

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 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 _____ .00
29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 _____ .00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 _____ .00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 _____ .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.

32 Late-payment penalty for underpayment of estimated tax. 32 _____ .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.
33 Voluntary charitable donations. **Attach** Schedule G. 33 _____ .00
34 **Total penalty and donations.** Add Lines 32 and 33. 34 _____ .00

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 _____ .00
36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 _____ .00
37 I choose to receive my refund by
a **direct deposit** - Complete the information below if you check this box.

Routing number Checking or Savings
Account number

b **Illinois Individual Income Tax refund debit card.**
c **paper check.**
38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 _____ .00

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 _____ .00

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)	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)
	Firm's name ▶		Firm's FEIN ▶		<input type="checkbox"/> Check if self-employed
	Firm's address ▶		Firm's phone ▶		Paid Preparer's PTIN
Third Party Designee	Designee's name (please print)		()		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's phone number				



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

