

REV 12

Step 1: Personal Information - Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A You	first name and middle initial Your last name Year of birth			Your social sec		ecurity number				
Cna	nuas's first name and middle initial	Consume's look manner				Chausa's year of high		Curava a'a a said a sawih waxaah a		
Spc	puse's first name and middle initial	Spouse's last	pouse's last name Spou				DI DILUT	Spouse's social security number		
Mai	ling address (See inst. if foreign addres	s)	Apartment number	City			State		Zip or p	ostal code
Fore	eign nation if not US (do not abbreviate))	County (Illinois only)		Email add	ress				
	eck the box if your Social Security n		. , ,				•		return.	
	ng status: Single Married f									
_	eck If someone can claim you, or you							•		
	eck the box if this applies to you dur f you are changing your Illinois return d		Nonresident - At							
n	notification the Internal Revenue Service	e (IRS) accepte	ed the changes.	triatri		overpayment, a	0 1101 11			
•	2: Income		- 1010 1010						Correct	ed figures
່ າ	Federal adjusted gross income from Federally tax-exempt interest and compared to the compared					10/10-SP Line	22	1.		<u>.00.</u> 00.
3	Other additions. Attach Sch. M.	iividend incor	ne nom your ledera	al FOII	11 1040 01	1040-SIX, LINE	za.	3		.00
4	Total income . Add Lines 1 through	3.						4		.00.
Step	3: Base Income									
5	Social Security benefits and certain									
•	on fed. Forms 1040/1040-SR, Lines							5 .		.00
6	Illinois Income Tax overpayment in		eral Form 1040 or 1	040-S	R, Schedul	e 1, Line 1.		6		.00
3 Other additions. Attach Sch. M. 4 Total income. Add Lines 1 through 3. Step 3: Base Income 5 Social Security benefits and certain retirement plan income if included in Line 1. (generally on fed. Forms 1040/1040-SR, Lines 4b, 5b, and 6b) Attach fed. Form 1040/1040-SR 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Line 1. Attach federal Form 1040 or 1040-SR, Sch. 1. 7 Other subtractions. Attach Sch. M. 8 Add Lines 5 6 and 7 This is the total of your subtractions.						6 . 7		.00		
	Add Lines 5, 6, and 7. This is the to		ıbtractions.					8		.00
9	Illinois base income. Subtract Lin	e 8 from Line	4.					9 .		.00
•	4: Exemptions - See instructions	•	• .							
10	a Enter the exemption amount fo									.00
	b Check if 65 or older: ☐ You c Check if legally blind: ☐ You							10b . 10c		.00. 00.
	d If you are claiming dependents, e						II -F/FI			
ı	Exemption allowance. Add Lines 1				7.0p 2, 2.110	. Attaon Com.	,	10		.00
Step	5: Net Income and tax									
11	Residents: Net income: Subtract	ct Line 10 fror	n Line 9.							
	Nonresidents and part-year res	idents: Ente	r the Illinois net in	come	from Sche	dule NR.		4.4		
12	Attach Sch. NR. Residents: Multiply Line 11 by 4.	05% (0405)						11 .		.00
. 12	Nonresidents and part-year reside			R.				12		.00
10	Recapture of investment tax cred							13		.00
14	Income tax. Add Lines 12 and 13	3. Cannot be	less than zero.					14		.00
Step	6: Tax After Nonrefundable Cred	dits								
	Income tax paid to another state							15		.00
16	Property tax, K-12 education exp	ense, and vol	unteer emergency	worke	er credit fro	m Schedule IC	R.	40		
17	Attach Sch. ICR. Credit from Schedule 1299-C. Attack	h Sah 1200 C								
	Add Lines 15, 16, and 17. This is			excee	ed the tax a	mount on I ine	14.			
	Tax after nonrefundable credits							-		
Step	7: Other Taxes									
20	Household employment tax							20		.00
21	Use tax reported on your original			use	tax			0.4		
າາ	from what you originally report			of acco	ote by gami	ing liconoco su	robora	21.		<u>.00.</u> 00.
	Compassionate Use of Medical C Total tax. Add Lines 19, 20, 21, a		grann Act and Sale 0	л ass(ers by datur	ing ilderisee su	rcharg	ອຣ ∠∠ . 23		
23	I Star take Mad Ellios 10, 20, 21, 6									.00

IL-1040-X Front (R-12/24) Printed by authority of the state of Illinois. Electronic only, one copy.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

Official Use



24	Total tax from Page 1, Line 23.					24 _	.00.
Step 8:	Payments and Refundable Cre	edit					
	llinois Income Tax withheld. Atta					25 _	.00.
	Estimated payments from Forms prior year return.	IL-1040-ES and	IL-505-I, Inc	cluding any overpay	ment applied from a	a 26	.00
	Pass-through withholding. Attach	Sch. K-1-P or k	(-1-T.			27 _	.00
	Pass-through entity tax credit. Att					28	.00
	Earned Income Tax credit from Sc			Attach Sch. IL-E/EI	TC.	29 _	.00
	Child Tax credit from Schedule IL					30 _	.00
	Total amount paid with original re				e instructions.	31 _ 32	.00. 00.
	Total payments and refundable			n 31.		32 _	.00
-	Corrected Total Overpayment Line 32 is greater than Line 24, su			This is your adjusted	01/04/n 01/m 0 m4	33	.00
	Line 32 is greater than Line 32, su					33 <u> </u>	.00. 00.
	: Adjusted Refund or Amount			,			
•	Overpayment, if any, as shown or		orm IL-1040	. Line 32. or as adiu	sted by the		
	Department. Do not include intere				,	35 _	.00
	Overpayment. If Line 33 is great					36 _	.00
37 A	Amount from Line 36 you want re f	-		•	1	37 _	.00
	a direct deposit - Comple	ete the information	on below if y	ou check this box.			
	Routing number			Checking or	Savings		
	Account number						
20 (b ☐ paper check.	:	annliad ta :		Caa imatuustiana	38	.00
	Subtract Line 37 from Line 36. Thi Amount you owe. If you have a						.00
	ine 33 from Line 35. If you have						
	plank (zero), enter the amount fro		,			39 _	.00
Step 11	: Amended Information						
A Ch	neck the box that identifies why y			** Attach a copy of	your federal final	ization. See i	nstructions.
A Ch		n <i>ii</i>		** Attach a copy of **NOL accepted on			nstructions. change
A Ch	neck the box that identifies why y **Federal change accepted or	n / / Month Day Ye	□	**NOL accepted on	Month Day Year		
A Ch	neck the box that identifies why y	n / / Month Day Ye	□	**NOL accepted on	Month Day Year		change /
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Refer to the 2024 IL-1040-X Instructions for required attachments and the address to mail your return.

IL-1040-X Back (R-12/24)

DR_______ ID______ X3 IR