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Illinois Department of Revenue

2018 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

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	ep 1: Personal Information Enter personal information and Social Sec Do not provide a partial Social Security nu		nust provide the entire Soc	cial Security numl	per for you and	your spouse.				
	Your first name and initial	Your last name		Your Social Secu	Your Social Security number					
	Spouse's first name and initial	Spouse's last name		Spouse's Social	Security number					
	Mailing address (See instructions if foreign address)		Apartment number							
	City		State	ZIP or Postal Co	de					
	Foreign Nation, if not United States (do not abbreviate)								
В	Filing status: Single or head of house	hold 🔲 Married filir								
С	Check If someone can claim you, or your s									
D	Check the box if this applies to you during 2018: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR									
Ste	p 2: Income				(Whole dol	lars only)				
1	Federal adjusted gross income from your				1	.00				
2	Federally tax-exempt interest and dividend	d income from your fe	ederal Form 1040, Line 2a	•	2	.00				
3 4	Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.				3	.00				
						.00				
5 te	p 3: Base Income Social Security benefits and certain retire	mont plan income								
3	received if included in Line 1. Attach Page			5	00					
6	Illinois Income Tax overpayment included in	Schedule 1, Ln. 10.		00						
7	Other subtractions. Attach Schedule M.			7	00					
_	Check if Line 7 includes any amount fro		. 🗆							
8	Add Lines 5, 6, and 7. This is the total of y				8	.00				
9	Illinois base income. Subtract Line 8 from	m Line 4.			9	.00				
	p 4: Exemptions									
10	a Enter the exemption amount for yourself b Check if 65 or older: ☐ You + ☐			a b	<u>.00</u> .00					
	c Check if legally blind: You +		eckboxes X \$1,000 =	C	.00					
	d If you are claiming dependents, enter the									
	Attach Schedule IL-E/EIC.			d	.00					
	Exemption allowance. Add Lines a throu	gh d.			10	.00				
Ste	p 5: Net Income and Tax									
11	Residents: Net income. Subtract Line 10									
40	Nonresidents and part-year residents:			Attach Schedule N	.R. 11	.00				
12	Residents: Multiply Line 11 by 4.95% (.04 Nonresidents and part-year residents:				12	.00				
13	Recapture of investment tax credits. Attac		niedule Nn.	•	13	.00				
14	·				14	.00				
Ste	p 6: Tax After Nonrefundable Credits	.								
15	Income tax paid to another state while an		ch Schedule CR.	15	.00					
16	Property tax and K-12 education expense		Schedule ICR.							
	Attach Schedule ICR.			16	.00					
17	Credit amount from Schedule 1299-C. Att			17	<u>.00</u>	00				
18 19	Add Lines 15, 16, and 17. This is the total Tax after nonrefundable credits. Subtra			on Line 14.	18 19	.00				
	p 7: Other Taxes	or Tille 10 Holli Lille	· · ·			.00				
20	Household employment tax. See instruction	nne			20	.00				
21	Use tax on internet, mail order, or other or		from UT Worksheet or UT	Table		.00				
	in the instructions. Do not leave blank.		2		21	.00				
22	Compassionate Use of Medical Cannabis F	Pilot Program Act Sur	charge.		22	.00				
23	Total Tax. Add Lines 19, 20, 21, and 22.				23	.00				

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Printed by authority of the State of Illinois, 1.

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.



24 Tota	al tax from Page 1, Line 23.						24	.00				
Step 8: Payments and Refundable Credit												
25 Illino	ois Income Tax withheld. Attack	25	.00									
26 Esti	mated payments from Forms IL											
	cluding any overpayment applied from a prior year return. 26											
	Pass-through withholding. Attach Schedule K-1-P or K-1-T.					27 28	.00					
	28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.						<u>.00</u> 29					
	29 Total payments and refundable credit. Add Lines 25 through 28.							.00				
Step 9:												
	ne 29 is greater than Line 24, sul						30	.00				
	ne 24 is greater than Line 29, sul						31	.00				
•	0: Underpayment of Estima		•		-		or late-payn	nent penalty				
	lerpayment of estimated to			y charitable	e dona							
	e-payment penalty for underpay					32	.00					
	a ☐ Check if at least two-thirds of your federal gross income is from farming.											
	Check if you or your spouse a						- F II 004	0				
C L	Check if your income was not Attach Form IL-2210.	received evenly	during the y	ear and you	annualiz	zea your income o	n Form IL-221	0.				
дг		d to file an Illino	ie Individual	Income Tay r	aturn in	the previous tax v	oar .					
_	☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax you untary charitable donations. Attach Schedule G. 33					.00						
	al penalty and donations. Add					<u> </u>		.00				
		Ellios oz ana o	J.					.00				
Step 11	1: Refund											
	ou have an amount on Line 30 a	and this amount	is greater th	an Line 34, sı	ubtract l	Line 34 from Line	30.					
	This is your overpayment .							.00				
36 Amo	ount from Line 35 you want refu	ructions.	36	.00								
37 I ch	oose to receive my refund by											
a ☐ direct deposit - Complete the information below if you check this box.												
	Routing number	,			Ch	ecking or Sav	ings					
	Account numbe	r			$\overline{T}T$							
	Illinois Individual Income Ta	ax refund debit	card.									
	☐ paper check.											
	ount to be credited forward. Sul	otract Line 36 fro	m Line 35.	See instructio	ns.		38	.00				
Step 12	2: Amount You Owe											
39 If yo	ou have an amount on Line 31,	add Lines 31 an	d 34. - or -									
,	ou have an amount on Line 30 a											
sub	tract Line 30 from Line 34. This	is the amount y	ou owe . Se	e instructions	i.		39	.00				
Step 1	3: If this is a joint return, both you	u and your spous	e must sign	below.								
•	Under penalties of perjury, I s		-		the bes	t of my knowledge,	it is true, corre	ct, and complete.				
Sign							()					
Here		D 1 () () ()				_	,					
	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature		Date (mm/dd/yyyy)	Daytime phone	number				
Paid							Check if					
Preparer	Print/Type paid preparer's name		Paid prepare	r's signature		Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN				
Jse Only	Firm's name Firm					Firm's FEIN						
	Firm's address					Firm's phone	()					
Γhird							Check if the	e Department may				
Party						ala a u	discuss this return with the t					
Designee	Designee's name (please print) Designee's phone number					iper	party designee shown in this step.					
If no payment enclosed, mail to:												
ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMEN								NUE				
SPRINGFIELD IL 62719-0001 SPRINGFIELD IL 62726-0001												

DR_____ AP____ RR DC IR ID

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