		Department of Revenue 6 Form IL-1040							
່ ໄndi	vid	ual Income Tax Return or for fiscal year ending % of taxpayers file electronically. It is easy and you will		l faster. Visit tax.illin	ois.gov.				
Step 1: Per	son	al 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 nam	le					
		Mailing address (See instructions if foreign address)	Apartment numbe	r					
		City	State	ZIP or Po	ostal Code				
		Foreign Nation, if not United States (do not abbreviate)							
	С	Filing status (see instructions) Single or head of household Married filing join	tly 🗌 Married	filing separately	Widowed				
Step 2:	1	Federal adjusted gross income from your federal Form 10 1040EZ, Line 4	040, Line 37; 1040	0A, Line 21; or	(Whole dollars only)				
Step 3: Base Income	2	Federally tax-exempt interest and dividend income from y Line 8b; or federal Form 1040EZ	.00						
	3	Other additions. Attach Schedule M.		23	.00				
	4	Total income. Add Lines 1 through 3.		4	.00				
Step 3:	5	,							
Base Income	 received if included in Line 1. Attach Page 1 of federal return. 5								
moonie	7	Other subtractions. Attach Schedule M. 7 7							
	0	Check if Line 7 includes any amount from Schedule 1299-C.							
	8 9	Add Lines 5, 6, and 7. This is the total of your subtraction Illinois base income . Subtract Line 8 from Line 4.	5.	8 9	<u>.00</u> .00				
Step 4:	10	a Number of exemptions from your federal return	X \$2,17	5 a .00					
Exemptions		b If someone can claim you as a dependent, see instructions X \$2,175 b0							
		c Check if 65 or older: ☐ You + ☐ Spouse = d Check if legally blind: ☐ You + ☐ Spouse =	X \$1,000 X \$1,000	0 c <u>.00</u> 0 d .00					
		Exemption allowance . Add Lines a through d.			.00				
Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. S	.00						
Net	12	<i>Nonresidents and part-year residents:</i> Check the box that applies to you during 2016 Nonre	cident 🗖 Part y	war resident and					
Income		enter the Illinois base income from Schedule NR. Attach Sc							
Step 6:	Fise	cal filers see instructions before completing Step 6. Ca							
•		Residents: Multiply Line 11 by 3.75% (.0375). Cannot be							
	1/	Nonresidents and part-year residents: Enter the tax from Research tax and part-year residents at tax from Research tax and tax		13	<u>.00</u> .00				
	14 15	Recapture of investment tax credits. Attach Schedule 42 Income tax. Add Lines 13 and 14. Cannot be less than z		14	.00				
Step 7:		Income tax paid to another state while an Illinois resident Attach Schedule CR.		.00					
Tax After	17	Property tax and K-12 education expense credit amount	from						
Non- refundable		Schedule ICR. Attach Schedule ICR.	1700						
Credits	18 19	Credit amount from Schedule 1299-C. Attach Schedule Add Lines 16, 17, and 18. This is the total of your credits.		.00					
	IJ	exceed the tax amount on Line 15.	Carmot	19	.00				
	20	Tax after nonrefundable credits. Subtract Line 19 from	Line 15.	20	.00				

	21	Tax after nonrefundable credits from Page 1, Line 20	21	.00					
Step 8:	22	Household employment tax. See instructions.	22	.00					
Other	23	Use tax on internet, mail order, or other out-of-state purchases from	-						
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.		.00					
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge							
	25	Total Tax. Add Lines 21, 22, 23, and 24.	-	25	.00				
Step 9:	26		26	00					
-	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00					
Payments and	27	Estimated payments from Forms IL-1040-ES and IL-505-I,	27	.00					
Refundable	28	including any overpayment applied from a prior year return	_						
Credit		Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.							
	29 30	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00	00				
	30	Total payments and refundable credit. Add Lines 26 through 29.		30	.00				
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 fro	m Lin	e 30. 31	.00				
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 f	rom L	ine 25. 32	.00				
Step 11:	33	Late-payment penalty for underpayment of estimated tax	33	.00					
Underpaymen	t	a Check if at least two-thirds of your federal gross income is from far	ming.						
of Estimated Ta Penalty and Donations		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. Attach Form IL-221	0.						
		d Check if you were not required to file an Illinois Individual Income T	Гах						
		return in the previous tax year.							
	34	Voluntary charitable donations. Attach Schedule G.	34	.00					
	35	Total penalty and donations. Add Lines 33 and 34.		35	.00				
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater th	nan						
Refund or		Line 35, subtract Line 35 from Line 31. This is your remaining overp		nt. 36	.00				
Amount You	37								
Owe	38								
		direct deposit - Complete the information below if you check this	box.						
				ng or Savings					
			TIECKI						
		Account number							
		Illinois Individual Income Tax refund debit card							
		☐ paper check							
	39		6. See	e instructions. 39	.00				
	40	If you have an underpayment on Line 32, add Lines 32 and 35. Or							
		If you have an overpayment on Line 31 and this amount is less than Line 35,							
		subtract Line 31 from Line 35. This is the amount you owe. See inst	tructio	ons. 40	.00				
Step 13:		der penalties of perjury, I state that I have examined this return, and, t	o the	best of my knowledge, it is true,	correct, and				
Sign and	CO	mplete.							
Date			. <u></u>						
	Yo	Ir signature Date Daytime phone number	Υοι	ur spouse's signature	Date				
			. <u> </u>						
		d preparer's signature Date Preparer's phone number		d preparer's PTIN					
Third Party Designee		Check, and complete the designee's name and phone number below, to allow another person to discuss this return							
Designee		and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.							
		Designee's name (please print) Designee's	s phone	e number					
		yment enclosed, mail to:							
		S DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF REVENUE FIELD IL 62719-0001 SPRINGFIELD IL 62726-0001							
JPN	mar		2120-						
1040 book (D. 07/1	7)	DR AP RR DC	IR						
IL-1040 back (R-07/17)		111						