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Illinois Department of Revenue 2005 Form IL-1040

Individual Income Tax Return

or for fiscal year ending __/06

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return

□□□□-□□-□□□□

Your Social Security number

□□□□-□□-□□□□

Your spouse's Social Security number

B Print your personal information below

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

D Check if you were a member of a professional athletic team during 2005

Step 2: Income

- 1** Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 **1** _____
- 2** Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ **2** _____
- 3** Other additions to your income. **Attach** Schedule M. **3** _____
- 4** Add Lines 1 through 3. This is your total income. **4** _____

Step 3: Base Income

- 5** Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1. **5** _____
- 6** Military pay earned if included in Step 2, Line 1. **Attach** military W-2. **6** _____
- 7** Illinois Income Tax overpayment included in U.S. 1040, Line 10 **7** _____
- 8** U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 **8** _____
- 9** Other subtractions to your income. **Attach** Schedule M. **9** _____
Check if Line 9 includes any amount from Schedule 1299-C
- 10** Add Lines 5 through 9. This is the total of your subtractions. **10** _____
- 11** Subtract Line 10 from Line 4. This is your Illinois **base income**. **11** _____

Step 4: Exemptions

See instructions before completing Line 12.

- 12 a** Number of exemptions from your federal return _____ X \$2,000 **a** _____
 - b** If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. _____ X \$2,000 **b** _____
 - c** Check if 65 or older: You + Spouse = _____ X \$1,000 **c** _____
 - d** Check if legally blind: You + Spouse = _____ X \$1,000 **d** _____
- Add Lines a through d. This is your total Illinois exemption allowance. **12** _____

Step 5: Net Income

- 13 Residents only:** Subtract Line 12 from Line 11. This is your net income. *Skip Line 14.* **13** _____
- 14 Nonresidents and part-year residents only:**
Check the box that applies to you during the year 2005. Nonresident Part-year resident
Illinois base income from Schedule NR. **Attach** Schedule NR. **14** _____

Step 6: Tax

- 15 Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. **15** _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065



Staple W-2 and 1099 forms here



Staple your check



16 Tax amount from Page 1, Step 6, Line 15 16 _____

Step 7: Payments and Credits

17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 17 _____

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2004 return 18 _____

Nonresidents may not claim a credit on Lines 19, 20, or 21.

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. 19 _____

The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

20 Illinois Property Tax credit. **Complete PT Worksheet in instructions.**
PT Worksheet Line 3 amount **20a** _____

PT Worksheet Line 8 amount **20b** _____

21 K-12 education expense credit. **Complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.

ED Worksheet or Schedule ED Line 1 amount **21a** _____

ED Worksheet or Schedule ED Line 10 amount **21b** _____

22 Earned Income Credit. **Complete EIC Worksheet in instructions.**

EIC Worksheet Line 1 amount **22a** _____

EIC credit amount from the EIC Worksheet **22b** _____

Check if you have a qualifying child (living with you) born after 12/31/87.

23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **23** _____

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. **24** _____

Step 8: Overpayment or Tax Due


25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. **25** _____

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. **26** _____

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax **27** _____

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming. 

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds

- | | | | | | |
|--------------------|---------|-------------------|---------|----------------|---------|
| Wildlife | a _____ | Military Family | g _____ | Sarcoidosis | m _____ |
| Child Abuse | b _____ | Lou Gehrig's | h _____ | Autism | n _____ |
| Alzheimer's | c _____ | IL Veterans' Home | i _____ | Blindness | o _____ |
| Homeless | d _____ | Epilepsy | j _____ | Pet Population | p _____ |
| Breast Cancer | e _____ | Diabetes | k _____ | Brain Tumor | q _____ |
| Multiple Sclerosis | f _____ | Colon Cancer | l _____ | | |

Add Lines a through q. This is your donations total. **28** _____


29 Add Line 27 and Line 28. This is your total penalty and donations. **29** _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 _____

31 Amount from Line 30 that you want applied to 2006 estimated tax 31 _____

32 Subtract Line 31 from Line 30. This is your refund. 32 _____

Direct Deposit 

33 Complete to direct deposit your refund

Routing number Checking or Savings

Account number

See instructions for payment options.

34 If you have tax due on Line 26, add Lines 26 and 29. **OR** If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**. 34 _____

Step 12: Sign and Date

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.

_____ Your signature	_____ Date	_____ Daytime phone number	_____ Your spouse's signature	_____ Date
_____ Paid preparer's signature	_____ Date	_____ Preparer's phone number	_____ Preparer's FEIN, SSN, or PTIN	

If no payment enclosed, mail to: **ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001** If payment enclosed, mail to: **ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001**