



**Illinois Department of Revenue**

# **Electronic Filing Test Package**

**IL-1347**

**Tax Year 2013**

## **Tax Year 2013/Processing Year 2014 Electronic Filing Testing Information**

This test package is designed to assure your ability to format and transmit 2013 Illinois Individual Income Tax returns, for the 2014 filing season. This test package contains fictional test cases that include various combinations of forms and line entries.

The Signature Alternative fields are required for Tax-Prep Software Online filing only. Minimal line entries for each federal return are provided for each case. This is to avoid requiring the entry of an entire federal return when only certain items are needed for the Illinois return to be prepared. You may complete the federal returns in any manner you wish after the suggested minimum line entries are made. Different software products will allow different actions depending on how they relate the federal and Illinois returns.

When your test is completed, we encourage you to perform additional tests with data of your own design. This additional testing will allow you to fully exercise your system as well as ours. If you do design your own data, the last names of the primary taxpayer must begin with five letters ("T"), for example, TTTTSMITH, TTTTTSCHWARTZ, TTTTSMURPHY. Also, all SSNs used on test returns must be in the range of 400-00-3500 to 400-00-3599.

When you are ready to begin testing or if you have any questions, call our office weekdays between 8:30 a.m. and 5:00 p.m. at 217 524-4767.

## Tax Year 2013/Processing Year 2014 Test Case Contents

- Test 1: Form IL-1040 and Form W-2
- Test 2: Form IL-1040, Schedule M, Schedule CR, Schedule ICR, and (3) Forms W-2  
**Illinois Individual Income Tax Refund Debit Card return**
- Test 3: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form W-2, Form W-2G, (2) Forms 1099-R, Form 1099-G, Federal 1040 pages, and Federal Schedule B with statement
- Test 4: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form IL-4562, Schedule 1299-C, and (2) Forms W-2  
**Mismatched ITIN return**
- Test 5: Form IL-1040, Schedule M, Schedule CU, (2) Forms W-2, Form 1099-R, and Federal 1040 pages
- Test 6: Form IL-1040 and Schedule M
- Test 7: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form 1099-R, and Federal 1040 pages
- Test 8: Form IL-1040, Schedule NR, Form W-2G, Form 1099-G, and Form IL-Payment
- Test 9: Form IL-1040, Schedule NR, Schedule M, Schedule ICR, Schedule G, Schedule K-1-P, Schedule K-1-T, Form W-2, Form 1099-INT, Form 1099-DIV, Form 1099-OID, and Form 1099-MISC
- Test 10: Form IL-1040 and Schedule NR
- Test 11: Form IL-1040, Schedule M, Schedule CR, Schedule ICR, and (3) Forms W-2
- Test 12: Form IL-1040, Schedule ICR, Form IL-2210, and (5) Form IL-Payment

## Test Case 1

**Contents: Form IL-1040  
Form W-2**

**Taxpayer identification information:**

Primary name and SSN: **Wanda TTTTTA 400-00-3501**  
Secondary name and SSN: **None**  
Foreign Address: **1466 Main Street  
Victoria BC K1D0P1 Canada**

**Filing Status:**

**Single or head of household**

**Federal information:**

Total federal exemptions: **None**

**Federal 1040 entries:**

Box 6a: Parent can claim: **Not Checked on Federal 1040**  
Line 7: Wages: **820**  
Line 22: Total income: **820**  
Line 37: Adjusted gross income: **820**

**W-2 information:**

Employer's identification number: **37-1029403**  
Employer's name, address, ZIP: **Barkers Cafe  
111 S America  
Macomb IL 62451**  
Employee's Social Security number: **400-00-3501**  
Employee Address: **1466 Main Street**  
Employee City/State/ZIP: **Victoria BC K1D0P1 Canada**  
Wages, tips, other compensation: **820**  
Federal income tax withheld: **102**  
Social Security Wages: **820**  
Social Security tax withheld: **51**  
Medicare Wages and Tips: **820**  
State: **IL**  
State wages, tips, etc.: **820**  
State income tax: **30**

## Test Case 1 continued

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	<b>0</b>
Line 1 (AGI):	<b>820</b>
Box 10b (Dependent Claimed Count):	<b>1</b>
Line 10b (Dependent Exemption Allowance):	<b>2100</b>
Line 15 (Total Income Tax):	<b>0</b>
Line 25 (IL Tax Withheld):	<b>30</b>
Line 36 (Refund):	<b>30</b>
Third Party Designee Box:	<b>X</b>
Third Party Designee Name:	<b>Debbie Monkman</b>
Third Party Designee Telephone	<b>217-524-4097</b>
Form 1099-G Box	<b>X</b>
Routing Transit Number - RTN:	<b>271188081</b>
Deposit refund to savings account:	<b>X</b>
Depositor's Account Number - DAN:	<b>2222TEST333344445</b>

### PC Online Return Signature Alternative:

Primary Drivers License Number:	<b>T11122233301</b>
Primary Drivers License First Name:	<b>Wanda</b>
Primary Drivers License Middle Name:	<b>Lou</b>
Primary Drivers License Last Name:	<b>TTTTTA</b>
Primary Drivers License Weight:	<b>150</b>



## Test Case 2 continued

### W-2 information #1:

Employer's identification number:	37-5094172
Employer's name, address, ZIP:	Moms Cookies Shoppers Plaza St Charles MO 63010
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	6000
Federal income tax withheld:	1000
Social Security Wages:	6000
Social Security tax withheld:	372
State:	MO
State wages, tips, etc.:	6000
State income tax:	95
Local wages, tips, etc:	100
Local income tax:	5
Name of Locality:	STL
W-2 form is NON-Standard	

### W-2 information #2:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Deb's Design White Oaks Madison IN 47250
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	408
Federal income tax withheld:	61
Social Security Wages:	408
Social Security tax withheld:	25
State:	IN
State wages, tips, etc.:	408
State income tax:	92
W-2 form is:	NON-Standard

### W-2 information #3:

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army USAFAC Litchfield IL 62811
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	21479
Federal income tax withheld:	4457
State:	IL
State wages, tips, etc.:	21479
State income tax:	0

## Test Case 2 continued

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	<b>0</b>
Line 1 (AGI):	<b>30034</b>
Line 6 (IL-Tax Refund):	<b>32</b>
Line 7 (Other Subtractions Total):	<b>21769</b>
Line 15 (Total Income Tax):	<b>97</b>
Line 16 (Credit Schedule-CR):	<b>75</b>
Line 22 (Household Employment Tax):	<b>29</b>
Line 23 (Use Tax):	<b>25</b>
Line 28 (IL-Earned-Income-Credit):	<b>274</b>
Line 36 (Refund):	<b>198</b>
Line 37 (Illinois Individual Income Tax Refund Debit Card)	<b>X</b>

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	<b>29034</b>
Primary Drivers License Number:	<b>T11122233302</b>
Primary Drivers License First Name:	<b>Lawrence</b>
Primary Drivers License Last Name:	<b>TTTTTB</b>
Primary Drivers License Weight:	<b>200</b>

### IL Schedule M information:

Line 19 (Military Pay):	<b>21479</b>
Line 20 (U.S. Obligations):	<b>290</b>
Line 38 (Total Other Subtractions):	<b>21769</b>

### IL Schedule CR information:

Line 1a (Wages):	<b>27887</b>
Line 1b (Non IL Wages):	<b>6408</b>
Line 2a (Interest Income):	<b>1890</b>
Line 3a (Dividend Income):	<b>225</b>
Line 4a (Taxable Income):	<b>32</b>
Line 38a (IL Income Tax Overpayment):	<b>32</b>
Line 39a (Other Subtractions Total):	<b>21769</b>
Line 40a (Total Subtractions):	<b>21801</b>
Line 43 (Schedule CR Decimal):	<b>0.77833</b>
Line 51 (Total Tax Paid to Other State):	<b>192</b>
Line 52 (IL Tax Due):	<b>97</b>
Line 54 (IL Tax Eligible for Credit):	<b>75</b>

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	<b>97</b>
Line 2 (IL1040 Schedule CR Credit):	<b>75</b>
Line 10a (Federal EIC Amount):	<b>2741</b>
Line 11 (IL Earned Income Credit):	<b>274</b>



## Test Case 3 continued

### W-2 information:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Clay City Ready Mix Purchasing Mr. Stone 210 Main Clay City IL 62824
Employee's Social Security number:	400-00-3503
Wages, tips, other compensation:	8000
Federal income tax withheld:	1478
Social Security Wages:	8000
Social Security tax withheld:	496
State:	IL
State wages, tips, etc.:	8000
State income tax:	234

### W-2G information:

Payer's name, address, ZIP:	Lotto State of Illinois c/o Odsby Whithue Madison Street Springfield IL 62704
Payer's identification number:	37-0012567
Gross winnings:	282
Winner's identification number:	400-00-3503
State name:	IL
Payer state identification number:	623522
State income tax withheld:	23

### 1099-R information #1:

Payer's name, address, ZIP:	Old Age Inc Big Old Bank 10001 Mich Ave Chicago IL 62555
Payer's identification number:	36-0012379
Recipient's Social Security number:	400-00-3503
Gross distribution:	48
Taxable amount:	48
Distribution code:	7
State income tax withheld:	9
State name:	IL
Payer state identification number:	65241
State distribution:	48

## Test Case 3 continued

### 1099-R information #2:

Payer's name, address, ZIP:	<b>No Place Like Home 606 Street Address Chicago IL 62555 36-0012377</b>
Payer's identification number:	<b>400-00-3503</b>
Recipient's Social Security number:	<b>450</b>
Gross distribution:	<b>450</b>
Taxable amount:	<b>450</b>
Federal income tax withheld:	<b>20</b>
State income tax withheld:	<b>0</b>
State name:	<b>IL</b>
Payer state identification number:	<b>65241</b>
State distribution:	<b>450</b>

### 1099-G information for Unemployment:

Payer's name, address, ZIP:	<b>State of Illinois Department of Employment Security P.O. Box 802551 Chicago IL 60680-2551</b>
Payer's identification number:	<b>36-0012378</b>
Recipient's Social Security number:	<b>400-00-3503</b>
Unemployment Compensation Amount:	<b>1200</b>
Federal income tax withheld:	<b>120</b>
IL State income tax withheld:	<b>36</b>
State name:	<b>IL</b>

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	<b>Line 10c = 1, over 65 Line 10d = 1, legally blind</b>
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Line 1 (AGI):	<b>11530</b>
Line 5 (Fed-Taxed-Ret-SS):	<b>498</b>
Line 7 (Other Subtractions Total):	<b>1550</b>
Line 15 (Total Income Tax):	<b>269</b>
Line 17 (Credit Schedule ICR-Nonrefundable):	<b>18</b>
Line 22 (Household Employment Tax):	<b>30</b>
Line 25 (IL Tax Withheld):	<b>302</b>
Line 33 (Total Donations):	<b>30</b>
Line 39 (Amount You Owe):	<b>9</b>

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	<b>99999903</b>
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## Test Case 3 continued

### IL Schedule M information:

Line 20 (U.S. Obligations):	1550
Line 38 (Total Other Subtractions):	1550

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	269
Line 4a (Property Tax):	350
Line 4b (County 1)	Clay
Line 4b (Property Tax Index Number 1):	Test12345678901234567890-12345
Line 4c (County 2)	Clay
Line 4c (Property Tax Index Number 2):	00-12-34
Line 4d (County 3)	Clay
Line 4d (Property Tax Index Number 3):	67-8910
Line 4f (Eligible Property Tax Amount):	350
Line 5 (IL Property Tax Credit):	18
Line 9 (Total Nonrefundable Credit):	18

### IL Schedule G information:

Line 1b (Donation b):	10
Line 1e (Donation e):	20
Line 2 (Total Donations):	30

## Test Case 4

**Contents:**    **Form IL-1040**  
                  **Schedule M**  
                  **Schedule ICR**  
                  **Schedule G**  
                  **Form IL-4562**  
                  **Schedule 1299-C**  
                  **(2) Form W-2**

**Taxpayer identification information:**

Primary name and SSN:	<b>Sam TTTTDD</b>	<b>400-00-3504</b>
Secondary name and ITIN:	<b>Betty Cramer-Hill</b>	<b>900-00-0007</b>
Address:	<b>200 Hickory Oak Park IL 60303</b>	

**Filing Status:**

**Married filing jointly**

**Federal information:**

Total federal exemptions:	<b>2</b>
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**Federal 1040 entries:**

Line 7: Wages:	<b>68346</b>
Line 10: Taxable refunds:	<b>76</b>
Line 12: Business Income or Loss:	<b>29785</b>
Line 22: Total income:	<b>98207</b>
Line 27: Deductible part of self-employment tax:	<b>2104</b>
Line 37: Adjusted gross income:	<b>96103</b>

**There will be no Federal 4562 filed. This information will be used to prepare a 4797 and Schedule D:**

Asset Purchased:	<b>01/02/2012</b>
Asset Cost:	<b>32000</b>
Total Elected 179 Deduction in 2012:	<b>24000</b>
Special Depreciation Allowance at 50% in 2012:	<b>4000</b>
Recovery Period:	<b>7yr</b>
Convention:	<b>HY</b>
Method:	<b>GDS 200%</b>
Depreciation deduction in 2012:	<b>572</b>
Asset Sold:	<b>01/11/2013</b>
No gain or loss on sale	

## Test Case 4 continued

### W-2 information #1:

Employer's identification number:	36-1274638
Employer's name, address, ZIP:	Federal Mgmt Inc 101 Wabash Chicago IL 60603
Employee's Social Security number:	400-00-3504
Wages, tips, other compensation:	67227
Federal income tax withheld:	12121
Social Security Wages:	67227
Social Security tax withheld:	4168
State 1:	IL
State wages, tips, etc.:	45012
State income tax:	1830
State 2:	OH
State 2 wages, tips, etc.:	22215
State 2 income tax:	556

### W-2 information #2: Mismatched ITIN

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army USAFAC Litchfield IL 62811
Employee's Social Security number:	400-00-3514
<b>Employee Name:</b>	Betty Cramer-Hill
Wages, tips, other compensation:	1119
Federal income tax withheld:	40
State:	IL
State wages, tips, etc.:	1119
State income tax:	20

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	0
Line 1 (AGI):	96103
Line 3 (Other-Add-Tot):	495
Line 6 (IL-Tax Refund):	76
Line 7 (Other-Sub-Tot):	5569
Line 15 (Total Income Tax):	4338
Line 17 (Credit Schedule ICR-Nonrefundable):	61
Line 18 (Schedule 1299-C Credit):	410
Line 25 (IL Tax Withheld):	1850
Line 26 (Estimated Payments):	775
Line 32d (No Previous Year IL-1040 Box):	X
Line 33 (Total Donations):	57
Line 39 (Amount You Owe):	1299

## Test Case 4 continued

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999904
Primary Drivers License Number:	T11122233304
Primary Zip Code:	603030303
Secondary Taxpayer IL-PIN:	99999914
Secondary Drivers License Number:	T11122233314
Secondary Zip Code:	603030303

### Schedule M information:

Line 5 (IL Special Depreciation Addition):	245
Line 8 (Schedule 1299-C Addition):	250
Line 11 (Total Other Additions):	495
Line 18 (IL Special Depreciation Subtraction):	4000
Line 19 (Military Pay):	1119
Line 22 (Schedule 1299-C Subtraction):	450
Line 38 (Total Other Subtractions):	5569

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	4338
Line 2 (IL1040 Schedule CR Credit):	0
Line 4a (Property Tax):	1214
Line 4b (County 1):	Cook
Line 4b (Property Tax Index Number 1):	dlb122757
Line 4f (Eligible Property Tax Amount):	1214
Line 5 (IL Property Tax Credit):	61
Line 9 (Total Nonrefundable Credit):	61

### Schedule 1299-C information:

Step 2, Line 1a (Corp Name):	ABC Corp
Step 2, Line 1a (Zone):	Rockford
Step 2, Line 1a (Dividend Amount):	450
Step 3, Line 1 (TECH-PREP Direct Payroll Expenses):	500
Step 3, Line 2 (On-site Dependent Care Expenses):	1200
Line 39a (Student Assistance Employee Name):	John Jones
Line 39a (Employee SSN):	400-01-3550
Line 39a (Contribution Amount):	1000

## Test Case 4 continued

### 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):	5
Line 1f (Donation f):	6
Line 1g (Donation g)	36
Line 2 (Total Donations):	57

### IL-4562 information:

Line 3 (Prior Year Depreciation Recapture):	245
Line 9 (Prior Year Special Depreciation: Addition Recapture)	4000



## Test Case 5 continued

### W-2 information #2:

Employer's identification number:	37-8634141
Employer's name, address, ZIP:	Industrial Beauty Supply 1600 Gracey Racine WI 53403
Employee name:	Ernie P TTTTTE, PHD
Employee's Social Security number:	400-00-3515
Wages, tips, other compensation:	10750
Federal income tax withheld:	713
Social Security Wages:	10750
Social Security tax withheld:	667
State:	IL
State wages, tips, etc.:	10750
State income tax:	323

### 1099-R information:

Payer's name, address, ZIP:	Sleepy Jacks 101 Street Address Chicago IL 62555
Payer's identification number:	36-0012377
Recipient's Social Security number:	400-00-3505
Gross distribution:	16042
Taxable amount:	16042
Federal income tax withheld:	800
State income tax withheld:	0
State name:	IL
Payer state identification number:	65241
State distribution:	16042

### IL-1040 information:

**Additional Illinois exemptions:** 0

Line 1 (AGI):	51150
Line 2 (Fed-Exempt-Interest):	225
Line 5 (Fed-Taxed-Ret-SS):	16042
Line 7 (Other-Sub-Total):	360
Line 15 (Total Income Tax):	1329
Line 23 (Use Tax):	600
Line 25 (IL Tax Withheld):	1049
Line 39 (Amount you Owe):	880
Filer's Daytime Telephone Number:	815 555-1200

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999905
Secondary Taxpayer IL-PIN:	99999915

## Test Case 5 continued

### Schedule M information:

Line 20 (U.S. Obligations):	160
Line 32e (College Savings Bonds):	200
Line 38 (Total Other Subtractions):	360

### Schedule CU information:

Line 1, Column A (Primary Wages, Salaries, Etc.):	24198
Line 1, Column B (Partner's Wages, Salaries, Etc.):	10750
Line 1, Column C (Combined Wages, Salaries, Etc.):	34948
Line 2, Column A (Primary Taxable Interest):	160
Line 2, Column C (Combined Taxable Interest):	160
Line 10, Column A (Primary Taxable Pensions):	16042
Line 10, Column C (Combined Taxable Pensions):	16042
Line 29, Column A (Primary AGI):	40400
Line 29, Column B (Partner's AGI):	10750
Line 29, Column C (Combined AGI):	51150

## Test Case 6

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

**Taxpayer identification information:**

Primary name and SSN: **Ronald TTTTTF 400-00-3506**  
Secondary name and SSN: **Judy TTTTTF 400-00-3516**  
Address: **RR 6  
Enos IL 62626-6342**

**Filing Status:**

**Married filing jointly**

**Federal information:**

Total federal exemptions: **2**

**Federal 1040 entries:**

Line 18: Farm income or loss: **11555 -**  
Line 22: Total income: **11555 -**  
Line 37: Adjusted gross income: **11555 -**

**IL-1040 information:**

**Additional Illinois exemptions:** **Line 10c = 2, both over 65**  
Line 1 (AGI): **11555 -**  
Line 3 (Other-Add-Tot): **2110**  
Line 15 (Total Income Tax): **0**  
Line 26 (Estimated Payments): **1000**  
Line 32a (Farmer Box): **X**  
Line 38 (Carry Forward): **1000**

**PC Online Return Signature Alternative:**

Primary Taxpayer IL-PIN: **99999906**  
Secondary Taxpayer IL-PIN: **99999916**

**Schedule M information:**

Line 1 (Child Tax Exempt Interest Income): **1900**  
Line 4 (College Savings and Tuition): **210**  
Line 11 (Total Other Additions): **2110**



## Test Case 7 continued

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	<b>0</b>
Line 1 (AGI):	<b>125000</b>
Line 3 (Other-Add-Tot):	<b>1600</b>
Line 5 (Fed-Taxed-Ret-SS):	<b>35000</b>
Line 7 (Other Subtractions Total):	<b>356</b>
Line 15 (Total Income Tax):	<b>4457</b>
Line 17 (Credit Schedule ICR-nonrefundable):	<b>178</b>
Line 25 (IL Tax Withheld):	<b>1050</b>
Line 32 (Penalty IL-2210):	<b>280</b>
Line 33 (Total Donations):	<b>93</b>
Line 39 (Amount you owe):	<b>3605 3602</b>

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	<b>129034</b>
Primary State ID Number:	<b>T11122233307</b>
Primary Drivers License First Name:	<b>Jerome</b>
Primary Drivers License Middle Name:	<b>Robert</b>
Primary Drivers License Last Name:	<b>TTTTTG</b>
Primary Drivers License Weight:	<b>213</b>

### IL-2210 information:

Prior YR IL-1040 Tax:	<b>4462</b>
Prior YR IL-1040 Credit (Property tax):	<b>178</b>

### Schedule M information:

Line 4 (College Savings and Tuition):	<b>1600</b>
Line 11 (Total Other Additions):	<b>1600</b>
Line 20 (U.S. Obligations):	<b>356</b>
Line 38 (Total Other Subtractions):	<b>356</b>

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	<b>4457</b>
Line 2 (IL1040 Schedule CR Credit):	<b>0</b>
Line 4a (Property Tax):	<b>3560</b>
Line 4b (County 1)	<b>Henry</b>
Line 4b (Property Tax Index Number 1):	<b>d1m12345678910abcdefghij</b>
Line 4f (Eligible Property Tax Amount):	<b>3560</b>
Line 5 (IL Property Tax Credit):	<b>178</b>
Line 9 (Total Nonrefundable Credit):	<b>178</b>

### Schedule G information

Line 1e (Donation e):	<b>93</b>
Line 2 (Total Donations):	<b>93</b>



## Test Case 8 continued

### 1099-G information for Unemployment:

Payer's name, address, ZIP:	State of Illinois Department of Employment Security P.O. Box 802551 Chicago IL 60680-2551
Payer's identification number:	36-0012378
Recipient's Social Security number:	400-00-3508
Unemployment Compensation Amount:	1200
Federal income tax withheld:	120
IL State income tax withheld:	36
State name:	IL

### IL-1040 information:

#### Additional Illinois exemptions:

Additional Illinois exemptions:	0
Line 1 (AGI):	21155
Line 12 (Nonresident Box):	X
Line 12 (NR Base Income):	2630
Line 15 (Total Income Tax):	119
Line 25 (IL Tax Withheld):	50
Line 39 (Amount you owe):	69
Filer's Daytime Telephone Number:	636 555-0101

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	129034
Primary Drivers License Number:	T11122233308
Primary 9 Digit Zip Code:	633850001

### IL Schedule NR information:

#### Residence:

Residence:	Nonresident
Line 4 (Other State 1):	MO
Line 9 (Column A):	18525
Line 17 (Column A):	1200
Line 17 (Column B):	1200
Line 19 (Column A):	1430
Line 19 (Column B):	1430
Line 46 (IL Portion of Base Income):	2630
Line 48 (Line 46 divided by IL Base Income Line 47):	.124
Line 52 (Tax - Line 51 times 5% (.05):	119

## Test Case 8 continued

### **IL-Payment information:**

Taxpayer Identification Number:	<b>400-00-3508</b>
Routing Transit Number:	<b>271188081</b>
Bank Account Number:	<b>2222Test333344445</b>
Type of Account:	<b>X</b>
Name on Account:	<b>JohnTTTTTH</b>
Amount of Tax Payment:	<b>69</b>
FTA Code – IL-1040	<b>013</b>
Settlement Date:	<b>2014/10/31</b>
Taxpayer's Daytime Phone Number:	<b>636 555-0101</b>
E-mail address:	<b>3Monks@IDORTEST.com</b>

## Test Case 9

**Contents:**    **Form IL-1040**  
                  **Schedule NR - Part-Year Resident**  
                  **Schedule M**  
                  **Schedule ICR**  
                  **Schedule G**  
                  **Schedule K-1-P**  
                  **Schedule K-1-T**  
                  **Form W-2**  
                  **Form 1099-INT**  
                  **Form 1099-DIV**  
                  **Form 1099-OID**  
                  **Form 1099-MISC**

**Taxpayer identification information:**

Primary name and SSN:                    **Barbara TTTTTI    400-00-3509**  
Secondary name and SSN:                **None**  
Address:                                    **1015 W Springfield**  
                                                  **Champaign IL 61820**

**Filing Status:**

**Single or head of household**

**Federal information:**

Total federal exemptions:              **4**

**Federal 1040 entries:**

Line 7: Wages:                            **165315**  
Line 8a: Taxable interest:                **3636**  
Line 8b: Tax exempt interest:            **1933**  
Line 9: Dividend income:                **543**  
Line 17: Income from Rents, Royalties,  
                  Partnership and Trusts:                **199803**  
Line 21: Other Income                    **600**  
Line 22: Total income:                    **369897**  
Line 37: Adjusted gross income:        **369897**

**W-2 information:**

Employer's identification number:        **36-1404993**  
Employer's name, address, ZIP:        **Chicago Bridgeworks**  
                                                  **1490 Aviary Drive**  
                                                  **Chicago IL 62555**  
Employee's Social Security number:    **400-00-3509**  
Wages, tips, other compensation:       **165315**  
Federal income tax withheld:            **42925**  
Social Security Wages:                  **113700**  
Social Security tax withheld:          **7049**  
State 1:                                    **IL**

## Test Case 9 continued

### W-2 information continued:

State 1 wages, tips, etc.:	143084
State 1 income tax:	3523
State 2:	NC
State 2 wages, tips, etc.:	22231
State 2 income tax:	556

### 1099-INT information:

Payer's name, address, ZIP, phone:	Marine Bank 2136 Cook Street Springfield IL 62703 217-555-5555
Payer's identification number:	37-0919766
Recipient's Social Security number:	400-00-3509
Interest income:	100
Federal income tax withheld:	28
State:	IL
State tax withheld:	5

### 1099-DIV information:

Payer's name, address, ZIP, phone:	Market Shares 101 Wabash Chicago IL 60603 312-555-5555
Payer's identification number:	36-3703799
Recipient's Social Security number:	400-00-3509
Total ordinary dividends:	34
Qualified dividends:	34
Federal income tax withheld:	10
State:	IL
State tax withheld:	2

### 1099-OID information:

Payer's name, address, ZIP, phone:	Any Broker 115 W Church St Champaign IL 61820 217-555-5555
Payer's identification number:	36-1274638
Recipient's Social Security number:	400-00-3509
Original issue discount:	69
Federal income tax withheld:	4
Description:	Intel 2.95 121535 458140AD2
State:	IL
State tax withheld:	3

## Test Case 9 continued

### 1099-MISC information:

Payer's name, address, ZIP, phone:

**Midwest Family Broadcast  
PO Box 460  
Springfield IL 62705  
217-555-5555**

Payer's identification number:

**36-1029406**

Recipient's Social Security number:

**400-00-3509**

Other Income:

**600**

Federal income tax withheld:

**90**

State tax withheld:

**30**

State:

**IL**

### IL-1040 information:

#### Additional Illinois exemptions:

**0**

Line 1 (AGI):

**369897**

Line 2 (Fed-Exempt-Interest):

**1933**

Line 3 (Other Additions):

**4183**

Line 7 (Other Subtractions Total):

**4444**

Line 12 Box (Part-Year Resident Box):

**X**

Line 12 (NR Base Income):

**63430**

Line 15 (Total Income Tax):

**3100**

Line 17 (Credit Schedule ICR-nonrefundable):

**500**

Line 25 (IL Tax Withheld):

**3563**

Line 27 (Pass-through Entity Payments)

**100**

Line 33 (Total Donations):

**50**

Line 36 (Refund):

**13**

Line 38 (Carry Forward):

**1000**

### For PC Online returns only:

Primary Taxpayer IL-PIN:

**99999909**

### IL Schedule NR information:

Residence:

**Part-Year**

Primary Taxpayer IL Residency From Date:

**20130601**

Primary Taxpayer IL Residency To Date:

**20131231**

Primary Taxpayer Other State:

**FL**

Primary Taxpayer Other State From Date:

**20130501**

Primary Taxpayer Other State To Date:

**20130531**

Line 4a (Other State 1):

**NY**

Line 4b (Other State 2):

**CA**

Line 4c (Other State 3):

**AZ**

Line 4d (Other State 4):

**NV**

Line 4e (Other State 5):

**NC**

Line 5 (Column A):

**165315**

Line 5 (Column B): 143084

**Test Case 9 continued**

**IL Schedule NR continued:**

Line 6 (Column A): 4236 3636  
Line 6 (Column B): 2118 1518  
Line 7 (Column A): 543  
Line 7 (Column B): 271  
Line 15 (Column A): 199803  
Line 15 (Column B): -81782  
Line 19 (Column A): 600  
Line 19 (Column B): 600  
Line 39 (Column A): 1933  
Line 40 (Column A): 4183  
Line 40 (Column B): 4183  
Line 44 (Column A): 4444  
Line 44 (Column B): 4444  
Line 46 (IL Portion of Base Income): 63430  
Line 48 (Line 46 divided by IL Base Income Line 47): .171  
Line 52 (Tax – Line 51 times 5% (.05)) 3100

**IL Schedule M information:**

Line 2 (Partnership, SCorporation, Estate or Trust Gain): 4183  
Line 11 (Total Other Additions): 4183  
Line 13 (Partnership, SCorporation, Estate or Trust Loss): 4183  
Line 20 (U.S. Obligations): 261  
Line 38 (Total Other Subtractions): 4444

**IL Schedule ICR information:**

Line 1 (IL1040 Tax Amount): 3100  
Line 2 (IL1040 Schedule CR Credit): 0  
Line 7a (Total Education Expenses): 4150  
Line 8 (IL Education Expense Credit): 500  
Line 9 (Total Nonrefundable Credit): 500

**Student 1**

Line 12a (Student Last Name): TTTTII  
Line 12a (Student First Name): Jennifer  
Line 12a (Student Social Security Number): 400-01-3550  
Line 12a (Student Grade): 1  
Line 12a (School Name): Little Flower  
Line 12a (School City): Champaign  
Line 12a (Student Total): 450

## Test Case 9 continued

### Schedule ICR continued:

#### Student 2

Line 12b (Student Last Name):	TTTTTI
Line 12b (Student First Name):	Robert
Line 12b (Student Social Security Number):	400-01-3551
Line 12b (Student Grade):	2
Line 12b (School Name):	Harvard Park
Line 12b (School City):	Champaign
Line 12b (Student Total):	450

#### Student 3

Line 12c (Student Last Name):	TTTTTI
Line 12c (Student First Name):	Deborah
Line 12c (Student Social Security Number):	400-01-3552
Line 12c (Student Grade):	3
Line 12c (School Name):	Little Flower
Line 12c (School City):	Champaign
Line 12c (Student Total):	450

#### Student 4

Line 12d (Student Last Name):	TTTTTI
Line 12d (Student First Name):	Jayne
Line 12d (Student Social Security Number):	400-01-3553
Line 12d (Student Grade):	4
Line 12d (School Name):	Little Flower
Line 12d (School City):	Champaign
Line 12d (Student Total):	466

#### Student 5

Line 12e (Student Last Name):	TTTTTI
Line 12e (Student First Name):	Eugene
Line 12e (Student Social Security Number):	400-01-3554
Line 12e (Student Grade):	5
Line 12e (School Name):	Harvard Park
Line 12e (School City):	Champaign
Line 12e (Student Total):	467

#### Student 6

Line 12f (Student Last Name):	TTTTTI
Line 12f (Student First Name):	Lynn
Line 12f (Student Social Security Number):	400-01-3555
Line 12f (Student Grade):	6
Line 12f (School Name):	Little Flower
Line 12f (School City):	Champaign

Line 12f (Student Total): 467

**Test Case 9 continued**

**Schedule ICR continued:**

**Student 7**

Line 12g (Student Last Name): TTTTTI  
Line 12g (Student First Name): William  
Line 12g (Student Social Security Number): 400-01-3556  
Line 12g (Student Grade): 7  
Line 12g (School Name): Sacred Heart  
Line 12g (School City): Champaign  
Line 12g (Student Total): 467

**Student 8**

Line 12h (Student Last Name): TTTTTI  
Line 12h (Student First Name): Michael  
Line 12h (Student Social Security Number): 400-01-3557  
Line 12h (Student Grade): 8  
Line 12h (School Name): Ursuline  
Line 12h (School City): Springfield  
Line 12h (Student Total): 467

**Student 9**

Line 12i (Student Last Name): TTTTTI  
Line 12i (Student First Name): Laurie  
Line 12i (Student Social Security Number): 400-01-3558  
Line 12i (Student Grade): 9  
Line 12i (School Name): Ursuline  
Line 12i (School City): Springfield  
Line 12i (Student Total): 233

**Student 10**

Line 12j (Student Last Name): TTTTTI  
Line 12j (Student First Name): Tracey  
Line 12j (Student Social Security Number): 400-01-3559  
Line 12j (Student Grade): 10  
Line 12j (School Name): Sacred Heart  
Line 12j (School City): Champaign  
Line 12j (Student Total): 233  
Total Qualified Expenses 4150

**IL Schedule G information:**

Line 1a (Donation a): 50  
Line 2 (Total Donations): 50

## Test Case 9 continued

### IL Schedule K-1-P information:

Partnership Year Ending:	201304
Line 1 (Business Type):	Partnership
Line 2 (Business Name):	Gene TTTTTZ
Line 3 (FEIN):	40-0003566
Line 4 (Apportionment Factor):	1
Line 5 (Partner Name):	Grantor Trust TTTTTI
Line 6 (Partner Address):	63 Main St
Line 6 (Partner City):	Cloud Lake
Line 6 (Partner State):	FL
Line 6 (Partner ZIP):	33406
Line 7 (Partner FEIN):	40-0003567
Line 8 (Partner share):	20 %
Line 9a (Trust Box):	X
Line 9b (Grantor Trust Box):	X
Line 9b (Taxpayer Name):	Barbara TTTTTI
Line 9b (Taxpayer SSN):	400-00-3509
Line 20 (Column A):	6500
Line 20 (Column B):	6500
Line 36 (Column A):	3483
Line 36 (Column B):	3483
Line 46 (Column A):	2184
Line 46 (Column B):	2184
Line 54a (Pass-through Entity Payments):	50

### IL Schedule K-1-T information:

Trust Year Ending:	201312
Line 1 (Business Type):	Trust
Line 2 (Business Name):	Gene TTTTTZ
Line 3 (FEIN):	36-1234567
Line 4 (Apportionment Factor):	1
Line 5 (Beneficiary Name):	Barbara TTTTTI
Line 6 (Beneficiary Address):	1015 W Springfield
Line 6 (Beneficiary City):	Champaign
Line 6 (Beneficiary State):	IL
Line 6 (Beneficiary ZIP):	61820
Line 7 (Beneficiary SSN):	400-00-3509
Line 8 (Individual Box):	X
Line 14 (Column A):	46000
Line 14 (Column B):	46000
Line 34 (Column A):	700
Line 44 (Column A):	1999
Line 50 (Pass-through Entity Payments):	50

## Test Case 10

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

### **Taxpayer identification information:**

Primary name and SSN: **Michael TTTTTJ Jr 400-00-3510**  
Secondary name and SSN: **Sarah James 400-00-3520**  
Address: **80 Portview Pl.  
West Port FL 33414**

**Filing Status: Married filing jointly**

### **Federal information:**

Total federal exemptions: **8**

### **Federal 1040 entries:**

Line 8a: Taxable interest: **17160**  
Line 9: Dividend income: **500**  
Line 17: Rental real estate composed of . . . **58751**  
    Florida small business corporation 2490  
    Florida partnership 58661  
    Illinois partnership 2400 -  
Line 22: Total income: **76411**  
Line 37: Adjusted gross income: **76411**

### **IL-1040 information:**

**Additional Illinois exemptions: 0**

Line 1 (AGI): **76411**  
Line 12 Box (Nonresident Box): **X**  
Line 12 (NR Base Income): **0**  
Line 15 (Total Income Tax): **0**  
Line 39 (Amount you owe): **0**

### **PC Online Return Signature Alternative:**

Primary Taxpayer IL-PIN: **99999910**  
Secondary Taxpayer IL-PIN: **99999920**

## Test Case 10 continued

### IL Schedule NR information:

Residence:	<b>Nonresident</b>
Line 3 (Military Spouse):	<b>X</b>
Line 4a (Other State 1):	<b>FL</b>
Line 4b (Other State 2):	<b>NY</b>
Line 4c (Other State 3):	<b>CA</b>
Line 4d (Other State 4):	<b>TX</b>
Line 4e (Other State 5):	<b>NV</b>
Line 6 (Column A):	<b>17160</b>
Line 7 (Column A):	<b>500</b>
Line 15 (Column A):	<b>58751</b>
Line 15 (Column B):	<b>2400 -</b>
Line 38 (IL Portion of Fed AGI):	<b>2400 -</b>
Line 46 (IL Portion of Base Income):	<b>0</b>
Line 48 (Line 46 divided by IL Base Income Line 47):	<b>0</b>
Line 52 (Tax - Line 51 times 5% (.05):	<b>0</b>



## Test Case 11 continued

### W-2 information #1:

Employer's identification number:	37-5094172
Employer's name, address, ZIP:	Moms Cookies Shoppers Plaza St Charles MO 63010
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	6000
Federal income tax withheld:	1000
Social Security Wages:	6000
Social Security tax withheld:	372
State:	MO
State wages, tips, etc.:	6000
State income tax:	100
W-2 form is:	NON-Standard

### W-2 information #2:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Deb's Design White Oaks Madison IN 47250
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	408
Federal income tax withheld:	61
Social Security Wages:	408
Social Security tax withheld:	25
State:	IN
State wages, tips, etc.:	408
State income tax:	92
W-2 form is:	NON-Standard

### W-2 information #3:

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army USAFAC Litchfield IL 62811
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	9341
Federal income tax withheld:	4457
State:	IL
State wages, tips, etc.:	9341
State income tax:	0

## Test Case 11 continued

### IL-1040 information:

<b>Additional Illinois exemptions:</b>	<b>0</b>
Line 1 (AGI):	<b>17647</b>
Line 6 (IL-Tax Refund):	<b>32</b>
Line 7 (Other Subtractions Total):	<b>9382</b>
Line 15 (Total Income Tax):	<b>97</b>
Line 16 (Credit Schedule-CR):	<b>76</b>
Line 17 (Credit Schedule ICR-nonrefundable):	<b>21</b>
Line 28 (IL-Earned-Income-Credit):	<b>535</b>
Line 36 (Refund):	<b>535</b>

### PC Online Return Signature Alternative:

Primary Drivers License Number:	<b>T11122233311</b>
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### IL Schedule M information:

Line 19 (Military Pay):	<b>9341</b>
Line 20 (U.S. Obligations):	<b>41</b>
Line 38 (Total Other Subtractions):	<b>9382</b>

### IL Schedule CR information:

Line 1a (Wages):	<b>15749</b>
Line 1b (Non IL Wages):	<b>6408</b>
Line 2a (Interest Income):	<b>1641</b>
Line 3a (Dividend Income):	<b>225</b>
Line 4a (Taxable Income):	<b>32</b>
Line 38a (IL Income Tax Overpayment):	<b>32</b>
Line 39a (Other Subtractions Total):	<b>9382</b>
Line 40a (Total Subtractions):	<b>9414</b>
Line 43 (Schedule CR Decimal):	<b>0.77833</b>
Line 51 (Total Tax Paid to Other State):	<b>192</b>
Line 52 (IL Tax Due):	<b>97</b>
Line 54 (IL Tax Eligible for Credit):	<b>76</b>

## Test Case 11 continued

### **IL Schedule ICR information:**

Line 1 (IL1040 Tax Amount):	<b>97</b>
Line 2 (IL1040 Schedule CR Credit):	<b>76</b>
Line 4a (Property Tax):	<b>1560</b>
Line 4b (County 1)	<b>Christian</b>
Line 4b (Property Index Number 1):	<b>12deb13jen</b>
Line 4f (Eligible Property Tax Amount 1):	<b>1560</b>
Line 5 (IL Property Tax Credit):	<b>21</b>
Line 10a (Federal EIC Amount):	<b>5352</b>
Line 11 (IL Earned Income Credit)	<b>535</b>



## Test Case 12 continued

### IL Schedule ICR information continued:

#### Student 1

Line 12a (Student Last Name):	TTTTTL
Line 12a (Student First Name):	Jennifer
Line 12a (Student Social Security Number):	400-01-3522
Line 12a (Student Grade):	1
Line 12a (School Name):	Little Flower
Line 12a (School City):	Champaign
Line 12a (Student Total):	1050

### IL Form 2210 information:

#### Annualizing Income:

Yes

Payments made: IL-1040-ES Payment made on April 19, 2013:	100
IL-1040-ES Payment made on June 10, 2013:	100

Line 1a (This Year's Total Inc Tax):	1945
Line 1b (Last Year's Total Inc Tax):	890
Line 2a (This Year's Tax Return Credits):	200
Line 2b (Last Year's Tax Return Credits):	50
Line 3a (This Year's Net Income Tax):	1745
Line 3b (Last Year's Net Income Tax):	840
Line 6a (This Year's Net Inc Tax Times 90%):	1571
Line 7a (Estimated Tax):	840
Line 8a (Required Installment Amt Per Qtr):	210
Line 9b(1) (Required Installment Qtr 1):	201
Line 9b(2) (Required Installment Qtr 2):	40
Line 9b(3) (Required Installment Qtr 3):	0
Line 9b(4) (Required Installment Qtr 4):	599
Line 18 (Cr Carried Fwd Payments Withholding):	840
Line 19 (Total Unpaid Tax Amt or Overpayment):	905
Line 36 (Total Overpaid or Owed):	1712
Line 37a (Base Income Period 1):	6000
Line 37b (Base Income Period 2):	7000
Line 37c (Base Income Period 3):	8000
Line 37d (Base Income Period 4):	41000
Line 53a (Required Installment Period 1):	201
Line 53b (Required Installment Period 2):	40
Line 53c (Required Installment Period 3):	0
Line 53d (Required Installment Period 4):	599

## Test Case 12 continued

### **IL-Payment 1 information:**

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Type of Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	1712
FTA Code – IL-1040	013
Settlement Date:	06/16/2014
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com

### **IL-Payment 2 information:**

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Type of Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code – IL-1040 ES	012
Settlement Date:	04/15/2014
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com

### **IL-Payment 3 information:**

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Type of Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code – IL-1040 ES	012
Settlement Date:	06/16/2014
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com

## Test Case 12 continued

### **IL-Payment 4 information:**

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Type of Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code – IL-1040 ES	012
Settlement Date:	09/15/2014
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com

### **IL-Payment 5 information:**

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Type of Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code – IL-1040 ES	012
Settlement Date:	01/15/2015
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com