

	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 IL-EIC. Attach Schedule IL-EIC.	29	_____	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	_____	.00
Step 10:	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	_____	.00
Total	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	_____	.00
Step 11:	Only complete Step 11 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.				
Underpayment of Estimated Tax Penalty and Donations	33	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.		<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 amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment .	36	_____	.00
Refund	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			
		a <input type="checkbox"/> direct deposit - Complete the information below if you check this box.			
		Routing number <input type="text"/>		<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
		Account number <input type="text"/>			
		b <input type="checkbox"/> Illinois Individual Income Tax refund debit card			
		c <input type="checkbox"/> paper check			
	39	Amount to be credited forward . Subtract Line 37 from Line 36. See instructions.	39	_____	.00
Step 13:	40	If you have an amount on Line 32, add Lines 32 and 35. - or - If you have an amount 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
Amount You Owe					

Step 14: 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)
	Firm's name ▶		Firm's FEIN ▶		<input type="checkbox"/> Check if self-employed
	Firm's address ▶		Firm's phone ▶	()	Paid Preparer's PTIN
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
			()		