Illinois Department of Revenue 2010 Form IL-1040 Individual Income Tax Return •

or for fiscal year ending __ _/__ _

tax.illinois.gov							
Step 1: Perso	nal Information —————————————————————		Do not write above this line.				
Α	A Social Security numbers in the order they appear on your federal return						
	Your Social Security number	Spouse's Social Security number					
В	Personal information						
	Your first name and initial	Your last name					
	Spouse's first name and initial	Spouse's last name - only if different					
	Mailing address (See instructions if foreign address)	Apartment number					
	City	State	ZIP or Postal Code				
	Foreign Nation, if not United States (do not abbreviate)						
С	Filing status (see instructions)						
7	☐ Single or head of household ☐ Married filing jointly	☐ Married filing separate	ely Widowed				
Step 2: Incom	e ————————————————————————————————————						
1	Federal adjusted gross income from your U.S. 1040, Line 37 U.S. 1040EZ, Line 4	7; U.S. 1040A, Line 21; or	(Whole dollars only) 1 .00				
2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 .00						
3	Other additions to your income. Attach Schedule M.		3 .00				
4	Total income. Add Lines 1 through 3.		4				
Step 3: Base							
-	Income received from Social Security benefits and certain re	etirement					
	plans if included in Line 1. Attach federal Page 1.	5	.00				
6	Illinois Income Tax overpayment included in U.S. 1040, Line	10 6	.00				
7	Other subtractions to your income. Attach Schedule M.	7	.00				
	Check if Line 7 includes any amount from Schedule 1299	9-C.	_				
<u> </u>	Add Lines 5, 6, and 7. This is the total of your subtractions.		8				
9	Illinois base income. Subtract Line 8 from Line 4.		9				
Step 4: Exemptions ————————————————————————————————————							
See -10	· · · · · · · · · · · · · · · · · · ·	X \$2,000 a	.00				
instructions	b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see						
before figuring		X \$2,000 b	.00				
exemptions.		X \$1,000 c					
	<u> </u>	X \$1,000 d					
	Exemption allowance. Add Lines a through d.	. ,	10 00				
Step 5: Net Inc	come						
11	Residents Only: Net income. Subtract Line 10 from Line 9	. Skip Line 12.	11 .00				
12	Nonresidents and part-year residents Only:	,					
	Check the box that applies to you during 2010 Nonresid	dent Part-year resident,	and				
	write the Illinois base income from Schedule NR. Attach Sch	nedule NR. 12	.00				
Step 6: Tax							
	Residents: Multiply Line 11 by 3% (.03). Write the result he						
	Nonresidents and part-year residents: Write the tax before	re recapture of investment					
	credits from Schedule NR.		13				
	Recapture of investment tax credits. Attach Schedule 4255		1400				
15	Total tax. Add Lines 13 and 14. This amount may not be les	ss than zero.	15				



	16	Total tax amount from Page 1, Line 15		16	.00
Step 7: Ta	x Af	ter Nonrefundable Credits and Use Tax ——————			
	17	Income tax paid to another state while an Illinois resident.			
Schedule ICR		Attach Schedule CR.	17	<u>00.</u>	
	- 18	Property tax and K-12 education expense credit amount from			
		Schedule ICR. Attach Schedule ICR.	18	.00	
	19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	19	.00	
	20	Add Lines 17, 18, and 19. This is the total of your credits. This amount			
2		may not exceed the tax amount on Line 16.		20	.00
	21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.		21	.00
- New - Pay IL	_ 22	Use tax on internet, mail order, or other out-of-state purchases from			
Use Tax here.		UT Worksheet or UT Table in the instructions. Do not leave blank.	22	.00	
	23	Tax after nonrefundable credits and use tax. Add Lines 21 and 22.		23	.00
Step 8: Pa	ıyme	ents and Refundable Credit ————————————————————————————————————			
	24	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	24	.00	
	25	Estimated payments from Forms IL-505-I and IL-1040-ES,			
		including overpayment applied from 2009 return	25	.00	
See Instructions	- 26	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	26	.00	
Complete	- 27	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	27	.00	
Schedule ICR	28	Total payments and refundable credit. Add Lines 24 through 27.		28	.00
Step 9: O	verp	ayment or Underpayment ————————			
•		Overpayment. If Line 28 is greater than Line 23, subtract Line 23 from		29	.00
	30			30	
Sten 10· I	Inde	rpayment of Estimated Tax Penalty and Donations			
Otop 10.			31	.00	
	01	the first and a section from the first and t			
		a Check if at least two-thirds of your federal gross income is from farming.			
		b Check if you or your spouse are 65 or older and permanently			
		living in a nursing home.			
		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.			
	20		20	00	
		•	32	.00	0.0
	33	Total penalty and donations . Add Lines 31 and 32.		33	.00
Step 11: F	Refui	nd or Amount You Owe ———————————————————————————————————			
	34	If you have an overpayment on Line 29 and this amount is greater than			
		Line 33, subtract Line 33 from Line 29. This is your remaining overpay	ment.	34	
	35	Amount from Line 34 you want refunded to you		35	.00
	36	Complete to direct deposit your refund			
Direct		Routing number Checkin	g or Savings		
Deposi	t)		T T T		
		Account number			
	37	Subtract Line 35 from Line 34. This amount will be applied to your 20	11 estimated tax.	37	.00
See instructions	-38	If you have an underpayment on Line 30, add Lines 30 and 33. Or			
for payment options.		If you have an overpayment on Line 29 and this amount is less than Li			
орнонз.		subtract Line 29 from Line 33. This is the amount you owe .	38	.00	
Step 12: \$	Sian	and Date—			
0.00		nder penalties of perjury, I state that I have examined this return, and, to the b	est of my knowledge,	it is true, correct, and	complete
Sian					
Sign	You	ur signature Date Daytime phone number	Your spouse's signature		Date
here					
	Pai	d preparer's signature Date Preparer's phone number	Preparer's FEIN, SSN, o	r PTIN	
		If no payment enclosed, mail to:		_	4
		ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001 ILLINOIS DEPA SPRINGFIELD I	RTMENT OF REVENUE L 62726-0001		
-1040 back (R-12/10))	DR AP RI	R DC		