

Your signature Date (mm/dd/yyyy) Spouse's signature Date (mm/dd/yyyy) Daytime phone number Check if self-employed Print/Type paid preparer's name Paid Preparer Use Only Firm's name Firm's address Firm's address Check if self-employed Paid Preparer's PTIN Firm's FEIN Firm's phone Check if self-employed Paid Preparer's PTIN Firm's phone Check if the Department may	24 To	tal tax from Page 1, Line 23	3.				24	.00				
26 Estimated payments from Forms IL-1040-ES and IL-305-I, including any overpayment applied from a prior year return. 27 Pass-through withholding, Attach Schedule K-1-P or K-1-T. 28 Earned Income Credit from Schedule IL-EFEIC, Step 4, Line 8. Attach Schedule IL-EFEIC 29	Step 8:	Payments and Refund	lable Credit									
including any overpayment applied from a prior year return. 26	25 Illino	ois Income Tax withheld. At	tach Schedule IL-W	IT.		25	.00					
Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	26 Esti											
28 Earned Income Credit from Schedule IL-EEIC, Step 4, Line 8, Attach Schedule IL-EEIC. 28	inclu	uding any overpayment app	olied from a prior yea	ır return.		26	.00					
29 Total payments and refundable credit. Add Lines 25 through 28. 30	27 Pas	s-through withholding. Attac	27	.00								
Step 9: Total 30 It line 29 is greater than Line 24, subtract Line 24 from Line 29. 31 It line 24 is greater than Line 24, subtract Line 29 from Line 29. 31 It line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 Ou Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. 22 Ou a Check if a Least two-thirds of your federal gross income is from farming. b Check if your uncome was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. Attach Form IL-2210. Attach Form IL-2210. 33 Voluntary charitable donations. Add Lines 32 and 33. 34 Total penalty and donations. Add Lines 32 and 33. 35 Step 11: Refund 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. 36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 37 Lohoose to receive my refund by a direct deposit - Complete the information below if you check this box. You may also combibute to college swings funds have See instructions. Routing number Checking or Savings London Line 30 and this amount is less than Line 34. See instructions. Step 12: Amount You Owe Papaer check. Amount You Owe Ow	28 Earr	ned Income Credit from Sch	28	.00								
30 1 Line 29 is greater than Line 24, subtract Line 29 from Line 24. 31 .	29 Tota	al payments and refundat	ole credit. Add Lines	25 through	28.		29	.00				
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.	Step 9:	Total										
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. 2 Late-payment penalty for underpayment of estimated tax. a	30 If Lir	ne 29 is greater than Line 24	, subtract Line 24 from	m Line 29.			30	.00				
tor underpayment of estimated tax or to make a voluntary charitable donation. 32 Late-payment penalty for underpayment of estimated tax. 32	31 If Lir	ne 24 is greater than Line 29	, subtract Line 29 fro	m Line 24.			31	.00				
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. 33 Voluntary charitable donations. Attach Schedule G. 34 Total penalty and donations. Add Lines 32 and 33. 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35	for und	lerpayment of estimate e-payment penalty for unde	ed tax or to make rpayment of estimate	a voluntar ed tax.	y charitable dona	tion.	. , , .	penalty				
Step 11: Refund 35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35	b [c [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. 										
Step 11: Refund 35		•						.00				
This is your overpayment. 35		-										
This is your overpayment. 35 0.00 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 0.00 37 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 funds here. See instructions! Routing number Checking or Savings funds here. See instructions! Routing number Checking or Savings funds here. See instructions! Routing number Checking or Savings funds fu	•		20 and this amount	ic greater th	on Line 24 cubtract	Lina 24 from Lina (20					
Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36	=		30 and this amount	is greater th	an Line 34, Subtract	Line 34 nom Line (00				
Checking or Savings Checking or Savings			refunded to you. Ch	neck one box	on Line 37 See inst	ructions						
a direct deposit - Complete the information below if you check this box. You may also contribute to coilege savings funds here. See instructions Routing number Account				icon cito box	CON LINE OF COO MICE	radiono.		.00				
You may also contribute to college savings funds here. See instructions! Routing number Account number			•	low if you ob	and thin hav							
b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election. c paper check. 38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. Step 12: Amount You Owe 39 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. Step 13: 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 Your signature Date (mm/dd/yyyy) Daytime phone number Paid Preparer Use Only Primt/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Paid Preparer's PTIN Firm's name Firm's FEIN Firm's phone () Third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if the Department may discuss this return with the third Check if t	a L			low ii you ci	ieck triis box.							
here. See instructions! Account number			Routing number			Checkin	g or Savings					
thtp://tax.illinois.gov/DebitCard prior to making this election. c			Account number									
Step 12: Amount You Owe 39 If you have an amount on Line 31, add Lines 31 and 34 or -		http://tax.illinois.gov/De	ne Tax refund debit ebitCard prior to ma	card. I ackn king this ele	owledge I have reviection.	wed the card infor	mation found at					
Step 12: Amount You Owe 39 If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39			Subtract Line 36 fro	om Line 35. S	See instructions.		38	.00				
If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. Step 13: 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) Paid Preparer Use Only Third Party If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 31, add Lines 31 and 34 or - If you have an amount on Line 30, and this amount is less than Line 34, subtract Line 30 from Line 30, and this amount is less than Line 34, subtract Line 30 from Line 31, and this amount is less than Line 34, subtract Line 30 from Line 31, and this amount is less than Line 34, subtract Line 30, and this amount is less than Line 34, subtract												
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Paid Print/Type paid preparer's name Paid preparer's signature Preparer Use Only Third Party Check if self-employed Paid Preparer's PTIN	Step 1:	ou have an amount on Line tract Line 30 from Line 34. 3: If this is a joint return, both	This is the amount y h you and your spous	ou owe . Se e must sign l	e instructions.	st of my knowledge,						
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Refer to the 2020 IL-1040 Instructions for the address to mail your return.									
IL-1040 Back (R-12/20)	DR	AP	_ RR	DC	IR	ID			