



Illinois Department of Revenue  
**2016 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 federal 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
<b>Step 2:</b>	<b>1</b> Federal adjusted gross income	<b>1</b> .00	<b>1</b> .00
<b>Income</b>	<b>2</b> Federally tax-exempt interest and dividend income	<b>2</b> .00	<b>2</b> .00
	<b>3</b> Other additions. <b>Attach</b> Schedule M with amended figures.	<b>3</b> .00	<b>3</b> .00
	<b>4</b> <b>Total income.</b> Add Lines 1 through 3.	<b>4</b> .00	<b>4</b> .00
<b>Step 3:</b>	<b>5</b> Social Security benefits and certain retirement plan income.	<b>5</b> .00	<b>5</b> .00
<b>Base</b>	<b>Attach</b> federal Form 1040 or 1040A, page 1 with amended figures.	<b>5</b> .00	<b>5</b> .00
<b>Income</b>	<b>6</b> Illinois Income Tax overpayment included in federal Form 1040, Line 10.	<b>6</b> .00	<b>6</b> .00
	<b>Attach</b> federal Form 1040, Page 1 with amended figures.	<b>6</b> .00	<b>6</b> .00
	<b>7</b> Other subtractions. <b>Attach</b> Schedule M with amended figures.	<b>7</b> .00	<b>7</b> .00
	<b>8</b> Total subtractions. Add Lines 5 through 7.	<b>8</b> .00	<b>8</b> .00
	<b>9</b> <b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b> .00	<b>9</b> .00
<b>Step 4:</b>	<b>10 a</b> Number of exemptions _____ X \$2,175	<b>10a</b> .00	<b>10a</b> .00
<b>Exemptions</b>	<b>b</b> Claimed as a dependent. See instructions. _____ X \$2,175	<b>10b</b> .00	<b>10b</b> .00
	<b>c</b> 65 or older _____ X \$1,000	<b>10c</b> .00	<b>10c</b> .00
	<b>d</b> Legally blind _____ X \$1,000	<b>10d</b> .00	<b>10d</b> .00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b> .00	<b>10</b> .00
<b>Step 5:</b>	<b>11 Residents only:</b> Net income. Subtract Line 10 from Line 9.	<b>11</b> .00	<b>11</b> .00
<b>Net</b>	<b>12 Nonresidents and part-year residents only:</b> <b>Attach</b> Schedule NR.		
<b>Income</b>	Write your Illinois base income from Schedule NR and check the box that applies to you during 2016. <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident	<b>12</b> .00	<b>12</b> .00
<b>Step 6:</b>	<b>13 Residents:</b> Multiply Line 11 by 3.75% (.0375).	<b>13</b> .00	<b>13</b> .00
<b>Tax</b>	<b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	<b>13</b> .00	<b>13</b> .00
	<b>14</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>14</b> .00	<b>14</b> .00
	<b>15</b> <b>Income tax.</b> Add Lines 13 and 14.	<b>15</b> .00	<b>15</b> .00
<b>Step 7:</b>	<b>16</b> Credit from Schedule CR. <b>Attach</b> Schedule CR with amended figures.	<b>16</b> .00	<b>16</b> .00
<b>Tax After</b>	<b>17</b> Property tax and K-12 education expense credit from Schedule ICR.	<b>17</b> .00	<b>17</b> .00
<b>Non-</b>	<b>Attach</b> Schedule ICR with amended figures.	<b>17</b> .00	<b>17</b> .00
<b>refundable</b>	<b>18</b> Credit from Schedule 1299-C. <b>Attach</b> Schedule 1299-C with amended figures.	<b>18</b> .00	<b>18</b> .00
<b>Credits</b>	<b>19</b> Nonrefundable credits. Add Lines 16, 17, and 18.	<b>19</b> .00	<b>19</b> .00
	<b>20</b> <b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b> .00	<b>20</b> .00



	<b>21</b> Tax after nonrefundable credits from Page 1, Line 20.	<b>21</b> _____	<b>21</b> _____
<b>Step 8:</b>	<b>22</b> Household employment tax	<b>22</b> _____	<b>22</b> _____
<b>Other Taxes</b>	<b>23</b> Use tax reported on your original return. Enter the amount from your original return in both Column A and Column B. See instructions.	<b>23</b> _____	<b>23</b> _____
	<b>24</b> Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	<b>24</b> _____	<b>24</b> _____
	<b>25</b> <b>Total tax.</b> Add Lines 21, 22, 23, and 24.		<b>25</b> _____
<b>Step 9:</b>	<b>26</b> Illinois Income Tax withheld. See instructions.	<b>26</b> _____	<b>26</b> _____
<b>Payments and Refundable Credit</b>	<b>27</b> Estimated payments (IL-1040-ES, IL-505-I, and prior year credit)	<b>27</b> _____	<b>27</b> _____
	<b>28</b> Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>28</b> _____	<b>28</b> _____
	<b>29</b> Earned income credit from Schedule ICR. <b>Attach</b> Schedule ICR with amended figures.	<b>29</b> _____	<b>29</b> _____
	<b>30</b> 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.		<b>30</b> _____
	<b>31</b> <b>Total payments and refundable credit.</b> Add Lines 26 through 30.		<b>31</b> _____
<b>Step 10:</b>	<b>32</b> 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.		<b>32</b> _____
<b>Adjusted Total Tax</b>	<b>33</b> Voluntary contributions as shown on your original return. See instructions.		<b>33</b> _____
	<b>34</b> <b>Adjusted total tax.</b> Add Lines 25, 32, and 33.		<b>34</b> _____
<b>Step 11:</b>	<b>35</b> <b>Overpayment.</b> If Line 31 is greater than Line 34, subtract Line 34 from Line 31.		<b>35</b> _____
<b>Refund or Amount You Owe</b>	<b>36</b> Amount from Line 35 you want <b>refunded to you.</b> If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.		<b>36</b> _____
	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Routing number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings  Account number <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span> </div>		
	<b>37</b> Subtract Line 36 from Line 35. This amount will be <b>applied to your estimated tax.</b> See instructions.		<b>37</b> _____
	<b>38</b> <b>Amount you owe.</b> If Line 34 is greater than Line 31, subtract Line 31 from Line 34.		<b>38</b> _____

**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**

Your signature _____	Date _____	Daytime phone number _____	Your spouse's signature _____	Date _____
Paid preparer's signature _____	Date _____	Preparer's phone number _____	Paid preparer's PTIN _____	

**Third Party Designee** ☐ 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 federal 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 federal 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 federal Form 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 federal Form 1040X, if filed, **or**
- a copy of your federal 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 federal 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 federal Form 1040X underpayments** is a copy of your federal 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](http://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-12/16)