Illinois Department of Revenue

2008 Form IL-1040

Individual Income Tax Return

or for fiscal year ending $\ \underline{\ }\ \underline{\ }\ \underline{\ }\ \underline{\ }\ \underline{\ }$

Step 1: Person	nal Information —		Do not write above this line.		
A Social Security numbers in the order they appear on your federal return					
	Your Social Security number	Spouse's Social Security number			
В	Print your personal information below				
	Your first name and initial	Your last name			
	Tour mornance and militar	Tour last Harrie			
	Spouse's first name and initial	Spouse's last name - only if different			
	Mailing address				
	City	State ZIP			
С	Filing status (see instructions)				
,	☐ Single or head of household ☐ Married filing jointly	Married filing separately	☐ Widowed		
Step 2: Incom	e ————————————————————————————————————				
1	Federal adjusted gross income from your U.S. 1040, Line 37;	; U.S. 1040A, Line 21; or			
_	U.S. 1040EZ, Line 4	1			
2	Federally tax-exempt interest and dividend income from your or U.S. 1040EZ		1		
3	Other additions to your income. Attach Schedule M.	2			
	Total income. Add Lines 1 through 3.	4			
Step 3: Base Income					
-	Income received from Social Security benefits and certain re	tirement			
ū	plans if included in Line 1. Attach federal page 1.	5	_		
6	Illinois Income Tax overpayment included in U.S. 1040, Line	10 6	-		
7	Other subtractions to your income. Attach Schedule M.		-		
0	Check if Line 7 includes any amount from Schedule 1299	-C Ц	I		
9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	9			
Step 4: Exemp			<u> </u>		
-		X \$2,000 a			
See	a Number of exemptions from your federal returnb If someone else claimed or could have claimed you	_ A \$2,000 a	_		
instructions before	or your spouse as a dependent on their return, see				
figuring exemptions.		X \$2,000 b	_		
exemptions.	c Check if 65 or older: ☐ You + ☐ Spouse = —	─ X \$1,000 c ─	_		
	d Check if legally blind: ☐ You + ☐ Spouse = —	X \$1,000 d			
	Exemption allowance. Add Lines a through d.	10			
Step 5: Net Inc	come ————————————————————————————————————				
11	Residents Only: Net income. Subtract Line 10 from Line 9.	Skip Line 12. 11			
12	Nonresidents and part-year residents Only:	П-			
	Check the box that applies to you during 2008 Nonresid				
Chan C. Tax	write the Illinois base income from Schedule NR. Attach Sche	edule NR. 12	-		
Step 6: Tax —	Paridonto Multiplu Lipa 11 by 00/ / 00\ Write the government				
13	Residents: Multiply Line 11 by 3% (.03). Write the result here Nonresidents and part-year residents: Write the tax before				
•	credits from Schedule NR.				
14	Recapture of investment tax credits. Attach Schedule 4255.	14			
15	Total tax . Add Lines 13 and 14. This amount may not be less	than zero. 15			
)					



	Total tax amount from Page 1, Line 15		16	
-	fundable Credits ————————————————————————————————————			
17	Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns.	17		
- New - 18	Property tax and K-12 education expense credit amount from		1	
Complete Schedule ICR	Schedule ICR. Attach Schedule ICR.	18	<u> </u>	
19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	19	<u></u>	
20	Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16.		20	
21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.		21	
Step 8: Paymo	ents and Refundable Credit —————————			
22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	22		
23	Estimated payments from Forms IL-505-I and IL-1040-ES,			
	including overpayment applied from Line 31 of your 2007 return	23		
-New- See Instructions 24		24	<u></u>	
	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	25	<u> </u>	
Complete	Total payments and refundable credit. Add Lines 22 through 25.		26	1
	ayment or Underpayment			
	Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from	Line 26	27	1
	Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from		28	i
	erpayment of Estimated Tax Penalty and Donations———	III LIIIO Z I.		
•	Late payment penalty for underpayment of estimated tax.	29	I	
29				
	a Check if at least two-thirds of your federal gross income is from farm	ing.		
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.			
		Ш		
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.			
30	You can make voluntary charitable donations to many worthy causes			
MAKE "GIVING.	using this form. It's easy - just complete Schedule G and enter			
	the donation amount here. Attach Schedule G.	30		
EASY! 31	Total penalty and donations. Add Lines 29 and 30.		31	
Step 11: Refu	nd or Amount You Owe ———————————————————————————————————			
32	If you have an overpayment on Line 27 and this amount is greater that	า		
	Line 31, subtract Line 31 from Line 27. This is your remaining overpay	ment.	32	
33	Amount from Line 32 you want refunded to you		33	
34	Complete to direct deposit your refund			
(5: 45 %	Routing number Checkir	ng or Savings		
Direct Deposit				
	Account number			
35	Subtract Line 33 from Line 32. This amount will be applied to your 20	09 estimated tax.	35	
See instructions -36	If you have an underpayment on Line 28, add Lines 28 and 31. Or			
for payment options.	If you have an overpayment on Line 27 and this amount is less than Li	ne 31,		
4,000	subtract Line 27 from Line 31. This is the amount you owe.		36	
Step 12: Sign	and Date —			
U	nder penalties of perjury, I state that I have examined this return, and, to the b	pest of my knowledge	e, it is true, correct, a	and complete
Sign √ here	our signature Date Daytime phone number	Your spouse's signature	e	Date
Pa	nid preparer's signature Date Preparer's phone number	Preparer's FEIN, SSN,	or PTIN	
K	If no payment enclosed, mail to:			
	ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001 ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD	RTMENT OF REVENU	JE	
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