



Individual Income Tax Return

or for fiscal year ending

	Over 60% or taxpayers	THE EIECTIO	ilically. It is easy al	ia you	will get y	our ren	iiiu ia	ster. v	isit tax.iii	iiiois.gov.	
Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s)									SSN(s) - no pa	artial SSN	
Α	Your first name and middle initial	ne			Year of birth			Your social security number			
Spouse's first name and middle intial Spouse's last			t name			Spouse's	nouse's year of hirth S		Spouse's social security number		number
	opened a met marrie and marrie marrie	r Hamo	name			opodoo o your or or or or		'			
	Mailing address (See inst. if foreign address	Apartment number City					State		Zip or postal	code	
_	Maining address (ess mon norsign address	,	7 partment namber	Oity				- Claid		Zip oi pootai	0000
_											
	Foreign nation if not US (do not abbreviate)		County (Illinois only)		Email addr	ess					
В	Filing status: Single Married	filing jointly	Married filing se	parate	ely 🔲 Wic	dowed	☐ He	ead of	househol	d	
C	Check If someone can claim you, or you	ir snouse if	filing jointly, as a dene	ndent	See instru	ctions	You	П	Spouse		
\vdash	Check the box if this applies to you dur						_			oh ND	
_		iiig 2021.	Nonresident - Att	acii o	CII. IVII	i ait-ye	ai iesi	uent -		nole dollars on	lv)
	Step 2: Income	, ,		0D 1					٠٠٠)	1010 4011410 011	• /
	1 Federal adjusted gross income from					1040 0) :	0-	1		.00
	Federally tax-exempt interest and ofOther additions. Attach Schedule I		ome from your teder	ai Forr	n 1040 or	1040-51	K, Line	2a.	2 3		.00
	4 Total income. Add Lines 1 through								3 4		.00
		10.									
	Step 3: Base Income										
•	5 Social Security benefits and certain					-			00		
ء د	received if included in Line 1. Attac 6 Illinois Income Tax overpayment inc	_		140 CE)	5			.00		
į į	Schedule 1, Ln. 1.	iluded III led	ierai Form 1040 or 10)4U-SF	٦,	6			.00		
2 7	7 Other subtractions. Attach Schedu	ıle M				7			.00		
•	Check if Line 7 includes any amo		chedule 1299-C			•			.00		
? 8	Add Lines 5, 6, and 7. This is the total of your subtractions.						8		.00		
כי		Illinois base income. Subtract Line 8 from Line 4.						9		.00	
3	Step 4: Exemptions										
_	10 a Enter the exemption amount for y	ourself and	vour snouse See in	struc	tions	а			.00		
, c			ouse # of checkl			$0 = \mathbf{b}$.00		
		+ Spc							.00		
	d If you are claiming dependents, er										
ta	Attach Schedule IL-E/EIC.				•	d			.00		
)	Exemption allowance. Add Lines 10a through 10d.							10_		.00	
\$	Step 5: Net Income and Tax										
「 1	11 Residents: Net income. Subtract	Line 10 fror	m Line 9.								
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11								.00		
1	12 Residents: Multiply Line 11 by 4.9										
<u> </u>	Nonresidents and part-year residents			ule NF	₹.		,		12_		.00
	Recapture of investment tax credits					•		13_		.00	
2 _	14 Income tax. Add Lines 12 and 13.		less than zero.						14_		.00
4	Step 6: Tax After Nonrefundable C										
٠.	 Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. 										
1											
5 .	Attach Schedule ICR.		0-1			16			.00		
•								.00 10		00	
-	18 Add Lines 15, 16, and 17. This is th19 Tax after nonrefundable credits.	-		ceed	ne lax amo	Juni on	Line 14	+.	18_ 19		.00
5 -		Subilact LI	ne to hom time 14.						13_		
Step 7: Other Taxes										0.0	
_	Household employment tax. See in		ototo nurelinana fili	~ I I T 1	Norleak a a t	~ . I IT T	able		20		.00
5 2	21 Use tax on internet, mail order, or of in the instructions. Do not leave bla		-state purchases fror	n U I \	vorksneet	or UT la	abie		21		00
7	22 Compassionate Use of Medical Car		ram Act and sale of a	eepte k	ny gaming li	icansac	surcha	arnee	21_		.00
	23 Total Tax . Add Lines 19, 20, 21, ar		ani Au anu sale ul d	oocio i	y garriirig li	10011366	SUITIO	uyes.	23_		.00
	- ISLAITAN. MUU LIITOS 13, 20, 21, AI	· ~ ~ ~ .							20		



Print/Type paid preparer's name Paid Preparer Print/Type paid preparer's name Paid preparer's signature Paid preparer's signature Date (mm/dd/yyyy) Check if self-employed Firm's page Firm's page Firm's page Firm's page Firm's page Firm's page Firm's page Firm's page Firm's page Firm's page Firm's pag	24 Tot	al tax from Page 1, Line 2	3.					24	.00			
28 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 28 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 29 Earmed Income Credit from Schedule IL-ESIC. Step 4, line 8. Attach Schedule IL-ESIC. 29	Step 8:	Payments and Refund	dable Credit									
including any overpayment applied from a prior year return. 2P Pass-through withholding Attach Schedule K-1-P or K-1-T 2P Pass-through withholding Attach Schedule K-1-P or K-1-T 2P Earned Income Credit from Schedule IL-E/E/C, Step 4, Line 8. Attach Schedule IL-E/E/C. 2P Earned Income Credit from Schedule IL-E/E/C, Step 4, Line 8. Attach Schedule IL-E/E/C. 2P 2P 20 20 20 30 30 Total payments and returndable credit. Add Lines 25 through 29. 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 If Line 30 is greater than Line 30, subtract Line 30 from Line 30. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 00 33 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 00 33 Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 00 33 Line 24 is greater than Line 30, subtract Line 30 from Line 24. 34 Line 24 is greater than Line 30, subtract Line 30 from Line 24. 35 Line 24 is greater than Line 30, subtract Line 30 from Line 24. 36 Line 24 is greater than Line 30, subtract Line 30 from Line 31. 37 Line 24 is greater than Line 30, subtract Line 30 from Line 31. 38 Line 24 is greater than Line 30, subtract Line 30 from Line 31. 39 Line 24 is greater than Line 30 subtract Line 30 from Line 31. 30 Line 24 is greater than Line 30 subtract Line 30 from Line 31. 30 Line 30 L					25	.00						
28 28 300 29 29 29 29 29 29 200 29 29												
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8, Attach Schedule IL-E/EIC 29	27 Pass											
Step 9: Total payments and refundable credit. Add Lines 25 through 29. Step 9: Total		•										
Step 9: Total 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 00	•											
31 If Line 30 is greater than Line 24, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 33 Late-payment of Estimated tax or to make a voluntary charitable donation. 33 Late-payment penalty for underpayment of estimated tax. 34 Check if at least two-thirds of your federal gross income is from farming. 5 Check if you or your spouse are 65 or older and permanently living in a nursing home. 5 Check if you or now was not received evenly during the year and you annualized your income on Form IL-2210. 4 Attach Form IL-2210. 4 Check if you were not required to file an Illinois Individual income Tax return in the previous tax year. 34 Voluntary charitable donations. Add Lines 33 and 34. 35 Total penalty and donations. Add Lines 33 and 34. 35 Total penalty and donations. Add Lines 33 and 34. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 00 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a clines see instructions. 39 0.00 Step 12: Amount You Owe 40 If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 37 from Line 36. See instructions. 39 0.00 Step 12: Amount You Owe 40 If you have an amount on Line 35. This is the amount you owe. See instructions. 40 If you have an amount on Line 35. This is the amount you owe. See instructions. 40 If you have an amount on Line 35. This is the amount you owe. See instructions. 40 If you have an amount on Line 35. This is the amount you owe. See instructions. 51 If this is a joint return, both you and your spou			ble credit. Add Lines	25 through	29.			30	.00			
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32	-		1 aubtraat Lina 04 fran	m Lina 20				21	00			
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. 3 Late-payment penalty for underpayment of estimated tax. a Check if al least two-thirds of your federal gross income is from farming. b Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Solution IL-2210. Attach Form IL-2210. Attach Solution IL-2210. Attach		-										
tor underpayment of estimated tax or to make a voluntary charitable donation. 33 Late-payment penalty for underpayment of estimated tax. a												
33 Late-payment penalty for underpayment of estimated tax. a ☐ Check if a least two-thirds of your federal gross income is from farming. b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home. c ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home. c ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 35 Total penalty and donations. Add Lines 33 and 34. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37	-			-		-	•	oi iate-payii	lent penalty			
a Check if at least two-thirds of your federal gross income is from farming. b Check if you or your spouse are 65 or older and permanently living in a nursing home. c Check if you income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 34 Voluntary charitable donations. Attach Schedule G. 34		• •			,			.00				
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 35			• •		s from far	ming.						
Attach Form IL-2210. d						-	home.					
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34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 0.00 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 0.00 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds Account number Account number Checking or Savings Account number Bouting number Checking or Savings Account number Account number 40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 0.00 Step 13: If this is a joint return, both you and your spouse must sign below. 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 Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Here Paid Preparer Use Only Firm's name Paid preparer's signature Date (mm/dd/yyyy) Daytime phone number Self-employed Self-e												
35 Total penalty and donations. Add Lines 33 and 34. 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 0.00 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 0.00 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions! b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 0.00 Step 12: Amount You Owe 40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 0.00 Step 13: If this is a joint return, both you and your spouse must sign below. 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 Perparer Paid Preparer's limits name Paid preparer's signature Date (mm/dd/yyyy) Daytime phone number Firm's name Paid preparer's signature Date (mm/dd/yyyy) Desytime phone number Firm's name Paid preparer's signature Paid Preparer's PTIN Pirm's phone Pirm's name Prim's phone Pirm's phone Pirm's address Pirm's name Pirm's phone Pirm's phone Pirm's delives this return with the third party designee shown in this step.		- '	•		Income T	ax return in						
Step 11: Refund 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37		=					34		00			
36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36		-	. Add Lines 33 and 34	4.				აა	.00			
This is your overpayment. 36 00 37 00 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions. Routing number Account number A	•											
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also contribute to college savings funds here. See instructions!	-		31 and this amount	is greater the	an Line 3	5, subtract L	ine 35 from Line		00			
Checking or Savings Routing number Checking or Savings Routing number Account number Checking or Savings Routing number Account number Checking or Savings Routing number Account nu			refunded to you. Ch	nook one boy	on Line	20 Coo inctr	uctions					
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b paper check. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39		to college savings funds	Routing number				Checkir	ng or Savi	ngs			
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Step 12: Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. Step 12: Amount You Owe 40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. Step 13: If this is a joint return, both you and your spouse must sign below. 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	ЬΓ	naner check										
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40 If you have an amount on Line 32, add Lines 32 and 35 or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. Step 13: If this is a joint return, both you and your spouse must sign below. 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 Here Your signature Date (mm/dd/yyyy) Print/Type paid preparer's name Paid preparer's signature Paid Preparer's paid Preparer Use Only Firm's name Firm's name Firm's name Designee's name (please print) Designee's phone number Check if the Department may discuss this return with the third party designee shown in this step.												
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Sign	-											
Sign Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Check if self-employed Firm's name Firm's address Firm's address Firm's and coperation of the designee Check if self-employed Check if the Department may discuss this return with the third party designee Check if self-employed Check if self-employed Check if the Department may discuss this return with the third party designee shown in this step.	•					ions.		40	.00			
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Paid Preparer Use Only Third Party Designee Designee's name (please print) Paid preparer's signature () Paid preparer's print () Paid Preparer's PTIN () Self-employed () Self-employed () Paid Preparer's PTIN () Self-employed () Self-employed () Self-employed () Paid Preparer's PTIN () Self-employed () Self-employe	Sian	Your signature	Date (mm/dd/yyyy)	nature		Date (mm/dd/\\\\\)	Daytime phon	e number				
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Third Designee's name (please print) Party Designee Designee's phone number () Check if the Department may discuss this return with the third party designee shown in this step.	Use Only	1						()				
Party Designee () discuss this return with the third party designee shown in this step.	Third		int)		l	<u> </u>			- Danastos - I			
Designee party designee shown in this step.		Designee's name (please pr	vesignee's name (please print)				ber					
<u> </u>		ee ()										
		•	021 IL-1040 Ins	struction	s for th	ne addre	ss to mail vo	our return.				

IL-1040 Back (R-12/21) DR______ AP____ RR DC IR ID