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Staple your check and IL-1040-V

V

## **Illinois Department of Revenue** 2019 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.

Step 1: Personal Information A Enter personal information and Social Security numbers. You must provide the entire Social Security number for you and your spouse. Do not provide a partial Social Security number.

	Your first name and initial	Your last name		Year of birth	Your Soc	cial Security number	
	pouse's first name and initial Spouse's last name		)	Spouse's year of birth	e's Social Security number		
	Mailing address (See instructions	if foreign address)		Apartment number	(Illinois only)		
	City			State	ostal Code		
		(1 1 1 1 1 )					
в	Foreign Nation, if not United States Filing status: Single		ntly 🔲 Married	filing separately Wi	dowed 🔲 Head	of household	
С	Check If someone can clain	n you, or your spou	se if filing jointly, a	as a dependent. See instru	uctions. 🛛 You 🛛	Spouse	
D	Check the box if this applie						IB
	p 2: Income	o to you during 20			in art your rooldon	(Whole dolla	
1		ome from your fed	eral Form 1040 d	or 1040-SB Line 8h		1	.00
2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 8b. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.						.00
3	Other additions. Attach Sc					2 3	
4	Total income. Add Lines 1					4	.00
		an eagin er				-	
_	p 3: Base Income						
5	Social Security benefits an				F	00	
c	received if included in Line	0			5	.00	
6	Illinois Income Tax overpay	ment included in te	ederal Form 1040	or 1040-SR,	c	00	
-	Schedule 1, Ln. 1.	O ale a de la M			6	.00	
7	Other subtractions. Attach			<ul> <li>□</li> </ul>	1	.00	
0	Check if Line 7 includes a			С. 📙		0	00
8	Add Lines 5, 6, and 7. This	•				8	.00
9	Illinois base income. Sub	tract Line 8 from L	.ine 4.			9	.00
Ste	p 4: Exemptions						
10	a Enter the exemption amo				a		
	b Check if 65 or older:			neckboxes X \$1,000		.00	
	c Check if legally blind:			neckboxes X \$1,000		.00	
	d If you are claiming depen		iount from Schedu	ule IL-E/EIC, Step 2, Line <sup>-</sup>	1.		
	Attach Schedule IL-E/EIC				d	.00	
	Exemption allowance. Ac	ld Lines a through	d.			10	.00
Ste	p 5: Net Income and Tax	K					
	Residents: Net income. S		om Line 9.				
	Nonresidents and part-y	ear residents: Ent	er the Illinois net	income from Schedule N	R. Attach Schedule	NR. <b>11</b>	.00
12							
	Nonresidents and part-y					12	.00
13	Recapture of investment ta				`	13	.00
14	Income tax. Add Lines 12					14	.00
Ste	p 6: Tax After Nonrefun	dable Credite					
	Income tax paid to another		acia regident Att	aab Sabadula CB	15	00	
15 16	Property tax and K-12 edu				15	.00	
10	Attach Schedule ICR.	cation expense ch		Schedule ICh.	16	.00	
17	Credit amount from Sched		h Sahadula 1200	C	17	.00	
18	Add Lines 15, 16, and 17.					<u></u> 18	.00
19	Tax after nonrefundable					19	.00
		cieuns. Subilaci i		14.		15	.00
Ste	p 7: Other Taxes						
20	Household employment ta					20	.00
21	Use tax on internet, mail o		of-state purchase	s from UT Worksheet or	UT Table		
	in the instructions. Do not					21	
22	Compassionate Use of Med	22	.00				
23	Total Tax. Add Lines 19, 2	23	.00				
	IL-1040 Front (R-12/19) Printed by authority of the State of II			s outlined under the Illinois Income Tad. Failure to provide information cou			

<b>24</b> Tot	tal tax from Page 1, Lir	ne 23.							24	.00
Step 8: Payments and Refundable Credit										
25 Illino	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25							25	.00	
<b>26</b> Esti	nated payments from Forms IL-1040-ES and IL-505-I,									
	cluding any overpayment applied from a prior year return. 26							<u>.00</u> .00		
	ss-through withholding. Attach Schedule K-1-P or K-1-T. 27									
	ned Income Credit from					iedule IL	-E/EIC	. 28	.00	
	al payments and refu	ndable c	redit. Add Line	s 25 through	28.				29	.00
Step 9:									20	00
	ne 29 is greater than Lir								30 31	.00
	ne 24 is greater than Lir				-	Orala		minte Cten 10 f		.00
	): Underpayment of lerpayment of estir					-			or late-paym	ient penalty
	e-payment penalty for u				y chan	lable	uona	32	.00	
	Check if at least two				s from fa	rmina		52	.00	
	Check if you or your					•	nursin	a home.		
	Check if your income	-		-	-	-		-	n Form IL-221	0.
-	Attach Form IL-221					,		,		
d [	Check if you were no	ot require	d to file an Illing	ois Individual	Income	Tax ret	turn in	the previous tax y	/ear.	
33 Volu	intary charitable donat	tions. Att	<b>ach</b> Schedule C	à.				33	.00	
34 Tota	al penalty and donation	ons. Add	Lines 32 and 3	3.					34	.00
Step 11	1: Refund									
35 If yo	ou have an amount on	Line 30 a	and this amount	is greater th	an Line	34, sub	otract l	Line 34 from Line	30.	
	s is your <b>overpayment</b>								35	.00
<b>36</b> Amo	ount from Line 35 you v	want <b>refu</b>	nded to you. C	heck <b>one</b> boy	on Line	37. Se	e inst	ructions.	36	.00
37 I ch	oose to receive my refund by									
a [	direct deposit - Complete the information below if you check this box.									
							ecking or Sav	vings		
	Account number									
b [	Illinois Individual Ir [] [] [] [] [] [] [] [] [] [] [] [] []	ncome Ta	ax refund debit	: <b>card.</b> I ackn	owledge	l have	e revie	wed the card infor	mation found a	at
сГ	paper check.				0110111					
	ount to be credited for	ward. Sul	otract Line 36 fr	om Line 35.	See insti	ruction	S.		38	.00
	2: Amount You Owe									
•	ou have an amount on		add Linos 21 a	od 34 - or -						
-	bu have an amount on				l ine 34					
	tract Line 30 from Line					tions.			39	.00
				-						
Step 1	<ol> <li>If this is a joint return Under penalties of penalties</li> </ol>					nd to th	ne hes	t of my knowledge	it is true corre	ect and complete
Sign		cijury, i S			Tetani a	10, 10 1	10 000			
Here	-					_	( )			
	Your signature		Date (mm/dd/yyyy	Spouse's sig	signature			Date (mm/dd/yyyy)	Daytime phone	e number
Paid							-	Check if		
Preparer	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)							Schemployed	Paid Preparer's PTIN	
Use Only										
	Firm's address     Firm's phone									
Third Porty								Check if the Department may discuss this return with the third party designee shown in this step.		
Party Designee	Designee's name (please print) Designee's phone number									
Scalance	Designee's name (please plint)									

Refer to the 2019 IL-1040 Instructions for the address to mail your return.