Illinois Department of Revenue

2-D Barcode Test Package

IL-1371

Tax Year 2023

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Tax Year 2023 2-D Filing Testing Information

This test package is designed to ensure your ability to format and transmit tax year 2023 Illinois Individual Income Tax returns. This test package contains fictional test cases that include various combinations of forms and line entries.

Different software products allow different actions depending on how they link figures between the federal and Illinois return. As such, minimal line entries for each return are provided with every test case. This is to avoid requiring the entry of unnecessary forms and/or schedules when only certain items are needed for the Illinois return to be prepared. You may complete any additional forms and/or schedules necessary for completing the test case. Please attach the additional forms and/or schedules to your test case when submitting your test package.

As a reminder:

- Test cases must be prepared in accordance with the 2-D Barcoding Specifications and Record Layouts Instructions for Tax Year 2023. Please see our website for a copy of this document.
- Illinois prefers that the test cases be sent as a PDF file for expediency.
- Testing requires approximately one week from the Department's receipt of the documents. Submitters will be notified as to the acceptability of the test documents.
- Upon approval from the Department, a three-digit identification number (if not previously issued) will be assigned to the form's producer. This identification number must be placed on the bottom, left-hand corner of the 2-D barcode form (near the form's revision date) in the following format: ID:999. This identification number must be included in the heading on the IL-1040-V payment voucher.
- You must have your test package approved by the Department before you can begin preparing 2-D barcode returns.

If you have questions regarding the file specifications and record layouts explained in this booklet, please contact our Springfield office at:

Office of Publications Management MC 3-375
Illinois Department of Revenue
101 W. Jefferson St.
Springfield, IL 62702

Contact: REV.VendorForms.gov
Phone: (217) 524-7794
Fax: (217) 524-0513

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Illinois Individual Income Tax Refund Paper Check

Test Case 1

Contents: **Form IL-1040**
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**Lawrence TTTTTB 400-01-3501**
Primary Year of Birth:	**1967**
Spouse Name and SSN:	**None**
Foreign Address:	**1466 Main Street** **Victoria, BC K1D0P1 Canada**
Email Address:	**Lawrence.TTTTTB@testing.gov**
Filing Status:	**Single**
Line C "You" Box (Claimed as Dependent):	**X**

IL-1040 Information:

Line 1 (AGI):	**$870**
Line 10a (You/Spouse Exemption Amount):	**$2,425**
Line 14 (Total Income Tax):	**$0**
Line 25 (IL Tax Withheld):	**$30**
Line 36 (Refund):	**$30**
Line 37a (Illinois Individual Income Tax Refund Direct Deposit):	**X**
Routing Transit Number - RTN:	**271188081**
Deposit Refund to Savings Account:	**X**
Depositor's Account Number - DAN:	**2222TEST333344445**
Third Party Designee Box:	**X**
Third Party Designee Name:	**Debbie Monkman**
Third Party Designee Telephone:	**(217) 524-4767**

Schedule IL-WIT Information:

Primary 1

Primary Form Type:	**W**
Primary Employer/Payer Identification Number:	**37-1029403**
Primary Federal Wages, Winnings, etc.:	**$870**
Primary Illinois Wages, Winnings, etc.:	**$870**
Primary Illinois Income Tax Withheld:	**$30**

Test Case 2

Contents: **Form IL-1040**
Schedule M
Schedule CR
Schedule IL-E/EIC

Taxpayer Identification Information:

Primary Name and SSN:	**Juanita TTTTTC 400-01-3502**
Primary Year of Birth:	**1987**
Spouse Name and SSN:	**None**
Address:	**829 W Vine St** **Taylorville, IL 62568-1843** **Christian County**
Email Address:	**Juanita.TTTTTC@testing.gov**
Filing Status:	**Head of household**

IL-1040 Information:

Line 1 (AGI):	**$30,484**
Line 6 (IL Tax Refund):	**$32**
Line 7 (Other Subtractions):	**$21,769**
Line 10a (You/Spouse Exemption Amount):	**$2,425**
Line 10d (Dependents Exemption Amount):	**$4,850**
Line 14 (Total Income Tax):	**$70**
Line 15 (Credit Schedule-CR):	**$55**
Line 20 (Household Employment Tax):	**$29**
Line 21 (Use Tax):	**$25**
Line 28 (IL Earned Income Tax Credit):	**$1,036**
Line 36 (Refund):	**$967**
Line 37b (Illinois Individual Income Tax Refund Paper Check):	**X**

IL Schedule M Information:

Line 21 (Military Pay):	**$21,769**
Line 40 (Total Other Subtractions):	**$21,769**

IL Schedule CR Information:

Line 1a (Wages):	**$28,337**
Line 1b (Non-IL Wages):	**$6,858**
Line 10a (Business Income or Loss):	**$2,115**
Line 4a (Taxable Refunds):	**$32**
Line 38a (IL Income Tax Overpayment):	**$32**
Line 39a (Other Subtractions):	**$21,769**
Line 43 (Schedule CR Decimal):	**0.790**
Line 51 (Total Tax Paid to Other State):	**$192**
Line 52 (IL Tax Due):	**$70**
Line 54 (IL Tax Eligible for Credit):	**$55**

IL Schedule IL-E/EIC Information:

Illinois Dependent Exemption Allowance

Dependent 1

Dependent's First Name:	**Zoey**
Dependent's Last Name:	**TTTTTB**
Social Security Number:	**400-01-3522**
Dependent's Relationship to You:	**Daughter**
Dependent's Date of Birth:	**06/17/2017**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Dependent 2

Dependent's First Name:	**Penelope**
Dependent's Last Name:	**TTTTTB**
Social Security Number:	**400-01-3523**
Dependent's Relationship to You:	**Daughter**
Dependent's Date of Birth:	**10/04/2019**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Illinois Earned Income Tax Credit

Step 3, Line 1 (Wages):	**$28,337**
Step 3, Line 4 (Statutory Employee Box):	**No**
Step 4, Line 6 (Federal EIC Amount):	**$5,179**
Step 4, Line 9 (IL Earned Income Tax Credit):	**$1,036**

Test Case 3

Contents: **Form IL-1040**
Schedule M
Schedule ICR
Schedule G
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**Sam TTTTD 400-01-3503**
Primary Year of Birth:	**1947**
Spouse Name and SSN:	**None**
Address:	**423 Lilac Lane** **Clay City, IL 62824** **Clay County**
Email Address:	**Sam.TTTTD@testing.gov**
Filing Status:	**Single**

IL-1040 Information:

Line 1 (AGI):	**$11,680**
Line 5 (Federally Taxable Retirement and Social Security):	**$498**
Line 7 (Other Subtractions):	**$1,550**
Line 10a (You/Spouse Exemption Amount):	**$2,425**
Line 10b (65 or Older "You" Box):	**X**
Line 10b (65 or Older Exemption Amount):	**$1,000**
Line 10c (Blind "You" Box):	**X**
Line 10c (Blind Exemption Amount):	**$1,000**
Line 14 (Total Income Tax):	**$258**
Line 16 (Credit Schedule ICR-Nonrefundable):	**$18**
Line 20 (Household Employment Tax):	**$30**
Line 25 (IL Tax Withheld):	**$302**
Line 33 (Total Donations):	**$98**
Line 39 (Amount You Owe):	**$66**

IL Schedule M Information:

Line 22 (U.S. Obligations):	**$1,550**
Line 40 (Total Other Subtractions):	**$1,550**

IL Schedule ICR Information:

Line 1 (IL-1040 Tax Amount):	**$258**
Line 4a (Property Tax):	**$350**
Line 4b (County 1):	**Clay**
Line 4b (Property Tax Index Number 1):	**132378901270-125**
Line 4c (County 2):	**Clay**
Line 4c (Property Tax Index Number 2):	**00-12-8432**
Line 4d (County 3):	**Clay**
Line 4d (Property Tax Index Number 3):	**67-428710**
Line 4f (Eligible Property Tax Amount):	**$350**
Line 5 (IL Property Tax Credit):	**$18**

Line 13 (Total Nonrefundable Credit): **$18**

IL Schedule G Information:

Line 1b (Donation b): **$20**
Line 1d (Donation d): **$30**
Line 1f (Donation f): **$48**

Schedule IL-WIT Information:

Primary 1

Primary Form Type: **W**
Primary Employer/Payer Identification Number: **37-0246288**
Primary Federal Wages, Winnings, etc.: **$8,100**
Primary Illinois Wages, Winnings, etc.: **$8,100**
Primary Illinois Income Tax Withheld: **$234**

Primary 2

Primary Form Type: **WG**
Primary Employer/Payer Identification Number: **37-0012567**
Primary Federal Wages, Winnings, etc.: **$332**
Primary Illinois Wages, Winnings, etc.: **$332**
Primary Illinois Income Tax Withheld: **$23**

Primary 3

Primary Form Type: **R**
Primary Employer/Payer Identification Number: **36-0012379**
Primary Federal Wages, Winnings, etc.: **$48**
Primary Illinois Wages, Winnings, etc.: **$48**
Primary Illinois Income Tax Withheld: **$9**

Primary 4

Primary Form Type: **R**
Primary Employer/Payer Identification Number: **36-0012377**
Primary Federal Wages, Winnings, etc.: **$450**
Primary Illinois Wages, Winnings, etc.: **$450**
Primary Illinois Income Tax Withheld: **$1**

Primary 5

Primary Form Type: **G**
Primary Employer/Payer Identification Number: **36-3042127**
Primary Federal Wages, Winnings, etc.: **$1,200**
Primary Illinois Wages, Winnings, etc.: **$1,200**
Primary Illinois Income Tax Withheld: **$35**

Test Case 4

Contents: **Form IL-1040**
Schedule ICR
Schedule G
Schedule 1299-C
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**John TTTTTH 400-01-3505**
Primary Year of Birth:	**1967**
Spouse Name and SSN:	**Betty TTT-TTH 400-01-3515**
Spouse Year of Birth:	**1969**
Address:	**200 Hickory** **Oak Park, IL 60303** **Cook County**
Email Address:	**John.TTTTTH@testing.gov**
Filing Status:	**Married filing jointly**

IL-1040 Information:

Line 1 (AGI):	**$96,403**
Line 6 (IL Tax Refund):	**$946**
Line 10a (You/Spouse Exemption Amount):	**$4,850**
Line 14 (Total Income Tax):	**$4,485**
Line 16 (Credit Schedule ICR):	**$61**
Line 17 (Schedule 1299-C Credit):	**$410**
Line 25 (IL Tax Withheld):	**$266**
Line 26 (Estimated Payments):	**$3,449**
Line 33 (Total Donations):	**$57**
Line 39 (Amount You Owe):	**$356**

IL Schedule ICR Information:

Line 1 (IL1040 Tax Amount):	**$4,485**
Line 4a (Property Tax):	**$1,214**
Line 4b (County 1):	**Cook**
Line 4b (Property Tax Index Number 1):	**dlb122757**
Line 4f (Eligible Property Tax Amount):	**$1,214**
Line 5 (IL Property Tax Credit):	**$61**
Line 13 (Total Nonrefundable Credit):	**$61**

Schedule G Information:

Line 1a (Donation a):	**$1**
Line 1b (Donation b):	**$2**
Line 1c (Donation c):	**$3**
Line 1d (Donation d):	**$4**
Line 1e (Donation e):	**$11**
Line 1f (Donation f):	**$27**
Line 1g (Donation g):	**$9**

Schedule 1299-C Information:

Step 2, Line 11a (Primary SSN):	**400-01-3505**
Step 2, Line 11b (Primary School Name):	**Irving Elem. School**
Step 2, Line 11c (Primary Qualified Expenses):	**$100**
Step 3, Line 17 (IL1040 Tax Amount):	**$4,485**
Step 3, Line 18 (IL1040 Sch CR and ICR Amounts):	**$61**
Step 3, Line 21a (Yrs. Left to Carry):	**2**
Step 3, Line 21b (Credit Code):	**2200**
Step 3, Line 21c (IL Tax Year):	**2023/12**
Step 3, Line 21e (Credit Earned):	**$60**
Step 3, Line 22a (Yrs. Left to Carry):	**5**
Step 3, Line 22b (Credit Code):	**5420**
Step 3, Line 22c (IL Tax Year):	**2023/12**
Step 3, Line 22e (Credit Earned):	**$250**
Step 3, Line 23a (Yrs. Left to Carry):	**5**
Step 3, Line 23b (Credit Code):	**5740**
Step 3, Line 23c (IL Tax Year):	**2023/12**
Step 3, Line 23e (Credit Earned):	**$100**
Step 3, Line 42 (Col I Total):	**$410**
Step 3, Line 42 (Total Credit This Year):	**$410**

Schedule IL-WIT Information:

Primary 1

Primary Form Type:	**W**
Primary Employer/Payer Identification Number:	**37-0246288**
Primary Federal Wages, Winnings, etc.:	**$8,000**
Primary Illinois Wages, Winnings, etc.:	**$8,000**
Primary Illinois Income Tax Withheld:	**$234**

Primary 2

Primary Form Type:	**WG**
Primary Employer/Payer Identification Number:	**37-0012567**
Primary Federal Wages, Winnings, etc.:	**$382**
Primary Illinois Wages, Winnings, etc.:	**$382**
Primary Illinois Income Tax Withheld:	**$23**

Test Case 5

Contents: **Form IL-1040**
Schedule M
Schedule IL-E/EIC
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**Stan T. TTT-TTE 400-01-3506**
Primary Year of Birth:	**1975**
Spouse Name and SSN:	**Ernie P. TTTTTE 400-01-3516**
Spouse Year of Birth:	**1977**
Address:	**1401 Otter Road** **Ottawa, IL 61350** **LaSalle County**
Email Address:	**Stan.TTTTTE@testing.gov**
Filing Status:	**Married filing jointly**

IL-1040 Information:

Line 1 (AGI):	**$71,750**
Line 2 (Federally Tax-Exempt Interest):	**$225**
Line 5 (Federally Taxable Retirement and Social Security):	**$16,042**
Line 7 (Other Subtractions):	**$10,000**
Line 10a (You/Spouse Exemption Amount):	**$4,850**
Line 10d (Dependents Exemption Amount):	**$4,850**
Line 14 (Total Income Tax):	**$1,794**
Line 21 (Use Tax):	**$500**
Line 25 (IL Tax Withheld):	**$1,622**
Line 39 (Amount You Owe):	**$672**
Filer's Daytime Telephone Number:	**(217) 524-4767**

Schedule M Information:

Line 13 Table Col A (College Savings and Tuition Acct #):	**A1111111111111111111**
Line 13 Table Col B (College Savings and Tuition Contr. Amt):	**$10,000**
Line 13a (College Savings and Tuition 13a total):	**$10,000**
Line 13 (College Savings and Tuition Amt):	**$10,000**

Schedule IL-E/EIC Information:

Illinois Dependent Exemption Allowance
Dependent 1

Dependent's First Name:	**Anthony**
Dependent's Last Name:	**TTTTTE**
Social Security Number:	**400-01-3525**
Dependent's Relationship to You:	**Son**
Dependent's Date of Birth:	**12/01/2012**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Dependent 2

Dependent's First Name:	**Stephanie**
Dependent's Last Name:	**TTTTTE**
Social Security Number:	**400-01-3535**
Dependent's Relationship to You:	**Daughter**
Dependent's Date of Birth:	**05/27/2013**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Schedule IL-WIT Information:

Primary 1

Primary Form Type:	**W**
Primary Employer/Payer Identification Number:	**37-5268431**
Primary Federal Wages, Winnings, etc.:	**$44,733**
Primary Illinois Wages, Winnings, etc.:	**$44,733**
Primary Illinois Income Tax Withheld:	**$1,298**

Primary 2

Primary Form Type:	**R**
Primary Employer/Payer Identification Number:	**36-0012377**
Primary Federal Wages, Winnings, etc.:	**$16,042**
Primary Illinois Wages, Winnings, etc.:	**$16,042**
Primary Illinois Income Tax Withheld:	**$1**

Spouse 1

Spouse Form Type:	**W**
Spouse Employer/Payer Identification Number:	**37-8634141**
Spouse Federal Wages, Winnings, etc.:	**$10,750**
Spouse Illinois Wages, Winnings, etc.:	**$10,750**
Spouse Illinois Income Tax Withheld:	**$323**

Test Case 6

Contents: **Form IL-1040**
Schedule M
Schedule IL-E/EIC

Taxpayer Identification Information:

Primary Name and SSN:	**Ronald TTTTTF 400-01-3507**
Primary Year of Birth:	**1943**
Spouse Name and SSN:	**Judy TTTTTF 400-01-3517**
Spouse Year of Birth:	**1946**
Address:	**RR 6** **Enos, IL 62626** **Macoupin County**
Email Address:	**Ronald.TTTTTF@testing.gov**
Filing Status:	**Married filing jointly**

IL-1040 Information:

Line 1 (AGI):	**($11,555)**
Line 3 (Other Additions):	**$2,110**
Line 10a (You/Spouse Exemption Amount):	**$4,850**
Line 10b (65 or Older "You" Box):	**X**
Line 10b (65 or Older "Spouse" Box):	**X**
Line 10b (65 or Older Exemption Amount):	**$2,000**
Line 10d (Dependents Exemption Amount):	**$2,425**
Line 14 (Total Income Tax):	**$0**
Line 26 (Estimated Payments):	**$1,000**
Line 32a (Farmer Box):	**X**
Line 38 (Carry Forward):	**$1,000**

Schedule M Information:

Line 1 (Child Tax Exempt Interest Income):	**$1,900**
Line 4 (College Savings and Tuition):	**$210**
Line 12 (Total Other Additions):	**$2,110**

Schedule IL-E/EIC Information:

Illinois Dependent Exemption Allowance
Dependent 1

Dependent's First Name:	**Kerry**
Dependent's Last Name:	**TTTTTF**
Social Security Number:	**400-01-3566**
Dependent's Relationship to You:	**Daughter**
Dependent's Date of Birth:	**09/01/2012**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Test Case 7

Contents: **Form IL-1040**
Schedule M
Schedule ICR
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**Jerome TTTTTG 400-01-3508**
Primary Year of Birth:	**1978**
Spouse Name and SSN:	**Jennifer TTTTTG 400-01-3518**
Spouse Year of Birth:	**1974**
Address:	**1636 Spruce** **Kewanee, IL 61443** **Henry County**
Email Address:	**Jerome.TTTTTG@testing.gov**
Filing Status:	**Married filing separately**

IL-1040 Information:

Line 1 (AGI):	**$125,150**
Line 3 (Other Additions):	**$1,600**
Line 5 (Federally Taxable Retirement and Social Security):	**$35,000**
Line 7 (Other Subtractions):	**$356**
Line 10a (You/Spouse Exemption Amount):	**$2,425**
Line 14 (Total Income Tax):	**$4,404**
Line 16 (Credit Schedule ICR):	**$500**
Line 25 (IL Tax Withheld):	**$1,050**
Line 39 (Amount You Owe):	**$2,854**
Line 41 (Insurance checkbox):	**X**

Schedule M Information:

Line 4 (College Savings and Tuition):	**$1,600**
Line 12 (Total Other Additions):	**$1,600**
Line 22 (U.S. Obligations):	**$356**
Line 40 (Total Other Subtractions):	**$356**

IL Schedule ICR Information:

Line 10a (Primary Certificate Number):	**2023054625**
Line 10b (Spouse Certificate Number):	**2023054626**
Line 10c (Maximum Credit):	**$500**
Line 11 (Lesser of Credit Amount and Tax amount):	**$500**
Line 13 (Total Nonrefundable Credit):	**$500**

Schedule IL-WIT Information:

Primary 1

Primary Form Type:	**R**
Primary Employer/Payer Identification Number:	**37-0055577**
Primary Federal Wages, Winnings, etc.:	**$35,000**
Primary Illinois Wages, Winnings, etc.:	**$35,000**
Primary Illinois Income Tax Withheld:	**$1,050**

Test Case 8

Contents: **Form IL-1040**
Schedule NR, Nonresident
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**John TTTTTH 400-01-3509**
Primary Year of Birth:	**1983**
Spouse Name and SSN:	**None**
Address:	**306 West Main** **Wentzville, MO 63385**
Email Address:	**John.TTTTTH@testing.gov**
Filing Status:	**Single**
Line D (Nonresident Box):	**X**

IL-1040 Information:

Line 1 (AGI):	**$21,255**
Line 10a (You/Spouse Exemption Amount):	**$2,425**
Line 11 (NR IL Net Income):	**$2,329**
Line 14 (Total Income Tax):	**$115**
Line 25 (IL Tax Withheld):	**$50**
Line 39 (Amount You Owe):	**$65**
Filer's Daytime Telephone Number:	**217-524-4767**

IL Schedule NR Information:

Residence:	**Nonresident**
Line 4 (Other State 1):	**MO**
Line 9 (Column A):	**$18,625**
Line 19 (Column A):	**$2,630**
Line 19 (Column B):	**$2,630**
Line 46 (IL Portion of Base Income):	**$2,630**
Line 48 (Line 46 Divided by IL Base Income Line 47):	**0.124**
Line 51 (IL Net Income):	**$2,329**
Line 52 (Tax - Line 51 x 4.95% (.0495)):	**$115**

Schedule IL-WIT information:

Primary 1

Primary Form Type:	**WG**
Primary Employer/Payer Identification Number:	**37-0062543**
Primary Federal Wages, Winnings, etc.:	**$2,630**
Primary Illinois Wages, Winnings, etc.:	**$2,630**
Primary Illinois Income Tax Withheld:	**$50**

Test Case 9

Contents: **Form IL-1040**
Schedule NR, Part-Year Resident
Schedule ICR
Schedule IL-E/EIC
Schedule IL-WIT

Taxpayer Identification Information:

Primary Name and SSN:	**Barbara TTTTTI 400-01-3510**
Primary Year of Birth:	**1965**
Spouse Name and SSN:	**Donald TTTTTI 400-01-3520**
Spouse Year of Birth:	**1966**
Address:	**1015 W Springfield** **Champaign, IL 61820** **Champaign County**
Email Address:	**Barbara.TTTTTI@testing.gov**
Filing Status:	**Married filing jointly**

IL-1040 Information:

Line D (Part-Year Resident Box):	**X**
Line 1 (AGI):	**$370,297**
Line 2 (Federally Tax-Exempt Interest):	**$1,672**
Line 10a (You/Spouse Exemption Amount):	**$4,850**
Line 10d (Dependents Exemption Amount):	**$4,850**
Line 11 (NR IL Net Income):	**$62,247**
Line 14 (Total Income Tax):	**$3,081**
Line 16 (Credit Schedule ICR):	**$750**
Line 25 (IL Tax Withheld):	**$3,663**
Line 36 (Refund):	**$332**
Line 37b (Illinois Individual Income Tax Refund Paper Check):	**X**
Line 38 (Carry Forward):	**$1,000**

IL Schedule NR Information:

Residence:	**Part-Year**
Primary Taxpayer IL Residency from Date:	**06/01/2023**
Primary Taxpayer IL Residency to Date:	**12/31/2023**
Primary Taxpayer Other State:	**FL**
Primary Taxpayer Other State from Date:	**03/01/2023**
Primary Taxpayer Other State to Date:	**05/31/2023**
Spouse IL Residency from Date:	**06/01/2023**
Spouse IL Residency to Date:	**12/31/2023**
Spouse Other State:	**FL**
Spouse Other State from Date:	**03/01/2023**
Spouse Other State to Date:	**05/31/2023**
Line 4a (Other State 1):	**NY**
Line 5 (Column A):	**$165,715**
Line 5 (Column B):	**$143,284**
Line 6 (Column A):	**$3,636**

Line 6 (Column B):	**$1,518**
Line 7 (Column A):	**$543**
Line 7 (Column B):	**$271**
Line 15 (Column A):	**$199,803**
Line 15 (Column B):	**($81,782)**
Line 19 (Column A):	**$600**
Line 19 (Column B):	**$600**
Line 39 (Column A):	**$1,672**
Line 46 (IL Portion of Base Income):	**$63,891**
Line 48 (Line 46 divided by IL Base Income Line 47):	**0.172**
Line 51 (IL Net Income):	**$62,223**
Line 52 (Tax – Line 51 x 4.95% (.0495)):	**$3,080**

IL Schedule ICR Information:

Line 1 (IL1040 Tax Amount):	**$3,080**
Line 7a (Total Education Expenses):	**$4,150**
Line 8 (IL Education Expense Credit):	**$750**
Line 13 (Total Nonrefundable Credit):	**$750**

Student 1

Line 10a (Student Last Name):	**TTTTTI**
Line 10a (Student First Name):	**Jennifer**
Line 10a (Student Social Security Number):	**400-01-3550**
Line 10a (Student Grade):	**2**
Line 10a (School Name):	**Little Flower**
Line 10a (School City):	**Champaign**
Line 10a (School Type):	**Public**
Line 10a (Student Total):	**$4,150**
Line 11 (Total Qualified Expenses):	**$4,150**

Schedule IL-E/EIC Information:

Illinois Dependent Exemption Allowance

Dependent 1

Dependent's First Name:	**Jennifer**
Dependent's Last Name:	**TTTTTI**
Social Security Number:	**400-01-3550**
Dependent's Relationship to You:	**Daughter**
Dependent's Date of Birth:	**07/10/2015**
Number of Months Living with You:	**12**
Eligible for Earned Income Credit Box:	**X**

Dependent 2

Dependent's First Name:	**Robert**
Dependent's Last Name:	**TTTTTI**
Social Security Number:	**400-01-3551**
Dependent's Relationship to You:	**Son**
Dependent's Date of Birth:	**12/08/2012**
Number of Months Living with You:	**12**

Eligible for Earned Income Credit Box:	**X**

Schedule IL-WIT Information:

Primary 1

Primary Form Type:	**W**
Primary Employer/Payer Identification Number:	**36-1404993**
Primary Federal Wages, Winnings, etc.:	**$165,715**
Primary Illinois Wages, Winnings, etc.:	**$143,284**
Primary Illinois Income Tax Withheld:	**$3,523**

Primary 3

Primary Form Type:	**M**
Primary Employer/Payer Identification Number:	**36-1029406**
Primary Federal Wages, Winnings, etc.:	**$600**
Primary Illinois Wages, Winnings, etc.:	**$600**
Primary Illinois Income Tax Withheld:	**$30**

Spouse 1

Spouse Form Type:	**D**
Spouse Employer/Payer Identification Number:	**36-3703799**
Spouse Federal Wages, Winnings, etc.:	**$34**
Spouse Illinois Wages, Winnings, etc.:	**$34**
Spouse Illinois Income Tax Withheld:	**$2**