



Illinois Department of Revenue
2006 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/07

Do not write above this line.

Step 1: Personal Information

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

Grid for Social Security number

Your Social Security number

Grid for spouse's 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

Step 2: Income

- 1 Federal adjusted gross income... 2 Federally tax-exempt interest... 3 Other additions to your income... 4 Add Lines 1 through 3. This is your total income.

Step 3: Base Income

- 5 Income received from Social Security benefits... 6 Military pay earned... 7 Illinois Income Tax overpayment... 8 U.S. Treasury bonds... 9 Other subtractions to your income... 10 Add Lines 5 through 9... 11 Subtract Line 10 from Line 4. This is your Illinois base income.

Step 4: Exemptions

- 12 a Number of exemptions from your federal return... b If someone else claimed you or your spouse... c Check if 65 or older... d Check if legally blind... Add Lines a through d. This is your total Illinois exemption allowance.

Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11... 14 Nonresidents and part-year residents only: Check the box that applies to you during 2006... write the Illinois base income from Schedule NR.

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.

Staple W-2 and 1099 forms here



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 2005 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 12/31/88.

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 _____ Multiple Sclerosis f _____ Pet Population k _____

Child Abuse b _____ Military Family g _____ Energy Assistance i _____

Alzheimer's c _____ Lou Gehrig's h _____ Heartsaver AED m _____

Homeless d _____ IL Veterans' Home i _____

Breast Cancer e _____ Diabetes j _____

Add Lines a through m. 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 2007 estimated tax 31 _____

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



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

