



or for fiscal year ending \_\_\_\_/\_\_\_\_

		~~									
	Ste	p 1: Personal Information Ent	er personal in	formation and Social Se	curity i	numbers (S	SN). You must p	orovide	the entire	SSN(s) - no	partial SSN
Α		r first name and middle initial				Year of birth		Your social security number			
			Tour last rial	Your last name				roar or birar		Tour occiai occurry frameer	
	C								Chausa'a	and annuit	v number
	Spouse's first name and middle initial Spouse's last name Spouse's year of birth							Spouse's social security number			
	Mail	ling address (See inst. if foreign addres	SS)	Apartment number	City			State		Zip or post	al code
L											
	Fore	eign nation if not US (do not abbreviate	County (Illinois only) Email address								
Г											
B	Filio	ng status: Single Married	l filing iointly	Married filing se	narate	dy 🗖 Wi	dowed D H	ead of	househo	ld	
					-					14	
С	Che	<b>eck</b> If someone can claim you, or yo	our spouse if	filing jointly, as a depe	endent	See instru	uctions.	u 📙	Spouse		
D	Che	eck the box if this applies to you du	uring 2024:	Nonresident - Att	ach S	ch. NR	Part-year res	ident -	- Attach	Sch. NR	
										/hole dollars o	nly)
		p 2: Income	m vour fodor	ol Form 1040 or 1040	SD I	ino 11			1		00
	1 2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.							2		<u>.00</u> .00
	3								3		.00
	4	Total income. Add Lines 1 through	jh 3.						4		.00
ב כ	Ster	p 3: Base Income									
2	5	Social Security benefits and certa	in retiremen	t plan income if includ	ded in	Line 1. (ae	enerally				
Ě		on fed. Forms 1040/1040-SR, Lin							.00		
2	6	Illinois Income Tax overpayment in									
Staple W-z and 1099 forms here		Schedule 1, Ln. 1. 6							.00		
2	7	Other subtractions. Attach Sch. N					7		.00		
2	8	Add Lines 5, 6, and 7. This is the	•						8		.00
Ŋ	9 Illinois base income. Subtract Line 8 from Line 4.								9		.00
		p 4: Exemptions - See instruction									
	10	a Enter the exemption amount for					a				
ומ		b Check if 65 or older: ☐ You Check if legally blind: ☐ You	ı + □ Spo				00 = b 00 = c		.00 .00		
,		d If you are claiming dependents, e							.00		
		Attach Sch. IL-E/EITC.	ontor the diffe	orit ironii Gorioddio 12	_,	), Otop 2, E	d		.00		
		Exemption allowance. Add Lines 10a through 10d.						10_		.00	
	Ste	p 5: Net Income and Tax									
		Residents: Net income: Subtrac	t Line 10 fro	m Line 9.							
		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sc						h. NR.	11_		.00
	12	Residents: Multiply Line 11 by 4.5	95% (.0495)	. Cannot be less thar	zero.						
5		Nonresidents and part-year res			ule NF	₹.			12_		.00
2	13	Recapture of investment tax credi							13_		.00
	14	Income tax. Add Lines 12 and 13		less than zero.					14_		.00
3	Ste	p 6: Tax After Nonrefundable									
פו	15	Income tax paid to another state v				15		.00			
Š	16	Property tax, K-12 education expe	orker	credit amo			00				
	17	from Schedule ICR. <b>Attach</b> Sch. ICR.  7 Credit amount from Schedule 1299-C. <b>Attach</b> Sch. 1299-C.  17						.00 .00			
ა ≥	17 18								18		.00
70/	19	Tax after nonrefundable credits			,cccu	inc tax an	lount on Line 1	ч.	19		.00
e J											
<u>~</u>	Step 7: Other Taxes 20 Household employment tax. See instructions.										.00
ñ	21								20_		
		in the instructions. <b>Do not</b> leave b			•				21_		.00
	22	Compassionate Use of Medical Ca		ram Act and sale of a	ssets b	y gaming	licensee surcha	arges.	22_ 23		.00
	23										.00



<b>24</b> To	tal tax from Page 1, Line 23	<b>3.</b>				24	.00			
Step 8:	Payments and Refund	able Credit								
25 Illino	ois Income Tax withheld. <b>At</b>	tach Sch. IL-WIT.			25	.00				
26 Esti	mated payments from Form	ns IL-1040-ES and II	L-505-I,							
inclu	uding any overpayment app	lied from a prior yea		26	.00					
<b>27</b> Pas	s-through withholding. Attac	<b>ch</b> Sch. K-1-P or K-1	-T.		27	.00				
<b>28</b> Pas	ss-through entity tax credit. <b>Attach</b> Sch. K-1-P or K-1-T. <b>28</b>					.00				
<b>29</b> Earr	ned Income Tax credit from S	Sch. IL-E/EITC, Step	4, Line 9. A	ttach Sch. IL-E/EITC	. 29	.00				
30 Chil	d Tax credit from Sch. IL-E/E	EITC, Step 5, Line 12	2. Attach So	h. IL-E/EITC.	30	.00				
31 Tota	al payments and refundab	le credit. Add Lines	25 through	30.		31	.00			
Step 9:	Total									
32 If Lir	ne 31 is greater than Line 24	subtract Line 24 from	m Line 31.			32	.00			
	ne 24 is greater than Line 31	33	.00							
Step 10	D: Underpayment of Es	timated Tax Pena	alty and Do	onations						
•	e-payment penalty for under		•		34	.00				
	Check if at least two-third	• •		s from farming.						
_	_ ☐ Check if you or your spou			_	g home.					
	Check if your income was					on Form IL-2210.				
	Attach Form IL-2210.									
d [	Check if you were not red	uired to file an Illino	is Individual	Income Tax return in	the previous tax	/ear.				
<b>35</b> Volu	oluntary charitable donations. <b>Attach</b> Sch. G. 35									
36 Tota	al penalty and donations.	Add Lines 34 and 3	5.			36	.00			
Step 11	1: Refund or Amount yo	ou owe								
<b>37</b> If yo	ou have an amount on Line	32 and this amount	is greater th	nan Line 36, subtract	Line 36 from Line	32.				
	s is your <b>overpayment</b> . Otherwise, go to Line 41.						.00			
<b>38</b> Amo	ount from Line 37 you want	refunded to you. Ch	neck <b>one</b> bo	x on Line 39. See inst	ructions.	38	.00			
<b>39</b> I cho	oose to receive my refund b									
	direct deposit - Complete the information below if you check this box.									
	You may also contribute	Routing number		Checking o						
	to college savings funds	-			Officeri	g or Savings				
	here. See instructions!	Account number								
ЬΓ	paper check.									
	• •	40	.00							
<ul> <li>40 Amount to be credited forward. Subtract Line 38 from Line 37. See instructions.</li> <li>40 40 40 40 40 40 40 40 40 40 40 40 40 4</li></ul>										
-	ess than Line 36, subtract Li		_							
	n Line 36. This is the <b>amou</b>			and 33 are blank (26	enter the am	41	.00			
	TEITIC OO. TTIIS IS THE CITION	nt you owe. occ me	ou douono.				.00			
Step 12	2: Health Insurance Ch	eckbox and Sigr	nature							
42 🗌	Check this box and include						state			
	agencies in order to determ	nine your eligibility for	or health ins	surance benefits. See	instructions for m	ore information.				
_	<b>ure - Note:</b> If this is a joint re			-						
Under p	penalties of perjury, I state	that I have examine	d this returi	າ, and to the best of ເ	ny knowledge, it	is true, correct, and	complete.			
Sign	Your signature	Our signature Date (mm/dd/www)		Spouse's signature D		Daytime phone numb	er			
Here	Tour digitature		Date (mm/dd/yyyy) Opedae 3 alg		Date (mm/dd/yyyy)	/ \				
	Drint/Time weid was assu's we		Paid preparer's signature		<b>D</b> 1 / / / / /	( )	Daniel Daniel			
Paid	Print/Type paid preparer's na	ne	Paid prepare	er's signature	Date (mm/dd/yyyy)	Check if Paid F	Preparer's PTIN			
Preparer										
Use Only	Firm's name									
	Firm's address	( )								
Third	Designee's name (please pri	nt)		Designee's phone nun	nber	Check if the Department may discuss this return with the third				
Party				( )						
Designee	)   ( )						n in this step.			
	Refer to the 20	024 IL-1040 Ins	struction	s for the addre	ss to mail vo	ur return.				

IL-1040 Back (R-12/24) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID