



Illinois Department of Revenue
2011 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

Step 1: Personal Information

Do not write above this line.

A Social Security numbers in the order they appear on your federal return

Your Social Security number

Spouse's Social Security number

B Personal information

Your first name and initial

Your last name

Spouse's first name and initial

Spouse's last name - only if different

Mailing address (See instructions if foreign address)

Apartment number

City

State

ZIP or Postal Code

Foreign Nation, if not United States (do not abbreviate)

C Filing status (see instructions)

- Single or head of household Married filing jointly Married filing separately Widowed

D Check if same-sex civil union return (see instructions)

Step 2:

Income

Table with 4 rows: 1 Federal adjusted gross income... 2 Federally tax-exempt interest... 3 Other additions... 4 Total income.

Step 3:

Base Income

Table with 5 rows: 5 Social Security benefits... 6 Illinois Income Tax overpayment... 7 Other subtractions... 8 Add Lines 5, 6, and 7... 9 Illinois base income.

Step 4:

Exemptions

Table with 4 rows: a Number of exemptions... b If someone can claim you... c Check if 65 or older... d Check if legally blind.

Step 5:

Net Income

Table with 2 rows: 11 Residents: Net income... 12 Nonresidents and part-year residents.

Step 6:

Tax

Table with 3 rows: 13 Residents: Multiply Line 11... 14 Recapture of investment tax credits... 15 Income tax.

Step 7:

Tax After Non-refundable Credits

Table with 5 rows: 16 Income tax paid to another state... 17 Property tax and K-12 education expense credit... 18 Credit amount from Schedule 1299-C... 19 Add Lines 16, 17, and 18... 20 Tax after nonrefundable credits.

Staple W-2 and 1099 forms here

Staple your check



	21 Tax after nonrefundable credits from Page 1, Line 20	21 _____ .00										
Step 8:	22 Household employment tax. See instructions.	22 _____ .00										
Other Taxes	23 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23 _____ .00										
	24 Total Tax. Add Lines 21, 22, and 23.	24 _____ .00										
Step 9:	25 Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25 _____ .00										
Payments and Refundable Credit	26 Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2010 return	26 _____ .00										
	27 Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	27 _____ .00										
	28 Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28 _____ .00										
	29 Total payments and refundable credit. Add Lines 25 through 28.	29 _____ .00										
Step 10:	30 Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30 _____ .00										
Result	31 Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31 _____ .00										
Step 11:	32 Late-payment penalty for underpayment of estimated tax.	32 _____ .00										
Underpayment of Estimated Tax Penalty and Donations	a Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/>											
	b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/>											
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. <input type="checkbox"/>											
	33 Voluntary charitable donations. Attach Schedule G.	33 _____ .00										
	34 Total penalty and donations. Add Lines 32 and 33.	34 _____ .00										
Step 12:	35 If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining overpayment .	35 _____ .00										
Refund or Amount You Owe	36 Amount from Line 35 you want refunded to you	36 _____ .00										
	37 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="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"/>											
	38 Subtract Line 36 from Line 35. This amount will be applied to your 2012 estimated tax .	38 _____ .00										
	39 If you have an underpayment on Line 31, add Lines 31 and 34. OR If you have an overpayment on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe .	39 _____ .00										
Step 13:	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 and Date	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-top: 1px solid black;">Your signature</td> <td style="width: 15%; border-top: 1px solid black;">Date</td> <td style="width: 33%; border-top: 1px solid black;">Daytime phone number</td> <td style="width: 15%; border-top: 1px solid black;">Your spouse's signature</td> <td style="width: 5%; border-top: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Paid preparer's signature</td> <td style="border-top: 1px solid black;">Date</td> <td style="border-top: 1px solid black;">Preparer's phone number</td> <td colspan="2" style="border-top: 1px solid black;">Preparer's FEIN, SSN, or PTIN</td> </tr> </table>		Your signature	Date	Daytime phone number	Your spouse's signature	Date	Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	
Your signature	Date	Daytime phone number	Your spouse's signature	Date								
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN									
Third Party Designee	<input type="checkbox"/> Check, and complete below, if you want to allow another person to discuss this return with the Illinois Department of Revenue. Designee's Name (please print) _____ Designee's Phone number _____											
Form 1099-G Information	<input type="checkbox"/> Next year (in January 2013), we will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website. Check the box if you still want us to mail you a paper Form 1099-G next year.											



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

