

**REV 12** 

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

	-		•		•	,	,				
A	You	r first name and middle initial	Your last nam	е			Year of birth		Your socia	al security number	
	Spo	use's first name and middle initial	Spouse's last name			Spouse's year of birth		Spouse's social security num		er	
									'	,	
	Maili	ing address (See inst. if foreign addres	s)	Apartment number	City		1	State		Zip or postal code	;
	Fore	ign nation if not US (do not abbreviate)	1	County (Illinois only)		Email add	ress				
	Cho	eck the box if your Social Security n	umbor(s) no	ma(s), or address lis	tod ah	ovo are dif	forant from you	r provio	ucly filod	return.	
		ig status: ☐ Single ☐ Married f	. , ,					•		return.	
		ck If someone can claim you, or you									
		ck the box if this applies to you dur								tach Schedule N	~
	✓ If	you are changing your Illinois return do otification the Internal Revenue Service	ue to a change	to your federal return							`
S		2: Income								Corrected figure	
•		Federal adjusted gross income	lividend incor	me					1 2		<u>.00.</u> 00.
Jere.		<ul><li>2 Federally tax-exempt interest and dividend income</li><li>3 Other additions. Attach Schedule M.</li></ul>							3		.00
rms _		Total income. Add Lines 1 through	3.						4		.00
Staple W-2 and 1099 forms here.	-	3: Base Income									
d 10		Social Security benefits and certair Attach federal Form 1040 or 1040-		olan income.					5		.00
.2 an				eral Form 1040 or 1	1040 or 1040-SR, Schedule 1, Line 1.				3		00
- е М	P	Attach federal Form 1040 or 1040-SR, Schedule 1.							6		.00
Stapl		Other subtractions. <b>Attach</b> Schedu							7 8		<u>00.</u> 00.
<b>A</b>		Fotal subtractions. Add Lines 5 thro Ilinois base income. Subtract Lin	-	· 4.					9		.00
_ S		I: Exemptions - See instructions									
•		<b>a</b> Enter the exemption amount for yourself and your spouse. See Instructions.									.00
<u> </u>		b Check if 65 or older:  You + Spouse # of checkboxes X \$1,000 =							10b		.00
- - -			y blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = ing dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. Attach Sch. IL-E/EIC.						10c		<u>.00.</u> 00.
	Е	Exemption allowance. Add Lines 1			-10, 00	op 2, 2.110	. Attaon con. 1	/	10		.00
and IL-1040-X-v nere. <b>Sol</b>	tep 5	5: Net Income and tax									
SCK a	11	Residents only: Net income. Sul									
E CIE		Nonresidents and part-year res Attach Schedule NR.	idents only:	Enter your Illinois	net inc	ome from	Schedule NR.		11		.00
noć s	12	Residents: Multiply Line 11 by 4.	95% (.0495).								00
staple your cne		Nonresidents and part-year reside	ents: Enter the	tax from Schedule N	IR.				12		.00
<i>n</i>		Recapture of investment tax cred <b>Income tax.</b> Add Lines 12 and 13							13 14		<u>.0(</u>
_		6: Tax After Nonrefundable Cred		less than zero.					17		00
•	-	Credit from Schedule CR. Attach		R.					15		.00
		Property tax, K-12 education expe			worke	r credit fro	m Schedule IC	R.			
	47	Attach Schedule ICR.		00.0					16		.00
		Credit from Schedule 1299-C. <b>Attacl</b> Nonrefundable credits. Add Lines			the ta	v amount (	on Line 14		17 18		<u>.0(</u>
		Tax after nonrefundable credits				x amount v	JII LIIIC 14.		19		.00
S	tep 7	7: Other Taxes									_
		Household employment tax							20		.00
	21	Use tax reported on your original			use t	ax			24		0.0
	22	<ul> <li>from what you originally reported. See instructions.</li> <li>Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges</li> <li>Total tax. Add Lines 19, 20, 21, and 22.</li> </ul>								<u>00.</u> 00.	
										.00	

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



	tal tax. Enter the amount from	Line 23.				24 _	.00
Step 8: P	ayments and Refundable Cr	edit					
_	nois Income Tax withheld. Atta					25 _	.00
	timated payments from Forms or year return.	IL-1040-ES and	IL-505-I, INC	cluding any overpay	ment applied from a	2 <b>6</b>	.00
	iss-through withholding. <b>Attac</b> l	h Schedule K-1-F	or K-1-T.			27	.00
	ss-through entity tax credit. Att					28 _	.00
	rned Income Credit from Sche					29 _	.00
	tal amount paid with original re tal payments and refundable		•		e instructions.	30 _ 31	.00. 00.
	Corrected Total Overpayment			11 30.			
	ne 31 is greater than Line 24, s			This is your adjusted	overpayment	32	.00
	ne 24 is greater than Line 31, su					33 _	.00
Step 10:	Adjusted Refund or Amount	You Owe					
<b>34</b> Ov	verpayment, if any, as shown o	n your original Fo			usted by the		
De	34 _	.00					
	<b>rerpayment.</b> If Line 32 is great nount from Line 35 you want <b>re</b>				.,	35 _ 36	.00. 00.
<b>36</b> All	a direct deposit - Comple	•		•	у	30 _	.00
	Routing number			Checking or	Savings		
	Account number						
	b ☐ paper check.						
<b>37</b> Su	btract Line 36 from Line 35. Th	is amount will be	applied to	your estimated tax	. See instructions.	37	.00
38 An	nount you owe. If you have a	an amount on Li	ne 32 and th	nis amount is less t	han Line 34, subtrad		
	ne 32 from Line 34. <b>If you have</b>		Line 33, ad	d Lines 33 and 34.	If Lines 32 and 33		
	ank (zero), enter the amount fr	om Line 34.				38	.00
	Amended Information	41.	:1	* A44 - I		4!0_:	
	ck the box that identifies why y **Federal change accepted o				r your federal final		change
	r dudial change accepted o	Month Day Yea		1102 4000pt04 01	Month Day Year		onango
<b>B</b> On v	what date did you file your orig	inal Form IL-1040	or your late	est Form IL-1040-X	?	/	/
C Did	you file a federal Form 1040X o	r Form 104F2 If "	Voo." vou m	uat attach a convita	this form Cos instr	Month Day	
	lain, in detail, the reason(s) for		res, you iii			Intiono	<u></u>
		tiling this amend				uctions.	Year Yes No
1		filing this amend				uctions.	<u></u>
	idin, in detail, the reason(s) for	filing this amend				uctions.	<u></u>
	iani, in detail, the reason(s) for	filing this amend				uctions.	<u></u>
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	iani, in detail, the reason(s) for	filing this amend				uctions.	<u></u>
	iain, in detail, the reason(s) for	tiling this amend				uctions.	<u></u>
Ston 12:		filing this amend				uctions.	<u></u>
•	Signature		ed return. A			uctions.	<u></u>
If this is		our spouse must s	ed return. A	ttach a separate sh	neet if needed.		Yes No
If this is Under	<b>Signature</b> s a joint return, both you and yo	our spouse must s	ed return. A	ttach a separate sh	neet if needed.		Yes No
If this is Under	<b>Signature</b> s a joint return, both you and yo	our spouse must s	ed return. A	ttach a separate sh	neet if needed.		Yes No
If this is Under	Signature s a joint return, both you and yo penalties of perjury, I state that	our spouse must s	ed return. A	ttach a separate sh	neet if needed.	ue, correct, ar	Yes No
If this is Under Sign Here	Signature s a joint return, both you and yo penalties of perjury, I state that	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A	and to the best of mature	neet if needed.	ue, correct, ar  Daytime phon  ( )  Check if	nd complete.  Paid Preparer's PTIN
If this is Under Sign Here	Signature s a joint return, both you and you penalties of perjury, I state that Your signature	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	ny knowledge, it is tru	ue, correct, ar	nd complete.  Paid Preparer's PTIN
Sign Here Paid Preparer	Signature s a joint return, both you and you penalties of perjury, I state that Your signature	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	ny knowledge, it is tru	ue, correct, ar  Daytime phon  ( )  Check if	nd complete.  Paid Preparer's PTIN
If this is Under Sign Here	Signature s a joint return, both you and you penalties of perjury, I state that Your signature  Print/Type paid preparer's name	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	neet if needed.  ny knowledge, it is tru  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	ue, correct, ar  Daytime phon  ( )  Check if	nd complete.  Paid Preparer's PTIN
Sign Here Paid Preparer	Signature s a joint return, both you and you penalties of perjury, I state that Your signature  Print/Type paid preparer's name  Firm's name  Firm's address	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  Firm's FEIN  Firm's phone	Daytime phon ( ) Check if self-employed	nd complete.  ne number  Paid Preparer's PTIN
Sign Here Paid Preparer Use Only	Signature s a joint return, both you and you penalties of perjury, I state that Your signature  Print/Type paid preparer's name  Firm's name	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  Firm's FEIN  Firm's phone	Daytime phon ( ) Check if self-employed	nd complete.  Paid Preparer's PTIN
Sign Here Paid Preparer Use Only	Signature s a joint return, both you and yo penalties of perjury, I state that Your signature  Print/Type paid preparer's name  Firm's name Firm's address  Designee's name (please print)	our spouse must s I have examined Date (mm/dd/yyyy)	ed return. A sign below. this return, Spouse's sign	and to the best of mature	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)  Firm's FEIN  Firm's phone	Daytime phon  ( )  Check if self-employed  ( )  Check if the discuss this remainder.	re Department may

Refer to the 2023 IL-1040-X Instructions for required attachments and the address to mail your return.

IL-1040-X Back (R-12/23)

DR\_\_\_\_\_\_\_ ID\_\_\_\_\_\_ X3 IR