

21 Tax after nonrefundable credits from Page 1, Line 20 21 _____ .00

Step 8: Other Taxes	22 Household employment tax. See instructions. 22 _____ .00
	23 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. 23 _____ .00
	24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge 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. Attach all W-2 and 1099 forms. 26 _____ .00
	27 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return 27 _____ .00
	28 Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 28 _____ .00
	29 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 29 _____ .00
30 Total payments and refundable credit. Add Lines 26 through 29. 30 _____ .00	

Step 10: Result	31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 _____ .00
	32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 32 _____ .00

Step 11: 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. <input type="checkbox"/>
	b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/>
	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. <input type="checkbox"/>
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. <input type="checkbox"/>
34 Voluntary charitable donations. Attach Schedule G. 34 _____ .00	
35 Total penalty and donations. Add Lines 33 and 34. 35 _____ .00	

Step 12: Refund or Amount You Owe	36 If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining 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

direct deposit - Complete the information below if you check this box.

Routing number Checking or Savings

Account number

- Illinois Individual Income Tax refund debit card
- paper check

39 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions. 39 _____ .00
40 If you have an underpayment on Line 32, add Lines 32 and 35. Or If you have an overpayment 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 13: 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 and Date

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

Form 1099-G Information

If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.



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

