Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

2014 Form IL-1040-X

Amended Individual Income Tax Return

REV 12

Step 1: Personal information

Do not write above this line.

A Print or type your current Social Security number(s), name(s), and address.

Your Social Security number ____ ____ ____ – ____ ____ – ____ ____ ____ ____

Spouse's Social Security number ____ ____ ____ – ____ ____ – ____ ____ ____ ____

Your first name and initial | Spouse's first name and initial (and last name - only if different) | Your last name

Mailing address | Apt. number | City | State | ZIP or Postal Code | Foreign Nation, if not U.S.A.

B ☐ Check if your Social Security number(s), name(s), or address listed above are different from your previously filed return.

C **Filing Status:** ☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

D Check the box that identifies why you are making this change. ** **Attach a copy of your federal finalization.** (see instructions)

☐ **Federal change accepted on ____/____/____ (Month Day Year) ☐ **NOL accepted on ____/____/____ (Month Day Year) ☐ State change

E On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? ____/____/____

F Did you file a U.S. Form 1040X or Form 1045? If "yes," you must attach a copy to this form (see instructions). ☐ yes ☐ no

G Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if necessary.

STOP If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, **do not file** this form until you receive notification that the Internal Revenue Service (IRS) accepted the changes.

Staple W-2 and 1099 forms here.

			Column A As originally reported or adjusted		Column B Corrected figures
Step 2: Income	1 Federal adjusted gross income	1	.00	1	.00
	2 Federally tax-exempt interest and dividend income	2	.00	2	.00
	3 Other additions (attach Schedule M with amended figures)	3	.00	3	.00
	4 **Total income**. Add Lines 1 through 3.	4	.00	4	.00
Step 3: Base Income	5 Social Security benefits and certain retirement plan income (attach U.S. 1040 or 1040A, page 1 with amended figures)	5	.00	5	.00
	6 Illinois Income Tax overpayment included in U.S. 1040, Line 10 (attach U.S. 1040, page 1 with amended figures)	6	.00	6	.00
	7 Other subtractions (attach Schedule M with amended figures)	7	.00	7	.00
	8 Total subtractions. Add Lines 5 through 7.	8	.00	8	.00
	9 **Illinois base income.** Subtract Line 8 from Line 4.	9	.00	9	.00
Step 4: Exemptions	10 **a** Number of exemptions ____ X $2,125	10a	.00	10a	.00
	b Claimed as a dependent (see instructions) ____ X $2,125	10b	.00	10b	.00
	c 65 or older ____ X $1,000	10c	.00	10c	.00
	d Legally blind ____ X $1,000	10d	.00	10d	.00
	Exemption allowance. Add Lines 10a through 10d.	10	.00	10	.00
Step 5: Net Income	11 **Residents only:** Net income. Subtract Line 10 from Line 9.	11	.00	11	.00
	12 **Nonresidents and part-year residents only:** Attach Schedule NR. Write your Illinois base income from Schedule NR and check the box that applies to you during 2014. ☐ Nonresident ☐ Part-year resident	12	.00	12	.00
Step 6: Tax	13 **Residents:** Multiply Line 11 by 5% (.05). **Nonresidents and part-year residents:** Enter the tax from Schedule NR.	13	.00	13	.00
	14 Recapture of investment tax credits (attach Schedule 4255)	14	.00	14	.00
	15 **Income tax.** Add Lines 13 and 14.	15	.00	15	.00
Step 7: Tax After Non-refundable Credits	16 Credit from Schedule CR (attach Schedule CR with amended figures)	16	.00	16	.00
	17 Property tax and K-12 education expense credit from Schedule ICR (attach Schedule ICR with amended figures)	17	.00	17	.00
	18 Credit from Schedule 1299-C (attach Schedule 1299-C with amended figures)	18	.00	18	.00
	19 Nonrefundable credits. Add Lines 16, 17, and 18.	19	.00	19	.00
	20 **Tax after nonrefundable credits.** Subtract Line 19 from Line 15.	20	.00	20	.00

Staple your check and IL-1040-X-V here.

Official Use

	21 Tax after nonrefundable credits from Page 1, Line 20.	21	.00	21	.00
Step 8: **Other Taxes**	22 Household employment tax	22	.00	22	.00
	23 Use tax reported on your original return. Enter the amount from your original return in both Column A and Column B. (see instructions)	23	.00	23	.00
	24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00	24	.00
	25 **Total tax.** Add Lines 21, 22, 23, and 24.			25	.00
Step 9: **Payments and Refundable Credit**	26 Illinois Income Tax withheld (see instructions)	26	.00	26	.00
	27 Estimated payments (IL-1040-ES, IL-505-I, and prior year credit)	27	.00	27	.00
	28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00	28	.00
	29 Earned income credit from Schedule ICR (attach Schedule ICR with amended figures)	29	.00	29	.00
	30 Previous payments. Generally includes the tax paid with your original return plus any additional tax paid after your original return was filed. Do not include penalties or interest. (see instructions)			30	.00
	31 **Total payments and refundable credit**. Add Lines 26 through 30.			31	.00
Step 10: **Adjusted Total Tax**	32 Overpayment, if any, as shown on your original return, or a notice we sent showing an adjustment to your account. Do not include interest you received or voluntary contributions. (see instructions)			32	.00
	33 Voluntary contributions as shown on your original return (see instructions)			33	.00
	34 **Adjusted total tax.** Add Lines 25, 32, and 33.			34	.00
Step 11: **Refund or Amount You Owe**	35 **Overpayment.** If Line 31 is greater than Line 34, subtract Line 34 from Line 31.			35	.00
	36 Amount from Line 35 you want **refunded to you**. If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.			36	.00
	Routing number ☐☐☐☐☐☐☐☐☐ ☐ Checking or ☐ Savings				
	Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐				
	37 Subtract Line 36 from Line 35. This amount will be **applied to your estimated tax**. See instructions.			37	.00
	38 **Amount you owe.** If Line 34 is greater than Line 31, subtract Line 31 from Line 34.			38	.00

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 _____

Third Party Designee

☐ Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

Designee's Name (please print) _____ Designee's Phone number _____

Mail to: Illinois Department of Revenue, P.O. Box 19007, Springfield, IL 62794-9007

Important reminder for federal changes (including net operating loss (NOL) deductions)

If you file Form IL-1040-X because you filed a U.S. Form 1040X or Form 1045 that resulted in

- **an overpayment or because you are claiming an NOL carryback deduction,** you must wait to file this form until you receive a federal finalization notice from the IRS stating that they have accepted your change either by paying a refund or by final assessment, agreement, or judgment. Write the date the IRS notified you (not the date you filed your U.S. Form 1040X or Form 1045) in the appropriate space in Step 1, Line D, and attach proof of federal finalization.

  Proof of federal finalization for U.S. 1040X or Form 1045 overpayments and NOL carryback deductions includes a copy of the notification you received from the IRS that they accepted your changes; e.g., a refund check, "Statement of Account," agreement, or judgment, **and**
  - a copy of your U.S. Form 1040X, if filed, **or**
  - a copy of your U.S. Form 1045, Application for Tentative Refund, including all pages of Schedules A and B, along with a copy of your refund check, if you filed your federal amended return due to an NOL.
- **a balance due,** you must attach proof of federal finalization and write the date you filed your U.S. Form 1040X and paid the tax due in the appropriate space in Step 1, Line D. Failure to provide this date could result in an assessment of a late-payment penalty.

  Proof of federal finalization for U.S. 1040X underpayments is a copy of your U.S. Form 1040X and a copy of the check you sent to the IRS to pay the tax due.

Note If you do not have proof of federal finalization, call the IRS or go to their website at **www.irs.gov** to request a tax account transcript.

DR_____ ID_____ X3

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.

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