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: Per	sor	nal Information							
	A	A Social Security numbers in the order they appear on your federal return. You must provide the entire Social Security number for you and your spouse. Do not provide a partial Social Security number.							
		Your Social Security number Sp	ouse's Social Security number						
	В	Personal information							
		Your first name and initial You	Your last name						
		Spouse's first name and initial Spo	ouse's last name						
		Mailing address (See instructions if foreign address) Apa	artment number						
		City	ite Z	ZIP or Postal Code					
		Foreign Nation, if not United States (do not abbreviate)							
	С	Filing status (see instructions)		_					
		☐ Single or head of household ☐ Married filing jointly	Married filing separately	Widowed					
Step 2: Income	1	Federal adjusted gross income from your federal Form 1040, Li 1040EZ, Line 4	ne 37; 1040A, Line 21; or	(Whole dollars only) 1					
	2	Federally tax-exempt interest and dividend income from your fe Line 8b; or federal Form 1040EZ	deral Form 1040 or 1040A,	2					
	3			3					
	4	Total income. Add Lines 1 through 3.		4					
Step 3:	5	,	_						
Base	6	received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040, I		<u>00</u> 00					
Income	6 7	· ·		<u>00</u> 00					
	•	Check if Line 7 includes any amount from Schedule 1299-C.		<u>00</u>					
	8		_	8 8					
	9	Illinois base income. Subtract Line 8 from Line 4.		9					
Step 4:		See instructions before completing Step 4.							
Exemptions	10	b If someone can claim you as a dependent, see instructions c Check if 65 or older: ☐ You + ☐ Spouse = d Check if legally blind: ☐ You + ☐ Spouse =	X \$2,175 b 	.00 .00 .00 .00 .00					
Stop E.		Exemption allowance. Add Lines a through d.							
Step 5:	11	•	e 12.	11					
Net Income	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 ☐ Nonresident ☐ Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR. 12							
Stop 6:	10			00					
Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be Nonresidents and part-year residents: Enter the tax from Sci	hedule NR.						
	11	Check if you completed Schedule SA to calculate your income to Recapture of investment tax credits. Attach Schedule 4255.	x. Attach Schedule SA. 🗀						
	15	·		14					
Step 7:	16								
-		Attach Schedule CR.	16	<u>00</u>					
Tax After Non-	17	. P	47	0.0					
refundable	18	Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C		<u>00</u> 00					
Credits	19			<u>UU</u>					
		exceed the tax amount on Line 15.	•	19					
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 1	5.	20 .00					

	21	Tax after nonrefundable credits from	n Page 1, Lin	e 20	21	.00	
Step 8:	22 Household employment tax. See instructions.				22	.00	
Other Taxes	23	UT Worksheet or UT Table in the ins	structions. D o	not leave blank.	23		
		Compassionate Use of Medical Cani		ogram Act Surcharge	24		
	25	Total Tax. Add Lines 21, 22, 23, and	d 24.			25	.00
Step 9:	26	Illinois Income Tax withheld. Attach			26	.00	
Payments	27	Estimated payments from Forms IL-			07	00	
and	28	including any overpayment applied Pass-through withholding payments.			27		
Refundable Credit	29	Earned Income Credit from Schedul					
	_	Total payments and refundable c				<u></u> 30	.00
Step 10:	31	If Line 30 is greater than Line 25, sub				31	.00
•		If Line 25 is greater than Line 30, sub				32	
Total					.•	<u> </u>	00
Step 11:		Only complete Step 11 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.					
Underpayme		Late-payment penalty for underpaying			33	.00	
of Estimated Tax Penalty		a Check if at least two-thirds of your			ning.		
and		b Check if you or your spouse are 6	-		9.		
Donations		living in a nursing home.					
		c Check if your income was not rece	eived evenly o	during the year and	_		
		you annualized your income on Fo					
		d Check if you were not required to	file an Illinois	Individual Income Ta			
		return in the previous tax year.					
	34	Voluntary charitable donations. Atta	ch Schedule	e G.	34	.00	
	35	Total penalty and donations. Add	Lines 33 and	l 34.		35	.00
Step 12:	36	If you have an amount on Line 31 a	nd this amou	nt is greater than			
Refund		Line 35, subtract Line 35 from Line	-			36	
Herana			ided to you.	you . Check one box on Line 38. See instructi		tions. 37	.00
	38	I choose to receive my refund by					
		a ☐ direct deposit - Complete the	information b	below if you check th			
		Routing number		CI	necking or Sa	vings	
		Account number					
		b Illinois Individual Income To		it coud			
		b ☐ Illinois Individual Income Tax c ☐ paper check	c retuna deb	it card			
	39	Amount to be credited forward . Sub	tract Line 37	from Line 36. See in	structions	39	.00
Step 13:	40	If you have an amount on Line 32, a			oti dotiono.		
Amount	40	If you have an amount on Line 31 a			5		
		subtract Line 31 from Line 35. This				40	.00
You Owe					uotionis.	<u></u>	
Step 14:		s a joint return, both you and your spor	_				
	Under	penalties of perjury, I state that I have	examined this	s return and, to the be	st of my knowledge	e, it is true, correct, and	complete.
Sign						()	
Here	Your sigi	ature Date (mm/dd/yyyy	Date (mm/dd/yyyy) Spouse's signature		Date (mm/dd/yyyy)	Daytime phone number	er
Doid						Check if	
Paid Preparer	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	self-employed Paid Pr	eparer's PTIN
Use Only	irm's na	me •			Firm's FEIN		
	Firm's address			Firm's phone		()	
Third				()		Check if the Depar	tment may
Party	Designee's name (please print)			Designed's phone purchase		discuss this return with the third	
			Designee's phone number		party designee shown in this step.		
		ayment enclosed, mail to: If payment enclosed,					
		DEPARTMENT OF REVENUE IELD IL 62719-0001		ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001			

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