

Step 1: Personal Information

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

Your Social Security number _____ Spouse's Social Security number _____

B Personal information

Your first name and initial _____ Your last name _____
 Spouse's first name and initial _____ Spouse's last name - only if different _____
 Mailing address (See instructions if foreign address) _____ Apartment number _____
 City _____ State _____ ZIP or Postal Code _____
 Foreign Nation, if not United States (do not abbreviate) _____

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 from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 (Whole dollars only) **1** _____ .00
2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ **2** _____ .00
3 Other additions to your income. **Attach** Schedule M. **3** _____ .00
4 **Total income.** Add Lines 1 through 3. **4** _____ .00

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Line 1. **Attach** federal Page 1. **5** _____ .00
6 Illinois Income Tax overpayment included in U.S. 1040, Line 10 **6** _____ .00
7 Other subtractions to your income. **Attach** Schedule M. **7** _____ .00
 Check if Line 7 includes any amount from Schedule 1299-C
8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** _____ .00
9 **Illinois base income.** Subtract Line 8 from Line 4. **9** _____ .00

Step 4: Exemptions

See instructions before figuring exemptions.

10 a Number of exemptions from your federal return ___ X \$2,000 a _____ .00
 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. ___ X \$2,000 b _____ .00
 c Check if 65 or older: You + Spouse = ___ X \$1,000 c _____ .00
 d Check if legally blind: You + Spouse = ___ X \$1,000 d _____ .00
Exemption allowance. Add Lines a through d. **10** _____ .00

Step 5: Net Income

11 **Residents Only: Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. **11** _____ .00
12 **Nonresidents and part-year residents Only:** Check the box that applies to you during 2009 Nonresident Part-year resident, and write the **Illinois base income** from Schedule NR. **Attach** Schedule NR. **12** _____ .00

Step 6: Tax

13 **Residents:** Multiply Line 11 by 3% (.03). Write the result here. **Nonresidents and part-year residents:** Write the tax before recapture of investment credits from Schedule NR. **13** _____ .00
14 Recapture of investment tax credits. **Attach** Schedule 4255. **14** _____ .00
15 **Total tax.** Add Lines 13 and 14. This amount may not be less than zero. **15** _____ .00



Staple W-2 and 1099 forms here

Staple your check



16 Total tax amount from Page 1, Line 15 16 _____ .00

Step 7: Nonrefundable Credits

17 Income tax paid to another state while an Illinois resident. 17 _____ .00
Attach Schedule CR.

18 Property tax and K-12 education expense credit amount from 18 _____ .00
 Schedule ICR. **Attach** Schedule ICR.

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 20 _____ .00
 may not exceed the tax amount on Line 16.

21 **Tax after nonrefundable credits.** Subtract Line 20 from Line 16. 21 _____ .00

Step 8: Payments and Refundable Credit

22 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 22 _____ .00

23 Estimated payments from Forms IL-505-I and IL-1040-ES, 23 _____ .00
 including overpayment applied from 2008 return

24 Pass-through entity tax payments. **Attach** Schedule K-1-P or K-1-T. 24 _____ .00

25 Earned Income Credit from Schedule ICR. **Attach** Schedule ICR. 25 _____ .00

26 **Total payments and refundable credit.** Add Lines 22 through 25. 26 _____ .00

Step 9: Overpayment or Underpayment

27 **Overpayment.** If Line 26 is greater than Line 21, subtract Line 21 from Line 26. 27 _____ .00

28 **Underpayment.** If Line 21 is greater than Line 26, subtract Line 26 from Line 21. 28 _____ .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

29 Late payment penalty for underpayment of estimated tax. 29 _____ .00

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

b Check if you or your spouse are 65 or older and permanently
 living in a nursing home.

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.

30 **You can make voluntary charitable donations to many worthy causes 30 _____ .00**
 using this form. It's easy - just complete Schedule G and enter
 the donation amount here. **Attach** Schedule G.

31 **Total penalty and donations.** Add Lines 29 and 30. 31 _____ .00

Step 11: Refund or Amount You Owe

32 If you have an overpayment on Line 27 and this amount is greater than 32 _____ .00
 Line 31, subtract Line 31 from Line 27. This is your remaining **overpayment**.

33 Amount from Line 32 you want **refunded to you** 33 _____ .00

34 Complete to direct deposit your refund

Direct Deposit Routing number Checking or Savings

Account number

35 Subtract Line 33 from Line 32. This amount will be **applied to your 2010 estimated tax**. 35 _____ .00

36 If you have an underpayment on Line 28, add Lines 28 and 31. **OR** 36 _____ .00
 If you have an overpayment on Line 27 and this amount is less than Line 31,
 subtract Line 27 from Line 31. This is the **amount you owe**.

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.

Sign here

 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

