



Step 5: Figure your net income tax

18 Net income or loss from Line 12.	18 _____ .00
19 Income Tax. See instructions.	19 _____ .00
20 Recapture of investment credits. Attach Schedule 4255.	20 _____ .00
21 Income tax before credits. Add Lines 19 and 20.	21 _____ .00
22 Income tax credits. Attach Schedule 1299-D.	22 _____ .00
23 Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter zero.	23 _____ .00

Step 6: Figure your refund or balance due

24 Net replacement tax from Line 17.	24 _____ .00
25 Net income tax from Line 23.	25 _____ .00
26 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	26 _____ .00
27 Sale of assets by gaming licensee surcharge. See instructions.	27 _____ .00
28 Total net income and replacement taxes and surcharges. Add Lines 24, 25, 26, and 27.	28 _____ .00

29 Payments. See instructions.		
a Credits from previous overpayments.	29a _____ .00	
b Total payments made before the date this return is filed.	29b _____ .00	
c Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c _____ .00	
d Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T.	29d _____ .00	
e Illinois income tax withholding. Attach Form(s) W-2G.	29e _____ .00	

30 Total payments. Add Lines 29a through 29e.	30 _____ .00
31 Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from Line 30.	31 _____ .00
32 Amount to be credited forward. See instructions.	32 _____ .00 ◆
Check this box and attach a detailed statement if this carryforward is going to a different FEIN. ◆ <input type="checkbox"/> ◆	
33 Refund. Subtract Line 32 from Line 31. This is the amount to be refunded.	33 _____ .00

34 Complete to direct deposit your refund

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

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe.	35 _____ .00
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▶ If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: 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					()		<input type="checkbox"/>	Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone				
Paid Preparer Use Only	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	
	Firm's name ▶				Firm's FEIN ▶			
	Firm's address ▶				Firm's phone ▶	()		

- ▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**
- ▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**