



Illinois Department of Revenue
2015 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.

A Social Security numbers in the order they appear on your federal return

Your Social Security number _____

Spouse's Social Security number _____

B Personal information

Your first name and initial _____

Your last name _____

Spouse's first name and initial _____

Spouse's last name _____

Mailing address (See instructions if foreign address) _____

Apartment number _____

City _____

State _____

ZIP or Postal Code _____

Foreign Nation, if not United States (do not abbreviate) _____



C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

D Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. You Spouse

Step 2:

Income

1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4	(Whole dollars only)	1	_____	
2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ		2	_____	.00
3	Other additions. Attach Schedule M.		3	_____	.00
4	Total income. Add Lines 1 through 3.		4	_____	

Step 3:

Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	_____	.00	
6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6	_____	.00	
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	_____	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	_____	.00	
9	Illinois base income. Subtract Line 8 from Line 4.	9	_____	.00	

Step 4:

Exemptions

10 a	Number of exemptions from your federal return	___ X \$2,150	a	_____	.00	
b	If someone can claim you as a dependent, see instructions.	___ X \$2,150	b	_____	.00	
c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___ X \$1,000	c	_____	.00	
d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___ X \$1,000	d	_____	.00	
	Exemption allowance. Add Lines a through d.		10	_____	.00	

Step 5:

Net Income

11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	_____	.00	
12	Nonresidents and part-year residents: Check the box that applies to you during 2015 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR.	12	_____	.00	

Step 6:

Tax

13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	_____	.00	
14	Recapture of investment tax credits. Attach Schedule 4255.	14	_____	.00	
15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	_____	.00	

Step 7:

Tax After Non-refundable Credits

16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	_____	.00	
17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	_____	.00	
18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	_____	.00	
19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	_____	.00	
20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	_____	.00	

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



	21 Tax after nonrefundable credits from Page 1, Line 20	21	.00
Step 8:	22 Household employment tax. See instructions.	22	.00
Other Taxes	23 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	.00
	24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25 Total Tax. Add Lines 21, 22, 23, and 24.	25	.00
Step 9:	26 Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00
Payments and Refundable Credit	27 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29 Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00
	30 Total payments and refundable credit. Add Lines 26 through 29.	30	.00
Step 10:	31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	.00
Result	32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00
Step 11:	33 Late-payment penalty for underpayment of estimated tax	33	.00
Underpayment of Estimated Tax Penalty and Donations	a Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/>		
	b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/>		
	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. <input type="checkbox"/>		
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. <input type="checkbox"/>		
	34 Voluntary charitable donations. Attach Schedule G.	34	.00
	35 Total penalty and donations. Add Lines 33 and 34.	35	.00
Step 12:	36 If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	36	.00
Refund or Amount You Owe	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 <input type="checkbox"/> direct deposit - Complete the information below if you check this box.		
	Routing number <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
	<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
	<input type="checkbox"/> paper check		
	39 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.	39	.00
	40 If you have an underpayment on Line 32, add Lines 32 and 35. OR If you have an overpayment 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:	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 and Date	Your signature	Date	Daytime phone number
	Your spouse's signature	Date	
	Paid preparer's signature	Date	Preparer's phone number
	Preparer's FEIN, SSN, or PTIN		
Third Party Designee	<input type="checkbox"/> Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.		
	Designee's name (please print)	Designee's phone number	
Form 1099-G Information	<input type="checkbox"/> If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.		



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

