



Illinois Department of Revenue  
**2007 Form IL-1040**

tax.illinois.gov

Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/08

Do not write above this line.

**Step 1: Personal Information**

**A** Your Social Security numbers in the order they appear on your federal return

□□□-□□-□□□□

Your Social Security number

□□□-□□-□□□□

Your spouse's Social Security number

**B** Print your personal information below

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

**C** Filing status (see instructions)

- Single or head of household     Married filing jointly     Married filing separately     Widowed

**Step 2: Income**

- |   |   |   |          |
|---|---|---|----------|
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 | 1 | 933   00 |
| 2 | Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ | 2 | 0   00   |
| 3 | Other additions to your income. <b>Attach</b> Schedule M.   | 3 | 0   00   |
| 4 | Add Lines 1 through 3. This is your total income.   | 4 | 933   00 |

**Step 3: Base Income**

- |    |   |    |          |
|----|---|----|----------|
| 5  | Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. <b>Attach</b> federal page 1.           | 5  | 0   00   |
| 6  | Military pay earned if included in Step 2, Line 1. <b>Attach</b> military W-2.  | 6  | 0   00   |
| 7  | Illinois Income Tax overpayment included in U.S. 1040, Line 10  | 7  | 0   00   |
| 8  | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1                  | 8  | 0   00   |
| 9  | Other subtractions to your income. <b>Attach</b> Schedule M.<br>Check if Line 9 includes any amount from Schedule 1299-C <input type="checkbox"/> | 9  | 0   00   |
| 10 | Add Lines 5 through 9. This is the total of your subtractions.  | 10 | 0   00   |
| 11 | Subtract Line 10 from Line 4. This is your Illinois <b>base income</b> .  | 11 | 933   00 |

**Step 4: Exemptions**

- |    |   |    |           |   |            |
|----|---|----|-----------|---|------------|
| 12 | a Number of exemptions from your federal return   | 1  | X \$2,000 | a | 2,000   00 |
|    | b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. |    | X \$2,000 | b |            |
|    | c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =  |    | X \$1,000 | c |            |
|    | d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =  |    | X \$1,000 | d |            |
|    | Add Lines a through d. This is your total Illinois exemption allowance.   | 12 |           |   | 2,000   00 |

**Step 5: Net Income**

- |    |  |    |        |
|----|--|----|--------|
| 13 | <b>Residents only:</b> Subtract Line 12 from Line 11. This is your net income. <i>Skip Line 14.</i>  | 13 | 0   00 |
| 14 | <b>Nonresidents and part-year residents only:</b><br>Check the box that applies to you during 2007 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. <b>Attach</b> Schedule NR. | 14 |        |

**Step 6: Tax**

- |    |  |    |        |
|----|--|----|--------|
| 15 | <b>Residents:</b> Multiply Line 13 by 3% (.03). Write the result here. This is your <b>tax</b> .<br><b>Nonresidents and part-year residents:</b> Write the tax from Schedule NR.<br>This amount may not be less than zero. | 15 | 0   00 |
|----|--|----|--------|



Staple W-2 and 1099 forms here

Staple your check here

**Step 7: Payments and Credits**


- 17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 17 1,960 | 00
- 18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from Line 31 of your 2006 return 18 \_\_\_\_\_ | \_\_\_\_\_
- 19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. 19 \_\_\_\_\_ | \_\_\_\_\_
- 20 Illinois Property Tax credit. **Complete PT Worksheet in instructions.**  
PT Worksheet Line 3 amount 20a \_\_\_\_\_ | \_\_\_\_\_  
PT Worksheet Line 8 amount 20b \_\_\_\_\_ | \_\_\_\_\_
- 21 K-12 education expense credit. **Complete ED Worksheet in instructions, or Schedule ED. Attach** receipt or Schedule ED.  
ED Worksheet or Schedule ED Line 1 amount 21a \_\_\_\_\_ | \_\_\_\_\_  
ED Worksheet or Schedule ED Line 10 amount 21b \_\_\_\_\_ | \_\_\_\_\_
- 22 Earned Income Credit. **Complete EIC Worksheet in instructions.**  
EIC Worksheet Line 1 amount 22a \_\_\_\_\_ | \_\_\_\_\_  
EIC Worksheet Line 4 amount 22b \_\_\_\_\_ | \_\_\_\_\_
- 23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23 \_\_\_\_\_ | \_\_\_\_\_
- 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your payments and credits total. 24 1,960 | 00

Nonresidents may not claim a credit on Lines 19, 20, or 21. The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

**Step 8: Overpayment or Tax Due**

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 1,960 | 00
- 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26 \_\_\_\_\_ | \_\_\_\_\_

**Step 9: Penalty**

- 27 Late-payment penalty for underpayment of estimated tax 27 \_\_\_\_\_ | \_\_\_\_\_  
 a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210.   
 b Check if at least two-thirds of your federal gross income is from farming. 

**Step 10: Donations** Any donation will reduce your refund or increase the amount you owe

- 28 Amount you wish to donate to one or more of the following voluntary contribution funds:  
 Wildlife a \_\_\_\_\_ | Breast Cancer e \_\_\_\_\_ | Diabetes i \_\_\_\_\_ |  
 Child Abuse b \_\_\_\_\_ | Multiple Sclerosis f \_\_\_\_\_ | Autoimmune j \_\_\_\_\_ |  
 Alzheimer's c \_\_\_\_\_ | Military Family g \_\_\_\_\_ | Lung Cancer k \_\_\_\_\_ |  
 Homeless d \_\_\_\_\_ | U.S. Veterans' Home h \_\_\_\_\_ |  
 Add Lines a through k. This is your donations total. 28 \_\_\_\_\_ | \_\_\_\_\_
- 29 Add Line 27 and Line 28. This is your penalty and donations total. 29 \_\_\_\_\_ | 0 | 00

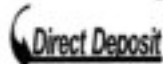
**Step 11: Refund or Amount You Owe**

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 1,960 | 00
- 31 Amount from Line 30 that you want applied to 2008 estimated tax 31 0 | 00
- 32 Subtract Line 31 from Line 30. This is your refund. 32 1,960 | 00

33 Complete to direct deposit your refund

Routing number                 Checking or  Savings

Account number



- 34 If you have tax due on Line 26, add Lines 26 and 29. **OR** If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 \_\_\_\_\_ | 0 | 00

See instructions for payment options.

**Step 12: Sign and Date**

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.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone number \_\_\_\_\_ Your spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's phone number \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN \_\_\_\_\_



If no payment enclosed, mail to:  
 ILLINOIS DEPARTMENT OF REVENUE  
 SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:  
 ILLINOIS DEPARTMENT OF REVENUE  
 SPRINGFIELD IL 62726-0001

Form **4852**  
(Rev. January 2007)**Substitute for Form W-2, Wage and Tax Statement, or  
Form 1099-R, Distributions From Pensions, Annuities,  
Retirement or Profit-Sharing Plans, IRAs, Insurance  
Contracts, etc**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ or 1040X.

**1** Type or print your first name, middle initial and last name **2** Social security number (SSN)**3** Address**4** Enter year in space provided and check one box. For the tax year ending December 31, 2007.I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form 1099-R.

I hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

**5** Employer's or payer's name, address and ZIP code**6** Employer's or payer's  
identification number (if known)**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation . . . . .	<u>0.</u>	<b>g</b> State income tax withheld . . . . .	<u>1,960.</u>
<b>b</b> Social security wages . . . . .	<u>0.</u>	(Name of state) <u>IL</u>	
<b>c</b> Medicare wages and tips . . . . .	<u>0.</u>	<b>h</b> Local income tax withheld . . . . .	
<b>d</b> Advance EIC payment . . . . .		(Name of locality) _____	
<b>e</b> Social security tips . . . . .		<b>i</b> Social security tax withheld . . . . .	<u>4,746.</u>
<b>f</b> Federal income tax withheld . . . . .	<u>10,137.</u>	<b>j</b> Medicare tax withheld . . . . .	<u>1,110.</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution . . . . .	_____	<b>f</b> Federal income tax withheld . . . . .	_____
<b>b</b> Taxable amount . . . . .	_____	<b>g</b> State income tax withheld . . . . .	_____
<b>c</b> Taxable amount not determined . . . . .	<input type="checkbox"/>	<b>h</b> Local income tax withheld . . . . .	_____
<b>d</b> Total distribution . . . . .	<input type="checkbox"/>	<b>i</b> Employee contributions . . . . .	_____
<b>e</b> Capital gain (included in 8b) . . . . .	_____	<b>j</b> Distribution codes . . . . .	_____

**9** How did you determine the amounts on lines 7 and 8 above?

Company supplied records. My unprivileged pay was incorrectly characterized as privileged wages to an employee as defined in IRC section 3401 and 3121.

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None.

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_