



Illinois Department of Revenue
2004 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/05

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return

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Your Social Security number

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Your spouse's Social Security number

B Print your personal information below

Your first name and initial _____ Your last name _____
 Your spouse's first name and initial _____ Your spouse's last name (if different) _____
 Mailing address _____
 City _____ State _____ ZIP _____

C Filing status (check one)

- Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 36; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I 1 _____
 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 _____
 3 Other additions to your income. **Attach** Schedule M. 3 _____
 4 Add Lines 1 through 3. This is your total income. 4 _____

- New - Complete Schedule M.

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1, Form W-2, 1099-R. 5 _____
 6 Military pay earned if included in Step 2, Line 1. **Attach** military W-2. 6 _____
 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 7 _____
 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8 _____
 9 Other subtractions to your income. **Attach** Schedule M. 9 _____
 Check if Line 9 includes any amount from Schedule 1299-C
 10 Add Lines 5 through 9. This is the total of your subtractions. 10 _____
 11 Subtract Line 10 from Line 4. This is your Illinois **base income**. 11 _____

- New - Complete Schedule M.

Step 4: Exemptions

- 12 **a** Number of exemptions from your federal return _____ X \$2,000 **a** _____
b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. _____ X \$2,000 **b** _____
c Check if 65 or older: You + Spouse = _____ X \$1,000 **c** _____
d Check if legally blind: You + Spouse = _____ X \$1,000 **d** _____
 Add Lines a through d. This is your total Illinois exemption allowance. 12 _____

See instructions before completing this step.

Step 5: Net Income

- 13 **Residents only:** Subtract Line 12 from Line 11. This is your net income. *Skip Line 14.* 13 _____
 14 **Nonresidents and part-year residents only:**
 Check the box that applies to you during the year 2004. Nonresident Part-year resident
 Illinois base income from Schedule NR. **Attach** Schedule NR. 14 _____

Step 6: Tax

- 15 **Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**.
Nonresidents and part-year residents: Write the tax from Schedule NR.
 This amount may not be less than zero. 15 _____

Staple W-2 and 1099 forms here

16 Tax amount from Page 1, Step 6, Line 15 16 _____

Step 7: Payments and Credits

17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 17 _____

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2003 return 18 _____

Nonresidents may not claim a credit on Lines 19, 20, or 21.

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. 19 _____

The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

20 Illinois Property Tax credit. **You must complete PT Worksheet in instructions.**
PT Worksheet Line 3 amount 20a _____

PT Worksheet Line 8 amount 20b _____

21 Education expense credit. **You must complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.
ED Worksheet or Schedule ED Line 1 amount 21a _____

ED Worksheet or Schedule ED Line 10 amount 21b _____

22 Earned Income Credit. **You must complete EIC Worksheet in instructions.**
EIC Worksheet Line 1 amount 22a _____

EIC credit amount from the EIC Worksheet 22b _____

Check if you have a qualifying child (living with you) born after 12/31/86.

23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23 _____

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 _____

Step 8: Overpayment or Tax Due


25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 _____

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26 _____

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27 _____

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming. 

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife Preservation a _____ Multiple Sclerosis f _____

Child Abuse Prevention b _____ Military Family Relief g _____

Alzheimer's Research c _____ Lou Gehrig's Disease h _____

Homeless Assistance d _____ Illinois Veterans' Home i _____

Breast Cancer Research e _____

Add Lines a through i. This is your donations total. 28 _____

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 _____

31 Amount from Line 30 that you want applied to 2005 estimated tax 31 _____

32 Subtract Line 31 from Line 30. This is your **refund**. 32 _____

33 Complete to direct deposit your refund

Routing number Checking or Savings

Account number



See instructions for payment options.

34 If you have tax due on Line 26, add Lines 26 and 29. **OR** If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**. 34 _____

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date Daytime phone number Your spouse's signature Date

Paid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to: **ILLINOIS DEPARTMENT OF REVENUE** Springfield IL 62719-0001 If payment enclosed, mail to: **ILLINOIS DEPARTMENT OF REVENUE** Springfield IL 62726-0001

