2020 Form IL-1040-X Amended Individual Income Tax Return

Illinois Department of Revenue

Step 1: Personal information

A Print or type your current Social Security number(s), name(s), and address.

	Yo	our Social Security number Your year of birth Spouse's Social Security number Spouse's year	ear of birth		
	Yo	our first name and initial Spouse's first name and initial (and last name - only if different) Your last name Cour	nty (Illinois only)	/ (Illinois only)	
	B C D E F G H I	ailing addressApt. numberCityStateZIP or Postal Code \Box Check if your Social Security number(s), name(s), or address listed above are different from your previouslyFiling Status: \Box Single \Box Married filing jointly \Box Married filing separately \Box Widowed \Box Head ofCheck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. \Box You \Box Check the box if this applies to you during 2020. \Box Nonresident - Attach Schedule NR \Box Part-year resideCheck the box that identifies why you are making this change.** Attach a copy of your federal finalization \Box **Federal change accepted on $()_{Month} / Day / Year$ **NOL accepted on \Box / \Box / Year \Box **NOL accepted on $()_{Month} / Day / Year$ On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? \Box Did you file a federal Form 1040X or Form 1045? If "yes," you must attach a copy to this form. See instructionExplain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if necessary.	y filed return. S of household Spouse dent - Attach S on. See instru Sta	Schedule NR Ictions. Ite change	
_	STOP	If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, do not fil notification that the Internal Revenue Service (IRS) accepted the changes.			
•		2: Income	Corre	cted figures	
here		Federal adjusted gross income	1	.00	
rms		Federally tax-exempt interest and dividend income		.00.	
99 fo		Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	3	<u>.00.</u> .00.	
Staple W-2 and 1099 forms here.	5 6	3: Base Income Social Security benefits and certain retirement plan income. Attach federal Form 1040 or 1040-SR, Page 1. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Line 1. Attach federal Form 1040 or 1040-SR, Schedule 1.	5	.00	
		Other subtractions. Attach Schedule M.	7	.00	
		Total subtractions. Add Lines 5 through 7. Illinois base income. Subtract Line 8 from Line 4.	8 9	.00.	
-			.	.00.	
5		4: Exemptions - See instructions before completing Step 4.	10-	0.0	
	1	a Enter the exemption amount for yourself and your spouse. See Instructions.	10a 10b	.00.	
		b Check if 65 or older: □ You + □ Spouse # of checkboxes X \$1,000 = c Check if legally blind: □ You + □ Spouse # of checkboxes X \$1,000 =	100	.00.	
		d If you are claiming dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. Attach Sch. IL-E/EIC			
		Exemption allowance. Add Lines 10a through 10d.	10	.00	
Staple your check and IL-1040-X-V here. ◀	1 1:	 5: Net Income and tax 7: Residents only: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents only: Enter your Illinois net income from Schedule NR. Attach Schedule NR. 2 Residents: Multiply Line 11 by 4.95% (.0495). Nonresidents and part-year residents: Enter the tax from Schedule NR. 3 Recapture of investment tax credits. Attach Schedule 4255. 	11	.00. .00.	
Ē-		 A Income tax. Add Lines 12 and 13. Cannot be less than zero. 	13 14	.00.	
and			ד י	.00.	
our check a	1	 6: Tax After Nonrefundable Credits 5 Credit from Schedule CR. Attach Schedule CR. 6 Property tax and K-12 education expense credit from Schedule ICR. 		.00	
ole y		Attach Schedule ICR.	16	.00	
Stap		7 Credit from Schedule 1299-C. Attach Schedule 1299-C.		.00	
Ă.		 8 Nonrefundable credits. Add Lines 15, 16, and 17. Cannot exceed the tax amount on Line 14. 9 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 	10	.00.	
			19	.00	
	_	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.	Official Use		

	5 /		.00
	: Other Taxes	01	00
	Household employment tax	21	.00
22	Use tax reported on your original return. You cannot change the use tax	22	00
22	from what you originally reported. See instructions. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges		.00
	Total tax. Add Lines 20, 21, 22, and 23.		.00
		<u> </u>	.00
	: Payments and Refundable Credit	~ -	
	Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	.00
	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return		
	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00
28	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8.	~~	
~~	Attach Schedule IL-E/EIC.	28	.00
	Total amount paid with original return and additional tax paid after return filed. See instructions.	29	.00
30	Total payments and refundable credit. Add Lines 25 through 29.	30	.00
tep 9	: Corrected Total Overpayment or Underpayment		
		31	.00
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30. This is your adjusted overpayment.		
31 32 Step 1 33 34	If Line 30 is greater than Line 24, subtract Line 24 from Line 30. This is your adjusted overpayment.	32 33 34	.00.
31 32 Step 1 33 34	If Line 30 is greater than Line 24, subtract Line 24 from Line 30. This is your adjusted overpayment . If Line 24 is greater than Line 30, subtract Line 30 from Line 24. This is your adjusted underpayment . 0: Adjusted Refund or Amount You Owe Overpayment, if any, as shown on your original Form IL-1040, Line 30, or as adjusted by the Department. Do not include interest you received. See instructions. Overpayment . If Line 31 is greater than Line 33, subtract Line 33 from Line 31. Amount from Line 34 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the	32 33 34	.00
31 32 itep 1 33 34	If Line 30 is greater than Line 24, subtract Line 24 from Line 30. This is your adjusted overpayment . If Line 24 is greater than Line 30, subtract Line 30 from Line 24. This is your adjusted underpayment . 0: Adjusted Refund or Amount You Owe Overpayment, if any, as shown on your original Form IL-1040, Line 30, or as adjusted by the Department. Do not include interest you received. See instructions. Overpayment. If Line 31 is greater than Line 33, subtract Line 33 from Line 31. Amount from Line 34 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.	32 33 34	.00
31 32 Step 1 33 34 35 36	If Line 30 is greater than Line 24, subtract Line 24 from Line 30. This is your adjusted overpayment . If Line 24 is greater than Line 30, subtract Line 30 from Line 24. This is your adjusted underpayment . 0: Adjusted Refund or Amount You Owe Overpayment, if any, as shown on your original Form IL-1040, Line 30, or as adjusted by the Department. Do not include interest you received. See instructions. Overpayment . If Line 31 is greater than Line 33, subtract Line 33 from Line 31. Amount from Line 34 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below. Routing number Checking or Savings	32 33 34 35	.00

Step 11: Signature

If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign							()	
Here	Your signature		Date (mm/dd/yyyy)	Spouse's signature		Date (mm/dd/yyyy)	Daytime phone number	
Datal							Check if	
Paid	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN	
Preparer Use Only	Firm's name 🛛 🕨					Firm's FEIN		
	Firm's address					Firm's phone	n's phone 🕨 ()	
Third					()			e Department may
Party						discuss this return with the		
Designee	Designee's name (please print)			Designee's phone number		party designee shown in this step.		

Important reminder for federal changes (including net operating loss (NOL) deductions) If you file Form IL-1040-X because you filed a federal Form 1040X or Form 1045 that resulted in

an overpayment or because you are claiming an NOL carryback deduction, you must wait to file this form until you receive a federal finalization notice from the IRS stating that they have accepted your change either by paying a refund or by final assessment, agreement, or judgment. Enter the date the IRS notified you (not the date you filed your federal Form 1040X or Form 1045) in the appropriate space in Step 1, Line F, and attach proof of federal finalization.

Proof of federal finalization for federal Form 1040X or Form 1045 overpayments and NOL carryback deductions includes a copy of the notification you received from the IRS that they accepted your changes; e.g., a refund check, "Statement of Account," agreement, or judgment, and

a copy of your federal Form 1040X, if filed, or

• a copy of your federal Form 1045, Application for Tentative Refund, including all pages of Schedules A and B, along with a copy of your refund check, if you filed your federal amended return due to an NOL.

a balance due, you must attach proof of federal finalization and enter the date you filed your federal Form 1040X and paid the tax due in the appropriate space in Step 1, Line F. Failure to provide this date could result in an assessment of a late-payment penalty.

Proof of federal finalization for federal Form 1040X underpayments is a copy of your federal Form 1040X and a copy of the check you sent to the IRS to pay the tax due.

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.

Refer to the 2020 IL-1040-X Instructions for the address to mail your return.

DR_ ID._____ ____ X3 IR