



Illinois Department of Revenue
2022 Form IL-1040
 Individual Income Tax Return



or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

| | | | |
|--|------------------------|------------------------|---------------------------------|
| A Your first name and middle initial | Your last name | Year of birth | Your social security number |
| Spouse's first name and middle initial | Spouse's last name | Spouse's year of birth | Spouse's social security number |
| Mailing address (See inst. if foreign address) | Apartment number | City | State |
| | | | Zip or postal code |
| Foreign nation if not US (do not abbreviate) | County (Illinois only) | Email address | |
| B Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input type="checkbox"/> Head of household | | | |
| C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | |
| D Check the box if this applies to you during 2022: <input type="checkbox"/> Nonresident - Attach Sch. NR <input type="checkbox"/> Part-year resident - Attach Sch. NR | | | |

Step 2: Income (Whole dollars only)

| | | |
|---|----------------|-----|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 _____ | .00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 _____ | .00 |
| 3 Other additions. Attach Schedule M. | 3 _____ | .00 |
| 4 Total income. Add Lines 1 through 3. | 4 _____ | .00 |

Step 3: Base Income

| | | |
|--|----------------|-----|
| 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 _____ | .00 |
| 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 _____ | .00 |
| 7 Other subtractions. Attach Schedule M. | 7 _____ | .00 |
| 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

| | | |
|--|-----------------|-----|
| 10 a Enter the exemption amount for yourself and your spouse. See instructions. | a _____ | .00 |
| b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b _____ | .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c _____ | .00 |
| d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d _____ | .00 |
| Exemption allowance. Add Lines 10a through 10d. | 10 _____ | .00 |

Step 5: Net Income and Tax

| | | |
|--|-----------------|-----|
| 11 Residents: Net income. Subtract Line 10 from Line 9. | 11 _____ | .00 |
| Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | 11 _____ | .00 |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 _____ | .00 |
| Nonresidents and part-year residents: Enter the tax from Schedule NR. | 12 _____ | .00 |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 _____ | .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 _____ | .00 |

Step 6: Tax After Nonrefundable Credits

| | | |
|---|-----------------|-----|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 _____ | .00 |
| 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 _____ | .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 _____ | .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 _____ | .00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 _____ | .00 |

Step 7: Other Taxes

| | | |
|--|-----------------|-----|
| 20 Household employment tax. See instructions. | 20 _____ | .00 |
| 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 _____ | .00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 _____ | .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 _____ | .00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 _____ .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 _____ .00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 _____ .00
27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 _____ .00
28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 _____ .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 _____ .00
30 Total payments and refundable credit. Add Lines 25 through 29. **30** _____ .00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 _____ .00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 _____ .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 _____ .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. **Attach** Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. **Attach** Schedule G. 34 _____ .00
35 Total penalty and donations. Add Lines 33 and 34. **35** _____ .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 _____ .00
37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 _____ .00
38 I choose to receive my refund by
a **direct deposit** - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number

Checking or Savings

Account number

b **paper check**.
39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 _____ .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. 40 _____ .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.
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 (mm/dd/yyyy) | Spouse's signature | Date (mm/dd/yyyy) | Daytime phone number |
| | | | | | () |
| Paid Preparer Use Only | Print/Type paid preparer's name | | Paid preparer's signature | | Date (mm/dd/yyyy) |
| | | | | | <input type="checkbox"/> Check if self-employed |
| | Firm's name ▶ | | Firm's FEIN ▶ | | Paid Preparer's PTIN |
| | Firm's address ▶ | | Firm's phone ▶ | | |
| Third Party Designee | Designee's name (please print) | | Designee's phone number | | <input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step. |
| | | | () | | |

Refer to the 2022 IL-1040 Instructions for the address to mail your return.