

Amendment Practice Materials

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To view the Amendment Training you may [click here](#). Use this packet to complete the Practice Scenario at the end of the training.

You will need to access your account used in the [Practice Lab](#). The universal password to access this portal is **TRAINPROWEB**

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1. Before you begin, make sure you have all the taxpayer's original tax documents for the year of filing and any documents needed for corrections.

Locating client's return:

- Log into the corresponding tax site TaxSlayer account. (i.e., jsmithloop)
- Click **Client Search** on the welcome screen and search for the client.
 - If the client's original return is NOT in Accepted status, find out if client mailed their return into the IRS or State.
- Print a copy of the accepted return by clicking the down arrow next to **Tools**, select **Client Status** and click the printer icon at the end of the Federal and State Transmissions lines.

Federal Transmissions							
State	Sent Date	Ack Received	Batch ID	Submission ID	Status	Refund Amount	Return Type
FD	2/28/2022 8:38:20 PM	2/28/2022 8:49:41 PM	596092	[REDACTED]	Accepted	\$1,127.00	1040

State Transmissions							
State	Sent Date	Ack Received	Batch ID	Submission ID	Status	Refund Amount	Form Type
IL	2/28/2022 8:49:53 PM	3/1/2022 6:06:05 AM	596092	[REDACTED]	Accepted	\$100.00	IL1040

- Once you have printed a copy of the original return, click, and open the client's return.



Completing an Amended Return that was Accepted in TaxSlayer (Site prepared the original filed return)


2. Pull the original tax return amounts to Form 1040-X, Amended Return, original column by taking the following steps:
 - Find and open the original return in TaxSlayer.
 - Make all necessary changes to the return based on the new information from the taxpayer. (For example, if the taxpayer needs to add a Form W-2, add it now as you would if preparing a return normally.)
 - When you finish making changes, select 20XX Amended Return (Left Menu Bar). TaxSlayer will display the Amended Tax Returns - Form 1040-X page:

Amended Tax Return - Form 1040X

How To Amend Your Return	BEGIN
Original Federal Return Information	BEGIN
Make Corrections for Amended Return	BEGIN
Amend State Return(s)	BEGIN
Explain Changes	BEGIN
Print Amended Return	BEGIN

- Select **Begin** on the Original Return Information line.
 - Because the IRS accepted the return through TaxSlayer, the software defaults the original accepted return information on this page. Review the information using the printed original return. If any information needs to be changed, change it here.
 - If the taxpayer is changing personal exemptions, has changed their address, or wants to change an election for the Presidential Election Campaign Fund, select the appropriate check boxes at the bottom of the page
 - When finished, select **Continue**.
3. Amend the State Return (if needed).
 - Select **Begin** on the **Amend State Return(s)** line from the Form 1040X main page. If there are no state changes, skip to step 4.
 - Select **Amend State** for the state you need to amend.

State	Return Type		
Illinois	Resident	Amend State	 



- Scroll down and select **Begin** on the **Amended Return** line.
 - Read the screen and select **Yes** from the drop-down list.
 - Select **Begin** on the **General Questions** line.
 - Answer Question #1 – Question #2 then **must** be left blank.
 - **Skip** question #3.
 - Question #4 **must** be answered.
 - Question #5 **must** be answered, if filing and amendment.
 - Question #6 defaults to **No**, but you must ask client and answer appropriately.
 - If the Name, Address, or SSN are different from previous return, Select **Yes**. Then click **Begin** to fill out the section.
 - When you finish reviewing all information, select **Continue**.
 - If the client paid any balance due from the original return, enter the amount in the **Total amount paid with original return** line.
 - Enter the refund amount from the original return in the **Total of previous overpayments, refunds, or credit carryforward** line.
 - The **Explain Changes** section will be forwarded from the federal amended return.
 - Click **Continue** and **Exit Illinois Return**. Then, click **Continue** again.
4. **Explain changes**
- From the **Amended Tax Return – Form 1040X** page, select **Begin** on the **Explain Changes** line.
 - Enter an explanation for each change in the box provided. Click **Continue**.
5. **Tax Preparers:** This is where you will **Save & Exit** the client's return and complete your portion of the **Amendment Tracker**.

Quality Review Instructions:

1. Locate the client's return: Log into tax site the amendment was prepared – refer to the **Amendment Tracker** sheet.
2. Locate return from Client Search and open client's return.
3. Identify the new changes that were made – refer to the **Amendment Tracker** sheet.
4. Review all the information from the **Amended Tax Return – Form 1040X** page.
5. From the **Summary/Print** page, click **View/Print Return** on the top right corner of the page.
 - Then select **Print your 20xx Tax Return**.
 - A new pop-up window will appear with the tax return in PDF form.
 - In the PDF file of the return, examine Column A to verify all the information was appropriately carried over from the original Form 1040, U.S. Individual Tax Return. Next, verify the amounts in Column C are the true and accurate amounts. Then, confirm Column B is the difference between Columns C and A, which represents the amounts of what is being added or removed.
 - Verify the correct amount overpaid or owed. On page 2, verify that all information is correct and that appropriate boxes are checked for qualifying children eligible for Child Tax Credit.
 - If the state form is amended, scroll down the pdf to the state forms and verify that additions to or subtractions from the federal AGI that were manually made on the amended state return are correct.
 - For an amended return, Form 1040-X is the payment voucher if a balance is due. The taxpayer should simply enclose a check or money order with the amended return.
 - If an Illinois payment is due check that the IL 1040-V amount is correct.
 - **Close** the amended PDF return window.

6. Select **E-file** on the left-side menu once the amended return is complete.
 - At the e-file screen, select **Amended tax return**.

E-File

Select an option below to get started.

☐ Original tax return

☒ Amended tax return

- Select **Continue**.
 - **Amended Return** page – select the **Paper Return** filing method.
 - ❖ **Note:** Direct Deposit/Debit is **not** allowed at this time for amended tax returns.
 - Go through each section – the answers will be already populated from the original return.
 - A pop-up will appear regarding collecting fees – Click **Okay**.
 - Ladder Up **does not** collect any fees from clients.
 - In the **Submission Page – Print Tax Documents** – Select **PAPER FILE COPY** and print.
 - You will need to print out two copies (**Client and Mailing copy**).
 - Print an extra copy of the federal 1040-X to include with the Illinois amendment if there is one.
7. Once the amended PDF return has been reviewed with the client, you must then assemble the 1040X package assemble for the client to mail out.
 8. Have taxpayer(s) sign the 1040-X and the IL-1040-X amended return. Advise the taxpayer the amended return should not be filed until the refund, or the original return has been processed.
 - Refer to the lavender colored **“Amended Return Instructions”** handout for volunteers and client’s final steps instructions.

Save and exit the return.

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Completing an Amended Return that was NOT created by the site preparing the Amended Return

1. Since the return does not currently exist, create a federal return, and state return, if applicable, that **includes** the amended information. These return figures comprise Form 1040-X, Column C. For any return with multiple information-reporting documents, as an alternative to entering every document, add the documents together. The software requires an EIN and business address to calculate and place information on the correct line of the tax return. Choose an EIN and business address from the available information-reporting documents for software input. All information-reporting documents that support changes must be included with the tax return. If applicable, create state return.
 - Refer to the **Tax Preparer Checklist** for creating a new tax return, if needed.
 - For returns with adjustments, credits, and additional schedules:
 - Schedule C with no required amendment can be created by using the net profit as total income.
 - Schedule D with no required amendment can be created by using one transaction for long term and/or one transaction for short term. Enter the net gain as the sales price with no basis.
 - Adjustments and credits information are entered as applicable.
2. Go to the **20xx Amended Return** menu > **Original Federal Return Information** screen to provide the original return information.
 - This menu populates Form 1040-X, column A.
 - Form 1040-X columns C will populate based on the return prepared with the amended information. Column B will populate based on the differences between Columns C and A.
3. **Amend the State Return** (if needed).
 - Select **Begin** on the Amend State Return(s) line from the Form 1040X main page. If there are no state changes, skip to step 4.
 - Select **Amend State** link at **Amended State Return** screen.
 - Scroll down and select **Begin** on the **Amended Return** line.
 - Read the screen and select **Yes** from the drop-down list.
 - Select **Begin** on the **General Questions** line.
 - Answer Question #1 – Question #2 then **must** be left blank.
 - **Skip** question #3.
 - Question #4 **must** be answer.
 - Question #5 **must** be answered, if filing and amendment.
 - Question #6 defaults to **No**, but you must ask client and answer appropriately.
 - If the Name, Address, or SSN are different from previous return, Select **Yes**. Then click **Begin** to fill out the section.
 - When you finish reviewing all information, select **Continue**.
 - If the client paid any balance due from the original return, enter the amount in the **Total amount paid with original return** line.
 - Enter the refund amount from the original return in the **Total of previous overpayments, refunds, or credit carryforward** line.
 - The Explain Changes section will be forwarded from the federal amended return.
 - Click **Continue** and **Exit Illinois Return**. Then, click **Continue** again.
4. **Explain changes**
 - From the **Amended Tax Return – Form 1040X** page, select **Begin** on the Explain Changes line.
 - Enter an explanation for each change in the box provided.
5. Click **Continue** till you get to the E-file section.
6. Select **Original tax return** option, then **continue**.

- In the **Return Details** page, select the **Paper Return** filing method for **both** the federal and state return.
 - Go through each page and answer all the required sections.
 - A pop-up window will appear regarding collecting fees – Click **Okay**.
 - Ladder Up **does not** collect any fees from clients.
7. Under **File return** (bottom section) – Select **Mark tax return ready for review**.
 8. **Save and exit** the return.

Quality Review Instructions:

1. Locate the client's return: Log into tax site the amendment was prepared – refer to the **Amendment Tracker** sheet.
2. Locate return from **Client Search** and open client's return.
3. Identify the new changes that were made – refer to the **Amendment Tracker** sheet.
4. Review all the information from the **Amended Tax Return – Form 1040X** page.
5. From the **Summary/Print** page, click **View/Print Return** on the top right corner of the page.
 - Then select **Print your 20xx Tax Return**.
 - A new pop-up window will appear with the tax return in PDF form.
 - In the PDF file of the return, examine Column A to verify all the information was appropriately carried over from the original Form 1040, U.S. Individual Tax Return. Next, verify the amounts in Column C are the true and accurate amounts. Then, confirm Column B is the difference between Columns C and A, which represents the amounts of what is being added or removed.
 - Verify the correct amount overpaid or owed. On page 2, verify that all information is correct and that appropriate boxes are checked for qualifying children eligible for Child Tax Credit.
 - If the state form is amended, scroll down the pdf to the state forms and verify that additions to or subtractions from the federal AGI that were manually made on the amended state return are correct.
 - For an amended return, Form 1040-X is the payment voucher if a balance is due. The taxpayer should simply enclose a check or money order with the amended return.
 - If an Illinois payment is due check that the IL 1040-V amount is correct.
 - **Close** the amended PDF return window.
6. Select **E-file** on the left-side menu once the amended return is complete.
 - At the e-file screen, select **Amended tax return**.

E-File

Select an option below to get started.

☐ Original tax return

☒ Amended tax return

BACK

CONTINUE

- Select **Continue**.
- Amended Return page – select the **Paper Return** filing method.
- ❖ **Note:** Direct Deposit/Debit is **not** allowed at this time for amended tax returns.
 - Go through each section – the answers will be already populated from the original return.
- A pop-up will appear regarding collecting fees – Click **Okay**.
 - Ladder Up **does not** collect any fees from clients.
- In the **Submission Page – Print Tax Documents** – Select **PAPER FILE COPY** and print.
 - You will need to print two copies (**Client and Mailing copy**).

- Print an extra copy of the federal 1040-X to include with the Illinois amendment if there is one.
- 7. Once the amended PDF return has been reviewed, you must then assemble the 1040X package assemble for the client to mail out.
- 8. Have taxpayer(s) sign the 1040-X and the IL-1040-X amended return. Advise the taxpayer the amended return should not be filed until the refund, or the original return has been processed.
 - Refer to the lavender colored **“Amended Return Instructions”** handout for volunteers and client’s final steps instructions.
- 9. Under **File return** (bottom section) – Select **Mark tax return as complete**.
- 10. **Save and exit** the return.

AMENDMENT TRACKER

Case Review:

1. Tax Year Amending (one sheet per year): _____
2. Original prepared by Ladder Up (circle one): YES / NO
3. If "YES", What tax site location was it originally prepared?

(Hint: See bottom of Page 2 of 1040 for location)

4. What needs to be amended?

Tax Preparation:

5. Amendment prepared in Tax Site: _____

Quality Review:

6. Federal Amendment filing method: E-file / Paper File

AMENDMENT TRACKER

Case Review:

1. Tax Year Amending (one sheet per year): _____
2. Original prepared by Ladder Up (circle one): YES / NO
3. If "YES", What tax site location was it originally prepared?

(Hint: See bottom of Page 2 of 1040 for location)

4. What needs to be amended?

Tax Preparation:

5. Amendment prepared in Tax Site: _____

Quality Review:

6. Federal Amendment filing method: E-file / Paper File

Filing Status

☐ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☒ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial JENNIFER		Last name MORRISON		Your social security number 601-00-1234	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 450 SARASOTA TERRACE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. CHICAGO			State IL	ZIP code 60616	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1957
☐ Are blind

Spouse:

☐ Was born before January 2, 1957
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name Last name				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	CARLA DAVIS	602-00-3456	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	OLLIE MORRISON	603-00-5678	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	41000
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	41000
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	41000
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	18800
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	18800
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	18800
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	22200

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2021)

QNA

10

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2383
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2383
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500
20	Amount from Schedule 3, line 8	20	1648
21	Add lines 19 and 20	21	2148
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	235
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	235
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2200
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2200
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	1451
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3600
29	American opportunity credit from Form 8863, line 8	29	965
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	1250
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	7266
33	Add lines 25d, 26, and 32. These are your total payments	33	9466
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9231
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9231
Direct deposit? See instructions.	b Routing number <u>X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <u>X X X X X X X X X X X X X X X X</u>		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☐ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (312) 466-5555

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

05/19/22

S40010465

☐ Self-employed

Firm's name ▶ TAP MOBILE

Phone no. 312-466-0771

Firm's address ▶ 350 N. ORLEANS ST SUITE C2-100 CHICAGO IL 60654

Firm's EIN ▶ -

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

QNA

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JENNIFER MORRISON

Your social security number

601-00-1234

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1448
4	Retirement savings contributions credit. Attach Form 8880	4	200
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ► _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1648

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2021

QNA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	1250
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	1250
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	1250

QNA



Illinois Department of Revenue
2021 Form IL-1040

Individual Income Tax Return

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



or for fiscal year ending ____/____/____

Step 1: Personal Information

JENNIFER MORRISON 1975 601-00-1234

450 SARASOTA TERRACE

CHICAGO IL 60616



- B** Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☒ Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse
D Check the box if this applies to you during 2021: ☐ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

- | | | | |
|---|--|---|----------|
| 1 | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 | 41000.00 |
| 2 | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 | .00 |
| 3 | Other additions. Attach Schedule M. | 3 | .00 |
| 4 | Total income. Add Lines 1 through 3. | 4 | 41000.00 |

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 federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 | .00 |
| 7 | Other subtractions. Attach Schedule M. | 7 | .00 |
| 8 | Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | 8 | .00 |
| 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | 41000.00 |

Step 4: Exemptions

- | | | | |
|----|---|----|---------|
| 10 | a Enter the exemption amount for yourself and your spouse. See instructions. | a | 2375.00 |
| | b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b | .00 |
| | c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c | .00 |
| | d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d | 4750.00 |
| | Exemption allowance. Add Lines 10a through 10d. | 10 | 7125.00 |

Step 5: Net Income and Tax

- | | | | |
|----|---|----|----------|
| 11 | Residents: Net income. Subtract Line 10 from Line 9. | 11 | 33875.00 |
| | Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | | |
| 12 | Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 | 1677.00 |
| | Nonresidents and part-year residents: Enter the tax from Schedule NR. | | |
| 13 | Recapture of investment tax credits. Attach Schedule 4255. | 13 | .00 |
| 14 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | 1677.00 |

Step 6: Tax After Nonrefundable Credits

- | | | | |
|----|---|----|---------|
| 15 | Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 | .00 |
| 16 | Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 | .00 |
| 17 | Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 | .00 |
| 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | .00 |
| 19 | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 | 1677.00 |

Step 7: Other Taxes

- | | | | |
|----|--|----|---------|
| 20 | Household employment tax. See instructions. | 20 | .00 |
| 21 | 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. | 21 | .00 |
| 22 | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 | .00 |
| 23 | Total Tax. Add Lines 19, 20, 21, and 22. | 23 | 1677.00 |

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.



24 1677.00

H
A
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25	1800.00
----	---------

26 .00

27 .00

28_____.

29 261.00

30	2061.00
----	---------

ENTRIES, OTHER

31 384.00

32 .00

THAN SIGNATURE

33 .00

- d** ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 .00

35 .00

ON THIS FORM

This is your **overpayment.**

36 384.00

37	384.00
----	--------

a ☐ direct deposit - Complete the information below if you check this box.

Routing number

Checking or ☐ Savings

Account number

- b ☐ paper check.**

39 .00

[illegible]

If you have an amount on Line 31 and this amount is less than Line 35,

40 .00

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.

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

Interview Notes

- Jennifer provided the entire cost of maintaining the household and over half of the support for her children, Carla and Ollie, in 2021.
- Ollie attended daycare while Jennifer worked.
- In August 2019, Jennifer's daughter, Carla, enrolled in college to pursue a bachelor's degree. She had no previous post-secondary education. Yuma College is a qualified educational institution.
- Carla does not have a felony drug conviction.
- Jennifer brought a form 1098-T and an account statement from the college. Carla's purchases at the college bookstore were for course-related books.
- Jennifer received a letter in the mail awarding the 3rd economic impact payment: \$4,200
- Jennifer opted out from receiving Advanced Child Tax Payments
- Direct Deposit: Chase Bank RT: 071000013 Acc: 987654321
- Original tax return was filed on March 2, 2022



Form 13614-C (October 2021)	Department of the Treasury - Internal Revenue Service Intake/Interview & Quality Review Sheet	OMB Number 1545-1964
---------------------------------------	---	-------------------------

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

Please complete pages 1-4 of this form.

You are responsible for the information on your return. Please provide complete and accurate information.

If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
 To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name JENNIFER	M.I.	Last name MORRISON	Best contact number 773-466-5555	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address 450 SARASOTA TERRACE			Apt #	City YOUR CITY
4. Your Date of Birth 4/15/1975		5. Your job title TEACHER	6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Your spouse's Date of Birth		8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
12. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)				

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law) a. If Yes, Did you get married in 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Did you live with your spouse during any part of the last six months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of final decree <u>07/23/2014</u> Date of separate maintenance decree _____ Year of spouse's death _____
---	--	---

2. List the names below of:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

										To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yyyy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/21 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no, n/a)	Did this person have less than \$4,300 of income? (yes/no, n/a)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no, n/a)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)						
CARLA DAVIS	07/15/2000	DAUGHTER	12	YES	YES	S	YES	NO	NO	NO	YES	YES	YES	
OLLIE MORRISON	03/12/2019	SON	12	YES	YES	S	NO	NO	NO	NO	YES	YES	YES	

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Contributions or repayments to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (A) Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> (B) Charitable Contributions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. (B) Receive Advanced Child Tax Credit payments?

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☒ No If yes, which language? _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☒ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☒ No c. To split your refund between different accounts ☐ Yes ☒ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☒ No If yes, where? _____
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☒ No


Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding. Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☒ Prefer not to answer
8. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☒ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☐ No ☒ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☒ Prefer not to answer
11. Your race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☒ Prefer not to answer
12. Your spouse's race?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
☒ No spouse
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☒ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☒ No spouse

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

a Employee's social security number 601-00-XXXX		OMB No. 1545-0008 Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 34-600XXXX		1 Wages, tips, other compensation 41,000.00		2 Federal income tax withheld 2,200.00	
c Employer's name, address, and ZIP code GILMER ELEMENTARY SCHOOL 2250 DELTA AVENUE YOUR CITY, STATE ZIP		3 Social security wages 43,000.00		4 Social security tax withheld 2,666.00	
		5 Medicare wages and tips 43,000.00		6 Medicare tax withheld 624.00	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JENNIFER MORRISON 450 SARASOTA TERRACE YOUR CITY, STATE ZIP		11 Nonqualified plans		12a See instructions for box 12 E 2,000.00	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State YS	Employer's state ID number 34-600XXXX	16 State wages, tips, etc. 41,000.00	17 State income tax 1,800.00	18 Local wages, tips, etc.	19 Local income tax

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

☐

Tuition Statement

Copy B
For Student

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.



Yuma College

Statement of Account

December 31, 2021

Carla Davis

Student ID 602-00-XXXX

Date	Transaction	Amount Billed	Amount Paid
08/30/2021	Tuition – Fall Semester 2019	+\$7,200.00	
08/30/2021	Scholarship		-\$4,200.00
09/03/2021	Meal plan	+\$ 320.00	
09/03/2021	Parking pass	+\$ 75.00	
09/04/2021	Campus Bookstore charge to student account	+\$ 650.00	
09/05/2021	Payment – check #1234		-\$4,045.00

12/31/2021 Account Balance.....\$0.00

Busy Bee Day Care

303 Twiggs Trail
Your City, Your State Your Zip
Ph: (555) 555-1234

December 31, 2021

Received from Jennifer Morrison:

\$2,500 for after-school care for Ollie Morrison

\$2,500 Total amount received for child care in 2021

Ellen River

EIN: 35-900XXXX

22222		a Employee's social security number 601-00-XXXX		OMB No. 1545-0008	
b Employer identification number (EIN) 34-7006745			1 Wages, tips, other compensation 5,000.00		2 Federal income tax withheld 1,925.00
c Employer's name, address, and ZIP code CHICAGO PUBLIC SCHOOL 300 N. STATE ST CHICAGO, IL 60606			3 Social security wages 5,000.00		4 Social security tax withheld 310.00
			5 Medicare wages and tips 5,000.00		6 Medicare tax withheld 72.50
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. JENNIFER MORRISON 450 SARASOTA TERRACE YOUR CITY, STATE ZIP			11 Nonqualified plans		12a
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State IL	Employer's state ID number 34-7006745	16 State wages, tips, etc. 5,000.00	17 State income tax 1,200.00	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2021

Department of the Treasury—Internal Revenue Service

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Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.

► Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** (enter year) **2021** **or fiscal year** (enter month and year ended)

Your first name and middle initial JENNIFER	Last name MORRISON	Your social security number 601-00-1234
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 450 SARASOTA TERRACE		Apt. no. Your phone number 312-466-5555
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. CHICAGO, IL 60616		
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1 41000	5000	46000
2 Itemized deductions or standard deduction	2 18800		18800
3 Subtract line 2 from line 1	3 22200	5000	27200
4a Reserved for future use	4a		
b Qualified business income deduction	4b		
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5 22200	5000	27200
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): TABLE	6 2383	600	2983
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	7 2148		2148
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 235	600	835
9 Reserved for future use	9		
10 Other taxes	10		
11 Total tax. Add lines 8 and 10	11 235	600	835
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 2200	1925	4125
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14 1451	(1053)	398
15 Refundable credits from: <input checked="" type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input checked="" type="checkbox"/> other (specify): 2441	15 5815		5815
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		10338
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		9231
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		1107
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		272
22 Amount of line 21 you want refunded to you	22		272
23 Amount of line 21 you want applied to your (enter year): estimated tax 23	23		

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1040-X** (Rev. 7-2021)

Part I Dependents

Complete this part to change any information relating to your dependents.
This would include a change in the number of dependents.
Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24		
25	Your dependent children who lived with you	25	2	2
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
	CARLA DAVIS	602-00-3456	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	OLLIE MORRISON	603-00-5678	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

► Attach any supporting documents and new or changed forms and schedules.

ADDED W-2 INCOME

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

► Your signature _____ Date _____ TEACHER
Your occupation _____

► Spouse's signature. If a joint return, **both** must sign. _____ Date _____
Spouse's occupation _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____
☐ Check ☐ if self-employed PTIN S40010465
 Firm's name ► TAP MOBILE Firm's EIN ► -
 Firm's address ► 350 N. ORLEANS ST SUITE C2-100 CHICAGO IL 60654 Phone no. (312) 466-0771

For forms and publications, visit www.irs.gov/Forms.

Form **1040-X** (Rev. 7-2021)

QNA

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial JENNIFER		Last name MORRISON		Your social security number 601-00-1234	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 450 SARASOTA TERRACE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. CHICAGO			State IL	ZIP code 60616	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
CARLA	DAVIS	602-00-3456	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OLLIE	MORRISON	603-00-5678	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	46000
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	46000
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	46000
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	18800
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	18800
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	18800
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	27200

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

QNA

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2983
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2983
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500
20	Amount from Schedule 3, line 8	20	1648
21	Add lines 19 and 20	21	2148
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	835
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	835
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4125
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4125
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	398
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	3600
29	American opportunity credit from Form 8863, line 8	29	965
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	1250
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	6213
33	Add lines 25d, 26, and 32. These are your total payments	33	10338
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9503
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9503
Direct deposit? See instructions.	b Routing number <u>X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <u>X X X X X X X X X X X X X X X X X X</u>		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (312) 466-5555

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

05/19/22

S40010465

☐ Self-employed

Firm's name ▶ TAP MOBILE

Phone no. 312-466-0771

Firm's address ▶ 350 N. ORLEANS ST SUITE C2-100 CHICAGO IL 60654

Firm's EIN ▶ -

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)

QNA

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JENNIFER MORRISON

Your social security number

601-00-1234

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1448
4	Retirement savings contributions credit. Attach Form 8880	4	200
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount ► _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1648

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2021

QNA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	1250
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ► _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	1250
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	1250

QNA



Illinois Department of Revenue
2021 Form IL-1040-X
Amended Individual Income Tax Return



REV 12

Step 1: Personal Information

A Your first name and middle initial		Your last name		Year of birth		Your social security number	
JENNIFER		MORRISON		1975		601-00-1234	
Spouse's first name and middle initial		Spouse's last name		Spouse's year of birth		Spouse's social security number	
Mailing address (See inst. if foreign address)			Apartment number	City	State	Zip or postal code	
450 SARASOTA TERRACE				CHICAGO	IL	60616	
Foreign nation if not US (do not abbreviate)			County (Illinois only)	Email address			
B Check the box if your Social Security number(s), name(s), or address listed above are different from your previously filed return. <input type="checkbox"/>							
C Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Head of household							
D Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. <input type="checkbox"/> You <input type="checkbox"/> Spouse							
E Check the box if this applies to you during 2021. <input type="checkbox"/> Nonresident - Attach Schedule NR <input type="checkbox"/> Part-year resident - Attach Schedule NR							
F Check the box that identifies why you are making this change. ** Attach a copy of your federal finalization. See instructions.							
<input type="checkbox"/> **Federal change accepted on ____/____/____ <input type="checkbox"/> **NOL accepted on ____/____/____ <input type="checkbox"/> State change <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year Month Day Year </div>							
G On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? ____/____/____ <div style="display: flex; justify-content: flex-end; font-size: small;"> Month Day Year </div>							
H Did you file a federal Form 1040X or Form 1045? If "Yes," you must attach a copy to this form. See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
I Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if needed.							
ADDED W-2 INCOME							

If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, **do not file** this form until you receive notification the Internal Revenue Service (IRS) accepted the changes.

Step 2: Income

1 Federal adjusted gross income	1 46000.00
2 Federally tax-exempt interest and dividend income	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 46000.00

Corrected figures

Step 3: Base Income

5 Social Security benefits and certain retirement plan income. Attach federal Form 1040 or 1040-SR, Page 1.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Line 1. Attach federal Form 1040 or 1040-SR, Schedule 1.	6 .00
7 Other subtractions. Attach Schedule M.	7 .00
8 Total subtractions. Add Lines 5 through 7.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 46000.00

Step 4: Exemptions - See instructions before completing Step 4.

10 a Enter the exemption amount for yourself and your spouse. See Instructions.	10a 2375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	10b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	10c .00
d If you are claiming dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. Attach Sch. IL-E/EIC.	10d 4750.00
Exemption allowance. Add Lines 10a through 10d.	10 7125.00

Step 5: Net Income and tax

11 Residents only: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents only: Enter your Illinois net income from Schedule NR. Attach Schedule NR.	11 38875.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 1924.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1924.00



15 1924.00

Step 6: Tax After Nonrefundable Credits

16 _____**.00**

17 _____**.00**

18 _____ .00

19 _____**.00**

Step 7: Other Taxes

21 _____**.00**

22 _____**.00**

23 _____ .00

Step 8: Payments and Refundable Credit

25	3000.00
----	---------

26 _____ .00

27 .00

28 _____**.00**

29 72.00

30 _____**.00**

Step 9: Corrected Total Overpayment or Underpayment

32 1148.00

33 _____

Step 10: Adjusted Refund or Amount You Owe

34	384.00
----	--------

35	764.00
----	--------

If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information below.

[illegible]

37 _____ **.00**

Step 11: Signature

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		
			05/19/2022			05/19/2022	(312) 466-5555		
Paid Preparer Use Only	Print/Type paid preparer's name				Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
							05/19/2022	<input type="checkbox"/>	S40010465
	Firm's name ▶	TAP MOBILE				Firm's FEIN ▶			
	Firm's address ▶	350 N. ORLEANS ST SUITE C2-100 CHICAGO IL 60654				Firm's phone ▶	(312) 466-0771		
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.
						()			

Refer to the 2021 IL-1040-X Instructions for required attachments and the address to mail your return.



Illinois Department of Revenue 2021 Form IL-1040

Individual Income Tax Return

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



or for fiscal year ending ____/____/____

Step 1: Personal Information



JENNIFER MORRISON 1975 601-00-1234

450 SARASOTA TERRACE

CHICAGO IL 60616

- B** Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☒ Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse
D Check the box if this applies to you during 2021: ☐ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

- | | | | |
|---|--|---|----------|
| 1 | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 | 46000.00 |
| 2 | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 | .00 |
| 3 | Other additions. Attach Schedule M. | 3 | .00 |
| 4 | Total income. Add Lines 1 through 3. | 4 | 46000.00 |

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 federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 | .00 |
| 7 | Other subtractions. Attach Schedule M. | 7 | .00 |
| 8 | Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | 8 | .00 |
| 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | 46000.00 |

Step 4: Exemptions

- | | | | |
|----|---|----|---------|
| 10 | a Enter the exemption amount for yourself and your spouse. See instructions. | a | 2375.00 |
| | b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b | .00 |
| | c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c | .00 |
| | d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d | 4750.00 |
| | Exemption allowance. Add Lines 10a through 10d. | 10 | 7125.00 |

Step 5: Net Income and Tax

- | | | | |
|----|--|----|----------|
| 11 | Residents: Net income. Subtract Line 10 from Line 9. | 11 | 38875.00 |
| | Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | | |
| 12 | Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 | 1924.00 |
| | Nonresidents and part-year residents: Enter the tax from Schedule NR. | | |
| 13 | Recapture of investment tax credits. Attach Schedule 4255. | 13 | .00 |
| 14 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | 1924.00 |

Step 6: Tax After Nonrefundable Credits

- | | | | |
|----|---|----|---------|
| 15 | Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 | .00 |
| 16 | Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 | .00 |
| 17 | Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 | .00 |
| 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | .00 |
| 19 | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 | 1924.00 |

Step 7: Other Taxes

- | | | | |
|----|--|----|---------|
| 20 | Household employment tax. See instructions. | 20 | .00 |
| 21 | 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. | 21 | .00 |
| 22 | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 | .00 |
| 23 | Total Tax. Add Lines 19, 20, 21, and 22. | 23 | 1924.00 |

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.



24 Total tax from Page 1, Line 23.

24 1924.00

Step 8: Payments and Refundable Credit25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT.

25 3000.00

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

28 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 8. **Attach** Schedule IL-E/EIC.

29 72.00

30 **Total payments and refundable credit.** Add Lines 25 through 29.

30 3072.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30.

31 1148.00

32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24.

32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

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.b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.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.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

Step 11: Refund

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 1148.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions.

37 1148.00

38 I choose to receive my refund by

a ☐ **direct deposit** - Complete the information below if you check this box.You may also contribute
to college savings funds
here. See instructions!

Routing number

☐ Checking or☐ Savings

Account number

b ☐ **paper check**.39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions.

39 .00

Step 12: Amount You Owe

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

Step 13: 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	
		05/19/2022			(312) 466-5555	
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
						Paid Preparer's PTIN
	Firm's name		Firm's FEIN			
	Firm's address		Firm's phone		()	
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.	
			()			

Refer to the 2021 IL-1040 Instructions for the address to mail your return.