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## **Illinois Department of Revenue**

## 2018 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_\_ \_/\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

	4.5. 11.4. 11									
	ep 1: Personal Information	a a comita a managa a managa a Managa		aial Caarmitura						
А	Enter personal information and Social Se	ciai Security nu	imber for you and y	your spouse.						
	Do not provide a partial Social Security r	iumber.								
	Your first name and initial	Your last name		Your Social Security number						
	Tour mot name and made	Tour last Harris		1001 000101 0	Tour Social Security Humber					
	Spouse's first name and initial	Spouse's first name and initial Spouse's last name			cial Security number					
	Mailing address (See instructions if foreign address)									
	City		State	ZIP or Postal	Code					
_	Foreign Nation, if not United States (do not abbreviate)									
В	Filing status:  Single or head of hous			iling separately						
С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. U You Spouse									
D	Check the box if this applies to you during 2018: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR									
Ste	ep 2: Income				(Whole dolla	ırs only)				
1	Federal adjusted gross income from you	r federal Form 1040,	Line 7.		1	.00				
2	Federally tax-exempt interest and divide	۱.	2	.00						
3	Other additions. <b>Attach</b> Schedule M.				3	.00				
4_	Total income. Add Lines 1 through 3.				4	.00				
Ste	ep 3: Base Income									
5	Social Security benefits and certain retire	ement plan income								
ש	received if included in Line 1. Attach Page	5								
6	Illinois Income Tax overpayment included	6	.00							
2 7	Other subtractions. <b>Attach</b> Schedule M.		_	7	.00					
	Check if Line 7 includes any amount fr		•							
8	Add Lines 5, 6, and 7. This is the total of				8	.00				
8 9	Illinois base income. Subtract Line 8 from	om Line 4.			9	.00				
_	ep 4: Exemptions									
10	a Enter the exemption amount for yourse			a	.00					
Ĭ	b Check if 65 or older:									
P .	c Check if legally blind: You +		heckboxes X \$1,000 =	c	.00					
<u>Š</u>	d If you are claiming dependents, enter the Attach Schedule II -F/FIC.	e amount from Sched	uie iL-E/EiC, Step 2, Line 1.	d	00					
010	Exemption allowance. Add Lines a thro	ugh d		d	<u>.00</u> <b>10</b>	.00				
	·	rugii u.			10	.00				
	ep 5: Net Income and Tax	0.6								
11	Residents: Net income. Subtract Line 1				ND 44	0.0				
40	Nonresidents and part-year residents			Attach Schedule	e NR. 11	.00				
12	Residents: Multiply Line 11 by 4.95% ( Nonresidents and part-year residents				12	00				
13	Recapture of investment tax credits. Atta		Scriedule INA.	•	13	.00				
					14	.00				
5					17	.00				
J	ep 6: Tax After Nonrefundable Credi			45	00					
15	•			15	.00					
16	Property tax and K-12 education expens <b>Attach</b> Schedule ICR.	e credit amount from	i Scriedule ICR.	16	.00					
<b>5</b> 17		ttach Schedule 1290	9-C	17	.00					
18	Add Lines 15, 16, and 17. This is the total				<u></u> 18	.00				
	Tax after nonrefundable credits. Subtr				19	.00				
$\frac{19}{5}$	ep 7: Other Taxes									
	Household employment tax. See instruct	ions			20	.00				
20 21	Use tax on internet, mail order, or other		es from UT Worksheet or H	T Table	20	.00				
າ ້ໍ	in the instructions. <b>Do not</b> leave blank.	out of otato paronast	33 H3HI GT TTOIRGINGT OF G		21	.00				
<b>22</b>	Compassionate Use of Medical Cannabis		22	.00						
23		Ç	Ŭ		23	.00				
		m is authorized as outlined und	der the Illinois Income Tax Act. Disclosure	e of	-					

Printed by authority of the State of Illinois, 1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



<b>24</b> Tota	al tax from Page 1, Line 23.						24	.00				
Step 8: Payments and Refundable Credit												
25 Illino	ois Income Tax withheld. Attach	25	.00									
<b>26</b> Esti	mated payments from Forms IL											
	cluding any overpayment applied from a prior year return. 26											
	Pass-through withholding. Attach Schedule K-1-P or K-1-T.						.00					
	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.						.00					
	al payments and refundable of		29	.00								
Step 9:												
	ne 29 is greater than Line 24, sul						30	.00				
	ne 24 is greater than Line 29, sul						31	.00				
	0: Underpayment of Estima		•		-		or late-paym	ent penalty				
	lerpayment of estimated to			y charitable	e dona							
	e-payment penalty for underpay					32	.00					
	Check if at least two-thirds of											
	Check if you or your spouse a						- F II 004	0				
C L	Check if your income was not Attach Form IL-2210.	received evenly	during the y	ear and you	annualiz	zea your income o	n Form IL-221	J.				
дг	Check if you were not require	d to file an Illino	ie Individual	Income Tay r	aturn in	the previous tax v	ear					
_	Intary charitable donations. Att			income tax i	etairi iii	33	.00					
	al penalty and donations. Add					00	<u></u> 34	.00				
		Elifoo de aria o	J.					.00				
Step 1	1: Refund											
-	ou have an amount on Line 30 a	and this amount	is greater th	an Line 34, sı	ubtract l	Line 34 from Line 3	30.					
	s is your <b>overpayment</b> .		35	.00								
<b>36</b> Amo	ount from Line 35 you want <b>refu</b>	ructions.	36	.00								
<b>37</b> I ch	7 I choose to receive my refund by											
a ☐ direct deposit - Complete the information below if you check this box.												
	Routing number	,			Ch	ecking or Sav	ings					
	Account numbe	r			$\overline{ au}$							
	Illinois Individual Income Ta	ax refund debit	card.									
	☐ paper check.											
	ount to be <b>credited forward.</b> Sul	otract Line 36 fro	m Line 35.	See instructio	ns.		38	.00				
Step 12	2: Amount You Owe											
<b>39</b> If yo	ou have an amount on Line 31,	add Lines 31 an	d 34. <b>- or -</b>									
,	ou have an amount on Line 30 a											
sub	tract Line 30 from Line 34. This	is the amount y	<b>ou owe</b> . Se	e instructions	·.		39	.00				
Step 1	3: If this is a joint return, both you	u and your spous	e must sign	below.								
-	Under penalties of perjury, I s	tate that I have ex	camined this	return and, to	the bes	t of my knowledge,	it is true, corre	ct, and complete.				
Sign							( )					
Here	Vour aignatura	Data (mm/dd/ssss)	Chausa's sig	noturo		Data ( / / / )	Darting a strange					
	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number				
Paid	D: 1/2		D : 1				Check if self-employed					
Preparer	Print/Type paid preparer's name		Paid prepare	r's signature		Date (mm/dd/yyyy)	con employed	Paid Preparer's PTIN				
Jse Only	Firm's name					Firm's FEIN	, ,					
						Firm's phone	( )					
Γhird								e Department may				
Party Posignos	Designee's name (please print)			Designed's ph	one num	nher	discuss this return with the term party designee shown in this					
Designee	e Designee's name (please print) Designee's phone number					IDEI	party designer	s shown in this step.				
If no payment enclosed, mail to:												
							OIS DEPARTMENT OF REVENUE					
SPRINGFIELD IL 62719-0001 SPRINGFIELD IL 62726-0001												

DR\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID

IL-1040 Back (R-12/18)