	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 withholding 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. ☐		
		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 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: **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 _____

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

 DR_____ AP_____ RR DC IR