Illinois Department of Revenue 2016 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information

| Your name | as shown | on Form | IL-1040 |
|-----------|----------|---------|---------|
| | | | |

Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number than the number above, enter that number here.

| St | ep 2: Figure your required | installments | | A This year | B Last year | | |
|-----|--|---|---|---|---|--|--|
| 1 | Enter your total income tax and compassion | onate use of medical ca | nnabis | | | | |
| | surcharge from each tax return. See instru | ctions. | 1 _ | | | | |
| 2 | Enter the amount of credits from each tax | return. See instructions. | . 2 _ | | | | |
| 3 | Subtract Line 2 from Line 1. | | 3 _ | | | | |
| 4a | Enter the total amount of this year's Illinois w | ithholding from your W-2 | and 1099 forms. 4a _ | | | | |
| 4b | Enter the total amount of pass-through with | holding payments made | e on your behalf. 4b _ | | | | |
| 4c | Add Lines 4a and 4b and enter the result h | nere. | 4c _ | | | | |
| 5 | Subtract Line 4c from Line 3. | | 5 _ | | | | |
| 6 | Multiply Column A, Line 3, by 90% (.9). | | 6 _ | | | | |
| 7 | If Line 5 is \$500 or less or if you are not re enter " 0 ," and go to Step 3. Otherwise, ente or Column B, Line 3. | equired to make estimate r the lesser of Column | ed tax payments, A, Line 6, 7 _ | | | | |
| 8 | B Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.) | | | | | | |
| | | Quarter 1 15th day of 4th month of tax year | Quarter 2 15th day of 6th month of tax year | Quarter 3 15th day of 9th month of tax year | Quarter 4 15th day of 1st mo. after end of tax year | | |
| 9a | Enter the installment due date for each quarter. See instructions. | // | // | // | - // | | |
| 9b | Enter the required installment. See instructions. | | | | | | |
| 10a | Enter the amount of tax withheld. | | | · | | | |
| 10b | Enter the amount of pass-through payments. | | | | | | |
| 10c | Add Lines 10a and 10b in each column. | | | | | | |
| 11 | Subtract Line 10c from Line 9b. If the amount is negative, use brackets. | | | | <u></u> | | |
| 12 | If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0." | Skip this line for Quarter 1. | | | | | |
| 13 | Subtract Line 12 from Line 11. If the amount is negative, use brackets. | | | | | | |

Continue with Step 3 on Page 2 🟓



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| | o 3: Figure y | our unpa | ald tax | | | | | |
|--|--|--|---|---|---|---|--|---|
| 14 E | nter the amount from | n Column A, Li | | | 14 _ | | | |
| 15 E | 5 Enter the amount of household employment tax from Form IL-1040, Line 22. | | | | | | | |
| 16 E | nter the amount of u | 16 _ | | | | | | |
| 17 A | dd Lines 14 through | 17 _ | | | | | | |
| 18 C | de your credit(| s) | | | | | | |
| Ca th | e pass-through with | a prior year (se holding navme | e instructions), | your total estimated pay | nents made this | n on vour W-2 | -505-i paymeni and 1099 | S, |
| fo | rms. Compare that t | total to the tota | l of Line 9b, Qu | arters 1 through 4, and e | enter the greate | r amount here. | 18 _ | |
| 19 S | ubtract Line 18 from | Line 17. If the | amount is | 0 | 0 | | | |
| • | positive, enter that | it amount here | . Enter this amo | ount in Penalty Workshee | t 2, Line 23, Col | lumn C and co | ntinue | |
| | to Step 4. | | | | | | | |
| | | | | | | | | |
| Step | 54: Figure | your late | -paymen | t penalty | | | | |
| | enalty Worksheet 1 | to figure your l | ate-payment pe | enalty for underpayment of analty for unpaid tax | of estimated tax. | | | |
| Note | | | ale-payment pe | arthy complete the penalty | workshaata | | | |
| 20 5 | a rou must lollow th | | in order to prop | u mada Inaluda any arag | worksneets. | uard from a prij | rugar Caaling | tructions |
| 20 E | | I the date of ea | ach payment yo | a made. Include any cred | iii(s) carried forv | vard from a pri | or year. See ins | structions. |
| - | Amount | | baid | Amount Da | | Amoun | τ υ | |
| a k | | | e | | | I | / | / |
| D | | | T | | | J | /////// | / |
| C d | | | g | | | к | | / |
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| | | _ | | | | | | |
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| Porte | enalty rates Penalty We | Drksheet | <u>Imber of days</u> 1 - 30 31 or more 1 — Late-p rom Line 13 by | late Penalty rate | or underpay | /ment of e | stimated ta | ax et |
| | enalty rates Penalty Wo If you paid the requirements | Drksheet | Imber of days 1 - 30 31 or more 1 — Late-p rom Line 13 by 13. Quarters 1 | late Penalty rate | or underpay r each quarter, o e of the approp | /ment of e do not complet riate quarters i | stimated ta e this workshe n Column C be | ax et. |
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| Note A | enalty rates Penalty Wo If you paid the requirementer the unpaid amo ore than four payme B | Nutricial amount for the second secon | Imber of days 1 - 30 31 or more 1 — Late-p rom Line 13 by 13, Quarters 1 any quarter, us D | late Penalty rate .02 .10 Payment penalty for the payment due date for through 4, on the first lir e a separate piece of pap E | or underpay r each quarter, on the of the approp er following the F | /ment of e do not complet riate quarters i same format as G | stimated ta e this workshe n Column C be below and atta H | et. How. If you have ach to this form. |
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| Note Note 21 Er A Perior Qtr 1 Qtr 2 Qtr 3 | enalty rates Penalty Wo If you paid the requested amoons ore than four payme B Due d d d date | Drksheet | Imber of days 1 - 30 31 or more 1 — Late-p rom Line 13 by 13, Quarters 1 any quarter, us D Payment applied | Iate Penalty rate .02 .10 payment penalty fe | Dr underpay r each quarter, or ne of the approper following the second | /ment of e do not complet riate quarters i same format as G Number of days late | stimated ta e this workshe n Column C be below and atta H Penalty rate (See above) | et. Now. If you have ach to this form. I Penalty |
| Note Note 21 El M A Perior Qtr 1 Qtr 2 Qtr 3 | enalty rates Penalty We If you paid the requ nter the unpaid amo ore than four payme B Due d d d date// | Drksheet | Imber of days 1 - 30 31 or more 1 — Late-p rom Line 13 by 13, Quarters 1 any quarter, us D Payment applied | Iate Penalty rate | Dr underpay r each quarter, or the of the approper following the second | /ment of e | stimated ta e this workshe n Column C be below and atta H Penalty rate (See above) | et. Now. If you have ach to this form. Penalty |
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| Note Note 21 En M Perior Qtr 1 Qtr 2 Qtr 3 Qtr 4 | enalty rates Penalty We If you paid the requ nter the unpaid amo ore than four payme B Due d d d date// | Drksheet | Imber of days 1 - 30 31 or more 1 — Late-p rom Line 13 by 13, Quarters 1 any quarter, us D Payment applied | Iate Penalty rate | Dr underpay r each quarter, or the of the approper following the second | /ment of e | stimated ta e this workshe n Column C be below and atta H Penalty rate (See above) | et. Now. If you have ach to this form. Penalty |

22 Add Column I, Quarters 1 through 4. This is your **late-payment penalty for underpayment of estimated tax**. Enter the total amount here and on your Form IL-1040, Line 33 (round to whole dollars).

<u>Note</u> You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.

______ ___/____/_____ ____ ____ ____

22 ____

Penalty Worksheet 2 – Late-payment penalty for unpaid tax

| Α | В | С | D | E | F | G | н | I |
|---|--|---|--|---------------------------------------|--|-------------|--------------|---------|
| Roturn | Due | Unpaid | Payment | Balance due $(Col C = Col D)$ | Payment | Number of | Penalty rate | Penalt |
| netum | | amount | applied | (COI. C - COI. D) | | uays late | (See Fage 2) | renaity |
| | | · | | | // | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 Add (| Column I. Thi | is is your late-na | vment penalty f | or unnaid tax | | | | |
| Enter | the total am | ount here and or | n Step 5. Line 34 | | | | 24 | |
| | | | · · | | | | | |
| tep 5 | 5: Figure | e your late | -filing pen | alty and the | amount yo | u owe | | |
| <u>Note</u> F | igure your la | ate-filing penalt | y only if | - | - | | | |
| | you are f | filing your tax ret | urn after your ext | ended due date, and | | | | |
| | your tax | was not paid on | or before your or | iginal due date. | | | | |
| igure y | our late-fili | ing penalty. | | | | | | |
| 5 Enter | the amount | from Form IL-10 | 40, Line 15. | | | | 25 | |
| 6 Enter | the amount | of household em | ployment tax fro | m Form IL-1040, Line | 22. | | 26 | |
| 7 Enter | the amount | of use tax from F | orm IL-1040, Lir | ne 23. | | | 27 | |
| 8 Enter | the amount | of compassional | te use of medical | cannabis surcharge | from Form IL-104 |), Line 24. | 28 | |
| 9 Add I | ines 25 thro | ugh 28. Enter the | e total amount he | ere. | | | 29 | |
| 0 Enter | the total am | ount of credits a | nd payments ma | de on or before your o | original due date. | | 30 | |
| 1 Subtr | act Line 30 f | rom Line 29. | | | | | 31 | |
| 2 Multip | oly the amou | nt on Line 31 by | 2% (.02). | | | | 32 | |
| 0 | the lesser o | f Line 32 or \$250 |). This is your lat e | e-filing penalty. | | | 33 | |
| S Enter | | vou owe. | | | | | | |
| iqure tl | ie amount | | | | | | 24 | |
| igure tl 4 Enter | any late-pa | yment penalty f | or unpaid tax fro | om Line 24. | | | 34 | |
| igure tl 4 Enter 5 Enter | any late-pa | yment penalty f ng penalty from | or unpaid tax fro Line 33. | om Line 24. | | | 34 | |
| igure tl 4 Enter 5 Enter 6 If you | any late-pa any late-fili have an over | yment penalty f ng penalty from payment on Form | or unpaid tax fro Line 33. IL-1040, Line 36. | om Line 24. enter that amount as a | a <negative numbe<="" td=""><td>r>.</td><td>35</td><td></td></negative> | r>. | 35 | |

37 Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a positive number, this is the amount you owe. See Form IL-1040, Line 40, instructions for your payment options.
37 ______

Continue to Step 6 on Page 4, if annualizing your income.



Step 6:

Complete the annualization worksheet for Step 2, Line 9b Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.

| | | | A First 3 months | B First 5 months | C First 8 months | D All 12 months |
|----|--|------|------------------------------|---------------------|---------------------|------------------------------|
| 38 | Enter your Illinois base income for each period. See instructions. | . 38 | | | | |
| 39 | Annualization factors. | 39 | 4 | 2.4 | 1.5 | 1 |
| 40 | Multiply Line 38 by Line 39. This is your annualized income. | 40 | | | | |
| 41 | Exemptions. See instructions. | 41 | | | | |
| 42 | Subtract Line 41 from Line 40. This is your Illinois net income. | 42 | | | | |
| 43 | Multiply Line 42 by 3.75% (.0375) | . 43 | | | | |
| 44 | Compassionate use of medical cannabis surcharge. See instructions. | 44 | | | | |
| 45 | Add Lines 43 and 44. | 45 | | | | |
| 46 | For each period, enter the amount you entered on Step 2, Line 2, Column A. | 46 | | | | |
| 47 | Subtract Line 46 from Line 45. | | | | | |
| | If less than zero, enter "0." | 47 | | | | |
| 48 | Applicable percentage. | 48 | 22.5% (.225) | 45% (.450) | 67.5% (.675) | 90% (.900) |
| 49 | Multiply Line 47 by Line 48. This is your annualized | 40 | | | | |
| 50 | Add the emounts on Line EC of | 43 | | | | |
| 50 | each of the preceding columns and enter the total here. | 50 | Skip this line for Column A. | | | |
| 51 | Subtract Line 50 from Line 49. | | | | | |
| | If less than zero, enter "0." | 51 | | | | |
| 52 | Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing. | 52 | | | | |
| 53 | Enter the amount from Line 55 of the preceding column. | 53 | Skip this line for Column A. | | | |
| 54 | Add Lines 52 and 53. | 54 | | | | |
| 55 | If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0." | 55 | | | | Skip this line for Column D. |
| 56 | Enter the lesser of Line 51 or Line 54 here and on Step 2, | | | | | |
| | installment. | 56 | | | | |

