

## Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return



or for fiscal year ending \_\_\_\_/\_\_\_

|   | Ste   | p 1: Personal Information Ent  | er personal in   | formation and Social Se   | ecurity       | numbers (S             | SN). You      | u must p                               | orovide                     | the entire                      | SSN(s) - no partial SSN |
|---|---|--|--|---------------------------|---------------|------------------------|---------------|--|-----------------------------|---------------------------------|-------------------------|
| A Your first name and middle initial Your last name |   |  |  | me                        |               |                        | Year of birth |  |                             | Your social security number     |                         |
|   | Spc   | ouse's first name and middle initial   | st name  |                           |               | Spouse's year of birth |               | Spouse's social security number        |                             |                                 |                         |
|   | Mai   | ling address (See inst. if foreign addres  | Apartment number City  |                           |               |                        |               | State                                  |                             | Zip or postal code              |                         |
|   | Foreign nation if not US (do not abbreviate)  |  |  | County (Illinois only)    | Email address |                        |               |  |                             |                                 |                         |
| B   | <b>3</b> Filing status: Single Married filing jointly Married filing separately Widowed Head of   |  |  |                           |               |                        |               | househo                                | ld                          |                                 |                         |
| С   | Ch  | <b>eck</b> If someone can claim you, or yo   | our spouse if  | filing jointly, as a depe | enden         | t. See instru          | uctions.      | Yo                                     | u 🗌                         | Spouse                          |                         |
| D   | Che   | <b>eck</b> the box if this applies to you du   | uring 2023:  | Nonresident - At          | ach S         | Sch. NR                | Part-y        | ear res                                | ident -                     | Attach S                        | Sch. NR                 |
|   | Ste   | Step 2: Income   |  |                           |               |                        |               |  | (W                          | hole dollars only)              |                         |
|   | 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.  |  |  |                           |               |                        |               |  | 1                           | .00                             |                         |
|   | <ul> <li>Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.</li> <li>Other additions. Attach Schedule M.</li> </ul>   |  |  |                           |               |                        |               | 2<br>3                                 | <u>.00</u><br>.00           |                                 |                         |
|   | 4   | Total income. Add Lines 1 throug   |  |                           |               |                        |               |  |                             | 4                               | .00                     |
| forms here  | <ul> <li>Step 3: Base Income</li> <li>Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.</li> <li>Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.</li> <li>Other subtractions. Attach Schedule M.</li> <li>Add Lines 5, 6, and 7. This is the total of your subtractions.</li> <li>Illinois base income. Subtract Line 8 from Line 4.</li> </ul>   |  |  |                           |               |                        |               |  | .00<br>.00<br>.00<br>8<br>9 | .00                             |                         |
| Staple W-2 and 1099 torms                           | Step 4: Exemptions - See instructions for income limitations         10       a Enter the exemption amount for yourself and your spouse. See instructions.       a         b Check if 65 or older:       You + Spouse       # of checkboxes X \$1,000 = b         c Check if legally blind:       You + Spouse       # of checkboxes X \$1,000 = c         d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.       d         Attach Schedule IL-E/EIC.       d         Exemption allowance. Add Lines 10a through 10d.       House 10a |  |  |                           |               |                        |               | .00<br>.00<br>.00<br>.00<br><b>.00</b> | .00                         |                                 |                         |
| Ś   | Step 5: Net Income and Tax  |  |  |                           |               |                        |               |  |                             |                                 |                         |
| t   | <ol> <li>Residents: Net income. Subtract Line 10 from Line 9.<br/>Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11</li></ol>  |  |  |                           |               |                        |               |  |                             |                                 |                         |
| >   | 13<br>14  | Nonresidents and part-year residents:         Enter the tax from Schedule NR.           Recapture of investment tax credits.         Attach Schedule 4255.                             |  |                           |               |                        |               |  | 12<br>13<br>14              | .00<br>.00<br>.00               |                         |
| 104   | Step 6: Tax After Nonrefundable Credits   |  |  |                           |               |                        |               |  |                             |                                 |                         |
| check and IL-1040-V                                 | 16<br>17  | Property tax, K-12 education exp<br>from Schedule ICR. <b>Attach</b> Sche<br>Credit amount from Schedule 129<br>Add Lines 15, 16, and 17. This is                                      | Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15   Property tax, K-12 education expense, and volunteer emergency worker credit amount 16   rom Schedule ICR. Attach Schedule ICR. 16   Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17   Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 14. |                           |               |                        |               |  |                             | .00<br>.00<br>.00<br>18_<br>19_ | <u>.00</u><br>.00       |
| our   | Step 7: Other Taxes   |  |  |                           |               |                        |               |  |                             |                                 |                         |
| <ul> <li>Staple your</li> </ul>                     |   | <ul><li>in the instructions. <b>Do not</b> leave blank.</li><li><b>2</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.</li></ul> |  |                           |               |                        |               |  | 20<br>21<br>22<br>23        | 00.<br>00.<br>00.<br>00.        |                         |



| 24  | Total tax from Page 1, Line 23.   |                      | 24      | .00 |  |  |  |  |  |
|-----|---|----------------------|---------|-----|--|--|--|--|--|
| Ste | 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     |     |  |  |  |  |  |
|     | 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 9. Attach Schedule IL-E/EIC.                                | 29                   | .00     |     |  |  |  |  |  |
| 30  | Total payments and refundable credit. Add Lines 25 through 29.  |                      | 30      | .00 |  |  |  |  |  |
| Ste | 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 |  |  |  |  |  |
| Ste | Step 10: Underpayment of Estimated Tax Penalty and Donations  |                      |         |     |  |  |  |  |  |
|     | 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>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.                        |                      |         |     |  |  |  |  |  |
|     | <b>c</b> 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 |  |  |  |  |  |
| Ste | p 11: Refund or Amount you owe  |                      |         |     |  |  |  |  |  |
| 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 <b>overpayment</b> .   |                      | 36      | .00 |  |  |  |  |  |
| 37  | Amount from Line 36 you want refunded to you. Check one box on Line 38. See instruct                                  | tions.               | 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 Routing number  | Checking or          | Savings |     |  |  |  |  |  |
|     | to college savings funds  | g                    |         |     |  |  |  |  |  |
|     | here. See instructions! Account number  |                      |         |     |  |  |  |  |  |
|     | b 🗌 paper check.  |                      |         |     |  |  |  |  |  |
| 39  | Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.                                       |                      | 39      | .00 |  |  |  |  |  |
| 40  | If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on                                       | Line 31, and this am | ount    |     |  |  |  |  |  |
|     | is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero                               | ), enter the amount  |         |     |  |  |  |  |  |
|     | from Line 35. This is the <b>amount you owe</b> . See instructions.   |                      | 40      | .00 |  |  |  |  |  |

## Step 12: Health Insurance Checkbox and Signature

41 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.

| Your signature                  |   | Date (mm/dd/yyyy)  | ) Spouse's signature   |   |  | Date (mm/dd/yyyy)   | Daytime phone number   |   |  |
|---------------------------------|---|--|--|---|--|---|--|---|--|
|                                 |   |  |  |   |  |   | ( )  |   |  |
| Print/Type paid preparer's name |   |  | Paid preparer's signature  |   |  | Date (mm/dd/yyyy)   | Check if   | Paid Preparer's PTIN  |  |
|                                 |   |  |  |   |  |   | self-employed  |   |  |
| Firm's name                     |   |  |  |   | Firm's FEIN  |   |  |   |  |
| Firm's address                  | •   |  |  |   |  | Firm's phone  | ( )  |   |  |
| Designee's name (please print)  |   |  | Designee's phone number  |   |  | nber  | Check if the Department may<br>discuss this return with the third<br>party designee shown in this step.  |   |  |
|                                 |   | ( )  |  |   |  |   |  |   |  |
|                                 | Print/Type paid pro<br>Firm's name<br>Firm's address<br>Designee's name | Print/Type paid preparer's name<br>Firm's name  Firm's address  Designee's name (please print) | Print/Type paid preparer's name<br>Firm's name ►<br>Firm's address ►<br>Designee's name (please print) | Print/Type paid preparer's name     Paid prepare       Firm's name     Paid prepare       Firm's address     Designee's name (please print) | Print/Type paid preparer's name<br>Firm's name<br>Paid preparer's signat<br>Paid preparer's signat<br>Paid preparer's signat<br>Designee's name (please print)<br>Designee | Print/Type paid preparer's name     Paid preparer's signature       Firm's name     Paid preparer's signature       Firm's address     Designee's name (please print) | Print/Type paid preparer's name     Paid preparer's signature     Date (mm/dd/yyyy)       Firm's name     Firm's FEIN     Firm's FEIN       Firm's address     Firm's phone     Firm's phone | Print/Type paid preparer's name     Paid preparer's signature     Date (mm/dd/yyyy)     Check if self-employed       Firm's name     Firm's FEIN     Firm's FEIN     ()       Designee's name (please print)     Designee's phone number     () |  |

Refer to the 2023 IL-1040 Instructions for the address to mail your return.

ID