



Illinois Department of Revenue  
**2021 Form IL-1040-X**  
 Amended Individual Income Tax Return



REV 12

**Step 1: Personal Information**

<b>A</b> Your first name and middle initial		Your last name		Year of birth	Your social security number
Spouse's first name and middle initial		Spouse's last name		Spouse's year of birth	Spouse's social security number
Mailing address (See inst. if foreign address)		Apartment number	City	State	Zip or postal code
Foreign nation if not US (do not abbreviate)		County (Illinois only)	Email address		
<b>B</b> Check the box if your Social Security number(s), name(s), or address listed above are different from your previously filed return. <input type="checkbox"/>					
<b>C</b> Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household					
<b>D</b> Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. <input type="checkbox"/> You <input type="checkbox"/> Spouse					
<b>E</b> Check the box if this applies to you during 2021. <input type="checkbox"/> Nonresident - <b>Attach</b> Schedule NR <input type="checkbox"/> Part-year resident - <b>Attach</b> Schedule NR					
<b>F</b> Check the box that identifies why you are making this change. <b>** Attach a copy of your federal finalization.</b> See instructions.					
<input type="checkbox"/> <b>**Federal change accepted on</b> ____/____/____ <input type="checkbox"/> <b>**NOL accepted on</b> ____/____/____ <input type="checkbox"/> State change					
<b>G</b> On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? ____/____/____ Month Day Year					
<b>H</b> Did you file a federal Form 1040X or Form 1045? If "Yes," you must attach a copy to this form. See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>I</b> Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if needed.					
<b>STOP</b> If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, <b>do not file</b> this form until you receive notification the Internal Revenue Service (IRS) accepted the changes.					

<b>Step 2: Income</b>	<b>Corrected figures</b>
<b>1</b> Federal adjusted gross income	<b>1</b> _____ .00
<b>2</b> Federally tax-exempt interest and dividend income	<b>2</b> _____ .00
<b>3</b> Other additions. <b>Attach</b> Schedule M.	<b>3</b> _____ .00
<b>4 Total income.</b> Add Lines 1 through 3.	<b>4</b> _____ .00

<b>Step 3: Base Income</b>	
<b>5</b> Social Security benefits and certain retirement plan income. <b>Attach</b> federal Form 1040 or 1040-SR, Page 1.	<b>5</b> _____ .00
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Line 1. <b>Attach</b> federal Form 1040 or 1040-SR, Schedule 1.	<b>6</b> _____ .00
<b>7</b> Other subtractions. <b>Attach</b> Schedule M.	<b>7</b> _____ .00
<b>8</b> Total subtractions. Add Lines 5 through 7.	<b>8</b> _____ .00
<b>9 Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b> _____ .00

<b>Step 4: Exemptions - See instructions before completing Step 4.</b>	
<b>10 a</b> Enter the exemption amount for yourself and your spouse. See Instructions.	<b>10a</b> _____ .00
<b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>10b</b> _____ .00
<b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =	<b>10c</b> _____ .00
<b>d</b> If you are claiming dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. <b>Attach</b> Sch. IL-E/EIC.	<b>10d</b> _____ .00
<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b> _____ .00

<b>Step 5: Net Income and tax</b>	
<b>11 Residents only:</b> Net income. Subtract Line 10 from Line 9. <b>Nonresidents and part-year residents only:</b> Enter your Illinois net income from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b> _____ .00
<b>12 Residents:</b> Multiply Line 11 by 4.95% (.0495). <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>12</b> _____ .00
<b>13</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b> _____ .00
<b>14 Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> _____ .00

▼ Staple W-2 and 1099 forms here. ▲  
 ▼ Staple your check and IL-1040-X-V here. ▲



<b>15</b>	<b>Income tax.</b> Enter the amount from Line 14.	<b>15</b>	_____	<b>.00</b>
<b>Step 6: Tax After Nonrefundable Credits</b>				
<b>16</b>	Credit from Schedule CR. <b>Attach</b> Schedule CR.	<b>16</b>	_____	<b>.00</b>
<b>17</b>	Property tax and K-12 education expense credit from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>17</b>	_____	<b>.00</b>
<b>18</b>	Credit from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>18</b>	_____	<b>.00</b>
<b>19</b>	Nonrefundable credits. Add Lines 16, 17, and 18. Cannot exceed the tax amount on Line 15.	<b>19</b>	_____	<b>.00</b>
<b>20</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b>	_____	<b>.00</b>

**Step 7: Other Taxes**

<b>21</b>	Household employment tax	<b>21</b>	_____	<b>.00</b>
<b>22</b>	Use tax reported on your original return. <b>You cannot change the use tax from what you originally reported.</b> See instructions.	<b>22</b>	_____	<b>.00</b>
<b>23</b>	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges	<b>23</b>	_____	<b>.00</b>
<b>24</b>	<b>Total tax.</b> Add Lines 20, 21, 22, and 23.	<b>24</b>	_____	<b>.00</b>

**Step 8: Payments and Refundable Credit**

<b>25</b>	Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.	<b>25</b>	_____	<b>.00</b>
<b>26</b>	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	<b>26</b>	_____	<b>.00</b>
<b>27</b>	Pass-through withholding. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>27</b>	_____	<b>.00</b>
<b>28</b>	Pass-through entity tax credit. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>28</b>	_____	<b>.00</b>
<b>29</b>	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. <b>Attach</b> Schedule IL-E/EIC.	<b>29</b>	_____	<b>.00</b>
<b>30</b>	Total amount paid with original return and additional tax paid after return filed. See instructions.	<b>30</b>	_____	<b>.00</b>
<b>31</b>	<b>Total payments and refundable credit.</b> Add Lines 25 through 30.	<b>31</b>	_____	<b>.00</b>

**Step 9: Corrected Total Overpayment or Underpayment**

<b>32</b>	If Line 31 is greater than Line 24, subtract Line 24 from Line 31. This is your adjusted <b>overpayment</b> .	<b>32</b>	_____	<b>.00</b>
<b>33</b>	If Line 24 is greater than Line 31, subtract Line 31 from Line 24. This is your adjusted <b>underpayment</b> .	<b>33</b>	_____	<b>.00</b>

**Step 10: Adjusted Refund or Amount You Owe**

<b>34</b>	Overpayment, if any, as shown on your original Form IL-1040, Line 31, or as adjusted by the Department. Do not include interest you received. See instructions.	<b>34</b>	_____	<b>.00</b>
<b>35</b>	<b>Overpayment.</b> If Line 32 is greater than Line 34, subtract Line 34 from Line 32.	<b>35</b>	_____	<b>.00</b>
<b>36</b>	Amount from Line 35 you want <b>refunded to you</b> .	<b>36</b>	_____	<b>.00</b>

If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.

Routing number	<input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	<input type="text"/>		

<b>37</b>	Subtract Line 36 from Line 35. This amount will be <b>applied to your estimated tax</b> . See instructions.	<b>37</b>	_____	<b>.00</b>
<b>38</b>	<b>Amount you owe.</b> If you have an amount on Line 32 and this amount is less than Line 34, subtract Line 32 from Line 34 <b>or</b> if you have an amount on Line 33, add Lines 33 and 34.	<b>38</b>	_____	<b>.00</b>

**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.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number ( )	
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed Paid Preparer's PTIN
<b>Paid Preparer Use Only</b>	Firm's name ▶	Firm's FEIN ▶		Firm's phone ▶ ( )		
	Firm's address ▶					
<b>Third Party Designee</b>	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
			( )			

**Refer to the 2021 IL-1040-X Instructions for required attachments and the address to mail your return.**