



or for fiscal year ending \_\_ \_/\_ \_

	W.										
St	ep 1: Personal Information Ente	er personal in	formation and Social Se	ecurity	numbers (SS	SN). Yo	ou must p	provide	the entire	SSN(s) - no	partial SSN
	our first name and middle initial						Year of birth		Your social security number		
- Sur last Ha			Teal of			a or birtir		Tour social security Hullinel			
Spouse's first name and middle initial Spouse's la			A			Spouss	Paguage versa of his ti		Consumals and all and the second to the seco		y number
Spouse's first name and middle initial Spouse's las			t name Spo			Spouse	pouse's year of birth		Spouse's social security number		y number
		- \		0''				Ct-t-		7:	.1
Mailing address (See inst. if foreign address)			Apartment number City				State			Zip or post	ai code
Fo	oreign nation if not US (do not abbreviate	)	County (Illinois only)		Email addre	ress					
B F	iling status: Single Married	filing jointly	Married filing se	parate	ely Wic	dowed	П	ead of	househol	ld	
СС	heck If someone can claim you, or yo	ur spouse if	filing jointly, as a depe	endent	. See instru	uctions.	П	υП	Spouse		
	heck the box if this applies to you du					_				Sch. NR	
		9 2020.	At			<b>_</b> . a.c.	, 54, 100			hole dollars o	only)
	ep 2: Income		LE 4040 4040	05 :	. 44				4	dollars t	• ,
1	Federal adjusted gross income from					1040	יו מי	. 2-	1		.00
2	Federally tax-exempt interest and Other additions. <b>Attach</b> Schedule		come irom your teder	aı ror	III IU4U Or	1040-8	or, Line	<del>:</del> ∠a.	2 3		<u>.00</u> .00
4	Total income. Add Lines 1 throug								3 4		.00
	ep 3: Base Income	· -							<u> </u>		
5	Social Security benefits and certain	in retirement	t plan income receive	ed if in	cluded						
	in Line 1. <b>Attach</b> Page 1 of federa		. p.a.i iiiooiiio ioooliic	, sa 11 1111	J.4404		5		.00		
6	Illinois Income Tax overpayment in		deral Form 1040 or 10	040-S	R,	·			.,,,		
3	Schedule 1, Ln. 1.					(	6		.00		
2 7	Other subtractions. Attach Sched						7		.00		
8	Add Lines 5, 6, and 7. This is the								8		.00
9	Illinois base income. Subtract Li								9		.00
•	ep 4: Exemptions - See instruction										
10	· · · · · · · · · · · · · · · · · · ·						a		.00		
3	b Check if 65 or older: ☐ You c Check if legally blind: ☐ You		ouse # of checkl				b		<u>.00</u> .00		
	d If you are claiming dependents, e								.00		
2	Attach Schedule IL-E/EIC.	are arric	Sant Horri Corlocado IL-	_, _,	, 5top 2, Elli		d		.00		
3	Exemption allowance. Add Lines	10a throug	h 10d.			`			<u></u> 10		.00
St	ep 5: Net Income and Tax										
	<b>Residents:</b> Net income. Subtract	t Line 10 froi	m Line 9.								
	Nonresidents and part-year res			<b>ne</b> froi	m Schedule	NR. A	ttach So	chedule	NR. <b>11</b> _		.00
12	Residents: Multiply Line 11 by 4.9										
40	Nonresidents and part-year res			ule NI	₹.		,		12_		.00
13 14	·								13 <u> </u>		.00 .00
_			ICOS IIIAII ZEIO.						14_		.00
	ep 6: Tax After Nonrefundable		-iid-ut #441 (	) = h = !	ula OD	_	_		00		
15 16							5		.00		
2 '0	from Schedule ICR. <b>Attach</b> Sched		idinteer emergency w	OINEI	oredit alli0		6		.00		
17			Schedule 1299-C.				7		.00		
18				xceed	the tax am			4.	18_		.00
19									19_		.00
St	ep 7: Other Taxes										
20	1 7								20_		.00
21	- , , , ,		-state purchases fror	n UT \	Norksheet (	or UT	Table				
3	in the instructions. <b>Do not</b> leave b		A - 4			ı:			21_		.00
<sup>2</sup> 22	•		ram Act and sale of a	ssets l	by gaming li	license	e surcha	arges.	22_		.00
23	<b>Total Tax</b> . Add Lines 19, 20, 21, a	ına 22.							23_		.00



<b>24</b> To	tal tax from Page 1, L	ine 23.					24	.00
Step 8:	Payments and Re	efundab	le Credit					
25 Illino	ois Income Tax withhe	eld. <b>Attac</b>	h Schedule IL-W	IT.		25	.00	
26 Esti	stimated payments from Forms IL-1040-ES and IL-505-I,							
inclu	cluding any overpayment applied from a prior year return. 26							
<b>27</b> Pas	s-through withholding	. Attach	Schedule K-1-P o	r K-1-T.		27	.00	
<b>28</b> Pas	s-through entity tax cr	redit. <b>Atta</b>	<b>sch</b> Schedule K-1	-P or K-1-T.		28	.00	
<b>29</b> Earr	ned Income Credit from	m Schedı	ule IL-E/EIC, Step	4, Line 9. <b>A</b>	<b>Attach</b> Schedule IL-E/EIC.	29	.00	
30 Tota	al payments and refu	undable	credit. Add Lines	25 through	29.		30	.00
Step 9:	Total							
<b>31</b> If Lir	ne 30 is greater than L	ine 24, su	ıbtract Line 24 fror	m Line 30.			31	.00
<b>32</b> If Lir	ne 24 is greater than L	ine 30, su	ubtract Line 30 fror	m Line 24.			32	.00
Step 10	0: Underpayment of	of Estim	nated Tax Pena	ilty and Do	onations			
-	e-payment penalty for			-		33	.00	
	Check if at least two	-	-		s from farming.			
b [	Check if you or you	ır spouse	are 65 or older a	nd permane	ently living in a nursing	home.		
С	Check if your incom	ne was no	t received evenly	during the	year and you annualiz	ed your income o	on Form IL-221	10.
	Attach Form IL-221	10.						
d [	Check if you were r	not requir	ed to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
<b>34</b> Volu	untary charitable dona	ations. <b>At</b>	tach Schedule G	i.		34	.00	
35 Tota	al penalty and donat	tions. Ad	d Lines 33 and 34	4.			35	.00
Step 11	1։ Refund or Amoւ	unt you	owe					
<b>36</b> If yo	ou have an amount or	n Line 31	and this amount	is greater th	an Line 35, subtract L	ine 35 from Line	31.	
This	s is your <b>overpayme</b> r	nt.					36	.00
<b>37</b> Amo	ount from Line 36 you	want refu	<b>unded to you</b> . Ch	neck <b>one</b> bo	x on Line 38. See instr	ructions.	37	.00
<b>38</b> I cho	oose to receive my re	efund by						
	•							
a [	direct deposit - Co	omplete th	he information be	low if you ch	neck this box.			
а[	direct deposit - Co			low if you ch	neck this box.	Chockin	og or Sovir	age
a [	direct deposit - Co You may also contribute to college savings fu	bute Inds	outing number	low if you ch	neck this box.	Checkin	ng or Savir	ngs
а	You may also contrib	bute inds		low if you ch	neck this box.	Checkir	ng or Savir	ngs
	You may also contribute to college savings furthere. See instruction	bute inds	outing number	low if you ch	neck this box.	Checkin	ng or Savir	ngs
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<b>b</b> [ 39 Amo	You may also contribute to college savings furthere. See instruction paper check.	bute Inds Actions!	outing number ccount number	om Line 36.	See instructions.		39	.00
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