



Illinois Department of Revenue
2015 Form IL-1040-X
Amended Individual Income Tax Return

REV 12

Step 1: Personal information

Do not write above this line.

A Print or type your current Social Security number(s), name(s), and address.

Your Social Security number

Spouse's Social Security number

Your first name and initial

Spouse's first name and initial (and last name - only if different)

Your last name

Mailing address

Apt. number

City

State

ZIP or Postal Code

Foreign Nation, if not U.S.A.

B ☐ Check if your Social Security number(s), name(s), or address listed above are different from your previously filed return. See instructions.

C Filing Status: ☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

D Check the box that identifies why you are making this change. **** Attach a copy of your federal finalization.** See instructions.

☐ **Federal change accepted on ____/____/____ ☐ **NOL accepted on ____/____/____ ☐ State change

E On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? ____/____/____

F Did you file a U.S. Form 1040X or Form 1045? If "yes," you must attach a copy to this form. See instructions. ☐ yes ☐ no

G Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if necessary.

STOP If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, **do not file** this form until you receive notification that the Internal Revenue Service (IRS) accepted the changes.

Staple W-2 and 1099 forms here.

Staple your check and IL-1040-X-V here.

		Column A As originally reported or adjusted	Column B Corrected figures
Step 2:	1 Federal adjusted gross income	1 .00	1 .00
Income	2 Federally tax-exempt interest and dividend income	2 .00	2 .00
	3 Other additions. Attach Schedule M with amended figures.	3 .00	3 .00
	4 Total income. Add Lines 1 through 3.	4 .00	4 .00
Step 3:	5 Social Security benefits and certain retirement plan income.	5 .00	5 .00
Base	Attach U.S. 1040 or 1040A, page 1 with amended figures.		
Income	6 Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6 .00	6 .00
	Attach U.S. 1040, page 1 with amended figures.		
	7 Other subtractions. Attach Schedule M with amended figures.	7 .00	7 .00
	8 Total subtractions. Add Lines 5 through 7.	8 .00	8 .00
	9 Illinois base income. Subtract Line 8 from Line 4.	9 .00	9 .00
Step 4:	10 a Number of exemptions _____ X \$2,150	10a .00	10a .00
Exemptions	b Claimed as a dependent. See instructions. _____ X \$2,150	10b .00	10b .00
	c 65 or older _____ X \$1,000	10c .00	10c .00
	d Legally blind _____ X \$1,000	10d .00	10d .00
	Exemption allowance. Add Lines 10a through 10d.	10 .00	10 .00
Step 5:	11 Residents only: Net income. Subtract Line 10 from Line 9.	11 .00	11 .00
Net	12 Nonresidents and part-year residents only: Attach Schedule NR.		
Income	Write your Illinois base income from Schedule NR and check the box that applies to you during 2015. <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident	12 .00	12 .00
Step 6:	13 Residents: Multiply Line 11 by 3.75% (.0375).	13 .00	13 .00
Tax	Nonresidents and part-year residents: Enter the tax from Schedule NR.		
	14 Recapture of investment tax credits. Attach Schedule 4255.	14 .00	14 .00
	15 Income tax. Add Lines 13 and 14.	15 .00	15 .00
Step 7:	16 Credit from Schedule CR. Attach Schedule CR with amended figures.	16 .00	16 .00
Tax After	17 Property tax and K-12 education expense credit from Schedule ICR.	17 .00	17 .00
Non-	Attach Schedule ICR with amended figures.		
refundable	18 Credit from Schedule 1299-C. Attach Schedule 1299-C with amended figures.	18 .00	18 .00
Credits	19 Nonrefundable credits. Add Lines 16, 17, and 18.	19 .00	19 .00
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20 .00	20 .00



	21 Tax after nonrefundable credits from Page 1, Line 20.	21 _____	21 _____
Step 8:	22 Household employment tax	22 _____	22 _____
Other Taxes	23 Use tax reported on your original return. Enter the amount from your original return in both Column A and Column B. See instructions.	23 _____	23 _____
	24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24 _____	24 _____
	25 Total tax. Add Lines 21, 22, 23, and 24.		25 _____
Step 9:	26 Illinois Income Tax withheld. See instructions.	26 _____	26 _____
Payments and Refundable Credit	27 Estimated payments (IL-1040-ES, IL-505-I, and prior year credit)	27 _____	27 _____
	28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28 _____	28 _____
	29 Earned income credit from Schedule ICR. Attach Schedule ICR with amended figures.	29 _____	29 _____
	30 Previous payments. Generally includes the tax paid with your original return plus any additional tax paid after your original return was filed. Do not include penalties or interest. See instructions.		30 _____
	31 Total payments and refundable credit. Add Lines 26 through 30.		31 _____
Step 10:	32 Overpayment, if any, as shown on your original return, or a notice we sent showing an adjustment to your account. Do not include interest you received or voluntary contributions. See instructions.		32 _____
Adjusted Total Tax	33 Voluntary contributions as shown on your original return. See instructions.		33 _____
	34 Adjusted total tax. Add Lines 25, 32, and 33.		34 _____
Step 11:	35 Overpayment. If Line 31 is greater than Line 34, subtract Line 34 from Line 31.		35 _____
Refund or Amount You Owe	36 Amount from Line 35 you want refunded to you. If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.		36 _____
	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Routing number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number </div>		
	37 Subtract Line 36 from Line 35. This amount will be applied to your estimated tax. See instructions.	37 _____	37 _____
	38 Amount you owe. If Line 34 is greater than Line 31, subtract Line 31 from Line 34.	38 _____	38 _____
Step 12:	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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Your signature _____ Date _____ </div> <div style="width: 45%;"> Daytime phone number _____ Your spouse's signature _____ Date _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Paid preparer's signature _____ Date _____ </div> <div style="width: 45%;"> Preparer's phone number _____ Preparer's FEIN, SSN, or PTIN _____ </div> </div>		
Third Party Designee	<input type="checkbox"/> Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue. Designee's Name (please print) _____ Designee's Phone number _____		

Mail to: Illinois Department of Revenue, P.O. Box 19007, Springfield, IL 62794-9007

Important reminder for federal changes (including net operating loss (NOL) deductions)

If you file Form IL-1040-X because you filed a U.S. Form 1040X or Form 1045 that resulted in

- ◆ **an overpayment or because you are claiming an NOL carryback deduction**, you must wait to file this form until you receive a federal finalization notice from the IRS stating that they have accepted your change either by paying a refund or by final assessment, agreement, or judgment. Write the date the IRS notified you (not the date you filed your U.S. Form 1040X or Form 1045) in the appropriate space in Step 1, Line D, and attach proof of federal finalization.

Proof of federal finalization for U.S. 1040X or Form 1045 overpayments and NOL carryback deductions includes a copy of the notification you received from the IRS that they accepted your changes; e.g., a refund check, "Statement of Account," agreement, or judgment, **and**

- a copy of your U.S. Form 1040X, if filed, **or**
- a copy of your U.S. Form 1045, Application for Tentative Refund, including all pages of Schedules A and B, along with a copy of your refund check, if you filed your federal amended return due to an NOL.

- ◆ **a balance due**, you must attach proof of federal finalization and write the date you filed your U.S. Form 1040X and paid the tax due in the appropriate space in Step 1, Line D. Failure to provide this date could result in an assessment of a late-payment penalty.

Proof of federal finalization for U.S. 1040X underpayments is a copy of your U.S. Form 1040X and a copy of the check you sent to the IRS to pay the tax due.

Note If you do not have proof of federal finalization, call the IRS or go to their website at **www.irs.gov** to request a tax account transcript.

DR _____ ID _____ X3 IR



This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

IL-1040-X back (R-12/15)