

**REV 12** 

Step 1: Personal Information - Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A Your first name and middle initial	Your last name	ne Year of birth				Your social security number			
Spouse's first name and middle intial	Spouse's last	t name Spouse's year of			of birth	Spouse's social security numb		curity number	
Mailing address (See inst. if foreign addres	s)	Apartment number	City			State		Zip or p	ostal code
Foreign nation if not US (do not abbreviate)		County (Illinois only)		Email add	ress				
<b>B</b> Check the box if your Social Security n	umber(s), nar	ne(s), or address lis	ted ab	ove are dif	erent from vour	previo	uslv filed	return.	П
C Filing status: ☐ Single ☐ Married f							-		
D Check If someone can claim you, or you									
E Check the box if this applies to you dur	ing 2022.	☐ Nonresident - At	tach	Schedule N	NR □ Part-yea	ar resid	dent - Att	ach Sch	nedule NR
If you are changing your Illinois return do notification the Internal Revenue Service	ue to a change	to your federal return	that re	sulted in an	overpayment, de	o not fi	le this forn	n until yo	u receive
Step 2: Income	e (ino) accepie	ed the changes.					(	Correct	ed figures
1 Federal adjusted gross income							1 .		
2 Federally tax-exempt interest and dividend income									
<ul><li>3 Other additions. Attach Schedule M.</li><li>4 Total income. Add Lines 1 through 3.</li></ul>							4		
Step 3: Base Income									
5 Social Security benefits and certain		olan income.					_		
Attach federal Form 1040 or 1040- 6 Illinois Income Tax overpayment in		aral Form 1040 or 1	040-85	2 Schodul	o 1 lino 1		5		
Attach federal Form 1040 or 1040-			040-31	n, Scriedui	e i, Lilie i.		6		
7 Other subtractions. Attach Schedule M.							7		
<ul><li>8 Total subtractions. Add Lines 5 through 7.</li><li>9 Illinois base income. Subtract Line 8 from Line 4.</li></ul>							8 9		
							<b>3</b>		
<ul><li>Step 4: Exemptions - See instructions</li><li>10 a Enter the exemption amount fo</li></ul>			Instru	ctions			10a		
<b>b</b> Check if 65 or older:  You	+ D Spou	se # of checkboxe	s X	\$1,000 =			10b		
c Check if legally blind:	+ 🗆 Spou	se # of checkboxe	s X S	\$1,000 =			10c		
<b>d</b> If you are claiming dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. <b>Attach</b> Sch. IL-E/EI <b>Exemption allowance.</b> Add Lines 10a through 10d.					L-E/EI(				
Step 5: Net Income and tax	oa iiiiougii i	ou.					10		
11 Residents only: Net income. Sul	otract Line 10	) from Line 9.							
Nonresidents and part-year res	idents only:	Enter your Illinois r	net inc	ome from	Schedule NR.		44		
Attach Schedule NR.  12 Residents: Multiply Line 11 by 4	.95% (.0495).						11		
Nonresidents and part-year residents	ents: Enter the	tax from Schedule N	R.						
<ul><li>13 Recapture of investment tax credits. Attach Schedule 4255.</li><li>14 Income tax. Add Lines 12 and 13. Cannot be less than zero.</li></ul>									
Step 6: Tax After Nonrefundable Cre		less than zero.					14		
15 Credit from Schedule CR. Attach		R.					15		
16 Property tax and K-12 education	expense cred	dit from Schedule IC	CR.						
Attach Schedule ICR.  17 Credit from Schedule 1299-C. Attack	h Cabadula 10	00.0					16		
18 Nonrefundable credits. Add Lines			the tax	c amount o	on Line 14.		18		
19 Tax after nonrefundable credits							19		
Step 7: Other Taxes									
20 Household employment tax							20		
21 Use tax reported on your original from what you originally report			use t	ax			21		
22 Compassionate Use of Medical C			of asse	ets by gam	ing licensee su	rcharg	es <b>21</b>		
23 Total tax. Add Lines 19, 20, 21, a		-			-	J			



24 To	otal tax. Enter the amount from	ı Line 23.					24 _	.00
Step 8: P	ayments and Refundable Cr	edit						
<b>25</b> Illi	nois Income Tax withheld. Atta	25 _	.00.					
	stimated payments from Forms	a <b>26</b>						
prior year return.								.00.
	<ul> <li>27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.</li> <li>28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.</li> </ul>							.00. .00.
	arned Income Credit from Sche				chedule II	I-F/FIC		.00
								.00.
<ul> <li>Total amount paid with original return and additional tax paid after return filed. See instructions.</li> <li>Total payments and refundable credit. Add Lines 25 through 30.</li> </ul>							31	.00
Step 9: 0	Corrected Total Overpayment	or Underpayme	ent					
-	ine 31 is greater than Line 24, s			This is your a	adjusted <b>o</b>	verpayment.	32	.00
<b>33</b> If Li	ine 24 is greater than Line 31, s	ubtract Line 31 fro	m Line 24. T	his is your a	djusted <b>ur</b>	nderpayment.	33 _	.00
Step 10:	Adjusted Refund or Amount	You Owe						
	verpayment, if any, as shown o		orm IL-1040	, Line 31, o	r as adjus	ted by the		
	epartment. Do not include inter				-	•	34 _	.00
	verpayment. If Line 32 is grea							.00.
<b>36</b> An	nount from Line 35 you want <b>re</b>	-		-	-		36 _	.00
	a direct deposit - Compl	ete the information	on below if y	ou check th	is box.			
	Routing number			Chec	king or	Savings		
	Account number							
	Account number							
	b ☐ paper check.							
	ıbtract Line 36 from Line 35. Th							.00
	mount you owe. If you have a				less than	Line 34, subtract I		00
Tro	om Line 34 <b>or</b> if you have an ar	nount on Line 33	s, add Lines	33 and 34.			38 _	.00
<b>C</b> Did	what date did you file your orig you file a federal Form 1040X o lain, in detail, the reason(s) for	or Form 1045? If '	0 or your late	ust attach a	-1040-X? copy to th	nis form. See instru	Month Day	/ Year ☐ Yes ☐ No
Step 12:	Signature							
	If this is a joint return, both you Under penalties of perjury, I s				, to the be	est of my knowledg	e, it is true, co	rrect, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Snouse's sig	nature Date (mm/dd/yyyy			Daytime phone	e number
Here	Tour signature	Date (IIIII/dd/yyyy)	Opouse's sig	inaturo		Date (IIIII/dd/yyyy)	/ )	3 Hambor
							( )	
Paid	Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)					Check if		
Preparer							colf-amplayed	Paid Preparer's PTIN
•				r's signature			self-employed	
Use Only	Firm's name			r's signature		Firm's FEIN	self-employed	
Use Only	Firm's name Firm's address			rs signature			self-employed ( )	
Use Only Third	Firm's address					Firm's FEIN Firm's phone	( )	
				Designee's		Firm's FEIN Firm's phone	( )	
Third	Firm's address  Designee's name (please print)					Firm's FEIN Firm's phone	( ) Check if the	e Department may

Refer to the 2022 IL-1040-X Instructions for required attachments and the address to mail your return.

IL-1040-X Back (R-12/22)

DR\_\_\_\_\_\_\_ ID\_\_\_\_\_\_ X3 IR