

or for fiscal year ending 2001

Step 1

Complete your personal information

Step 2 Figure your income

Step 3 Figure your base income

Attach copies of any required federal or Illinois forms and schedules.

		Do not write above this line.
	Write your Social Security numbers in the order they appear or Your Social Security number Spouse Print or type your personal information below.	n your federal return. -
_	Your first name and initial Your la	st name e's last name (if different)
	Check the same filing status you checked on your federal return.	flarried filing separately Widowed
2	Write your federal adjusted gross income from either your U.S. 10 U.S. 1040A, Line 19; U.S. 1040EZ, Line 4; or U.S. TeleFile works! Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b. Write any other additions to your income that are taxable in Illino instructions for details. Specify your additions. Add Lines 1 through 3. This is your income.	theet, Line I.
6 7 8 9	Write your Social Security and retirement income from U.S. 1040 Lines 15b, 16b, and 20b, or 1040A, Lines 11b, 12b, and 14b. Write any active-duty military pay you earned if you included this pay in Line 1. Write your Illinois Income Tax refund and Homeowners' Property Relief rebate if you included these amounts on U.S. 1040, Line 1 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U agency interest from U.S. 1040, Schedule B, or 1040A, Schedule Write any other subtractions to your income. See the instructions and our Publication 101 for details. Specify your subtractions. Do not include out-of-state income. Add Lines 5 through 9. This is your total subtractions. Subtract Line 10 from Line 4. This is your Illinois base income.	5 6 7 Tax 0. 7 J.S. 8
	See instructions before completing this step.	\$2,000 a

Step 4

instructions.

Staple W2, W-2-G, and 1099-R forms to this page only.

Figure your exemption allowance

b If someone else claimed you on their return, see the instructions to figure the number to write here. c Check if 65 or older: You + Spouse = **d** Check if legally blind: Spouse =

x \$2,000 b x \$1,000 c _ x \$1,000 d Add Lines a through d. This is your total Illinois exemption allowance.

13

Step 5

Figure your net income

-Residents complete Line 13.

13 Subtract Line 12 from Line 11. This is your net income. Write the amount here and on Line 15. Skip Line 14.

Nonresidents and part-year residents complete Line 14.

Step 5, Line 45. Attach a copy of your completed Schedule NR.

You +

14 Check the box that applies to you during the year 2000. Nonresident Part-year resident Complete Illinois Schedule NR, and write your Illinois income from

IL-1040 front (R-12/00)

Step 6	15	Residents: Write your net income from Line 13.		15	
Figure your tax	16	Residents: Multiply Line 15 by 3% (.03). Write the result on Line 16. The	is is you	r <i>tax</i> .	
		Nonresidents and part-year residents: Write your tax amount from		16	
Step 7	17	Schedule NR, Step 5, Line 51. Write the total amount of Illinois Income Tax that was withheld from		10	
Figure your	17	your pay as shown on your W-2 forms, generally Box 18.	17		
payments	18	Write any estimated payments you made with Forms IL-1040-ES	17		
and credits		and IL-505-I. Include any credit from your 1999 overpayment.	18		
	19	If you paid income tax to another state, complete Illinois			
Attach all W-2		Schedule CR. Write the amount from Schedule CR, Line 8.	19		
forms to the	20	If you paid Illinois Property Tax, complete the Homeowner's Property			
front.		Tax Credit Worksheet, and write the amount from Line 3			
Attach all	•	here and the amount from Line 8 here.	20		
required	21	If you have qualifying education expenses, write the amount from			
schedules and		the Education Expense Credit Worksheet or Schedule ED here and the amount from Line 10 here.	21		
other states' returns to the	22	If you received a federal Earned Income Credit, complete the Illinois	Z1		
back.	~~	Earned Income Credit Worksheet, and write the amount from Line 1			
		here \rightarrow and the amount from Lines 9 or 12 here.	22		
	23	If you completed Illinois Schedule 1299-C, write the amount from			
		Section II, Part IX, Line 46.	23		
Stop 9	24	Add Lines 17 through 23. This is your total payments and credits.		24	
Step 8					
Figure your overpayment	25	If Line 24 is greater than Line 16, subtract Line 16 from Line 24.		05	
or tax due	26	This is your overpayment.		25	
	20	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.		26	
Step 9	27	Write your late-payment penalty for underpayment of estimated tax		20	
Figure your		from Form IL-2210.	27		
penaltý		Check the box if you annualized your income on Form IL-2210 or			
0: 40		if you are 65 or older and permanently living in a nursing home.	Ш		
Step 10		- Any donation will reduce your refund or increase the amoun			
Figure your	28	Write the amount you wish to donate to one or more of the following vol	luntary c	ontribution funds.	
donations		Wildlife Preservation a Breast Cancer Research e			
		Child Abuse Prevention b Prostate Cancer Research f			
		Alzheimer's Research c World War II Memorial g Homeless Assistance d	_		
		Add Lines a through g . This is your total voluntary contributions.	28		
2:	29	Add Line 27 and Line 28. This is your total penalty and donations.		29	
Step 11 —		, , ,			
Figure your	30	If you have an overpayment on Line 25 and this amount is greater than			
refund or the		Line 29, subtract Line 29 from Line 25.		30	
amount you	31	Write the amount from Line 30 that you want applied to	0.4		
owe	20	your 2001 estimated tax. 2 Subtract Line 31 from Line 30. This is your <i>refund</i> .	31	32	
Direct deposit		B Direct deposit your refund by completing the following information.		32	
See instructions	, 50	Routing number Type of account		cking savings	
		Account number			
Payment options See instructions	34	If you have tax due on Line 26, add Lines 26 and 29. Or			
occ matractions		If you have an overpayment on Line 25 and this amount is less than Lin	ne 29,	0.4	
Step 12		subtract Line 25 from Line 29. This is the amount you owe.		34	
	Un	der penalties of perjury, I state that I have examined this return and, to the best	of my kn	owledge, it is true, cor	rect, and complete.
Sign and date		() -			
your return	You	ur signature Date Daytime phone number S	pouse's si	ignature	Date
	Pa	id preparer's signature Date Preparer's phone number P	reparer's	FEIN, SSN, or PTIN	
	lf :	you use a preparer and want a Refund mailed to: ILLINOIS DEPARTMENT OF RI SPRINGFIELD II. 62740 0001	EVENI IE	Balance due mailed	
	bc	poklet next year, check the box. SPRINGFIELD IL 62719-0001	LVENUE	SPRINGFIELD IL 6	
IL-1040 back (R12/00)	<u>-</u> د	AP DR ME ZZ SE WA RX N	IS DO	C ID	_