



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 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 _____ .00
 29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 _____ .00
30 Total payments and refundable credit. Add Lines 25 through 29. **30** _____ .00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 _____ .00
 32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 _____ .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.

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 11: Refund

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **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
 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
 Account number

b **paper check.**

39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 _____ .00

Step 12: Amount You Owe

40 If you have an amount on Line 32, add Lines 32 and 35. - or -
 If you have an amount 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: 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)	<input type="checkbox"/> Check if self-employed
	Firm's name ▶		Firm's FEIN ▶			
	Firm's address ▶		Firm's phone ▶		()	
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
			()			

Refer to the 2021 IL-1040 Instructions for the address to mail your return.