24 Total tax from Page 1, Line 23. **24** .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Sch. 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** Sch. K-1-P or K-1-T. **27** .00

28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T. **28** .00

29 Earned Income Tax credit from Sch. IL-E/EITC, Step 4, Line 9. **Attach** Sch. IL-E/EITC. **29** .00

30 Child Tax credit from Sch. IL-E/EITC, Step 5, Line 12. **Attach** Sch. IL-E/EITC. **30** .00

31 **Total payments and refundable credit**. Add Lines 25 through 30. **31** .00

Step 9: Total

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

33 If Line 24 is greater than Line 31, subtract Line 31 from Line 24. **33** .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

34 Late-payment penalty for underpayment of estimated tax. **34** .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.

35 Voluntary charitable donations. **Attach** Sch. G. **35** .00

36 **Total penalty and donations**. Add Lines 34 and 35. **36** .00

Step 11: Refund or Amount you owe

37 If you have an amount on Line 32 and this amount is greater than Line 36, subtract Line 36 from Line 32. This is your **overpayment**. Otherwise, go to Line 41. **37** .00

38 Amount from Line 37 you want **refunded to you**. Check **one** box on Line 39. See instructions. **38** .00

39 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.**

40 Amount to be **credited forward.** Subtract Line 38 from Line 37. See instructions. **40** .00

41 **If you have an amount on Line 33**, add Lines 33 and 36. **If you have an amount on Line 32,** and this amount is less than Line 36, subtract Line 32 from Line 36. **If Lines 32 and 33 are blank (zero),** enter the amount from Line 36. This is the **amount you owe**. See instructions. **41** .00

Step 12: Health Insurance Checkbox and Signature

42 ☐ Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: 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)	☐ Check if self-employed / Paid Preparer's PTIN
	Firm's name ▸			Firm's FEIN ▸	
	Firm's address ▸			Firm's phone ▸	( )
Third Party Designee	Designee's name (please print)		Designee's phone number		☐ Check if the Department may discuss this return with the third party designee shown in this step.
			( )		

Refer to the 2024 IL-1040 Instructions for the address to mail your return.