

Amended U.S. Individual Income Tax Return

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2023 or fiscal year (enter month and year ended)

Form header section including personal information, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

[X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR.

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

Main table with columns for line number, description, A. Original amount, B. Net change, and C. Correct amount. Includes sections for Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on page 2.

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		
26 Reserved for future use	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) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II 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.

FEDERAL 1040 LINES 1A AND 25A: ADDED A W-2 WITH WITHHOLDING.

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	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>	
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.) <input type="text"/>		
Phone no.	Email address				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	PRACTICE LAB		Phone no. (202) 202-2022	
	Firm's address	15 PRACTICE LAB WAY WASHINGTON DC 20005		Firm's EIN	



Illinois Department of Revenue
2023 Form IL-1040-X
 Amended Individual Income Tax Return



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 Your first name and middle initial		Your last name		Year of birth	Your social security number
JULIA		OAKLEY		1997	605 - 00 - 8881
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
159 ARCHER AVENUE			CHICAGO	IL	60606
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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed <input 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 2023. <input type="checkbox"/> Nonresident - Attach Schedule NR <input type="checkbox"/> Part-year resident - Attach Schedule NR					
STOP 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

	Corrected figures
1 Federal adjusted gross income	1 <u>58762.00</u>
2 Federally tax-exempt interest and dividend income	2 <u>.00</u>
3 Other additions. Attach Schedule M.	3 <u>.00</u>
4 Total income. Add Lines 1 through 3.	4 <u>58762.00</u>

Step 3: Base Income

5 Social Security benefits and certain retirement plan income. Attach federal Form 1040 or 1040-SR, Page 1.	5 <u>.00</u>
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 <u>.00</u>
7 Other subtractions. Attach Schedule M.	7 <u>.00</u>
8 Total subtractions. Add Lines 5 through 7.	8 <u>.00</u>
9 Illinois base income. Subtract Line 8 from Line 4.	9 <u>58762.00</u>

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

10 a Enter the exemption amount for yourself and your spouse. See Instructions.	10a <u>2425.00</u>
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	10b <u>.00</u>
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	10c <u>.00</u>
d If you are claiming dependents, enter the amount from Sch. IL-E/EIC, Step 2, Line 1. Attach Sch. IL-E/EIC.	10d <u>.00</u>
Exemption allowance. Add Lines 10a through 10d.	10 <u>2425.00</u>

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 <u>56337.00</u>
12 Residents: Multiply Line 11 by 4.95% (.0495). Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 <u>2789.00</u>
13 Recapture of investment tax credits. Attach Schedule 4255.	13 <u>.00</u>
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 <u>2789.00</u>

Step 6: Tax After Nonrefundable Credits

15 Credit from Schedule CR. Attach Schedule CR.	15 <u>.00</u>
16 Property tax, K-12 education expense, and volunteer emergency worker credit from Schedule ICR. Attach Schedule ICR.	16 <u>.00</u>
17 Credit from Schedule 1299-C. Attach Schedule 1299-C.	17 <u>.00</u>
18 Nonrefundable credits. Add Lines 15, 16, and 17. Cannot exceed the tax amount on Line 14.	18 <u>.00</u>
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 <u>2789.00</u>

Step 7: Other Taxes

20 Household employment tax	20 <u>.00</u>
21 Use tax reported on your original return. You cannot change the use tax from what you originally reported. See instructions.	21 <u>.00</u>
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges	22 <u>.00</u>
23 Total tax. Add Lines 19, 20, 21, and 22.	23 <u>2789.00</u>



24 Total tax. Enter the amount from Line 23. **24** 2789.00

Step 8: Payments and Refundable Credit

- 25** Illinois Income Tax withheld. **Attach** Schedule IL-WIT. **25** 1294.00
- 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 9. **Attach** Schedule IL-E/EIC. **29** .00
- 30** Total amount paid with original return and additional tax paid after return filed. See instructions. **30** 1500.00
- 31 Total payments and refundable credit.** Add Lines 25 through 30. **31** 2794.00

Step 9: Corrected Total Overpayment or Underpayment

- 32** If Line 31 is greater than Line 24, subtract Line 24 from Line 31. This is your adjusted **overpayment**. **32** 5.00
- 33** If Line 24 is greater than Line 31, subtract Line 31 from Line 24. This is your adjusted **underpayment**. **33** .00

Step 10: Adjusted Refund or Amount You Owe

- 34** Overpayment, if any, as shown on your original Form IL-1040, Line 31, or as adjusted by the Department. Do not include interest you received. See instructions. **34** .00
- 35 Overpayment.** If Line 32 is greater than Line 34, subtract Line 34 from Line 32. **35** 5.00
- 36** Amount from Line 35 you want **refunded to you**. I choose to receive my refund by **36** 5.00

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

Routing number	<input type="text"/>	Checking or	<input type="checkbox"/>	Savings
Account number	<input type="text"/>			

b **paper check.**

- 37** Subtract Line 36 from Line 35. This amount will be **applied to your estimated tax**. See instructions. **37** .00
- 38 Amount you owe.** If you have an amount on Line 32 and this amount is less than Line 34, subtract Line 32 from Line 34. If you have an amount on Line 33, add Lines 33 and 34. If Lines 32 and 33 are blank (zero), enter the amount from Line 34. **38** .00

Step 11: Amended Information

A Check the box that identifies why you are making this change. **** Attach a copy of your federal finalization.** See instructions.

- **Federal change accepted on** ___/___/___ ****NOL accepted on** ___/___/___ **State change**

B On what date did you file your original Form IL-1040 or your latest Form IL-1040-X? 04/15/2024
Month Day Year

C Did you file a federal Form 1040X or Form 1045? If "Yes," you must attach a copy to this form. See instructions. **Yes** **No**

D Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if needed.

FEDERAL 1040 LINES 1A AND 25A: ADDED A W-2 WITH WITHHOLDING.

Step 12: 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
		05/10/2024			(555) 121-2345
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		<input type="checkbox"/> Check if self-employed Paid Preparer's PTIN S12345678
	Firm's name	PRACTICE LAB	Firm's FEIN		
	Firm's address	15 PRACTICE LAB WAY WASHINGTON DC 20005		Firm's phone	(202) 202-2022
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 2023 IL-1040-X Instructions for required attachments and the address to mail your return.