

Individual Income Tax Return or for fiscal year ending ___/___

Q _r Ove	er 80	% of taxpayers file electronically. It is easy and you will					
Step 1: Pe		nal Information Social Security numbers in the order they appear on your	Do not write above this line. federal return				
		Your Social Security number	Spouse's Social Security number				
	В	•	opodaces decidi deculity indiniser				
		- ersonal information					
		Your first name and initial	Your last name				
		Spouse's first name and initial	Spouse's last name				
		Mailing address (See instructions if foreign address)	Apartment number				
		City	State 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	y Married filing separately Widowed				
	D	Check if you are in a civil union (see instructions).					
Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 3 U.S. 1040EZ, Line 4	37; U.S. 1040A, Line 21; or (Whole dollars only) 1 .00				
Income	2	Federally tax-exempt interest and dividend income from your U.S. 1040EZ					
	3	Other additions. Attach Schedule M.	3				
	4	Total income. Add Lines 1 through 3.	4				
Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in U.S. 1040, Line 10 5					
Base	6						
Income	7	Other subtractions. Attach Schedule M 7 7					
	_	Check if Line 7 includes any amount from Schedule 129					
	8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income . Subtract Line 8 from Line 4.	.00 <u>.00</u> 9 .00				
Step 4:							
Exemptions	10	a Number of exemptions from your federal returnb If someone can claim you as a dependent, see instructions	X \$2,100 a				
Exemplions		c Check if 65 or older: ☐ You + ☐ Spouse =	X \$1,000 c				
		d Check if legally blind: ☐ You + ☐ Spouse = Exemption allowance. Add Lines a through d.	X \$1,000 d00 10 .00				
Stop 5:	11	<u> </u>					
Step 5:		Residents: Net income. Subtract Line 10 from Line 9. Skill Nonresidents and part-year residents:	μ Line 12. 11				
Net Income		Check the box that applies to you during 2013 Nonresi	-				
		write the Illinois base income from Schedule NR. Attach Sc	chedule NR. 12				
Step 6:	13	Residents: Multiply Line 11 by 5% (.05). Cannot be less the					
Tax	14	Nonresidents and part-year residents: Write the tax from Recapture of investment tax credits. Attach Schedule 425:					
	15	Income tax. Add Lines 13 and 14. Cannot be less than ze					
Step 7:	16	Income tax paid to another state while an Illinois resident.					
Tax After	47	Attach Schedule CR.	16				
Non-	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	om 17 00				
refundable Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 12					
2.00.00	19		annot				
	20	exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from L	.ine 15. 19 00				
	40	ian after nome ciumable credita. Subtract Line 19 110111 L	.00				



	21	Tax after nonrefundable credits from Page 1, Line 20	21 _		<u>00</u>			
Step 8:	22	Household employment tax. See instructions.	22		00			
Other	23	Use tax on internet, mail order, or other out-of-state purchases from						
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23 _		<u>00</u>			
	24	Total Tax. Add Lines 21, 22, and 23.			24	.00		
Step 9:	25	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	25 _		00			
Payments	26	Estimated payments from Forms IL-1040-ES and IL-505-I,						
and Refundable Credit		including overpayment applied from 2012 return	26 _		<u>00</u>			
	27	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.			<u>00</u>			
	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28 _		<u>00</u>			
	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	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	ا	00			
Underpayment		a Check if at least two-thirds of your federal gross income is from farr			_			
of Estimated T		b Check if you or your spouse are 65 or older and permanently		_				
Penalty and		living in a nursing home.						
Donations		c Check if your income was not received evenly during the year and						
		you annualized your income on Form IL-2210. Attach Form IL-221	0.					
		d Check if you were not required to file an Illinois Individual Income To	ax					
		return in the previous tax year.						
		Voluntary charitable donations. Attach Schedule G.	33 _		<u>00</u>			
	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 that	an					
Refund or		Line 34, subtract Line 34 from Line 30. This is your remaining overpa	aymen	it.	35	.00		
Amount You	36	Amount from Line 35 you want refunded to you . Check one box on Li	. 36	.00				
Owe	37	,						
		direct deposit - Complete the information below if you check this	box.					
		Routing number C	heckin	ng or Saving	s			
		Account number						
		☐ Illinois Individual Income Tax refund debit card						
		paper check						
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2))))))	stimated tay	38	.00		
	39		.014 6	Stilliateu tax.	30			
		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 . See instructions.							
Step 13:	Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, corre							
Sign and	CO	mplete.						
Date	_							
	You	ur signature Date Daytime phone number	Your	r spouse's signature		Date		
		id avanavala signatura	Dron	acrorio FFIN CON or	DTIN			
Third Party		id preparer's signature Date Preparer's phone number Check, and complete below, to allow another person to discuss th		parer's FEIN, SSN, or		at of Povonuo		
Designee		Check, and complete below, to allow another person to discuss th	is retu	in with the inin	Jis Departitier	it of Revenue.		
_	Designee's name (please print) Designee's phone number							
Form 1099-G Information		We no longer automatically mail 1099-G forms. Instead, we ask that y						
	Check the box to receive a paper Form 1099-G next year, if you meet the criteria requiring us to issue a Form 1099-C							
	F			ent enclosed, m S DEPARTMEN ⁻		IE		
				FIELD IL 62726		_		
		GALESBURG IL 61402-1040						

IL-1040 back (R-12/13)

DR_____ AP____ RR DC IR