<u>Taxpayer Id</u>	entification Information:	
Primary Nan	ne and SSN:	John TTTTTH 400-01-350
Primary Year		1981
	ame and SSN:	None
Address:		306 West Main
		Wentzville, MO 63385
Email Addre		John.TTTTTH@testing.gov
Filing Status		Single
Line D (Non	resident Box):	X
<u>IL-1040 Info</u>	ormation:	
Line 1 (AGI)		\$21,205
Line 10a (Yo	ou/Spouse Exemption Amount):	\$2,375
	IL Net Income):	\$2,336
Line 14 (Tota	al Income Tax):	\$116
Line 25 (IL 7	Tax Withheld):	<b>\$50</b>
Line 39 (Am	ount You Owe):	<b>\$66</b>
Filer's Daytin	ne Telephone Number:	217-524-4767
IL Schedule	NR Information:	
Residence:		Nonresident
Line 4 (Other	r State 1):	ΜΟ
Line 9 (Colu	mn A):	\$18,625
Line 19 (Col	umn A):	\$2,630
Line 19 (Col	umn B):	\$2,630
	Portion of Base Income):	\$2,630
Line 48 (Line	e 46 Divided by IL Base Income Line 47):	0.12374
Line 51 (IL N		\$2,336
Line 52 (Tax	- Line 51 x 4.95% (.0495)):	\$116
Schedule IL	-WIT information:	

#### Primary 1 Primary Form Type: WG Primary Employer/Payer Identification Number: 37-0062543 Primary Federal Wages, Winnings, etc.: \$2,630 Primary Illinois Wages, Winnings, etc.: \$2,630 Primary Illinois Income Tax Withheld: \$50

# 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: Primary Year of Birth: Secondary Name and SSN: Secondary Year of Birth: Address:

Email Address: Filing Status:

# **IL-1040 Information:**

Line D (Part-Year Resident Box):	Χ
Line 1 (AGI):	\$370,097
Line 2 (Federally Tax-Exempt Interest):	\$1,672
Line 10a (You/Spouse Exemption Amount):	\$4,750
Line 10d (Dependents Exemption Amount):	\$4,750
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):	Χ
Line 38 (Carry Forward):	\$1,000

# **IL Schedule NR Information:**

Residence:	Part-Year
Primary Taxpayer IL Residency from Date:	06/01/2021
Primary Taxpayer IL Residency to Date:	12/31/2021
Primary Taxpayer Other State:	FL
Primary Taxpayer Other State from Date:	03/01/2021
Primary Taxpayer Other State to Date:	05/31/2021
Secondary Taxpayer IL Residency from Date:	06/01/2021
Secondary Taxpayer IL Residency to Date:	12/31/2021
Secondary Taxpayer Other State:	FL
Secondary Taxpayer Other State from Date:	03/01/2021
Secondary Taxpayer Other State to Date:	05/31/2021
Line 4a (Other State 1):	NY
Line 5 (Column A):	\$165,515
Line 5 (Column B):	\$143,284
Line 6 (Column A):	\$3,636
Line 6 (Column B):	\$1,518

Barbara TTTTTI 400-01-3510 1963 Donald TTTTTI 400-01-3520 1964 1015 W Springfield Champaign, IL 61820 Champaign County Barbara.TTTTTI@testing.gov Married filing jointly

\$370,097 \$1,672 \$4,750 \$4,750 \$62,247 \$3,081 \$750 \$3,663 \$332 X \$1,000 Part-Year 06/01/2021 12/31/2021 FL 03/01/2021 05/31/2021 FL 03/01/2021 12/31/2021 FL 03/01/2021 05/31/2021 NY

Line 7 (Column A): Line 7 (Column B): Line 15 (Column A): Line 15 (Column B): Line 19 (Column A): Line 19 (Column B): Line 39 (Column A): Line 46 (IL Portion of Base Income): Line 46 (IL Portion of Base Income): Line 48 (Line 46 divided by IL Base Income Line 47): Line 51 (IL Net Income): Line 52 (Tax – Line 51 x 4.95% (.0495)):	\$543 \$271 \$199,803 (\$81,782) \$600 \$600 \$1,672 \$63,891 0.173 \$62,247 \$3,081
IL Schedule ICR Information: Line 1 (IL1040 Tax Amount): Line 7a (Total Education Expenses): Line 8 (IL Education Expense Credit): Line 9 (Total Nonrefundable Credit):	\$3,081 \$4,150 \$750 \$750
Student 1 Line 10a (Student Last Name): Line 10a (Student First Name): Line 10a (Student Social Security Number): Line 10a (Student Grade): Line 10a (School Name): Line 10a (School City): Line 10a (School Type): Line 10a (Student Total):	TTTTTI Jennifer 400-01-3550 2 Little Flower Champaign Public \$4,150 \$4,150
Line 11 (Total Qualified Expenses): <u>Schedule IL-E/EIC:</u> Illinois Dependent Exemption Allowance:	34,130
Dependent 1 Dependent's First Name: Dependent's Last Name: Social Security Number: Dependent's Relationship to You: Dependent's Date of Birth: Number of Months Living with You: Eligible for Earned Income Credit Box:	Jennifer TTTTTI 400-01-3550 Daughter 07/10/2013 12 X
Dependent 2 Dependent's First Name: Dependent's Last Name: Social Security Number: Dependent's Relationship to You: Dependent's Date of Birth: Number of Months Living with You: Eligible for Earned Income Credit Box:	Robert TTTTTI 400-01-3551 Son 12/08/2010 12 X

Schedule IL-WIT Information:	
Primary 1	

Primary 1	
Primary Form Type:	$\mathbf{W}$
Primary Employer/Payer Identification Number:	36-1404993
Primary Federal Wages, Winnings, etc.:	\$165,515
Primary Illinois Wages, Winnings, etc.:	\$143,284
Primary Illinois Income Tax Withheld:	\$3,523
Primary 2	
Primary Form Type:	Ι
Primary Employer/Payer Identification Number:	37-0919766
Primary Federal Wages, Winnings, etc.:	\$400
Primary Illinois Wages, Winnings, etc.:	\$400
Primary Illinois Income Tax Withheld:	\$105
Primary 3	
Primary Form Type:	Μ
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	
Primary Form Type:	D
Primary Employer/Payer Identification Number:	36-3703799
Primary Federal Wages, Winnings, etc.:	\$34
Primary Illinois Wages, Winnings, etc.:	\$34
Primary Illinois Income Tax Withheld:	\$2
Spouse 2	
Primary Form Type:	0
Primary Employer/Payer Identification Number:	36-1274638
Primary Federal Wages, Winnings, etc.:	<b>\$69</b>
Primary Illinois Wages, Winnings, etc.:	<b>\$69</b>
Primary Illinois Income Tax Withheld:	\$3