_	WebFile tax.illinois.gov	Illinois Department of Revenue 2010 Form IL-1040 Individual Income Tax Return or for fiscal year en	iding/	
_	Step 1: Persor	Do not write above this line.		
		Your Social Security number	Spouse's Social Security numbe	·
			Spouse's Social Security humbe	21
	В	Personal information		
		Your first name and initial	Your last name	
		Spouse's first name and initial	Spouse's last name - only if differ	rent
		Mailing address (See instructions if foreign address)	Apartment number	
		City	State	ZIP or Postal Code
t		Foreign Nation, if not United States (do not abbreviate)		
	С	Filing status (see instructions)	-	_
		Single or head of household Married filing jointly	Married filing separ	ately U Widowed
here	Step 2: Incomo 1	Federal adjusted gross income from your U.S. 1040, Line 37	(Whole dollars only)	
Staple W-2 and 1099 forms here	2	U.S. 1040EZ, Line 4 Federally tax-exempt interest and dividend income from you	r U.S. 1040 or 1040A, Line	1 <u>.00</u> e 8b;
		or U.S. 1040EZ		2 <u>.00</u> 3 .00
	3	Other additions to your income. Attach Schedule M. Total income . Add Lines 1 through 3.		3 <u>.00</u> 4 .00
	Step 3: Base I	-		т <u></u>
	5 6 7 8 9	Income received from Social Security benefits and certain replans if included in Line 1. Attach federal Page 1. Illinois Income Tax overpayment included in U.S. 1040, Line Other subtractions to your income. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299 Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income . Subtract Line 8 from Line 4.	10 5 6 7	
	Step 4: Exemp	tions		
	See instructions before figuring exemptions.	 b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. c Check if 65 or older: You + Spouse = 	X \$2,000 a X \$2,000 b X \$1,000 c X \$1,000 d	.00
Staple your check 🕨	Step 5: Net Inc			
		<i>Residents Only:</i> Net income. Subtract Line 10 from Line 9. <i>Nonresidents and part-year residents Only:</i> Check the box that applies to you during 2010 Nonresidents	_	11 <u>.00</u> nt, and
		write the Illinois base income from Schedule NR. Attach Sch	-	
	Step 6: Tax			
	13	Residents: Multiply Line 11 by 3% (.03). Write the result her Nonresidents and part-year residents: Write the tax befor credits from Schedule NR.		13 00
	14	Recapture of investment tax credits. Attach Schedule 4255.		14 <u>.00</u>
	15	Total tax. Add Lines 13 and 14. This amount may not be less	s than zero.	15 <u>.00</u>
● IL-	1040 front (R-12/10)	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this informat provide information could result in a penalty. This form has been approved by the Forms M		

	16	Total tax amount from Page 1, Line 15	16	6 6
Step 7: Ta	x Af	ter Nonrefundable Credits and Use Tax		
	17	Income tax paid to another state while an Illinois resident.		
		Attach Schedule CR. 17	.00	
Complete D	- 18	Property tax and K-12 education expense credit amount from		
Complete Schedule ICR		Schedule ICR. Attach Schedule ICR. 18	.00	
	19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19	.00	
	20	Add Lines 17, 18, and 19. This is the total of your credits. This amount		
		may not exceed the tax amount on Line 16.	20	00
	21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.		1 .00
- New -		Use tax on internet, mail order, or other out-of-state purchases from	_	
Pay IL Use Tax		UT Worksheet or UT Table in the instructions. Do not leave blank. 22	.00	
here.	23			3 .00
<u>.</u>		Tax after nonrefundable credits and use tax. Add Lines 21 and 22.	23	3 <u></u>
Step 8: Pa	-	ents and Refundable Credit		
	24	Illinois Income Tax withheld. Attach W-2 and 1099 forms. 24	.00	
	25	······································		
		including overpayment applied from 2009 return 25	.00	
See Instructions	- 26	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 26	.00	
Complete	- 27	Earned Income Credit from Schedule ICR. Attach Schedule ICR. 27	.00	
Schedule ICR	28	Total payments and refundable credit. Add Lines 24 through 27.	28	B 00
Step 9: O	verp	ayment or Underpayment		
		Overpayment. If Line 28 is greater than Line 23, subtract Line 23 from Line 28.		90
		Underpayment . If Line 23 is greater than Line 28, subtract Line 28 from Line 23		00. 00
01				.00
Step 10: U		rpayment of Estimated Tax Penalty and Donations		
	31	Late payment penalty for underpayment of estimated tax. 31	.00	
		a Check if at least two-thirds of your federal gross income is from farming.	7	
		b Check if you or your spouse are 65 or older and permanently	_	
		living in a nursing home.	Г	
		c Check if your income was not received evenly during the year and		
		you annualized your income on Form IL-2210, otherwise we		
		will figure this penalty for you. Attach Form IL-2210.	1	
	30	Voluntary charitable donations. Attach Schedule G. 32	_ .00	
	33	Total penalty and donations. Add Lines 31 and 32.	33	3 <u>.00</u>
Step 11: F	Refu	nd or Amount You Owe		
	34	If you have an overpayment on Line 29 and this amount is greater than		
		Line 33, subtract Line 33 from Line 29. This is your remaining overpayment.	34	4 <u></u>
	35	Amount from Line 34 you want refunded to you	35	5 <u></u>
	36	Complete to direct deposit your refund		
	50		1	
Direct		Routing number Checking or	Savings	
Deposi		Account number		
				_
	37	Subtract Line 35 from Line 34. This amount will be applied to your 2011 estimated	ited tax. 37	.00
See instructions	- 38	If you have an underpayment on Line 30, add Lines 30 and 33. Or		
for payment options.		If you have an overpayment on Line 29 and this amount is less than Line 33,		
		subtract Line 29 from Line 33. This is the amount you owe .	38	B <u>.00</u>
Step 12: S	Sian	and Date		
•		nder penalties of perjury, I state that I have examined this return, and, to the best of my	knowledge, it is	true, correct, and complete
Cian			0	
Sign	Yo	ur signature Date Daytime phone number Your spous	e's signature	Date
here	10		oolignataro	Duto
	De	id preparer's signature Date Preparer's phone number Preparer's	FEIN, SSN, or PTI	N
	га			14
	M	If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE		
		PO BOX 1040 SPRINGFIELD IL 62726-00		
		GALESBURG IL 61402-1040		
-1040 back (R-12/10))	DR AP RR DC		