Step 1: Personal information

Do	not	writa	above	thic	line

,	Your Social Security number			Spouse's Social Security	number	
;	Your first name and initial	Spouse's first na	ame and initial (ar	nd last name - only if different)	Your last name	
Ī	Mailing address	Apt. number	City	State	ZIP or Postal Code	Foreign Nation, if not U.S.A.
В	☐ Check if your Social Se	ecurity number(s), na	ame(s), or addre	ess listed above are different	from your previously f	iled return. See instructions
С	Filing Status: Single	e or head of househ	old \square Marr	ried filing jointly	arried filing separatel	y Widowed
D	Check the box that identifies why you are making this change. ** Attach a copy of your federal finalization. See instructions.					. See instructions.
	☐ **Federal change acc		Day [/] Year	\square **NOL accepted on $\underline{\square}$	lonth Day Year	☐ State change
Ε	On what date did you file	your original Form	IL-1040 or your	latest Form IL-1040-X?		/
F	Did you file a federal Form	1040X or Form 10	45? If "yes," yοι	u must attach a copy to this	form. See instructions	. 🔲 yes 🗌 no
G	Evoluin in datail the read	on(a) for filing this	amandad raturi	n. Attach a separate sheet it	fnecessary	

If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, **do not file** this form until you receive notification that the Internal Revenue Service (IRS) accepted the changes.

5		As ori	Column A ginally reported or adjusted		Column B Corrected figures
Step 2:	1 Federal adjusted gross income	1	.00	1 _	.00.
Income	2 Federally tax-exempt interest and dividend income	2	.00	2 _	.00
moome	3 Other additions. Attach Schedule M with amended figures.	3	.00	3 _	.00.
	4 Total income. Add Lines 1 through 3.	4		4 _	.00.
Step 3:	5 Social Security benefits and certain retirement plan income.				
Base	Attach federal Form 1040 or 1040A, page 1 with amended figures.	5	.00	5 _	.00
Income	6 Illinois Income Tax overpayment included in federal Form 1040, Line				
· income	Attach federal Form 1040, Page 1 with amended figures.	6	.00	6 _	.00.
	7 Other subtractions. Attach Schedule M with amended figures.	7			.00
	8 Total subtractions. Add Lines 5 through 7.	8	.00	8 _	.00
	9 Illinois base income. Subtract Line 8 from Line 4.	9	.00	9 _	.00
Step 4:	10 a Number of exemptions X \$2,175	10a	00 10	0a _	.00
Exemptions	b Claimed as a dependent. See instructions. X \$2,175	10b	00 10)b _	.00
Excliptions	c 65 or older X \$1,000	10c	00 10	0c _	.00
	d Legally blind X \$1,000	10d	10)d _	.00.
	Exemption allowance. Add Lines 10a through 10d.	10		10 _	.00.
Step 5:	11 Residents only: Net income. Subtract Line 10 from Line 9.				.00.
Net	12 Nonresidents and part-year residents only: Attach Schedule NR.				
Income	Write your Illinois base income from Schedule NR and check the box				
	that applies to you during 2016. \square Nonresident \square Part-year reside	nt 12		12 _	.00.
Step 6:	Fiscal filers see instructions before completing Step 6. Calendar-year	r filers	continue to Line 13.		
Tax	13 Residents: Multiply Line 11 by 3.75% (.0375).				
lax	Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	. 00 1		
	14 Recapture of investment tax credits. Attach Schedule 4255.	14	.00 1	14 _	.00.
	15 Income tax. Add Lines 13 and 14.	15			
Step 7:	16 Credit from Schedule CR. Attach Schedule CR with amended figure				.00.
•	17 Property tax and K-12 education expense credit from Schedule ICR.				
Tax After	Attach Schedule ICR with amended figures.	17	<u>.00</u> 1	17 _	.00
Non-	18 Credit from Schedule 1299-C. Attach Schedule 1299-C with amende	ed			
refundable	figures.	18			.00
Credits	19 Nonrefundable credits. Add Lines 16, 17, and 18.				.00.
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>.00</u> 2	20 _	.00.
				Γ	Official Use



Staple W-2 and 1099 forms here.

▶ Staple your check and IL-1040-X-V here. ◀

	21 Tax after nonrefundable credits from Page 1, Line 20.	21	21	.00		
Step 8:	22 Household employment tax	.00	22	.00.		
Other	23 Use tax reported on your original return. Enter the amount from your					
Taxes	· ·			.00		
	1	.00		.00		
_	25 Total tax. Add Lines 21, 22, 23, and 24.			.00		
Step 9:		26				
Payments				.00		
and	28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T. 29 Earned income credit from Schedule ICR. Attach Schedule ICR with	.00	20	00		
Refundable Credit		.00	29	.00		
Credit	30 Previous payments. Generally includes the tax paid with your original re					
	tax paid after your original return was filed. Do not include penalties or in	nterest. See instructions.	30	.00		
	31 Total payments and refundable credit. Add Lines 26 through 30.		31	.00		
Step 10:	32 Overpayment, if any, as shown on your original return, or a notice we se	ent showing an adjustment	t			
Adjusted	to your account. Do not include interest you received or voluntary contril	outions. See instructions.	32	.00		
Total Tax	33 Voluntary contributions as shown on your original return. See instruction	IS.	33	.00		
	34 Adjusted total tax. Add Lines 25, 32, and 33.			.00		
Step 11:	35 Overpayment. If Line 31 is greater than Line 34, subtract Line 34 from	Line 31.		.00		
Refund	36 Amount from Line 35 you want refunded to you .		36	.00		
or	If you want to deposit your refund directly into your checking or savings direct deposit information below.	account, complete the				
Amount						
You Owe	Routing number	Checking or Savings	3			
OWE	Account number					
	27 Subtract Line 26 from Line 25. This amount will be applied to your estimate	ested toy. See instructions	27	.00		
	37 Subtract Line 36 from Line 35. This amount will be applied to your estim 38 Amount you owe. If Line 34 is greater than Line 31, subtract Line 31 fr		. 37 38			
Ctop 12:						
Step 12:	Under penalties of perjury, I state that I have examined this return, and, to the	e best of my knowledge, it is	s true, corre	ct, and complete.		
Sign and						
Date	Your signature Date Daytime phone number	Your spouse's signature		Date		
	Paid preparer's signature Date Preparer's phone number	Paid preparer's PTIN				
Third Doub						
Third Party Designee	Li Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.					
Designee		partificitio	Trievenue.			
		signee's one number				
	Mail to: Illinois Department of Revenue, P.O. Box 19	007 Springfield II 62				
	<u> </u>	, i				
Importa	nt reminder for federal changes (including net op	erating loss (NO	L) dedu	ıctions)		
If you file F	orm IL-1040-X because you filed a federal Form 1040X or Form 1045 that	at resulted in				
	verpayment or because you are claiming an NOL carryback deduction,					
	ral finalization notice from the IRS stating that they have accepted your chan					
	ement, or judgment. Write the date the IRS notified you (not the date you file propriate space in Step 1, Line D, and attach proof of federal finalization.	d your tederal Form 1040	X or Form	1045) in the		
		ents and NOL carryback	deduction	ne includes		
	of federal finalization for federal Form 1040X or Form 1045 overpayments and NOL carryback deductions includes y of the notification you received from the IRS that they accepted your changes; e.g., a refund check, "Statement of Account,"					
	ement, or judgment, and	g-0, 0.g., 0.10.0				
	copy of your federal Form 1040X, if filed, or					
	copy of your federal Form 1045, Application for Tentative Refund, including all pages of Schedules A and B, along with a copy of ur refund check, if you filed your federal amended return due to an NOL.					
l *	ance due, you must attach proof of federal finalization and write the date you file	d vour federal Form 1040X	and paid th	e tax due		
	and due, you make the date you me	-	-			

you sent to the IRS to pay the tax due.

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 $\textbf{Proof of federal Form 1040X underpayments} \ is \ a \ copy \ of \ your federal \ Form \ 1040X \ and \ a \ copy \ of \ the \ check$

Note If you do not have proof of federal finalization, call the IRS or go to their website at www.irs.gov to request a tax account transcript.