Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Sto	ep 1: Provide the following	information			
Your	name as shown on Form IL-1040		Your Social Security nun	 nber	
	e: If your prior year tax return was filed using the number above, enter that number here	-	urity number		
Sto	ep 2: Figure your required	installments		A This year	B Last year
1	Enter your total income tax and compassion surcharge from each tax return. See instru				
2	Enter the amount of credits from each tax	return. See instructions	. 2 _		
3	Subtract Line 2 from Line 1.		3 _		
4a	Enter the total amount of this year's Illinois w	ithholding from your W-2	and 1099 forms. <b>4a</b>		
4b	Enter the total amount of pass-through with	holding payments mad	e on your behalf. <b>4b</b>		
4c	Add Lines 4a and 4b and enter the result h	iere.			
5	Subtract Line 4c from Line 3.		5 _		
6	Multiply Column A, Line 3, by 90% (.9).		6 _		
7	If <b>Line 5</b> is \$500 or less or if you are not re enter " <b>0</b> ," and go to Step 3. Otherwise, ente or Column B, Line 3.	•	A, Line 6,		
8	Divide the amount entered on Line 7 by four installment. (If you use the annualized income				
		Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year
9a	Enter the installment due date for each quarter. See instructions.	//	/	//	
9b	Enter the required installment. See instructions.				
10a	Enter the amount of tax withheld.				
10b	Enter the amount of pass-through payments.				
10c	Add Lines 10a and 10b in each column.				
11	Subtract Line 10c from Line 9b. If the amount is negative, use brackets.				
12	If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.			
13	Subtract Line 12 from Line 11. If the amount is negative, use brackets.				

Continue with Step 3 on Page 2





St	ep 3: Figure	your unp	aid tax					
14	Enter the amount f	rom Column A,	Line 3.				14 _	
15	Enter the amount of	of household em	ployment tax fro	om Form IL-1040, L	ine 22.		15 _	
16	Enter the amount of	of use tax from F	orm IL-1040, Li	ne 23.			16 _	
17	Add Lines 14 throu	igh 16. Enter the	total amount he	ere.			17 _	
18	Calculate the total	amount of all pa	yments made o	n or before the original	nal due date of you	ur tax return. Inclu	ide your credit(s	s)
			·	, your total estimate		•		s,
			-	our behalf, and you	_	-		
10	forms. Compare the Subtract Line 18 fr			uarters 1 through 4	and enter the <b>gre</b>	ater amount here	. 18 _	
19				ount in Penalty Wor	ksheet 2 Line 23	Column C and co	ntinue	
	to Step 4.	triat arribarit rioi	c. Enter this and	ount in Fondity Wor	Koncet 2, Line 20,		Hilliac	
	•	<b>/e</b> , enter that am	ount here and,	if negative, use brad	ckets.		19 _	
St	ep 4: Figur	e vour lat	a-navmen	t nenalty				
	e Penalty Worksheet	-			ment of estimated	tax		
	Penalty Worksheet					iax.		
No	ote You must follow	the instructions	in order to pror	perly complete the r	enalty worksheets	_		
	Enter the amount a				-		or vear See ins	tructions
20	Amount		paid	Amount	Date paid		•	ate paid
			-		•			•
						•		
	d		_					
	u		'' -			_ '		'
7	Domolturyota	N	lumber of days	late Penalty rate	<b>.</b>			
-	Penalty rate		1 - 30		-			
				10				
	Penalty V	<i>N</i> orkshee	t 1 – Late- <sub>l</sub>	payment pena	Ity for underp	payment of e	stimated ta	ax .
No	ote If you paid the r	equired amount	from Line 13 by	the payment due c	late for each quarte	er, <b>do not</b> comple	te this workshe	et.
21	Enter the unpaid a							
				se a separate piece		_		ch to this form
4	A B Due	<b>C</b> Unpaid	<b>D</b> Payment	<b>E</b> Balance due	F	<b>G</b> Number of	H Popalty rate	ı
Pe	eriod date	amount	applied	(Col. C - Col. D)	date	days late	(See above)	Penalty
Qt	tr 1/		_					
			<u> </u>	_	/			
Qt	tr 2//							
			_					
Ωt	tr 3//_				/ /			
۵.	•							
					/			
					/			
Ot	tr 4//							
-								
					/			
22	Add Column I, Qua	_	-			ent of estimated		
	Enter the total amo	ount here and or	your Form IL-1	040, Line 33 (round	I to whole dollars).		22 _	
No	ote You may apply	any remaining o	vernavment fro	m Quarter 4, Colum	n F above to any i	indernayment wh	en figuring Pen	altv

Worksheet 2, only if the payment date in Column F is after the original due date of the return. Page 2 of 4 IL-2210 (R-12/14)



## Penalty Worksheet 2 – Late-payment penalty for unpaid tax

23 Enter any positive amount from Line 19 on the first line of Column C below.

Α	В	С	D	E	F	G	Н	I	
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See Page 2)	Penalty	
	//								
					//				
			<u> </u>		/				
24 Add Column I. This is your late-payment penalty for unpaid tax.									
Enter the total amount here and on Step 5, Line 34.						24			

## Step 5: Figure your late-filing penalty and the amount you owe

Note Figure your late-filing penalty only if

- you are filing your tax return after your extended due date, and
- your tax was not paid on or before your original due date.

Figure your late-filing penalty.

25	Enter the amount from Form IL-1040, Line 15.	25
26	Enter the amount of household employment tax from Form IL-1040, Line 22.	26
27	Enter the amount of use tax from Form IL-1040, Line 23.	27
28	Enter the amount of compassionate use of medical cannabis surcharge from Form IL-1040, Line 24.	28
29	Add Lines 25 through 28. Enter the total amount here.	29
30	Enter the total amount of credits and payments made on or before your original due date.	30
31	Subtract Line 30 from Line 29.	31
32	Multiply the amount on Line 31 by 2% (.02).	32
33	Enter the lesser of Line 32 or \$250. This is your late-filing penalty.	33
Fig	ure the amount you owe.	
34	Enter any late-payment penalty for unpaid tax from Line 24.	34
35	Enter any late-filing penalty from Line 33.	35
36	If you have an overpayment on Form IL-1040, Line 36, enter that amount as a <negative number="">.</negative>	
	If you have an amount due on Form IL-1040, Line 40, enter that amount as a positive number.	36
37	Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a	
	positive number, this is the amount you owe. See Form IL-1040, Line 40, instructions for your payment options.	37

Continue to Step 6 on Page 4, if annualizing your income.



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## Step 6:

Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.

			A First 3 months	B First 5 months	C First 8 months	D All 12 months
38	Enter your Illinois base income					
	for each period. See instructions.	38				
39	Annualization factors.	39	4	2.4	1.5	1
40	Multiply Line 38 by Line 39.					
	This is your annualized income.					
41	Exemptions. See instructions.	41				
42	Subtract Line 41 from Line 40.					
40	This is your Illinois net income.					
43	- 1 3	43				
44	<b> </b>					
	medical cannabis surcharge. See instructions.	44				
45	Add Lines 43 and 44.					
46	For each period, enter the	-10				
-10	amount you entered on					
	Step 2, Line 2, Column A.	46				
47	Subtract Line 46 from Line 45.	47				
48	Applicable percentage.		22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
49	Multiply Line 47 by Line 48.					
	This is your annualized					
	installment.	49				
50	Add the amounts on Line 56 of					
	each of the preceding columns	<b>F</b> 0	Skip this line for Column A.			
F4	and enter the total here.	50				
51	Subtract Line 50 from Line 49.  If less than zero, enter "0."	51				
52	Enter the amount you would	31				
32	have entered in Step 2, Line 9b,					
	if you were not annualizing.	52				
53	Enter the amount from Line 55					
	of the preceding column.	53	Skip this line for Column A.			
54	Add Lines 52 and 53.	54				
55	If Line 54 is greater than					
	Line 51, subtract Line 51 from					Skip this line for Column D.
	Line 54. Otherwise, enter "0."	55				Skip this line for Column D.
56	Enter the lesser of Line 51 or					
	Line 54 here and on Step 2, Line 9b. This is your required					
	installment.	56				



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