



**Illinois Department of Revenue**

**2-D Barcoding Specifications  
and  
Individual Income Tax Return Record Layouts  
Tax Year 2018**

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If you have questions regarding the file specifications and record layouts explained in this booklet, please contact our Springfield office at:

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## Introduction

At this time, there are a variety of different barcode languages called symbologies. Each symbology has strengths and weaknesses. The various type of barcodes are characterized by their unique pattern of bars and spaces to represent characters. The start and stop bars at both ends of the symbol are also unique.

PDF-417 is a two-dimensional barcode that can store up to 1,800 printable ASCII characters of 1,100 binary characters per symbol. However, for technical reasons, the expected number of characters for tax applications is approximately 1,200 characters.

When generating and submitting 2-D Barcode Returns,

the IDOR barcode sequence is:

1. Header.
2. IL-1040 Page 1.
3. IL-1040 Page 2.
4. followed by Forms and Schedules associated with the IL-1040 Return.
5. Trailer.

the IDOR paper attachment sequence should be:

1. IL-1040 Page 1.
2. IL-1040 Page 2.
3. followed by Forms and Schedules associated with the IL-1040 Return.

## Tax Year 2018 Reminders

1. The Primary SSN, Secondary SSN, Student SSN, and Employee's SSN must be in the valid range established by the IRS and numeric only.
2. Conserve space in the 2-D barcode – do not include empty or blank schedules or attachments. The record layouts for schedules and attachments are only to be used for tax returns that have line amounts on the schedules and attachments.
3. Punctuation must not be included in the barcode in the Name and Address fields (e.g., O'Day should be Oday; 8 Hay Ct. should be 8 Hay Ct ).
4. Decimals must not be included in the barcode in the money amount fields (e.g., 100.00 should be 100).
5. Dates should always be a valid date within the tax processing year. The date should be between 01/01/2018 and 12/31/2018.
6. We allow returns for deceased taxpayers. Your software should output "Deceased" and the date of death above the corresponding Social Security Number (SSN). For example: Deceased 10/10/2018. Include this information in the 2-D barcode.
7. No special characters are allowed in the barcode, unless otherwise noted.
8. Print the IL-1040-V, Payment Voucher for Individual Income Tax for all balance due returns.
9. If an IL-1040 line amount comes from a schedule or form, the schedule or form must be present in the barcode.
10. If your software gives the taxpayer an option, the department prefers the default be set to print the 2-D barcode.
13. Do not generate a barcode if there are more than
  - One (1) of any of the schedules (Schedule ICR, Schedule G, Schedule 1299-C, Schedule E/EIC, Schedule M, or Schedule IL-WIT, Schedule NR or Schedule CR);
  - the maximum amount of data the barcode can contain.
14. Please remind taxpayers that, when filing a paper return generated by a tax preparation product, do not make any changes to the return after printing. These returns have a scannable 2-D barcode that contains elements of data that will not reflect changes made to the return after printing. Making any changes to the return after printing could result in errors and processing delays.
15. Please remind taxpayers to send the original 2-D barcode return and payment voucher (if applicable) to the proper address:

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

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

## Field Descriptions

The following discloses the various characters that are allowed in returns filed with a 2-D barcode.

- Unsigned numeric fields – leading zeros may be dropped, except for date and percentage fields.
- Signed numeric fields – leading zeros must be dropped. For negative values the minus sign (“-”) must be present to the left of the number.
- Alphanumeric fields – should be left-justified and no leading blanks. Trailing blanks may be dropped.
- Fields defined as having literal values – only the literal value (including embedded blanks) must be supplied.
- Delimit each field with a carriage return.

### **Allowable Characters in Returns with 2-D Barcodes:**

**Alpha A-Z** – Upper case alpha characters only. Literals must be as shown in the record layouts. No punctuation or special characters, unless otherwise noted.

**Numeric 0-9** – Numeric characters only. Right-justified and zero-filled. No punctuation or special characters.

- Money Fields – Maximum 13 numerals for positive numbers, 12 numerals for negative numbers with a leading negative sign. Unless specified, numbers can be positive or negative.  
Whole dollars only, no cents, right-justified, and do not zero fill.  
No dollar signs, commas, decimal points or other non-numeric characters are allowed.
- Percentage Fields – Fraction fields, factor fields, and ratio fields should be left-justified and zero-filled.  
No decimals present. The decimal is assumed to be left-most and second left-most positions.  
For example, 10 percent shown in a five character field would be 01000, which is 0.1000 with the decimal omitted.
- ZIP Codes should be left-justified.
- Date Format is Y = Year, M = Month, D = Day in YYYYMMDD. Valid dates only, within the tax processing year.
- Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN) :  
Valid numbers: 001-01-0001 through 699-99-9999  
700-01-0001 through 733-99-9999  
750-01-0001 through 763-99-9999  
764-01-0001 through 899-99-9999  
900-70-0000 through 999-80-9999.

**IL-1040 Returns and Schedules have been revised for 2018 Tax Year. The changes are listed below.**

**ALL MONEY AMOUNTS CHANGED FROM 9 TO 13.**

**THE FIRST FIELD OF EACH FORM (STATIC) IS NOT COUNTED IN THE [Form Type Identifiers](#) FIELDS AND RECORD SIZE.**

**IL-1040** – Step 1 B changed to Step 1 A -fields 0051, 0052, 0053, 0054, 0056, 0057, 0058, 0059, 0062, 0064, 0065, 0066, 0067, 0070, 0080, 0082, 0083, 0087, 0095.

- Step 1 C changed to Step 1 B – field 0130.
- Step 1 C new checkboxes – fields 0135, 0140.
- Moved Line 12 to Step 1 D checkboxes – fields 0150, 0155.
- Revised fields 0230, 0330, 0380, 0435, 0450, 0470, 0494, 0560, 0562, 0575, 0576, 0595, 0600, 0610, 0660, 0670, 0690, 0695, 0929.
- Removed fields 0370, 0371, 0390, 0415, 0425, 0460, 0461, 0490, 0491, 0492, 0571.
- Renumbered lines 10b, 10c, 10d, 14-39.
- Lines not used – 13, 24.

**Schedule G** – Removed fields 0637, 0638.

- Added field 0639.
- Revised field 0700.

**Schedule ICR** – Revised fields 0100 and 0200.

**Schedule M** – Removed field 0075.

- Added fields 0091 – 0100, “Bright Start” College Savings Pool Table.
- Field 0100 changed to 0102 – line 13a.
- Added fields 0103 - 0112, “Bright Directions” College Savings Pool Table.
- Field 0102 changed to 0114 – line 13c.
- Added fields 0115-0124, “College Illinois” Prepaid Tuition Program Table.
- Field 0101 changed to 0126 – line 13b.
- Added field 0127 – line 13.
- Field 0110 changed to 0128.
- Field 0120 changed to 0129.
- Revised fields 0074, 0630.
- Added field 0281 – line 32.
- Removed fields 0202, 0209.

- Added fields 0171-0182, Illinois ABLE account Table.
- Added field 0183 – line 20.
- Renumbered lines 20-32, 33a-33x, 34a-34f, 36-39.
- Lines not used - 10, all tables box 4 total, 33.

**Schedule NR** – Removed fields 0360, 0370, 0487, 0650, 0660, 0665, 0666.

- Revised field 0930.
- Lines not used - 14 A and B, 21 B, 33 A and B, 34 A and B.

**Schedule 1299** – Renumbered lines Step 2 Line 3 – field 0020, Step 2 Line 6 – field 0025, Step 3 Section B Line 26 – field 0100, Step 3 Section B Line 53 – field 0180.

- Added fields 0101, 0102 and 0103.
- Removed fields 0030, 0040, 0050, 0070, 0080, 0085, 0090, 0110, 0120, 0130, 0140, 0150, 0160, 0170, 0190.
- Added fields 0181-0201, Adopted Child Table.
- Added field 0202, 0203, 0204, 0205, 0206, 0207, 0208, 0210, 0220, 0850.
- Added fields 0230-0830, Income Tax Credit Table.
- Line not used – 16c.

**Schedule CR** – Revised, renumbered lines 44 – field 0860, 45 – field 0861, 46 – field 0862, 47 – field 0863, 48 – field 0864, 49 – field 0865.

- Removed fields 0250, 0600, 0610, 0620 and 0630.
- Lines not used - 4 B, 5 B, 9 B, 10 A and B, 14 B, 17 A and B, 29 A and B, 30 A and B, 38 B, 42 A and B, 53.

**Schedule IL-EIC** – Name change to IL-E/EIC.

- Added fields 0001-0090, Step 2: Dependent information table and field 0100 Line 1.
- Moved Qualifying Child Table to Step 3, fields 0101-0180.
- Field 0100 changed to 0190, field 0110 changed to 0200 and field 0120 changed to 0210.
- Revised 2b issuing agency table, fields 0211-0230.
- Revised fields 0250, 0260, 1080, 1090, 1110.

**Removed** – SA, W-2, W-2G, 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID and 1099-R.

**Added** – Schedule ILWIT. Form Type 1042S AND 1099B CAN NOT BE FILED WITH 2D.

**FORM TYPE IDENTIFIERS**

|    | <b>FORM TYPE</b> | <b>HEADER</b>    | <b>FIELDS</b> | <b>RECORD SIZE</b> |
|----|------------------|------------------|---------------|--------------------|
| 1  | Header           | T1               | 1             | 4                  |
| 2  | IL-1040          | **2DIL10402018** | 103           | 1218               |
| 4  | Schedule G       | **2DILG**        | 6             | 78                 |
| 5  | Schedule ICR     | **2DILICR**      | 102           | 1484               |
| 6  | Schedule M       | **2DILM**        | 111           | 1590               |
| 7  | Schedule NR      | **2DILNR**       | 93            | 1066               |
| 8  | IL-1299C         | **2DIL1299-C**   | 98            | 1507               |
| 9  | Schedule CR      | **2DILCR**       | 85            | 1048               |
| 10 | Schedule IL-EEIC | **2DILEEIC**     | 201           | 3187               |
| 11 | IL-4562          | **2DIL4562**     | 15            | 195                |
| 12 | Schedule IL-WIT  | **2DILWIT**      | 107           | 1101               |
| 13 | Trailer          | *EOD*            | 0             | 0                  |

**HEADER**

| Field # | Line # | Description       | Field Size | Field Type   | Comments, Acceptable Values |
|---------|--------|-------------------|------------|--------------|-----------------------------|
|         | Static | HEADER Identifier | 2          | Alphanumeric | Value = T1.                 |
| 0001    |        | Developer Code    | 4          | Numeric      | Assigned by the NACTP.      |

**IL-1040**

| <b>Field #</b> | <b>Line #</b> | <b>Description</b>                  | <b>Field Size</b> | <b>Field Type</b>   | <b>Comments, Acceptable Values</b>   |
|----------------|---------------|-------------------------------------|-------------------|---------------------|--|
|                | <b>Static</b> | <b>IL-1040 2018 Identifier</b>      | <b>16</b>         | <b>Alphanumeric</b> | <b>**2DIL10402018**</b>  |
| 0020           | A             | Primary Taxpayer's Date of Death    | 8                 | Numeric             | YYYYMMDD – Valid date within Tax Year of return filed. Deceased date should be printed above Primary Taxpayer's SSN with the word "Deceased". Example: "Deceased 11/01/2018".                      |
| 0040           | A             | Secondary Taxpayer's Date of Death  | 8                 | Numeric             | YYYYMMDD - Valid date within Tax Year of return filed. Deceased date should be printed above Secondary Taxpayer's SSN with the word "Deceased". Example: "Deceased 11/01/2018".                    |
| 0010           | A             | Primary Taxpayer's SSN              | 9                 | Numeric             | 9 digits only - no hyphens or special characters. Must be within valid range established by IRS. Required field.   |
| 0030           | A             | Secondary Taxpayer's SSN            | 9                 | Numeric             | 9 digits only - no hyphens or special characters. Must be within valid range established by IRS. Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate. |
| 0051           | A             | Primary Taxpayer's Last Name        | 20                | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-). Required field.  |
| 0052           | A             | Primary Taxpayer's Suffix           | 4                 | Alphanumeric        | Allowable characters are JR, SR, or Roman Numerals II – X. No special characters allowed.  |
| 0053           | A             | Secondary Taxpayer's Last Name      | 20                | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-). Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate.  |
| 0054           | A             | Secondary Taxpayer's Suffix         | 4                 | Alphanumeric        | Allowable characters are JR, SR, or Roman Numerals II – X. No special characters allowed.  |
| 0056           | A             | Primary Taxpayer's First Name       | 15                | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-). No prefixes. Required field.   |
| 0057           | A             | Primary Taxpayer's Middle Initial   | 1                 | Alphanumeric        | Allowable characters are A-Z or space.   |
| 0058           | A             | Secondary Taxpayer's First Name     | 15                | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-). No prefixes. Required field when Filing Status is 2 for Married Filing Joint or 3 for Married Filing Separate.                                 |
| 0059           | A             | Secondary Taxpayer's Middle Initial | 1                 | Alphanumeric        | Allowable characters are A-Z or space.   |

**IL-1040**

| Field # | Line # | Description  | Field Size | Field Type   | Comments, Acceptable Values   |
|---------|--------|--|------------|--------------|---|
| 0062    | A      | Foreign Street Address                               | 35         | Alphanumeric | No punctuation – Example: “AVE.” should be “AVE” and “N.” should be “N”.  |
| 0064    | A      | Foreign City   | 20         | Alphanumeric | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.  |
| 0065    | A      | Foreign Province or State                            | 15         | Alphanumeric | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.  |
| 0066    | A      | Foreign Country                                      | 15         | Alpha        | Allowable special character is space. Do not abbreviate.  |
| 0067    | A      | Foreign Postal Code                                  | 15         | Alphanumeric | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.  |
| 0070    | A      | Care-of-Name   | 35         | Alphanumeric | First and Last Name, no punctuation or special characters.  |
| 0080    | A      | Mailing Address                                      | 35         | Alphanumeric | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space. No punctuation – Example: “AVE.” should be “AVE” and “N.” should be “N”. |
| 0082    | A      | Apartment Number                                     | 30         | Alphanumeric | Special characters not allowed are percentage (%) and pound sign (#).   |
| 0083    | A      | City   | 20         | Alpha        | Allowable special character is space. Required field.   |
| 0087    | A      | State  | 2          | Alpha        | Standard Postal Abbreviation (including foreign military bases and U.S. possessions). Required field.   |
| 0095    | A      | Zip or Postal Code                                   | 9          | Numeric      | Left-justified. No hyphens or special characters. Required field.   |
| 0130    | B      | Filing Status  | 1          | Alphanumeric | 1=Single or Head of Household, 2=Married Filing Jointly, 3=Married Filing Separately, 4=Widowed. Required field.  |
| 0135    | C      | You claimed as dependent<br>Checkbox                 | 1          | Alpha        | Blank or “X”.   |
| 0140    | C      | Spouse claimed as dependent<br>Checkbox              | 1          | Alpha        | Blank or “X”.   |
| 0150    | D      | Nonresident Checkbox                                 | 1          | Alpha        | If a Nonresident transmit "X", else blank.  |
| 0155    | D      | Part year Resident Checkbox                          | 1          | Alpha        | If a Part-year resident transmit "X", else blank.   |
| 0200    | 1      | Federal Adjusted Gross Income                        | 13         | Numeric      | Federal Adjusted Gross Income.  |
| 0210    | 2      | Federally Tax-Exempt Interest and<br>Dividend Income | 13         | Numeric      | Cannot be negative.   |

**IL-1040**

| Field # | Line # | Description                                     | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|---|------------|------------|---|
| 0230    | 3      | Other Additions                                 | 13         | Numeric    | Total of Other additions to your income from Schedule M; must not be less than 0.   |
| 0250    | 4      | Total Income                                    | 13         | Numeric    | Sum of Line 1 + Line 2 + Line 3.  |
| 0280    | 5      | Social Security Benefits or Retirement Income   | 13         | Numeric    | Cannot be negative.   |
| 0300    | 6      | IL Income Tax Overpayment                       | 13         | Numeric    | Cannot be negative.   |
| 0330    | 7      | Other Subtractions                              | 13         | Numeric    | Total of Other subtractions to your income from Schedule M; must not be less than 0.  |
| 0335    | 7      | Schedule 1299-C Checkbox                        | 1          | Alpha      | Blank or "X".   |
| 0350    | 8      | Total Subtractions                              | 13         | Numeric    | Cannot be negative. Sum of Lines 5 through 7.   |
| 0360    | 9      | Illinois Base Income                            | 13         | Numeric    | Cannot be negative. Line 4 minus Line 8.  |
| 0380    | 10a    | Federal Exemption Allowance                     | 13         | Numeric    | Cannot be negative.   |
| 0400    | 10b    | Primary Taxpayer 65 or Older Exemption Checkbox | 1          | Alpha      | Blank or "X".   |
| 0410    | 10b    | Spouse 65 or Older Exemption Checkbox           | 1          | Alpha      | Blank or "X". Must be blank if Filing Status is 1 for Single or 3 for Married Filing Separately.  |
| 0420    | 10b    | Total of 65 or Older Exemption Allowance        | 13         | Numeric    | Cannot be negative.   |
| 0421    | 10c    | Primary Taxpayer Blind Exemption Checkbox       | 1          | Alpha      | Blank or "X".   |
| 0426    | 10c    | Spouse Blind Exemption Checkbox                 | 1          | Alpha      | Blank or "X". Must be blank if Filing Status is 1 for Single or 3 for Married Filing Separately.  |
| 0430    | 10c    | Total Blind Exemption Allowance                 | 13         | Numeric    | Cannot be negative.   |
| 0435    | 10d    | Dependent Claimed Exemption Allowance           | 13         | Numeric    | Cannot be negative.   |
| 0440    | 10     | Total Exemption Allowance                       | 13         | Numeric    | Cannot be negative. Must be blank if IL-1040, is filed as Single, Widowed or Married Filing Separately and Line 1 is > \$250,000 or Married Filing Jointly and IL-1040, Line 1 > \$500,000. |
| 0450    | 11     | Net Income                                      | 13         | Numeric    | Net Income; For residents, Line 9, Base Income minus Line 10, Total Exemptions; For Nonresidents or Part-year residents, Schedule NR, Line 51; must not be less than 0.                     |

**IL-1040**

| Field # | Line # | Description                        | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|------------------------------------|------------|------------|---|
| 0470    | 12     | Tax On Net Income                  | 13         | Numeric    | Line 11, Net Income times 4.95% (.0495) for IL Residents; amount from Schedule NR, Line 52, Tax for Nonresidents or Part-year Residents; must not be less than 0.   |
| 0494    | 14     | Total Income Tax                   | 13         | Numeric    | Total Income Tax; the sum of Line 12, Tax on Net Income and Line 13, Recapture Investment Credits; Line 13 is a Reserved field, so Line 14 must equal Line 12; must not be less than 0.                                     |
| 0520    | 15     | Credit from Schedule CR            | 13         | Numeric    | Do not generate barcode if Nonresidents/Part-year Resident and amount of credit is > 0.   |
| 0540    | 16     | Credit from Schedule ICR           | 13         | Numeric    | Cannot be negative. Must equal Schedule ICR Line 9. Must be blank if IL-1040, is filed as Single, Widowed or Married Filing Separately and Line 1 is > \$250,000 or Married Filing Jointly and IL-1040, Line 1 > \$500,000. |
| 0550    | 17     | Credit from Schedule 1299-C        | 13         | Numeric    | Cannot be negative. Must equal Schedule 1299-C Step 4 Line 32.  |
| 0560    | 18     | Total Nonrefundable Credits        | 13         | Numeric    | Total of Nonrefundable Credits; the sum of Line 15, Credit From Schedule CR through Line 17, Credit From Schedule 1299-C must not exceed Line 14, Total Income Tax and must not be less than 0.                             |
| 0562    | 19     | Tax after Nonrefundable Credits    | 13         | Numeric    | Tax after nonrefundable credits; Line 14, Total Income Tax minus Line 18, Total Nonrefundable Credits; must not be less than 0.   |
| 0572    | 20     | Household Employment Tax           | 13         | Numeric    | Cannot be negative.   |
| 0573    | 21     | Use Tax                            | 13         | Numeric    | Cannot be negative.   |
| 0574    | 22     | Medical Cannabis Program Surcharge | 13         | Numeric    | Cannot be negative.   |
| 0575    | 23     | Total Tax                          | 13         | Numeric    | Total Tax; the sum of Line 19, Total Income Tax Less Nonrefundable Credits, Line 20, Household Employment Tax, Line 21, Use Tax and Line 22, Compassionate Use of Medical Cannabis Surcharge; must not be less than 0.      |
| 0576    | 25     | Illinois Income Tax Withheld       | 13         | Numeric    | The total amount of Illinois Income Tax withheld from all wage forms; must not be less than 0.  |
| 0580    | 26     | Estimated Payments                 | 13         | Numeric    | Cannot be negative.   |

**IL-1040**

| Field # | Line # | Description                                     | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|---|------------|------------|---|
| 0585    | 27     | Pass-through Withholding Payments               | 13         | Numeric    | Cannot be negative.   |
| 0590    | 28     | Earned Income Credit from Schedule IL-E/EIC     | 13         | Numeric    | Cannot be negative. Must equal Schedule EEIC Line.  |
| 0595    | 29     | Total Payments and Refundable Credits           | 13         | Numeric    | Total payments and refundable credit; the sum of Line 25, IL Tax Withheld through Line 28, IL Earned Income Credit; must not be less than 0.                                  |
| 0600    | 30     | Overpayment                                     | 13         | Numeric    | Overpayment amount; Line 29, Total Payments and Refundable Credits minus Line 24, Total Tax when Line 29 is > Line 24; must not be less than 0.                               |
| 0610    | 31     | Underpayment                                    | 13         | Numeric    | Underpayment amount; Line 24, Total Tax minus Line 29, Total Payments and Refundable Credits when Line 24 is > Line 29; must not be less than 0.                              |
| 0620    | 32     | Late-payment Penalty                            | 13         | Numeric    | Cannot be negative.   |
| 0627    | 32a    | Farm Income Checkbox                            | 1          | Alpha      | Blank or "X".   |
| 0628    | 32b    | 65 or Older and Living in Nursing Home Checkbox | 1          | Alpha      | Blank or "X".   |
| 0629    | 32c    | IL-2210 Checkbox                                | 1          | Alpha      | Blank or "X".   |
| 0630    | 32d    | Not Required to File in Previous Year Checkbox  | 1          | Alpha      | Blank or "X".   |
| 0650    | 33     | Donation Amount from Schedule G                 | 13         | Numeric    | Cannot be negative. Must equal Schedule G Line 2.   |
| 0660    | 34     | Total Penalty and Donations                     | 13         | Numeric    | Total penalty and donations; the sum of Line 32, Penalty IL-2210 and Line 33, Total Donations; must not be less than 0.   |
| 0670    | 35     | Overpayment                                     | 13         | Numeric    | Overpayment balance; Line 30, Overpayment Amount minus Line 34, Total Penalty and Donations when Line 30 is greater than 0 and greater than Line 34; must not be less than 0. |
| 0690    | 36     | IL Income Tax to be Refunded                    | 13         | Numeric    | Amount from Line 35, Overpayment Balance to be refunded to taxpayer; must not be less than 0. Cannot be negative.   |
| 0722    | 37a    | Direct Deposit Checkbox                         | 1          | Alpha      | Blank or "X".   |
| 0723    | 37b    | Debit Card Checkbox                             | 1          | Alpha      | Blank or "X".   |
| 0724    | 37c    | Paper Check - Checkbox                          | 1          | Alpha      | Blank or "X".   |

**IL-1040**

| <b>Field #</b> | <b>Line #</b> | <b>Description</b>                | <b>Field Size</b> | <b>Field Type</b> | <b>Comments, Acceptable Values</b>  |
|----------------|---------------|-----------------------------------|-------------------|-------------------|---|
| 0950           | 37            | Routing Number                    | 9                 | Numeric           | Right-justified. Must be valid Routing Number.  |
| 0960           | 37            | Checking Account Checkbox         | 1                 | Alpha             | Blank or "X".   |
| 0970           | 37            | Savings Account Checkbox          | 1                 | Alpha             | Blank or "X".   |
| 0972           | 37            | Depositor Account Number          | 17                | Alphanumeric      | Right-justified.  |
| 0695           | 38            | Amount to Apply to Estimated Tax  | 13                | Numeric           | Cannot be negative. Line 35 minus Line 36.  |
| 0700           | 39            | Amount You Owe                    | 13                | Numeric           | Cannot be negative. If Line 32 > 0, add Line 32 and Line 35. If Line 31 < Line 35, subtract Line 31 from Line 35. |
| 0800           |               | Taxpayer's Phone Number           | 10                | Numeric           | 10 digits only - no hyphens or special characters.  |
| 0900           |               | Paid Preparer's Name              | 35                | Alphanumeric      | Paid Preparer's Name.   |
| 0910           |               | Preparer's Phone Number           | 10                | Numeric           | 10 digits only - no hyphens or special characters.  |
| 0920           |               | Preparer's PTIN                   | 9                 | Alphanumeric      | 9 digits only - no hyphens or special characters.   |
| 0921           |               | Firm Name                         | 35                | Alphanumeric      | Firm Name.  |
| 0922           |               | Firm Street Address               | 35                | Alphanumeric      | Firm Street Address.  |
| 0923           |               | Firm City                         | 20                | Alphanumeric      | Firm City.  |
| 0924           |               | Firm State                        | 2                 | Alphanumeric      | Firm State.   |
| 0925           |               | Firm Zip                          | 9                 | Alphanumeric      | Firm Zip.   |
| 0926           |               | Foreign Street Address            | 35                | Alphanumeric      | No punctuation – Example: "AVE." should be "AVE" and "N." should be "N".  |
| 0927           |               | Foreign City                      | 20                | Alphanumeric      | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.                            |
| 0928           |               | Foreign Province or State         | 15                | Alphanumeric      | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.                            |
| 0929           |               | Foreign Country                   | 2                 | Alpha             | Allowable special character is space. Do not abbreviate.  |
| 0930           |               | Foreign Postal Code               | 15                | Alphanumeric      | Allowable special characters are forward slash (/), percent (%), hyphen (-) and space.                            |
| 0931           |               | Firm FEIN                         | 9                 | Numeric           | Firm FEIN.  |
| 0932           |               | Self Employed Checkbox            | 1                 | Alpha             | Blank or "X".   |
| 0933           |               | Third Party Designee Box          | 1                 | Alpha             | Blank or "X".   |
| 0934           |               | Third Party Designee Name         | 35                | Alphanumeric      | Third Party Designee Name.  |
| 0935           |               | Third Party Designee Phone Number | 10                | Numeric           | 10 digits only- no hyphens or special characters.   |

Schedule G

| Field # | Line #        | Description                             | Field Size | Field Type          | Comments, Acceptable Values                     |
|---------|---------------|---|------------|---------------------|---|
|         | <b>Static</b> | <b>IL Schedule G Identifier</b>         | <b>9</b>   | <b>Alphanumeric</b> | <b>**2DILG**</b>                                |
| 0630    | 1a            | Donation – Wildlife Preservation        | 13         | Numeric             | Cannot be negative.                             |
| 0632    | 1b            | Donation – Alzheimer’s Disease Research | 13         | Numeric             | Cannot be negative.                             |
| 0633    | 1c            | Donation – Assistance to the Homeless   | 13         | Numeric             | Cannot be negative.                             |
| 0636    | 1d            | Donation – Diabetes Research            | 13         | Numeric             | Cannot be negative.                             |
| 0639    | 1e            | Donation – Hunger Relief Fund           | 13         | Numeric             | Cannot be negative.                             |
| 0700    | 2             | Total Donations                         | 13         | Numeric             | Cannot be negative. Sum of Lines 1a through 1e. |

### Schedule ICR

| Field # | Line #        | Description   | Field Size | Field Type          | Comments, Acceptable Values  |
|---------|---------------|---|------------|---------------------|--|
|         | <b>Static</b> | <b>IL Schedule ICR Identifier</b>                     | <b>10</b>  | <b>Alphanumeric</b> | <b>**2DILICR**</b>   |
| 0100    | 1             | Amount of Tax from IL-1040 Line 14                    | 13         | Numeric             | Cannot be negative.  |
| 0200    | 2             | Amount of Credit from IL-1040 Line 15                 | 13         | Numeric             | Cannot be negative.  |
| 0300    | 3             | Tax After Nonrefundable Credit                        | 13         | Numeric             | Cannot be negative. Line 1 minus Line 2.   |
| 0400    | 4a            | IL Property Tax Paid During Tax Year                  | 13         | Numeric             | Cannot be negative.  |
|         |               | <b>County and Property Table</b>                      |            |                     |  |
| 0404    | 4b            | County of Property Number 1                           | 12         | Alpha               | County.  |
| 0405    | 4b            | Property Number 1                                     | 30         | Alphanumeric        | Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros. |
| 0409    | 4c            | County of Property Number 2                           | 12         | Alpha               | County.  |
| 0410    | 4c            | Property Number 2                                     | 30         | Alphanumeric        | Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros. |
| 0414    | 4d            | County of Property Number 3                           | 12         | Alpha               | County.  |
| 0415    | 4d            | Property Number 3                                     | 30         | Alphanumeric        | Property Tax Index Number is required for property for which the property tax credit is being taken. Must not contain all zeros. |
| 0420    | 4e            | Portion of Tax that is Deductible as Business Expense | 13         | Numeric             | Cannot be negative.  |
| 0440    | 4f            | Eligible Property Tax Amount                          | 13         | Numeric             | Cannot be negative. Line 4a minus Line 4e.   |
| 0460    | 4g            | Base Property Tax Credit                              | 13         | Numeric             | Cannot be negative. Multiply Line 4f by 5% (.05).  |
| 0500    | 5             | IL Property Tax Credit                                | 13         | Numeric             | Cannot be negative. Lesser amount of Line 3 or Line 4g.  |
| 0600    | 6             | Net Tax less IL Property Tax Credit                   | 13         | Numeric             | Cannot be negative. Line 3 minus Line 5.   |
| 0710    | 7a            | Total Amount of K-12 Education Expense                | 13         | Numeric             | Cannot be negative. Enter amount from Line 11.   |
| 0720    | 7b            | Excluded Amount                                       | 13         | Numeric             | Right-justified. Value is \$250.   |
| 0730    | 7c            | Subtract Line 7b from 7a                              | 13         | Numeric             | If Line 7a minus Line 7b < 0, enter 0.   |
| 0740    | 7d            | Multiply Line 7c by 25% (.25)                         | 13         | Numeric             | Cannot be negative. Line 7c * 25% (.25). Compare with \$750 and write lesser amount.   |
| 0800    | 8             | IL Education Expense Credit                           | 13         | Numeric             | Cannot be negative. Lesser of Line 6 or Line 7d.   |
| 0900    | 9             | Total Nonrefundable Credit                            | 13         | Numeric             | Cannot be negative. Sum of Line 5 + Line 8.  |

### Schedule ICR

| Field #                             | Line # | Description                    | Field Size | Field Type   | Comments, Acceptable Values   |
|-------------------------------------|--------|--------------------------------|------------|--------------|---|
| <b>K-12 Education Expense Table</b> |        |                                |            |              |   |
| 1200                                | 10a    | Student Last Name A            | 20         | Alpha        | Student Last Name.  |
| 1201                                | 10a    | Student First Name A           | 15         | Alpha        | Student First Name.   |
| 1202                                | 10a    | Student SSN A                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1203                                | 10a    | Grade (K-12 only) A            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1204                                | 10a    | School Name A                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1205                                | 10a    | School City (IL cities only) A | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1206                                | 10a    | School Type checkbox A         | 1          | Alpha        | P, N, H or blank.   |
| 1209                                | 10a    | Total Tuition, Book/Lab Fees A | 13         | Numeric      | Cannot be negative.   |
| 1210                                | 10b    | Student Last Name B            | 20         | Alpha        | Student Last Name.  |
| 1211                                | 10b    | Student First Name B           | 15         | Alpha        | Student First Name.   |
| 1212                                | 10b    | Student SSN B                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1213                                | 10b    | Grade (K-12 only) B            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1214                                | 10b    | School Name B                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1215                                | 10b    | School City (IL cities only) B | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1216                                | 10b    | School Type checkbox B         | 1          | Alpha        | P, N, H or blank.   |
| 1219                                | 10b    | Total Tuition, Book/Lab Fees B | 13         | Numeric      | Cannot be negative.   |
| 1220                                | 10c    | Student Last Name C            | 20         | Alpha        | Student Last Name.  |
| 1221                                | 10c    | Student First Name C           | 15         | Alpha        | Student First Name.   |
| 1222                                | 10c    | Student SSN C                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1223                                | 10c    | Grade (K-12 only) C            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1224                                | 10c    | School Name C                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1225                                | 10c    | School City (IL cities only) C | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1226                                | 10c    | School Type checkbox C         | 1          | Alpha        | P, N, H or blank.   |
| 1229                                | 10c    | Total Tuition, Book/Lab Fees C | 13         | Numeric      | Cannot be negative.   |
| 1230                                | 10d    | Student Last Name D            | 20         | Alpha        | Student Last Name.  |

### Schedule ICR

| Field # | Line # | Description                    | Field Size | Field Type   | Comments, Acceptable Values   |
|---------|--------|--------------------------------|------------|--------------|---|
| 1231    | 10d    | Student First Name D           | 15         | Alpha        | Student First Name.   |
| 1232    | 10d    | Student SSN D                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1233    | 10d    | Grade (K-12 only) D            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1234    | 10d    | School Name D                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1235    | 10d    | School City (IL cities only) D | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1236    | 10d    | School Type checkbox D         | 1          | Alpha        | P, N, H or blank.   |
| 1239    | 10d    | Total Tuition, Book/Lab Fees D | 13         | Numeric      | Cannot be negative.   |
| 1240    | 10e    | Student Last Name E            | 20         | Alpha        | Student Last Name.  |
| 1241    | 10e    | Student First Name E           | 15         | Alpha        | Student First Name.   |
| 1242    | 10e    | Student SSN E                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1243    | 10e    | Grade (K-12 only) E            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1244    | 10e    | School Name E                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1245    | 10e    | School City (IL cities only) E | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1246    | 10e    | School Type checkbox E         | 1          | Alpha        | P, N, H or blank.   |
| 1249    | 10e    | Total Tuition, Book/Lab Fees E | 13         | Numeric      | Cannot be negative.   |
| 1250    | 10f    | Student Last Name F            | 20         | Alpha        | Student Last Name.  |
| 1251    | 10f    | Student First Name F           | 15         | Alpha        | Student First Name.   |
| 1252    | 10f    | Student SSN F                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1253    | 10f    | Grade (K-12 only) F            | 2          | Alphanumeric | Right-justified. Values “K” or 1 through 12. Required field.  |
| 1254    | 10f    | School Name F                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1255    | 10f    | School City (IL cities only) F | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1256    | 10f    | School Type checkbox F         | 1          | Alpha        | P, N, H or blank.   |
| 1259    | 10f    | Total Tuition, Book/Lab Fees F | 13         | Numeric      | Cannot be negative.   |
| 1260    | 10g    | Student Last Name G            | 20         | Alpha        | Student Last Name.  |
| 1261    | 10g    | Student First Name G           | 15         | Alpha        | Student First Name.   |
| 1262    | 10g    | Student SSN G                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |

### Schedule ICR

| Field # | Line # | Description                    | Field Size | Field Type   | Comments, Acceptable Values   |
|---------|--------|--------------------------------|------------|--------------|---|
| 1263    | 10g    | Grade (K-12 only) G            | 2          | Alphanumeric | Right-justified. Values "K" or 1 through 12. Required field.  |
| 1264    | 10g    | School Name G                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1265    | 10g    | School City (IL cities only) G | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1266    | 10g    | School Type checkbox G         | 1          | Alpha        | P, N, H or blank.   |
| 1269    | 10g    | Total Tuition, Book/Lab Fees G | 13         | Numeric      | Cannot be negative.   |
| 1270    | 10h    | Student Last Name H            | 20         | Alpha        | Student Last Name.  |
| 1271    | 10h    | Student First Name H           | 15         | Alpha        | Student First Name.   |
| 1272    | 10h    | Student SSN H                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1273    | 10h    | Grade (K-12 only) H            | 2          | Alphanumeric | Right-justified. Values "K" or 1 through 12. Required field.  |
| 1274    | 10h    | School Name H                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1275    | 10h    | School City (IL cities only) H | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1276    | 10h    | School Type checkbox H         | 1          | Alpha        | P, N, H or blank.   |
| 1279    | 10h    | Total Tuition, Book/Lab Fees H | 13         | Numeric      | Cannot be negative.   |
| 1280    | 10i    | Student Last Name I            | 20         | Alpha        | Student Last Name.  |
| 1281    | 10i    | Student First Name I           | 15         | Alpha        | Student First Name.   |
| 1282    | 10i    | Student SSN I                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |
| 1283    | 10i    | Grade (K-12 only) I            | 2          | Alphanumeric | Right-justified. Values "K" or 1 through 12. Required field.  |
| 1284    | 10i    | School Name I                  | 35         | Alphanumeric | Allowable special character is: space. Required field.  |
| 1285    | 10i    | School City (IL cities only) I | 20         | Alpha        | Allowable special character is: space. Required field.  |
| 1286    | 10i    | School Type checkbox I         | 1          | Alpha        | P, N, H or blank.   |
| 1289    | 10i    | Total Tuition, Book/Lab Fees I | 13         | Numeric      | Cannot be negative.   |
| 1290    | 10j    | Student Last Name J            | 20         | Alpha        | Student Last Name.  |
| 1291    | 10j    | Student First Name J           | 15         | Alpha        | Student First Name.   |
| 1292    | 10j    | Student SSN J                  | 9          | Numeric      | 9 digits only – no hyphens or special characters. Required field. Must not equal Primary or Secondary SSN. Must be within valid range established by IRS. |

### Schedule ICR

| Field # | Line # | Description                       | Field Size | Field Type   | Comments, Acceptable Values                                  |
|---------|--------|-----------------------------------|------------|--------------|--|
| 1293    | 10j    | Grade (K-12 only) J               | 2          | Alphanumeric | Right-justified. Values "K" or 1 through 12. Required field. |
| 1294    | 10j    | School Name J                     | 35         | Alphanumeric | Allowable special character is: space. Required field.       |
| 1295    | 10j    | School City (IL cities only) J    | 20         | Alpha        | Allowable special character is: space. Required field.       |
| 1296    | 10j    | School Type checkbox J            | 1          | Alpha        | P, N, H or blank.  |
| 1299    | 10j    | Total Tuition, Book/Lab Fees J    | 13         | Numeric      | Cannot be negative.  |
| 1310    | 11     | Total Amount of Education Expense | 13         | Numeric      | Cannot be negative. Sum of Column G, Lines 10a though 10j.   |

### Schedule M

| Field # | Line #        | Description  | Field Size | Field Type          | Comments, Acceptable Values                    |
|---------|---------------|--|------------|---------------------|--|
|         | <b>Static</b> | <b>IL Schedule M Identifier</b>  | <b>10</b>  | <b>Alphanumeric</b> | <b>**2DILM**</b>                               |
| 0010    | 1             | Child's Federally Tax-exempt Interest and Dividend Income  | 13         | Numeric             | Cannot be negative.                            |
| 0020    | 2             | Distributive Share of Additions from Partnership, S Corp, Trust, or Estate   | 13         | Numeric             | Cannot be negative.                            |
| 0040    | 3             | Lloyds Plan of Operations Loss on IL-1065  | 13         | Numeric             | Cannot be negative.                            |
| 0050    | 4             | Earnings Distributed from College Savings and Tuition Programs   | 13         | Numeric             | Cannot be negative.                            |
| 0060    | 5             | Illinois Special Depreciation Addition from Form IL-4562   | 13         | Numeric             | Cannot be negative. Attach IL-4562.            |
| 0070    | 6             | Business Expense Recapture   | 13         | Numeric             | Cannot be negative. Nonresidents only.         |
| 0072    | 7             | Recapture of Deductions for Contributions to Illinois College Savings Plans  | 13         | Numeric             | Cannot be negative.                            |
| 0073    | 8             | Credit taken on 1299-C for Student-Assistance Contributions  | 13         | Numeric             | Cannot be negative.                            |
| 0074    | 9             | Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded. | 13         | Numeric             | Must not be less than 0, cannot be negative.   |
| 0076    | 11            | Other Income line  | 20         | Alphanumeric        | Other Income line.                             |
| 0080    | 11            | Other Income   | 13         | Numeric             | Cannot be negative.                            |
| 0090    | 12            | Total Additions  | 13         | Numeric             | Cannot be negative. Sum of Lines 1 through 11. |
|         |               | <b>"Bright Start" College Savings Pool Table</b>   |            |                     |  |
| 0091    | 13a Table     | "Bright Start" College Savings Pool Column A: Account Number 1   | 20         | Alphanumeric        | Account Number 1.                              |
| 0092    | 13a Table     | "Bright Start" College Savings Pool Column B: Contribution Amount 1  | 13         | Numeric             | Contribution Amount 1.                         |
| 0093    | 13a Table     | "Bright Start" College Savings Pool Column A: Account Number 2   | 20         | Alphanumeric        | Account Number 2.                              |
| 0094    | 13a Table     | "Bright Start" College Savings Pool Column B: Contribution Amount 2  | 13         | Numeric             | Contribution Amount 2.                         |
| 0095    | 13a Table     | "Bright Start" College Savings Pool Column A: Account Number 3   | 20         | Alphanumeric        | Account Number 3.                              |
| 0096    | 13a Table     | "Bright Start" College Savings Pool Column B: Contribution Amount 3  | 13         | Numeric             | Contribution Amount 3.                         |

**Schedule M**

| <b>Field #</b> | <b>Line #</b> | <b>Description</b>  | <b>Field Size</b> | <b>Field Type</b> | <b>Comments, Acceptable Values</b> |
|----------------|---------------|---|-------------------|-------------------|------------------------------------|
| 0097           | 13a Table     | "Bright Start" College Savings Pool<br>Column A: Account Number 4           | 20                | Alphanumeric      | Account Number 4.                  |
| 0098           | 13a Table     | "Bright Start" College Savings Pool<br>Column B: Contribution Amount 4      | 13                | Numeric           | Contribution Amount 4.             |
| 0099           | 13a Table     | "Bright Start" College Savings Pool<br>Column A: Account Number 5           | 20                | Alphanumeric      | Account Number 5.                  |
| 0100           | 13a Table     | "Bright Start" College Savings Pool<br>Column B: Contribution Amount 5      | 13                | Numeric           | Contribution Amount 5.             |
| 0102           | 13a           | "Bright Start" College Savings Pool<br>Contribution Amount Total            | 13                | Numeric           | Line 13a total.                    |
|                |               | <b>"Bright Directions" College Savings Pool<br/>Table</b>                   |                   |                   |                                    |
| 0103           | 13b Table     | "Bright Directions" College Savings Pool<br>Column A: Account Number 1      | 20                | Alphanumeric      | Account Number 1.                  |
| 0104           | 13b Table     | "Bright Directions" College Savings Pool<br>Column B: Contribution Amount 1 | 13                | Numeric           | Contribution Amount 1.             |
| 0105           | 13b Table     | "Bright Directions" College Savings Pool<br>Column A: Account Number 2      | 20                | Alphanumeric      | Account Number 2.                  |
| 0106           | 13b Table     | "Bright Directions" College Savings Pool<br>Column B: Contribution Amount 2 | 13                | Numeric           | Contribution Amount 2.             |
| 0107           | 13b Table     | "Bright Directions" College Savings Pool<br>Column A: Account Number 3      | 20                | Alphanumeric      | Account Number 3.                  |
| 0108           | 13b Table     | "Bright Directions" College Savings Pool<br>Column B: Contribution Amount 3 | 13                | Numeric           | Contribution Amount 3.             |
| 0109           | 13b Table     | "Bright Directions" College Savings Pool<br>Column A: Account Number 4      | 20                | Alphanumeric      | Account Number 4.                  |
| 0110           | 13b Table     | "Bright Directions" College Savings Pool<br>Column B: Contribution Amount 4 | 13                | Numeric           | Contribution Amount 4.             |
| 0111           | 13b Table     | "Bright Directions" College Savings Pool<br>Column A: Account Number 5      | 20                | Alphanumeric      | Account Number 5.                  |
| 0112           | 13b Table     | "Bright Directions" College Savings Pool<br>Column B: Contribution Amount 5 | 13                | Numeric           | Contribution Amount 5.             |
| 0114           | 13b           | "Bright Directions" College Savings Pool<br>Contribution Amount Total       | 13                | Numeric           | Line 13b total.                    |

### Schedule M

| Field # | Line #    | Description  | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|-----------|--|------------|--------------|--|
|         |           | <b>"College Illinois" Prepaid Tuition Program Table</b>  |            |              |  |
| 0115    | 13c Table | "College Illinois" Prepaid Tuition Program Column A: Account Number 1  | 20         | Alphanumeric | Account Number 1.  |
| 0116    | 13c Table | "College Illinois" Prepaid Tuition Program Column B: Contribution Amount 1   | 13         | Numeric      | Contribution Amount 1.   |
| 0117    | 13c Table | "College Illinois" Prepaid Tuition Program Column A: Account Number 2  | 20         | Alphanumeric | Account Number 2.  |
| 0118    | 13c Table | "College Illinois" Prepaid Tuition Program Column B: Contribution Amount 2   | 13         | Numeric      | Contribution Amount 2.   |
| 0119    | 13c Table | "College Illinois" Prepaid Tuition Program Column A: Account Number 3  | 20         | Alphanumeric | Account Number 3.  |
| 0120    | 13c Table | "College Illinois" Prepaid Tuition Program Column B: Contribution Amount 3   | 13         | Numeric      | Contribution Amount 3.   |
| 0121    | 13c Table | "College Illinois" Prepaid Tuition Program Column A: Account Number 4  | 20         | Alphanumeric | Account Number 4.  |
| 0122    | 13c Table | "College Illinois" Prepaid Tuition Program Column B: Contribution Amount 4   | 13         | Numeric      | Contribution Amount 4.   |
| 0123    | 13c Table | "College Illinois" Prepaid Tuition Program Column A: Account Number 5  | 20         | Alphanumeric | Account Number 5.  |
| 0124    | 13c Table | "College Illinois" Prepaid Tuition Program Column B: Contribution Amount 5   | 13         | Numeric      | Contribution Amount 5.   |
| 0126    | 13c       | "College Illinois" Prepaid Tuition Program Contribution Amount Total   | 13         | Numeric      | Line 13c total.  |
| 0127    | 13        | College savings plan contributions. The lesser amount of Lines 13a plus 13b plus 13c or \$10,000 (\$20,000 if married filing a joint return); must not be less than 0. | 13         | Numeric      | College savings plan contributions. The lesser amount of Lines 13a plus 13b plus 13c or \$10,000 (\$20,000 if married filing a joint return); must not be less than 0. |
| 0128    | 14        | Distributive Share of Subtractions from Partnership, S Corp, Trust, or Estate  | 13         | Numeric      | Cannot be negative.  |
| 0129    | 15        | Restoration of Amounts Held Under Claim of Right under Internal Revenue Code   | 13         | Numeric      | Cannot be negative.  |
| 0130    | 16        | Contributions to Job Training Project  | 13         | Numeric      | Cannot be negative.  |

### Schedule M

| Field #                            | Line #   | Description   | Field Size | Field Type   | Comments, Acceptable Values   |
|------------------------------------|----------|---|------------|--------------|---|
| 0140                               | 17       | Expenses Related to Federal Credits or Federally Tax-exempt Income  | 13         | Numeric      | Cannot be negative.   |
| 0150                               | 18       | Interest Earned on Investments – Home Ownership Made Easy Program   | 13         | Numeric      | Cannot be negative.   |
| 0160                               | 19       | Illinois Special Depreciation Subtraction Amount from IL-4562   | 13         | Numeric      | Cannot be negative. Attach IL-4562.   |
| <b>Illinois ABLE account Table</b> |          |   |            |              |   |
| 0171                               | 20 Table | Illinois ABLE account<br>Column A: Account Number 1   | 20         | Alphanumeric | Account Number 1.   |
| 0172                               | 20 Table | Illinois ABLE account<br>Column B: Contribution Amount 1  | 13         | Numeric      | Contribution Amount 1.  |
| 0173                               | 20 Table | Illinois ABLE account<br>Column A: Account Number 2   | 20         | Alphanumeric | Account Number 2.   |
| 0174                               | 20 Table | Illinois ABLE account<br>Column B: Contribution Amount 2  | 13         | Numeric      | Contribution Amount 2.  |
| 0175                               | 20 Table | Illinois ABLE account<br>Column A: Account Number 3   | 20         | Alphanumeric | Account Number 3.   |
| 0176                               | 20 Table | Illinois ABLE account<br>Column B: Contribution Amount 3  | 13         | Numeric      | Contribution Amount 3.  |
| 0177                               | 20 Table | Illinois ABLE account<br>Column A: Account Number 4   | 20         | Alphanumeric | Account Number 4.   |
| 0178                               | 20 Table | Illinois ABLE account<br>Column B: Contribution Amount 4  | 13         | Numeric      | Contribution Amount 4.  |
| 0179                               | 20 Table | Illinois ABLE account<br>Column A: Account Number 5   | 20         | Alphanumeric | Account Number 5.   |
| 0180                               | 20 Table | Illinois ABLE account<br>Column B: Contribution Amount 5  | 13         | Numeric      | Contribution Amount 5.  |
| 0182                               | 20a      | Illinois ABLE account<br>Contribution Amount Total  | 13         | Numeric      | Line 20a total.   |
| 0183                               | 20       | ABLE contributions. The lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return); must not be less than 0. | 13         | Numeric      | ABLE contributions. The lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return); must not be less than 0. |
| 0184                               | 21       | Military Pay Earned   | 13         | Numeric      | Cannot be negative. Attach military W2.   |

### Schedule M

| Field # | Line # | Description  | Field Size | Field Type | Comments, Acceptable Values        |
|---------|--------|--|------------|------------|------------------------------------|
| 0185    | 22     | U.S. Treasury Bonds, Bills, Notes, Savings Bonds, and U.S. Agency Interest                     | 13         | Numeric    | Cannot be negative.                |
| 0190    | 23     | Valuation Limitation Amount  | 13         | Numeric    | Cannot be negative.                |
| 0200    | 24     | River Edge Redevelopment Zone and High Impact Business Dividend Subtraction                    | 13         | Numeric    | Cannot be negative. Attach 1299-C. |
| 0210    | 25     | Recovery of Items Previously Deducted U.S. 1040, Schedule A                                    | 13         | Numeric    | Cannot be negative.                |
| 0220    | 26     | Ridesharing Money and Other Benefits   | 13         | Numeric    | Cannot be negative.                |
| 0230    | 27     | Payment of Life Insurance, Endowment, or Annuity Benefits Received                             | 13         | Numeric    | Cannot be negative.                |
| 0250    | 28     | Lloyds Plan of Operations Income on IL-1065  | 13         | Numeric    | Cannot be negative.                |
| 0260    | 29     | Income from IL Pre-Need Funeral, Burial, and Cemetery Trusts                                   | 13         | Numeric    | Cannot be negative.                |
| 0270    | 30     | Education Loan Repayments for Physicians   | 13         | Numeric    | Cannot be negative.                |
| 0280    | 31     | Reparations or Amounts Received as a Victim of Persecution                                     | 13         | Numeric    | Cannot be negative.                |
| 0281    | 32     | Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. Line 33 is not used. | 13         | Numeric    | Cannot be negative.                |
| 0290    | 34a    | IL Housing Dev Authority Bonds and Notes   | 13         | Numeric    | Cannot be negative.                |
| 0300    | 34b    | Tri-County River Valley Development Authority Bonds  | 13         | Numeric    | Cannot be negative.                |
| 0310    | 34c    | IL Development Finance Authority Bonds, Notes, and Other Obligations                           | 13         | Numeric    | Cannot be negative.                |
| 0320    | 34d    | Quad Cities Regional Economic Development Authority Bonds and Notes                            | 13         | Numeric    | Cannot be negative.                |
| 0330    | 34e    | College Savings Bonds  | 13         | Numeric    | Cannot be negative.                |
| 0340    | 34f    | Illinois Sports Facilities Authority Bonds   | 13         | Numeric    | Cannot be negative.                |
| 0350    | 34g    | Higher Education Student Assistance Bonds  | 13         | Numeric    | Cannot be negative.                |
| 0360    | 34h    | IL Development Finance Authority Bonds under IL Dev. Finance Authority Act                     | 13         | Numeric    | Cannot be negative.                |

### Schedule M

| Field # | Line # | Description   | Field Size | Field Type | Comments, Acceptable Values                      |
|---------|--------|---|------------|------------|--|
| 0370    | 34i    | Rural Bond Bank Act Bonds and Notes   | 13         | Numeric    | Cannot be negative.                              |
| 0380    | 34j    | IL Dev Finance Authority Bonds Issued Under Asbestos Abatement Finance Act          | 13         | Numeric    | Cannot be negative.                              |
| 0390    | 34k    | Quad Cities Interstate Metropolitan Authority Bonds                                 | 13         | Numeric    | Cannot be negative.                              |
| 0400    | 34l    | Southwestern IL Dev Authority Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0401    | 34m    | Illinois Finance Authority Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0420    | 34n    | Illinois Power Agency Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0430    | 34o    | Central IL Economic Dev Authority Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0440    | 34p    | Eastern IL Economic Dev Authority Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0450    | 34q    | Southeastern IL Economic Dev Authority Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0460    | 34r    | Southern IL Economic Dev Authority Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0470    | 34s    | IL Urban Development Authority Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0480    | 34t    | Downstate IL Sports Facilities Authority Bonds                                      | 13         | Numeric    | Cannot be negative.                              |
| 0490    | 34u    | Western IL Economic Dev Authority Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0500    | 34v    | Upper IL River Valley Dev Authority Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0505    | 34w    | Will-Kankakee Regional Development Authority Bonds                                  | 13         | Numeric    | Cannot be negative.                              |
| 0507    | 34x    | Export Development Act of 1983 Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0510    | 35a    | Guam Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0520    | 35b    | Puerto Rico Bonds   | 13         | Numeric    | Cannot be negative.                              |
| 0530    | 35c    | Virgin Islands Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0540    | 35d    | American Samoa Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0550    | 35e    | Northern Mariana Islands Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0560    | 35f    | Mutual Mortgage Insurance Fund Bonds  | 13         | Numeric    | Cannot be negative.                              |
| 0570    | 36     | Child's Interest Earned from U.S. Treasury and U.S. Obligations from U.S. Form 8814 | 13         | Numeric    | Cannot be negative.                              |
| 0580    | 37     | Railroad Sick Pay and Unemployment Income   | 13         | Numeric    | Cannot be negative.                              |
| 0590    | 38     | Unjust Imprisonment Compensation  | 13         | Numeric    | Cannot be negative.                              |
| 0600    | 39     | College Savings Plans Distributions   | 13         | Numeric    | Cannot be negative.                              |
| 0630    | 40     | Total Subtractions  | 13         | Numeric    | Cannot be negative. Total of Line 33 through 39. |

Schedule NR

| Field # | Line #        | Description                              | Field Size | Field Type          | Comments, Acceptable Values   |
|---------|---------------|--|------------|---------------------|---|
|         | <b>Static</b> | <b>Schedule NR Identifier</b>            | <b>10</b>  | <b>Alphanumeric</b> | <b>**2DILNR**</b>   |
| 0010    | 1             | Full Year Illinois Resident Yes Box      | 1          | Alpha               | Blank or "X". If Filing Status is 2 for Married Filing Jointly and Yes Box is checked, Schedule NR must not be completed. |
| 0020    | 1             | Full Year Illinois Resident No Box       | 1          | Alpha               | Blank or "X". Must be "X" if taxpayer is completing Schedule NR.  |
| 0030    | 2A            | Primary Taxpayer IL Resident From Date   | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0040    | 2A            | Primary Taxpayer IL Resident To Date     | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0045    | 2A            | Primary Taxpayer Other State Name        | 2          | Alpha               | Standard Postal Abbreviation.   |
| 0050    | 2A            | Primary Taxpayer Other State From Date   | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0055    | 2A            | Primary Taxpayer Other State To Date     | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0056    | 2B            | Secondary Taxpayer IL Resident From Date | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0057    | 2B            | Secondary Taxpayer IL Resident To Date   | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0058    | 2B            | Secondary Taxpayer Other State Name      | 2          | Alpha               | Standard Postal Abbreviation.   |
| 0059    | 2B            | Secondary Taxpayer Other State From Date | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0060    | 2B            | Secondary Taxpayer Other State To Date   | 8          | Numeric             | YYYYMMDD – Valid date within current tax year.  |
| 0061    | 3             | Iowa Box                                 | 1          | Alpha               | Blank or "X".   |
| 0070    | 3             | Kentucky Box                             | 1          | Alpha               | Blank or "X".   |
| 0080    | 3             | Michigan Box                             | 1          | Alpha               | Blank or "X".   |
| 0090    | 3             | Wisconsin Box                            | 1          | Alpha               | Blank or "X".   |
| 0095    | 3             | Military Spouse Box                      | 1          | Alpha               | Blank or "X".   |
| 0100    | 4             | Other States Abbreviations               | 24         | Alpha               | Standard Postal Abbreviation, up to 12 states. Right-justified. No spaces or special characters. Example: 'ORCAAZ'.       |
| 0180    | 5A            | Wages, Salaries, Tips, etc.              | 13         | Numeric             | Cannot be negative.   |
| 0190    | 5B            | Wages, Salaries, Tips, etc.              | 13         | Numeric             | Cannot be negative or > Line 5A.  |
| 0200    | 6A            | Taxable Interest                         | 13         | Numeric             | Cannot be negative.   |
| 0210    | 6B            | Taxable Interest                         | 13         | Numeric             | Cannot be negative or > Line 6A.  |
| 0220    | 7A            | Ordinary Dividends                       | 13         | Numeric             | Cannot be negative.   |
| 0230    | 7B            | Ordinary Dividends                       | 13         | Numeric             | Cannot be negative or > Line 7A.  |
| 0240    | 8A            | Taxable Refunds, Credits, or Offsets     | 13         | Numeric             | Cannot be negative.   |
| 0250    | 8B            | Taxable Refunds, Credits, or Offsets     | 13         | Numeric             | Cannot be negative or > Line 8A.  |

### Schedule NR

| Field # | Line # | Description   | Field Size | Field Type | Comments, Acceptable Values  |
|---------|--------|---|------------|------------|--|
| 0260    | 9A     | Alimony Received  | 13         | Numeric    | Cannot be negative.  |
| 0270    | 9B     | Alimony Received  | 13         | Numeric    | Cannot be negative or > Line 9A.                                   |
| 0280    | 10A    | Business Income or Loss                                     | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0290    | 10B    | Business Income or Loss                                     | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0300    | 11A    | Capital Gain or Loss  | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0310    | 11B    | Capital Gain or Loss  | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0320    | 12A    | Other Gains or Losses                                       | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0330    | 12B    | Other Gains or Losses                                       | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0340    | 13A    | Taxable IRA Distributions                                   | 13         | Numeric    | Cannot be negative.  |
| 0350    | 13B    | Taxable IRA Distributions                                   | 13         | Numeric    | Cannot be negative or > Line 13A.                                  |
| 0380    | 15A    | Rents, Royalties, Partnerships, etc.                        | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0390    | 15B    | Rents, Royalties, Partnerships, etc.                        | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0400    | 16A    | Farm Income or Loss   | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0410    | 16B    | Farm Income or Loss   | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0420    | 17A    | Unemployment Compensation & Alaska Permanent Fund Dividends | 13         | Numeric    | Cannot be negative.  |
| 0430    | 17B    | Unemployment Compensation & Alaska Permanent Fund Dividends | 13         | Numeric    | Cannot be negative or > Line 17A.                                  |
| 0440    | 18A    | Taxable Social Security Benefits                            | 13         | Numeric    | Cannot be negative.  |
| 0450    | 18B    | Taxable Social Security Benefits                            | 13         | Numeric    | Cannot be negative or > Line 18A.                                  |
| 0460    | 19A    | Other Income  | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |
| 0470    | 19B    | Other Income  | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. |

**Schedule NR**

| Field # | Line # | Description  | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|--|------------|------------|---|
| 0480    | 20B    | Illinois Portion of Federal Total Income             | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. Sum of Lines 5B through 19B. |
| 0488    | 22A    | Educator Expenses                                    | 13         | Numeric    | Cannot be negative.   |
| 0489    | 22B    | Educator Expenses                                    | 13         | Numeric    | Cannot be negative or > Line 22A.   |
| 0490    | 23A    | Certain Business Expenses                            | 13         | Numeric    | Cannot be negative.   |
| 0491    | 23B    | Certain Business Expenses                            | 13         | Numeric    | Cannot be negative or > Line 23A.   |
| 0495    | 24A    | Health Savings Account Deduction                     | 13         | Numeric    | Cannot be negative.   |
| 0496    | 24B    | Health Savings Account Deduction                     | 13         | Numeric    | Cannot be negative or > Line 24A.   |
| 0510    | 25A    | Moving Expenses                                      | 13         | Numeric    | Cannot be negative.   |
| 0520    | 25B    | Moving Expenses                                      | 13         | Numeric    | Cannot be negative or > Line 25A.   |
| 0525    | 26A    | Deductible Part of Self-Employment Tax               | 13         | Numeric    | Cannot be negative.   |
| 0526    | 26B    | Deductible Part of Self-Employment Tax               | 13         | Numeric    | Cannot be negative or > Line 26A.   |
| 0535    | 27A    | Self-Employed SEP, Simple, and Qual. Plans           | 13         | Numeric    | Cannot be negative.   |
| 0536    | 27B    | Self-Employed SEP, Simple, and Qual. Plans           | 13         | Numeric    | Cannot be negative or > Line 27A.   |
| 0550    | 28A    | Self-Employed Health Insurance Deduction             | 13         | Numeric    | Cannot be negative.   |
| 0560    | 28B    | Self-Employed Health Insurance Deduction             | 13         | Numeric    | Cannot be negative or > Line 28A.   |
| 0570    | 29A    | Penalty on Early Withdrawal of Savings               | 13         | Numeric    | Cannot be negative.   |
| 0580    | 29B    | Penalty on Early Withdrawal of Savings               | 13         | Numeric    | Cannot be negative or > Line 29A.   |
| 0590    | 30A    | Alimony Paid   | 13         | Numeric    | Cannot be negative.   |
| 0600    | 30B    | Alimony Paid   | 13         | Numeric    | Cannot be negative or > Line 30A.   |
| 0610    | 31A    | IRA Deduction  | 13         | Numeric    | Cannot be negative.   |
| 0620    | 31B    | IRA Deduction  | 13         | Numeric    | Cannot be negative or > Line 31A.   |
| 0630    | 32A    | Student Loan Interest Deduction                      | 13         | Numeric    | Cannot be negative.   |
| 0640    | 32B    | Student Loan Interest Deduction                      | 13         | Numeric    | Cannot be negative or > Line 32A.   |
| 0667    | 35A    | Other Adjustments                                    | 13         | Numeric    | Cannot be negative.   |
| 0668    | 35B    | Other Adjustments                                    | 13         | Numeric    | Cannot be negative or > Line 35A.   |
| 0670    | 36B    | IL Portion of Federal Adjustments to Income          | 13         | Numeric    | Cannot be negative. Sum of Lines 22B through 35B.   |
| 0680    | 37A    | Adjusted Gross Income as Reported on IL-1040, Line 1 | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999.                              |
| 0690    | 38B    | Illinois Portion of Federal AGI                      | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. Line 21B minus Line 36B.     |
| 0710    | 39A    | Federally Tax-Exempt Interest Income                 | 13         | Numeric    | Cannot be negative.   |
| 0720    | 39B    | Federally Tax-Exempt Interest Income                 | 13         | Numeric    | Cannot be negative or > Line 39A.   |
| 0730    | 40A    | Other Additions                                      | 13         | Numeric    | Cannot be negative. Must equal IL-1040 Line 3.  |

### Schedule NR

| Field # | Line # | Description                               | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|---|------------|------------|---|
| 0740    | 40B    | Other Additions                           | 13         | Numeric    | Cannot be negative or > Line 40A.   |
| 0750    | 41B    | Illinois Portion of Total Income          | 13         | Numeric    | Max positive amount = 999999999, Max negative amount = -999999999. Sum of Lines 38B through Line 40B.   |
| 0760    | 42A    | Federally Taxed SS and Retirement Income  | 13         | Numeric    | Cannot be negative.   |
| 0770    | 42B    | Federally Taxed SS and Retirement Income  | 13         | Numeric    | Cannot be negative or > Line 42A.   |
| 0800    | 43A    | Illinois Income Tax Overpayment           | 13         | Numeric    | Cannot be negative.   |
| 0810    | 43B    | Illinois Income Tax Overpayment           | 13         | Numeric    | Cannot be negative or > Line 43A.   |
| 0840    | 44A    | Other Subtractions                        | 13         | Numeric    | Cannot be negative. Must equal IL-1040 Line 7.  |
| 0850    | 44B    | Other Subtractions                        | 13         | Numeric    | Cannot be negative or > Line 44A.   |
| 0860    | 45B    | Total of Illinois Subtractions            | 13         | Numeric    | Cannot be negative. Sum of Lines 42B through 44B.   |
| 0870    | 46     | Illinois Base Income                      | 13         | Numeric    | Max positive amount = 999999999. Line 41B minus Line 45B. If Line 45B > Line 41B, enter 0.  |
| 0880    | 47     | Illinois Base Income from IL-1040, Line 9 | 13         | Numeric    | Cannot be negative.   |
| 0890    | 48     | Illinois Base Income Ratio                | 5          | Numeric    | Ratio, round to third decimal. Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340. If Line 46 > Line 47, enter 10000. If Line 46 <= \$0, enter 0. |
| 0900    | 49     | Exemption Allowance from IL-1040, Line 10 | 13         | Numeric    | Cannot be negative.   |
| 0910    | 50     | Illinois Exemption Allowance              | 13         | Numeric    | Cannot be negative. Line 49 * Line 48 (decimal).  |
| 0920    | 51     | Illinois Net Income                       | 13         | Numeric    | Cannot be negative. Line 46 minus Line 50. If Line 50 > Line 46, enter 0.   |
| 0930    | 52     | Illinois Income Tax                       | 13         | Numeric    | Cannot be negative. Line 51 * 4.95% (.0495).  |

Schedule 1299-C

| Field # | Line #         | Description  | Field Size | Field Type          | Comments, Acceptable Values   |
|---------|----------------|--|------------|---------------------|---|
|         | <b>Static</b>  | <b>IL Schedule 1299-C Identifier</b>               | <b>14</b>  | <b>Alphanumeric</b> | <b>**2DIL1299-C**</b>   |
| 0020    | Step 1 Line 3  | River Edge Redevelopment Zone Dividend Subtraction | 13         | Numeric             | Cannot be negative.   |
| 0025    | Step 1 Line 6  | High Impact Business Dividend Subtraction          | 13         | Numeric             | Cannot be negative.   |
| 0100    | Step 2 Line 8A | Research and Development Credit                    | 13         | Numeric             | Cannot be negative.   |
| 0101    | Step 2 Line 8B | Research and Development                           | 13         | Numeric             | Cannot be negative.   |
| 0102    | Step 2 Line 9  | Research and Development Total                     | 13         | Numeric             | Subtract Step 2, Col A, Line 8 from Col B, Line 8. If negative, enter zero. |
| 0103    | Step 2 Line 10 | Research and Development Percent                   | 13         | Numeric             | Multiply Step 2, Line 9 by 6.5% (.065).                                     |
| 0180    | Step 2 Line 12 | Instructional Materials and Supplies Credit        | 13         | Numeric             | Cannot be negative.   |
|         |                | <b>Adopted Child Table</b>                         |            |                     |   |
| 0181    | Step 2 Line 13 | Adopted Child First Name                           | 15         | Alpha               | Adopted Child First Name.   |
| 0182    |                | Adopted Child Last Name                            | 20         | Alpha               | Adopted Child Last Name.  |
| 0183    |                | Identifying Number                                 | 9          | Alphanumeric        | Identifying Number.   |
| 0184    |                | Birth Date Month                                   | 2          | Numeric             | Birth Date Month.   |
| 0185    |                | Birth Date Year                                    | 4          | Numeric             | Birth Date Year.  |
| 0186    |                | IL Resident Checkbox                               | 1          | Alphanumeric        | Blank or "X".   |
| 0187    |                | Final In 2018 Checkbox                             | 1          | Alphanumeric        | Blank or "X".   |
| 0188    | Step 2 Line 14 | Adopted Child First Name                           | 15         | Alpha               | Adopted Child First Name.   |
| 0189    |                | Adopted Child Last Name                            | 20         | Alpha               | Adopted Child Last Name.  |
| 0190    |                | Identifying Number                                 | 9          | Alphanumeric        | Identifying Number.   |
| 0191    |                | Birth Date Month                                   | 2          | Numeric             | Birth Date Month.   |
| 0192    |                | Birth Date Year                                    | 4          | Numeric             | Birth Date Year.  |
| 0193    |                | IL Resident Checkbox                               | 1          | Alphanumeric        | Blank or "X".   |
| 0194    |                | Final In 2018 Checkbox                             | 1          | Alphanumeric        | Blank or "X".   |
| 0195    | Step 2 Line 15 | Adopted Child First Name                           | 15         | Alpha               | Adopted Child First Name.   |
| 0196    |                | Adopted Child Last Name                            | 20         | Alpha               | Adopted Child Last Name.  |
| 0197    |                | Identifying Number                                 | 9          | Alphanumeric        | Identifying Number.   |
| 0198    |                | Birth Date Month                                   | 2          | Numeric             | Birth Date Month.   |
| 0199    |                | Birth Date Year                                    | 4          | Numeric             | Birth Date Year.  |
| 0200    |                | IL Resident Checkbox                               | 1          | Alphanumeric        | Blank or "X".   |

**Schedule 1299-C**

| <b>Field #</b> | <b>Line #</b>   | <b>Description</b>                                | <b>Field Size</b> | <b>Field Type</b> | <b>Comments, Acceptable Values</b>                         |
|----------------|-----------------|---|-------------------|-------------------|--|
| 0201           |                 | Final In 2018 Checkbox                            | 1                 | Alphanumeric      | Blank or "X".  |
| 0202           | Step 2 Line 16a | Maximum credit allowed per child – Child 1        | 13                | Numeric           | Cannot be negative.  |
| 0203           |                 | Maximum credit allowed per child – Child 2        | 13                | Numeric           | Cannot be negative.  |
| 0204           |                 | Maximum credit allowed per child – Child 3        | 13                | Numeric           | Cannot be negative.  |
| 0205           | Step 2 Line 16d | Qualified adoption expenses – Child 1             | 13                | Numeric           | Cannot be negative.  |
| 0206           |                 | Qualified adoption expenses – Child 2             | 13                | Numeric           | Cannot be negative.  |
| 0207           |                 | Qualified adoption expenses – Child 3             | 13                | Numeric           | Cannot be negative.  |
| 0208           | Step 2 Line 16  | Adoption  | 13                | Numeric           | Cannot be negative.  |
| 0210           | Step 3, Line 17 | Income tax from Form IL-1040, Line 14             | 13                | Numeric           | Total tax from Form IL-1040, Line 14.                      |
| 0220           | Step 3, Line 18 | Credit amounts from Form IL-1040, Lines 15 and 16 | 13                | Numeric           | Add the credit amounts from Form IL-1040, Lines 15 and 16. |
|                |                 | <b>Income Tax Credit Table</b>                    |                   |                   |  |
| 0230           | Step 3, Line 21 | Years Left To Carry Col A                         | 25                | Numeric           | Years Left To Carry.                                       |
| 0240           |                 | Credit Code Col B                                 | 25                | Numeric           | Credit Code.   |
| 0250           |                 | IL Tax Year Credit Earned Col C                   | 7                 | Numeric           | IL Tax Year Credit Earned.                                 |
| 0260           |                 | Identifying Number Col D                          | 30                | Numeric           | Identifying Number.  |
| 0270           |                 | Credit Earned Or Carried Col E                    | 13                | Numeric           | Cannot be negative.  |
| 0280           |                 | Distributive Share or Transfer Col F              | 13                | Numeric           | Cannot be negative.  |
| 0290           | Step 3, Line 22 | Years Left To Carry Col A                         | 25                | Numeric           | Years Left To Carry.                                       |
| 0300           |                 | Credit Code Col B                                 | 25                | Numeric           | Credit Code.   |
| 0310           |                 | IL Tax Year Credit Earned Col C                   | 7                 | Numeric           | IL Tax Year Credit Earned.                                 |
| 0320           |                 | Identifying Number Col D                          | 30                | Numeric           | Identifying Number.  |
| 0330           |                 | Credit Earned Or Carried Col E                    | 13                | Numeric           | Cannot be negative.  |
| 0340           |                 | Distributive Share or Transfer Col F              | 13                | Numeric           | Cannot be negative.  |
| 0350           | Step 3, Line 23 | Years Left To Carry Col A                         | 25                | Numeric           | Years Left To Carry Col A.                                 |
| 0360           |                 | Credit Code Col B                                 | 25                | Numeric           | Credit Code.   |
| 0370           |                 | IL Tax Year Credit Earned Col C                   | 7                 | Numeric           | IL Tax Year Credit Earned.                                 |
| 0380           |                 | Identifying Number Col D                          | 30                | Numeric           | Identifying Number.  |
| 0400           |                 | Credit Earned Or Carried Col E                    | 13                | Numeric           | Cannot be negative.  |
| 0410           |                 | Distributive Share or Transfer Col F              | 13                | Numeric           | Cannot be negative.  |
| 0420           | Step 3, Line 24 | Years Left To Carry Col A                         | 25                | Numeric           | Years Left To Carry.                                       |
| 0430           |                 | Credit Code Col B                                 | 25                | Numeric           | Credit Code.   |
| 0440           |                 | IL Tax Year Credit Earned Col C                   | 7                 | Numeric           | IL Tax Year Credit Earned.                                 |
| 0450           |                 | Identifying Number Col D                          | 30                | Numeric           | Identifying Number.  |

**Schedule 1299-C**

| <b>Field #</b> | <b>Line #</b>   | <b>Description</b>                   | <b>Field Size</b> | <b>Field Type</b> | <b>Comments, Acceptable Values</b> |
|----------------|-----------------|--------------------------------------|-------------------|-------------------|------------------------------------|
| 0460           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0470           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0480           | Step 3, Line 25 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0490           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0500           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0510           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |
| 0520           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0530           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0540           | Step 3, Line 26 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0550           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0560           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0570           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |
| 0580           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0590           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0600           | Step 3, Line 27 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0610           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0620           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0630           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |
| 0640           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0650           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0660           | Step 3, Line 28 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0670           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0680           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0690           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |
| 0700           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0710           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0720           | Step 3, Line 29 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0730           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0740           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0750           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |
| 0760           |                 | Credit Earned Or Carried Col E       | 13                | Numeric           | Cannot be negative.                |
| 0770           |                 | Distributive Share or Transfer Col F | 13                | Numeric           | Cannot be negative.                |
| 0780           | Step 3, Line 30 | Years Left To Carry Col A            | 25                | Numeric           | Years Left To Carry.               |
| 0790           |                 | Credit Code Col B                    | 25                | Numeric           | Credit Code.                       |
| 0800           |                 | IL Tax Year Credit Earned Col C      | 7                 | Numeric           | IL Tax Year Credit Earned.         |
| 0810           |                 | Identifying Number Col D             | 30                | Numeric           | Identifying Number.                |

### Schedule 1299-C

| Field # | Line #          | Description                          | Field Size | Field Type | Comments, Acceptable Values |
|---------|-----------------|--------------------------------------|------------|------------|-----------------------------|
| 0820    |                 | Credit Earned Or Carried Col E       | 13         | Numeric    | Cannot be negative.         |
| 0830    |                 | Distributive Share or Transfer Col F | 13         | Numeric    | Cannot be negative.         |
| 0850    | Step 3, Line 43 | Amount of credit total               | 13         | Numeric    | Cannot be negative.         |

**Schedule CR**

| Field # | Line # | Description  | Field Size | Field Type   | Comments, Acceptable Values   |
|---------|--------|--|------------|--------------|---|
|         | Static | IL Schedule CR Identifier  | 10         | Alphanumeric | **2DILCR**  |
| 0100    | 1A     | Wages, salaries, tips, etc.  | 13         | Numeric      | Federal 1040 or 1040A, Line 7 or 1040EZ, Line 1 Wages, salaries, tips, etc.; cannot be negative.                                      |
| 0110    | 1B     | Wages, salaries, tips, etc.  | 13         | Numeric      | Non-Illinois portion of Federal 1040 or 1040A, Line 7 or 1040EZ, Line 1 Wages, salaries, tips, etc.; cannot be negative or > line 1A. |
| 0120    | 2A     | Taxable interest   | 13         | Numeric      | Federal 1040 or 1040A, Line 8a or 1040EZ, Line 2 Taxable interest; cannot be negative.  |
| 0130    | 2B     | Taxable interest   | 13         | Numeric      | Non-Illinois portion of Federal 1040 or 1040A, Line 8a or 1040EZ, Line 2 Taxable interest; cannot be negative or > Line 2A.           |
| 0140    | 3A     | Ordinary dividends   | 13         | Numeric      | Federal 1040 or 1040A, Line 9a Ordinary dividends; cannot be negative   |
| 0150    | 3B     | Ordinary dividends   | 13         | Numeric      | Non-Illinois portion of Federal 1040 or 1040A, Line 9a Ordinary dividends; cannot be negative or > Line 3A.                           |
| 0160    | 4A     | Taxable refunds, credits, or offsets of state and local income tax                 | 13         | Numeric      | Federal 1040, Line 10 Taxable refunds, credits, or offsets of state and local income tax; cannot be negative.                         |
| 0170    | 5A     | Alimony received   | 13         | Numeric      | Federal 1040, Line 11 Alimony received; cannot be negative.   |
| 0180    | 6A     | Business income or loss  | 13         | Numeric      | Federal 1040, Line 12 Business income or loss.  |
| 0190    | 6B     | Business income or loss  | 13         | Numeric      | Non-Illinois portion of Federal 1040, Line 12 Business income or loss.  |
| 0200    | 7A     | Capital gain or loss   | 13         | Numeric      | Federal 1040, Line 13 or 1040A, Line 10 Capital gain or loss  |
| 0210    | 7B     | Capital gain or loss   | 13         | Numeric      | Non-Illinois portion of Federal 1040, Line 13 or 1040A, Line 10 Capital gain or loss  |
| 0220    | 8A     | Other gains or loss  | 13         | Numeric      | Federal 1040, Line 14 Other gains or loss.  |
| 0230    | 8B     | Other gains or loss  | 13         | Numeric      | Non-Illinois portion of Federal 1040, Line 14 Other gains or loss.  |
| 0240    | 9A     | Taxable IRA distributions  | 13         | Numeric      | Federal 1040, Line 15b or 1040A, Line 11b Taxable IRA distributions.  |
| 0260    | 11A    | Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc. | 13         | Numeric      | Federal 1040, Line 17 Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc.                              |
| 0270    | 11B    | Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc. | 13         | Numeric      | Non-Illinois portion of Federal 1040, Line 17 Rental real estate, royalties, partnerships, S corporations, estates, trusts, etc.      |
| 0280    | 12A    | Farm income or loss.   | 13         | Numeric      | Federal 1040, Line 18 Farm income or loss.  |

**Schedule CR**

| <b>Field #</b> | <b>Line #</b> | <b>Description</b>  | <b>Field Size</b> | <b>Field Type</b> | <b>Comments, Acceptable Values</b>   |
|----------------|---------------|---|-------------------|-------------------|--|
| 0290           | 12B           | Farm income or loss.  | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 18 Farm income or loss.   |
| 0300           | 13A           | Unemployment compensation and Alaska Permanent Fund dividends                                   | 13                | Numeric           | Federal 1040, Line 19 or Federal 1040A, Line 13 or 1040EZ, Line 3 Unemployment compensation and Alaska Permanent Fund dividends.                         |
| 0310           | 13B           | Unemployment compensation and Alaska Permanent Fund dividends                                   | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 19 or Federal 1040A, Line 13 or 1040EZ, Line 3 Unemployment compensation and Alaska Permanent Fund dividends. |
| 0320           | 14A           | Taxable Social Security benefits  | 13                | Numeric           | Federal 1040, Line 20b or 1040A, Line 14b Taxable Social Security benefits.  |
| 0330           | 15 Line       | Federal 1040, Line 21 Other Income line   | 20                | Alphanumeric      | Federal 1040, Line 21 Other Income line.   |
| 0340           | 15A           | Other Income  | 13                | Numeric           | Federal 1040, Line 21 Other Income.  |
| 0350           | 15B           | Other Income  | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 21.   |
| 0360           | 16A           | Total of Line 1A through Line 15A   | 13                | Numeric           | Total of Line 1A, Wages, salaries, tips, etc. through Line 15A, Other Income.  |
| 0370           | 16B           | Total of Line 1B through Line 15B   | 13                | Numeric           | Total of Line 1B, Non-Illinois Wages, salaries, tips, etc. through Line 15B, Non-Illinois Other income.  |
| 0380           | 18A           | Educator expenses   | 13                | Numeric           | Federal 1040, Line 23 or 1040A, Line 16 Educator expenses.   |
| 0390           | 18B           | Educator expenses   | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 23 or 1040A, Line 16 Educator expenses.   |
| 0400           | 19A           | Certain business expenses of reservists, performing artists, and fee-based government officials | 13                | Numeric           | Federal 1040, Line 24 Certain business expenses of reservists, performing artists, and fee-based government officials.                                   |
| 0410           | 19B           | Certain business expenses of reservists, performing artists, and fee-based government officials | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 24 Certain business expenses of reservists, performing artists, and fee-based government officials.           |
| 0420           | 20A           | Health savings account deduction  | 13                | Numeric           | Federal 1040, Line 25 Health savings account deduction.  |
| 0430           | 20B           | Health savings account deduction  | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 25 Health savings account deduction.  |
| 0440           | 21A           | Moving expenses   | 13                | Numeric           | Federal 1040, Line 26 Moving expenses.   |
| 0450           | 21B           | Moving expenses   | 13                | Numeric           | Non-Illinois portion of Federal 1040, Line 26 Moving expenses.   |
| 0460           | 22A           | Deductible part of self-employment tax  | 13                | Numeric           | Federal 1040, Line 27 Deductible part of self-employment tax.  |

### Schedule CR

| Field # | Line # | Description  | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|--|------------|------------|---|
| 0470    | 22B    | Deductible part of self-employment tax                     | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 27 Deductible part of self-employment tax.                             |
| 0480    | 23A    | Self-employed (SEP), SIMPLE, and qualified plans           | 13         | Numeric    | Federal 1040, Line 28 Self-employed (SEP), SIMPLE, and qualified plans.   |
| 0490    | 23B    | Self-employed (SEP), SIMPLE, and qualified plans           | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 28 Self-employed (SEP), SIMPLE, and qualified plans.                   |
| 0500    | 24A    | Self-employed health insurance deduction                   | 13         | Numeric    | Federal 1040, Line 29 Self-employed health insurance deduction.   |
| 0510    | 24B    | Self-employed health insurance deduction                   | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 29 Self-employed health insurance deduction.                           |
| 0520    | 25A    | Penalty on early withdrawal of savings                     | 13         | Numeric    | Federal 1040, Line 30 Penalty on early withdrawal of savings  |
| 0530    | 25B    | Penalty on early withdrawal of savings                     | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 30 Penalty on early withdrawal of savings                              |
| 0540    | 26A    | Alimony paid   | 13         | Numeric    | Federal 1040, Line 31a Alimony paid   |
| 0550    | 26B    | Alimony paid   | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 31a Alimony paid   |
| 0560    | 27A    | IRA deduction  | 13         | Numeric    | Federal 1040, Line 32 or 1040A, Line 17 IRA deduction   |
| 0570    | 27B    | IRA deduction  | 13         | Numeric    | Non-Illinois portion of Federal 1040, Line 32 or 1040A, Line 17 IRA deduction                                     |
| 0580    | 28A    | Student loan interest deduction                            | 13         | Numeric    | Federal 1040, Line 33 or 1040A, Line 18 Student loan interest deduction   |
| 0590    | 28B    | Student loan interest deduction                            | 13         | Numeric    | Non-Illinois portion Federal 1040, Line 33 or 1040A, Line 18 Student loan interest deduction                      |
| 0640    | 31A    | Other adjustments  | 13         | Numeric    | Other adjustments; cannot be negative.  |
| 0650    | 31B    | Other adjustments  | 13         | Numeric    | Non-Illinois portion of Other adjustments; cannot be negative.  |
| 0660    | 32A    | Total of Line 18A through 31A                              | 13         | Numeric    | Total of Line 18A, Deduction for Educator Expenses through Line 31A, Other adjustments.                           |
| 0670    | 32B    | Total of Line 18B through 31B                              | 13         | Numeric    | Total of Line 18B, Non-Illinois Deduction for Educator Expenses through Line 31B, Non-Illinois Other adjustments. |
| 0680    | 33A    | Line 16A, Federal total income minus Line 32A              | 13         | Numeric    | Line 16A, Federal total income minus Line 32A, Federal adjustments to income.                                     |
| 0690    | 33B    | Line 16B, Non-Illinois Federal total income minus Line 32B | 13         | Numeric    | Line 16B, Non-Illinois Federal total income minus Line 32B, Non-Illinois Federal adjustments to income.           |
| 0700    | 34A    | Federally tax-exempt interest and dividend income amount   | 13         | Numeric    | Federally tax-exempt interest and dividend income amount from Form IL-1040, Line 2.                               |

### Schedule CR

| Field # | Line # | Description  | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|--|------------|------------|---|
| 0710    | 34B    | Federally tax-exempt interest and dividend income amount                                     | 13         | Numeric    | Non-Illinois portion of Federally tax-exempt interest and dividend income amount.   |
| 0720    | 35A    | Other additions amount   | 13         | Numeric    | Other additions amount from Form IL-1040, Line 3.   |
| 0730    | 35B    | Other additions amount   | 13         | Numeric    | Non-Illinois portion of Other additions amount.   |
| 0740    | 36A    | Total of Lines 33A, Federal AGI through Line 35A, Other additions                            | 13         | Numeric    | Total of Lines 33A, Federal AGI through Line 35A, Other additions.  |
| 0750    | 36B    | Total of Lines 33B, Federal AGI through Line 35A, Other additions                            | 13         | Numeric    | Total of Lines 33B, Non-Illinois Federal AGI through Line 35B, Non-Illinois Other additions.  |
| 0760    | 37A    | Federally taxed Social Security and retirement income amount                                 | 13         | Numeric    | Federally taxed Social Security and retirement income amount from Form IL-1040, Line 5.   |
| 0770    | 37B    | Federally taxed Social Security and retirement income amount                                 | 13         | Numeric    | Non-Illinois portion of Federally taxed Social Security and retirement income amount.   |
| 0780    | 38A    | Illinois Income Tax Overpayment  | 13         | Numeric    | Illinois Income Tax Overpayment amount from Form IL-1040, Line 6.   |
| 0790    | 39A    | Other subtractions   | 13         | Numeric    | Other subtractions amount from Form IL 1040, Line 7.  |
| 0800    | 39B    | Other subtractions   | 13         | Numeric    | Non-Illinois portion of Other subtractions amount; cannot be negative or greater than Line 39A, Other subtractions.   |
| 0810    | 40A    | Add Column A, Lines 37 through 39  | 13         | Numeric    | Total of Lines 37A, Federally taxed Social Security and retirement income through Line 39A, Other subtractions.   |
| 0820    | 40B    | Add Column B, Lines 37 through 39  | 13         | Numeric    | Total of Lines 37B, Federally taxed Social Security and retirement income through Line 39B, Non-Illinois, Other subtractions.   |
| 0830    | 41A    | Line 36A, Total income minus Line 40A  | 13         | Numeric    | Line 36A, Total income minus Line 40A, Total subtractions; if calculates to a negative, enter zero.   |
| 0840    | 41B    | Line 36B, Non-Illinois Total income minus Line 40B   | 13         | Numeric    | Line 36B, Non-Illinois Total income minus Line 40B, Non-Illinois Total subtractions; if calculates to a negative, enter zero.   |
| 0850    | 43B    | Line 41B, Non-Illinois Base Income divided by Line 41A, Base Income                          | 5          | Numeric    | Line 41B, Non-Illinois Base Income divided by Line 41A, Base Income; round to three decimal places. Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340. If Line 41B is greater than Line 41A, Line 43 must equal "10000". |
| 0860    | 44     | Base income from Form IL-1040, Line 9; must not be less than 0.                              | 13         | Numeric    | Base income from Form IL-1040, Line 9; must not be less than 0.   |
| 0861    | 45     | Line 41A, Base Income divided by Line 44, IL1040 Base Income; round to three decimal places. | 5          | Numeric    | Line 41A, Base Income divided by Line 44, IL1040 Base Income; round to three decimal places Ex: 0.93366 rounds to 0.934 and is formatted in barcode as 09340.   |

### Schedule CR

| Field # | Line # | Description   | Field Size | Field Type | Comments, Acceptable Values   |
|---------|--------|---|------------|------------|---|
| 0862    | 46     | Exemption allowance from Form IL-1040, Line 10; must not be less than 0.  | 13         | Numeric    | Exemption allowance from Form IL-1040, Line 10; must not be less than 0.  |
| 0863    | 47     | Illinois exemption allowance is Line 46, Exemption Allowance times Line 45, Base Income Ratio; must not be less than 0. | 13         | Numeric    | Illinois exemption allowance is Line 46, Exemption Allowance times Line 45, Base Income Ratio; must not be less than 0. |
| 0864    | 48     | Line 41A, Base Income minus Line 47, CR Exemption Allowance; must not be less than 0.                                   | 13         | Numeric    | Line 41A, Base Income minus Line 47, CR Exemption Allowance; must not be less than 0.                                   |
| 0865    | 49     | CR Tax is Line 48, CR State Net Income times 4.95% (0.495).   | 13         | Numeric    | CR Tax is Line 48, CR State Net Income times 4.95% (0.495).   |
| 0870    | 50     | Resident of Iowa  | 1          | Numeric    | Blank or "X".   |
| 0880    | 50     | Resident of Kentucky  | 1          | Numeric    | Blank or "X".   |
| 0890    | 50     | Resident of Michigan  | 1          | Numeric    | Blank or "X".   |
| 0900    | 50     | Resident of Wisconsin   | 1          | Numeric    | Blank or "X".   |
| 0910    | 51     | Total income tax paid to other states on Illinois base income   | 13         | Numeric    | Total income tax paid to other states on Illinois base income.  |
| 0920    | 52     | Illinois tax due  | 13         | Numeric    | Illinois Residents Form IL-1040, Line 13. Part-year Residents: Step 5, Line 49. Cannot be negative.                     |
| 0930    | 54     | Schedule CR, Line 52 times the ratio from Line 43   | 13         | Numeric    | Schedule CR, Line 52 times the ratio from Line 43.  |
| 0940    | 55     | The lesser amount of Line 51, Total Tax Paid To Other States or Line 54, IL Tax Eligible For Credit                     | 13         | Numeric    | The lesser amount of Line 51, Total Tax Paid To Other States or Line 54, IL Tax Eligible For Credit.                    |

### Schedule IL-E/EIC

| Field # | Line #        | Description                                | Field Size | Field Type          | Comments, Acceptable Values  |
|---------|---------------|--|------------|---------------------|--|
|         | <b>Static</b> | <b>IL Schedule EEIC Identifier</b>         | <b>12</b>  | <b>Alphanumeric</b> | <b>**2DILEEIC**</b>  |
|         |               | <b>Step 2 Dependent Information Table</b>  |            |                     |  |
| 0001    | Dependent 1   | Dependent's first name                     | 35         | Alpha               | Dependent's First name.  |
| 0002    |               | Dependent's last name                      | 35         | Alpha               | Dependent's Last name.   |
| 0003    |               | Social Security number                     | 9          | Numeric             | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0004    |               | Dependent's relationship to you            | 20         | Alphanumeric        | Dependent's relationship to you.   |
| 0005    |               | Dependent's date of birth                  | 8          | Numeric             | YYYYMMDD - Dependent's date of birth.  |
| 0006    |               | Full time student checkbox                 | 1          | Alpha               | Blank or "X".  |
| 0007    |               | Person with disability checkbox            | 1          | Alpha               | Blank or "X".  |
| 0008    |               | Number of months living with you           | 2          | Numeric             | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0009    |               | Eligible for Earned Income Credit checkbox | 1          | Alpha               | Blank or "X".  |
| 0010    | Dependent 2   | Dependent's first name                     | 35         | Alpha               | Dependent's First name.  |
| 0011    |               | Dependent's last name                      | 35         | Alpha               | Dependent's Last name.   |
| 0012    |               | Social Security number                     | 9          | Numeric             | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0013    |               | Dependent's relationship to you            | 20         | Alphanumeric        | Dependent's relationship to you.   |
| 0014    |               | Dependent's date of birth                  | 8          | Numeric             | YYYYMMDD - Dependent's date of birth.  |
| 0015    |               | Full time student checkbox                 | 1          | Alpha               | Blank or "X".  |
| 0016    |               | Person with disability checkbox            | 1          | Alpha               | Blank or "X".  |
| 0017    |               | Number of months living with you           | 2          | Numeric             | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0018    |               | Eligible for Earned Income Credit checkbox | 1          | Alpha               | Blank or "X".  |
| 0019    | Dependent 3   | Dependent's first name                     | 35         | Alpha               | Dependent's First name.  |
| 0020    |               | Dependent's last name                      | 35         | Alpha               | Dependent's Last name.   |
| 0021    |               | Social Security number                     | 9          | Numeric             | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0022    |               | Dependent's relationship to you            | 20         | Alphanumeric        | Dependent's relationship to you.   |
| 0023    |               | Dependent's date of birth                  | 8          | Numeric             | YYYYMMDD - Dependent's date of birth.  |

### Schedule IL-E/EIC

| Field # | Line #      | Description                                | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|-------------|--|------------|--------------|--|
| 0024    |             | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0025    |             | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0026    |             | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0027    |             | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0028    | Dependent 4 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0029    |             | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0030    |             | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0031    |             | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0032    |             | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0033    |             | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0034    |             | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0035    |             | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0036    |             | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0037    | Dependent 5 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0038    |             | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0039    |             | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0040    |             | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0041    |             | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0042    |             | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0043    |             | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0044    |             | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0045    |             | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |

### Schedule IL-E/EIC

| Field # | Line #      | Description                                | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|-------------|--|------------|--------------|--|
| 0046    | Dependent 6 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0047    |             | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0048    |             | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0049    |             | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0050    |             | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0051    |             | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0052    |             | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0053    |             | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0054    |             | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0055    | Dependent 7 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0056    |             | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0057    |             | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0058    |             | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0059    |             | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0060    |             | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0061    |             | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0062    |             | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0063    |             | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0064    | Dependent 8 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0065    |             | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0066    |             | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0067    |             | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0068    |             | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |

### Schedule IL-E/EIC

| Field # | Line #       | Description                                | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|--------------|--|------------|--------------|--|
| 0069    |              | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0070    |              | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0071    |              | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0072    |              | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0073    | Dependent 9  | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0074    |              | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0075    |              | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0076    |              | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0077    |              | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0078    |              | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0079    |              | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0080    |              | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0081    |              | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |
| 0082    | Dependent 10 | Dependent's first name                     | 35         | Alpha        | Dependent's First name.  |
| 0083    |              | Dependent's last name                      | 35         | Alpha        | Dependent's Last name.   |
| 0084    |              | Social Security number                     | 9          | Numeric      | Dependent's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0085    |              | Dependent's relationship to you            | 20         | Alphanumeric | Dependent's relationship to you.   |
| 0086    |              | Dependent's date of birth                  | 8          | Numeric      | YYYYMMDD - Dependent's date of birth.  |
| 0087    |              | Full time student checkbox                 | 1          | Alpha        | Blank or "X".  |
| 0088    |              | Person with disability checkbox            | 1          | Alpha        | Blank or "X".  |
| 0089    |              | Number of months living with you           | 2          | Numeric      | Number of months the dependent lived with you in Illinois during 2018, cannot be > 12.               |
| 0090    |              | Eligible for Earned Income Credit checkbox | 1          | Alpha        | Blank or "X".  |

### Schedule IL-E/EIC

| Field #                              | Line #           | Description  | Field Size | Field Type   | Comments, Acceptable Values  |
|--------------------------------------|------------------|--|------------|--------------|--|
| 0100                                 | Step 2 Line<br>1 | Multiply the total number of dependents being claimed here and on Table A by \$2,225. _____ X \$ 2,225<br>Enter the result here and on Form IL-1040, Line 10d. | 13         | Numeric      | Multiply the total number of dependents being claimed here and on Table A by \$2,225. _____ X \$ 2,225<br>Enter the result here and on Form IL-1040, Line 10d. |
| <b>Step 3 Qualifying Child Table</b> |                  |  |            |              |  |
| 0101                                 | Child 1          | Child's First name   | 35         | Alpha        | Child's First name.  |
| 0102                                 |                  | Child's Last name  | 35         | Alpha        | Child's Last name.   |
| 0103                                 |                  | Child's Social Security number   | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS.   |
| 0104                                 |                  | Child's relationship to you  | 20         | Alphanumeric | Child's relationship to you.   |
| 0105                                 |                  | Child's date of birth  | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0106                                 |                  | Full Time Student  | 1          | Alpha        | Blank or "X".  |
| 0107                                 |                  | Person With Disabilities   | 1          | Alpha        | Blank or "X".  |
| 0108                                 |                  | Number of months the child lived with you in Illinois during 2018  | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.   |
| 0109                                 | Child 2          | Child's First name   | 35         | Alpha        | Child's First name.  |
| 0110                                 |                  | Child's Last name  | 35         | Alpha        | Child's Last name.   |
| 0111                                 |                  | Child's Social Security number   | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS.   |
| 0112                                 |                  | Child's relationship to you  | 20         | Alphanumeric | Child's relationship to you.   |
| 0113                                 |                  | Child's date of birth  | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0114                                 |                  | Full Time Student  | 1          | Alpha        | Blank or "X".  |
| 0115                                 |                  | Person With Disabilities   | 1          | Alpha        | Blank or "X".  |
| 0116                                 |                  | Number of months the child lived with you in Illinois during 2018  | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.   |
| 0117                                 | Child 3          | Child's First name   | 35         | Alpha        | Child's First name.  |
| 0118                                 |                  | Child's Last name  | 35         | Alpha        | Child's Last name.   |
| 0119                                 |                  | Child's Social Security number   | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS.   |
| 0120                                 |                  | Child's relationship to you  | 20         | Alphanumeric | Child's relationship to you.   |
| 0121                                 |                  | Child's date of birth  | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0122                                 |                  | Full Time Student  | 1          | Alpha        | Blank or "X".  |

### Schedule IL-E/EIC

| Field # | Line #  | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|---------|---|------------|--------------|--|
| 0123    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0124    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0125    | Child 4 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0126    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0127    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0128    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0129    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0130    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0131    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0132    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0133    | Child 5 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0134    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0135    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0136    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0137    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0138    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0139    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0140    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0141    | Child 6 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0142    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0143    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0144    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0145    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0146    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0147    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0148    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0149    | Child 7 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0150    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |

### Schedule IL-E/EIC

| Field # | Line #  | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|---------|---|------------|--------------|--|
| 0151    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0152    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0153    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0154    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0155    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0156    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0157    | Child 8 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0158    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0159    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0160    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0161    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0162    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0163    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0164    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0165    | Child 9 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0166    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0167    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0168    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0169    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0170    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |
| 0171    |         | Person With Disabilities  | 1          | Alpha        | Blank or "X".  |
| 0172    |         | Number of months the child lived with you in Illinois during 2018 | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.               |
| 0173    | Child10 | Child's First name  | 35         | Alpha        | Child's First name.  |
| 0174    |         | Child's Last name   | 35         | Alpha        | Child's Last name.   |
| 0175    |         | Child's Social Security number                                    | 9          | Numeric      | Child's Social Security number. Must be 9 digits only and within valid range established by IRS. |
| 0176    |         | Child's relationship to you                                       | 20         | Alphanumeric | Child's relationship to you.   |
| 0177    |         | Child's date of birth   | 8          | Numeric      | YYYYMMDD - Child's date of birth.  |
| 0178    |         | Full Time Student   | 1          | Alpha        | Blank or "X".  |

### Schedule IL-E/EIC

| Field # | Line #                 | Description  | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|------------------------|--|------------|--------------|--|
| 0179    |                        | Person With Disabilities   | 1          | Alpha        | Blank or "X".  |
| 0180    |                        | Number of months the child lived with you in Illinois during 2018  | 2          | Numeric      | Number of months the child lived with you in Illinois during 2018, cannot be > 12.                 |
| 0190    | Step 3<br>Line 1       | Enter your wages, salaries and tips from your federal Form 1040, Line 1.   | 13         | Numeric      | Enter your wages, salaries and tips from your federal Form 1040, Line 1.                           |
| 0200    | Step 3<br>Line 2       | Enter your business income or (loss) from your federal Form 1040, Sch. 1, Line 12.                                 | 13         | Numeric      | Enter your business income or (loss) from your federal Form 1040, Sch. 1, Line 12.                 |
| 0210    | Step 3<br>Line 2a      | Does your occupation require a city, state, or county issued professional license, registration, or certification? | 1          | Alpha        | "Y" if you checked "Yes" or "N" if you checked "No".   |
|         |                        | <b>Step 3 Line 2b Issuing Agency Name Table</b>  |            |              |  |
| 0211    | Issuing<br>Agency<br>1 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0212    |                        | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number.                 | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0213    | Issuing<br>Agency<br>2 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0214    |                        | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number.                 | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0215    | Issuing<br>Agency<br>3 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0216    |                        | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number.                 | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0217    | Issuing<br>Agency<br>4 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |

### Schedule IL-E/EIC

| Field # | Line #              | Description  | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|---------------------|--|------------|--------------|--|
| 0218    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0219    | Issuing Agency<br>5 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0220    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0221    | Issuing Agency<br>6 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0222    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0223    | Issuing Agency<br>7 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0224    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0225    | Issuing Agency<br>8 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0226    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |
| 0227    | Issuing Agency<br>9 | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency                    | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.                   |
| 0228    |                     | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number. |

### Schedule IL-E/EIC

| Field # | Line #                  | Description   | Field Size | Field Type   | Comments, Acceptable Values   |
|---------|-------------------------|---|------------|--------------|---|
| 0229    | Issuing Agency 10       | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency   | 60         | Alpha        | If you answered "Yes" to Line 2a, you must enter the name of the issuing agency.  |
| 0230    |                         | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number.  | 25         | Alphanumeric | If you answered "Yes" to Line 2a, you must enter the license, registration, or certificate number.  |
| 0250    | Step 3<br>Line 3        | If you are filing your 2018 federal return as married filing jointly but are filing your 2018 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040, Line 7 | 13         | Numeric      | Must be blank if return is not married filing separately.<br>Must be present if return is married filing separately.                                      |
| 0260    | Step 3<br>Line 3a       | Spouse Social Security number   | 9          | Numeric      | If you entered an amount on line 3, you must enter your spouse's social security number. Must be 9 digits only and within valid range established by IRS. |
| 0270    | Step 3<br>Checkbox<br>4 | Is the statutory employee box marked on your W-2, Wage and Tax Statement Box 13?  | 1          | Alpha        | "Y" if you checked "Yes" or "N" if you checked "No".  |
| 1080    | Step 4<br>Line 5        | Enter the amount of federal Earned Income Credit from your federal Form 1040, Line 17a.   | 13         | Numeric      | Enter the amount of federal Earned Income Credit from your federal Form 1040, Line 17a.   |
| 1090    | Step 4<br>Line 6        | Multiply the amount on Line 5 by 18% (.18).   | 13         | Numeric      | Multiply the amount on Line 5 by 18% (.18).   |
| 1100    | Step 4<br>Line 7        | Illinois residents: Enter 1.0 Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.  | 5          | Numeric      | Illinois residents: Enter 10000 Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.  |
| 1110    | Step 4<br>Line 8        | Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit. Enter this amount here and on your Form IL-1040, Line 28  | 13         | Numeric      | Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit. Enter this amount here and on your Form IL-1040, Line 28.           |

[IL-4562](#)

| Field # | Line #        | Description   | Field Size | Field Type          | Comments, Acceptable Values                                |
|---------|---------------|---|------------|---------------------|--|
|         | <b>Static</b> | <b>IL-4562 Identifier</b>   | <b>12</b>  | <b>Alphanumeric</b> | <b>**2DIL4562**</b>  |
| 0010    | 1             | Special Depreciation Allowance  | 13         | Numeric             | Cannot be negative.  |
| 0020    | 2             | Employee Business Expenses Special Depreciation Allowance   | 13         | Numeric             | Cannot be negative.  |
| 0030    | 3             | IL Depreciation Claimed on Prior Year Forms   | 13         | Numeric             | Cannot be negative. From prior year IL-4562 Step 3 Line 8. |
| 0040    | 4             | IL Special Depreciation Addition Total  | 13         | Numeric             | Cannot be negative. Sum of Line 1 + Line 2 + Line 3.       |
| 0050    | 5a            | Depreciation Allowance Claimed on Federal Form 4562   | 13         | Numeric             | Cannot be negative.  |
| 0060    | 5b            | Individuals only-Depreciation Deductions from Federal Form 2106   | 13         | Numeric             | Cannot be negative.  |
| 0070    | 5c            | Add Lines 5a and 5b   | 13         | Numeric             | Cannot be negative.  |
| 0080    | 6             | Multiply Line 5c by 42.9% (0.429)   | 13         | Numeric             | Cannot be negative.  |
| 0085    | 7a            | Depreciation Allowance Claimed on Federal Form 4562   | 13         | Numeric             | Cannot be negative.  |
| 0086    | 7b            | Individuals Only-Depreciation Deductions from Federal Form 2106   | 13         | Numeric             | Cannot be negative.  |
| 0087    | 7c            | Add Lines 7a and 7b   | 13         | Numeric             | Cannot be negative.  |
| 0088    | 7d            | Tax year on/before 12-31-05: Multiply Line 7c by 42.9% (0.429)<br>Tax year ending after 12-31-05: Enter amount from Line 7c | 13         | Numeric             | Cannot be negative.  |
| 0089    | 8             | Add Lines 6 and 7d  | 13         | Numeric             | Cannot be negative.  |
| 0090    | 9             | Last year of regular depreciation only: Illinois special depreciations addition reported on any prior year form IL-4562     | 13         | Numeric             | Cannot be negative.  |
| 0100    | 10            | IL Depreciation Subtraction Total for this Year   | 13         | Numeric             | Cannot be negative. Sum of Line 8 + Line 9.                |

Schedule IL-WIT

| Field # | Line #       | Description   | Field Size | Field Type          | Comments, Acceptable Values   |
|---------|--------------|---|------------|---------------------|---|
|         | Static       | <b>Schedule IL_WIT Identifier</b>   | <b>11</b>  | <b>Alphanumeric</b> | <b>**2DILWIT**</b>  |
| 0020    | Step 1       | Primary Taxpayer's First Name   | 15         | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-).   |
| 0030    | Step 1       | Primary Taxpayer's Last Name  | 20         | Alphanumeric        | Allowable characters are A-Z, space and hyphen (-).   |
| 0035    | Step 1       | Primary Taxpayer's SSN  | 9          | Numeric             | Numeric 9 digits only - no hyphens or special characters. Must be within valid range established by IRS.  |
|         |              | <b>Step 1 Primary Table</b>   |            |                     | ****USE THIS REFERENCE FOR COLUMN A VALUES ****<br>Form Type W2 = W<br>Form Type W2G = WG<br>Form Type 1099R = R<br>Form Type 1099G = G<br>Form Type 1099MISC = M<br>Form Type 1099OID = O<br>Form Type 1099DIV = D<br>Form Type 1099INT = I<br>Form Type 1099K = K |
| 0040    | Primary<br>1 | Primary Form Type   | 2          | Alphanumeric        | <a href="#">Column A values.</a>  |
| 0042    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric             | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.  |
| 0044    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric             | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.  |
| 0046    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric             | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.   |
| 0048    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric             | Illinois Income Tax Withheld. Cannot be negative.   |
| 0050    | Primary<br>2 | Primary Form Type   | 2          | Alphanumeric        | <a href="#">Column A values.</a>  |
| 0052    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric             | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.  |
| 0054    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric             | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.  |
| 0056    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric             | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.   |
| 0058    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric             | Illinois Income Tax Withheld. Cannot be negative.   |
| 0060    | Primary<br>3 | Primary Form Type   | 2          | Alphanumeric        | <a href="#">Column A values.</a>  |
| 0062    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric             | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank.  |

### Schedule IL-WIT

| Field # | Line #       | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|--------------|---|------------|--------------|--|
| 0064    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0066    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0069    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0070    | Primary<br>4 | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0072    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0074    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0076    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0078    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0080    | Primary<br>5 | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0082    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0084    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0086    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0088    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0090    | Primary<br>6 | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0092    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0094    |              | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0096    |              | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0098    |              | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0100    | Primary<br>7 | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0102    |              | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |

### Schedule IL-WIT

| Field # | Line #    | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|-----------|---|------------|--------------|--|
| 0104    |           | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0106    |           | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0108    |           | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0110    | Primary8  | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0112    |           | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0114    |           | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0116    |           | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0118    |           | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0120    | Primary9  | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0122    |           | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0124    |           | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0126    |           | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0128    |           | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0130    | Primary10 | Primary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0132    |           | Primary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0134    |           | Primary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0136    |           | Primary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0138    |           | Primary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0140    | Step 2    | Secondary Taxpayer’s First Name   | 15         | Alphanumeric | Allowable characters are A-Z, space and hyphen (-).  |
| 0141    | Step 2    | Secondary Taxpayer’s Last Name  | 20         | Alphanumeric | Allowable characters are A-Z, space and hyphen (-).  |

### Schedule IL-WIT

| Field #                       | Line #         | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|-------------------------------|----------------|---|------------|--------------|--|
| 0142                          |                | Secondary Taxpayer's SSN  | 9          | Numeric      | Numeric 9 digits only - no hyphens or special characters. Must be within valid range established by IRS.             |
| <b>Step 2 Table Secondary</b> |                |   |            |              |  |
| 0150                          | Secondary<br>1 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0152                          |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0154                          |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0156                          |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0158                          |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0160                          | Secondary<br>2 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0162                          |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0164                          |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0166                          |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0168                          |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0170                          | Secondary<br>3 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0172                          |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0174                          |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0176                          |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0178                          |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0180                          | Secondary<br>4 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0182                          |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0184                          |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |

**Schedule IL-WIT**

| Field # | Line #         | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|----------------|---|------------|--------------|--|
| 0186    |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0188    |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0190    | Secondary<br>5 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0192    |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0194    |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0196    |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0198    |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0200    | Secondary<br>6 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0202    |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0204    |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0206    |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0208    |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0210    | Secondary<br>7 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0212    |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0214    |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0216    |                | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0218    |                | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0220    | Secondary<br>8 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0222    |                | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0224    |                | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |

**Schedule IL-WIT**

| Field # | Line #          | Description   | Field Size | Field Type   | Comments, Acceptable Values  |
|---------|-----------------|---|------------|--------------|--|
| 0226    |                 | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0228    |                 | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0230    | Secondary<br>9  | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0232    |                 | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0234    |                 | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0236    |                 | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0238    |                 | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0240    | Secondary<br>10 | Secondary Form Type   | 2          | Alphanumeric | <a href="#">Column A values.</a>   |
| 0242    |                 | Secondary Employer/Payer Identification Number                              | 9          | Numeric      | 9 digits only –no hyphens or special characters. Required field. If form is present, cannot be zero filled or blank. |
| 0244    |                 | Secondary Federal Wages, Winnings, Gross Distributions, Compensation, etc.  | 13         | Numeric      | Federal Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                 |
| 0246    |                 | Secondary Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | 13         | Numeric      | Illinois Wages, Winnings, Gross Distributions, Compensation, etc. Cannot be negative.                                |
| 0248    |                 | Secondary Illinois Income Tax Withheld                                      | 13         | Numeric      | Illinois Income Tax Withheld. Cannot be negative.  |
| 0300    | Step 3          | Total Illinois withholding  | 13         | Numeric      | Total Illinois withholding   |

Trailer

| Field # | Line # | Description           | Field Size | Field Type | Comments, Acceptable Values |
|---------|--------|-----------------------|------------|------------|-----------------------------|
|         | Static | End-of-Barcode Marker | 5          | Alpha      | Value = "EOD".              |

## Refund Delay Conditions

The following conditions may delay refunds and/or change refund amounts.

- Taxpayer owes individual back taxes (refund offset).
- Taxpayer owes delinquent child support (refund offset).
- Taxpayer has certain delinquent federal debt, such as student loans, etc. (refund offset).
- The estimated (ES) tax payments reported on the return do not match the ES tax payments recorded on the IDOR master file.
- Taxpayer is claiming an unallowable or improperly supported deduction.
- Return is received with a valid SSN that belongs to another taxpayer.

## Barcode Placement and Example

We try to closely follow 2-D barcode standards finalized by NACTP.

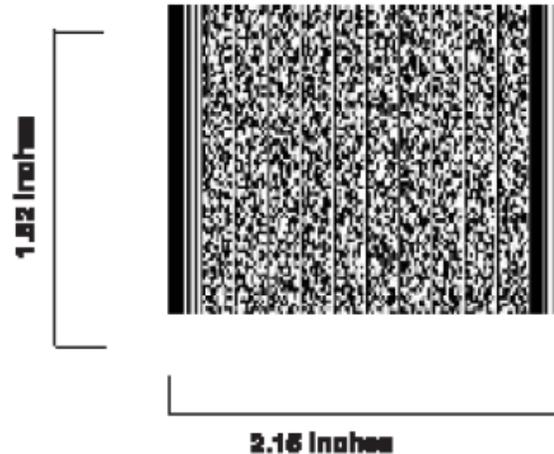
### **Barcode Requirements:**

- The X (horizontal) dimension of the barcode element should range from a minimum of 10 mils to a maximum of 25 mils.
- The minimum Y/X ratio of the barcode element should be 2.
- The minimum error correction level should be 4.
- The minimum DPI for the barcode is 400.

### **Barcode Placement:**

The completed 2-D barcode must be placed on the upper right side portion of the form. The area reserved for the barcode is 2 inches tall and 4.5 inches wide and begins 1.5 inches from the top of the form and 4 inches from the left hand side of the form.

This example is approximately 1.62" x 2.15" and contains about 1,500 characters.



## 1-D Barcode Content and Parameters

### **Barcode Content:**

- Year – (Position 1)
- Form ID – (Always 600) \*(Positions 2-4)
  - For Revision – (Alphanumeric number ranging from 0 to 9 and A through Z assigned sequentially by the vendor starting with 0 for the original release) – (Position 5)
- Page Number – (Position 6)
- Software/Forms Developer Identification Number – (Positions 7-9)

### **Barcode Parameters:**

- Code 39 symbology
- Nine characters (not including the start and stop asterisk)
- 2.5:1 wide narrow ratio
- Height ¼ inch (0.250 inches) (24 points)
- Length 1.447 inches
- An alphanumeric version of the 1-D barcode may appear below the barcode readability
- “X” dimension (the narrowest bar and/or space) must be at least 1.5 pts. (approximately 20 mils or 3/144”)

### **Barcode Placement:**

The barcode must start 6.375 inches from the left edge and must fall between .25 and .375 inches from the bottom edge of the form.

## Reproduction Requirements / Testing

### **Form Requirements:**

2-D barcode returns must be

- in the same format as the department produced Form IL-1040,
- the same size – portrait orientation – 8.5” wide by 11” high, and
- printed on white, 20 lb. stock paper

### **Printing Requirements:**

2-D barcode returns must

- have a blank area beginning 1.5” from the top of the form and ending 3.5 “ from the top of the form,
- have the taxpayer information (i.e., name(s), address, and Social Security Number) printed in the blank area beginning 1.5” from the left edge and 2.25” from the top of the form,
- have a space above the SSN for a deceased indicator. If applicable, “Deceased” and the date of death (e.g., **Deceased mmddyyyy**) must be printed above the deceased taxpayer’s SSN,
- have barcode printed in the blank area .75” from the right edge and 1.5” from the top of the form, and
- have IL-1040-V payment voucher generated if a balance is due. IL-1040-V and checks must be submitted to the department with the IL-1040 2-D barcode return.

### **Watermark Requirements:**

- All 2-D barcode returns must have a watermark added to the taxpayer’s printed copy.
  - For all 2-D forms and schedules, except page 2 of the IL-1040, the watermark should read: **“NO HANDWRITTEN ENTRIES ON THIS FORM.”**
  - For page 2 of the IL-1040, the watermark should read: **“NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM.”**
  - The watermark will be located along the right hand margin of each page of the IL-1040 and all supporting forms and schedules.
  - The watermark should be at least 1/8” from the data entry boxes on all forms and schedules.

### **Testing and Approval:**

- Illinois will provide sample test cases for developers.
- Test cases must be prepared in accordance with the specifications and instructions found in this document.
- Illinois prefers that the test cases be sent as a PDF file for expediency.
- Testing requires approximately one week from the department's receipt of the documents. Submitters will be notified as to the acceptability of the test documents.
- Upon approval from the department, a three-digit identification number (if not previously issued) will be assigned to the form's producer. This identification number must be placed on the bottom, left corner of the 2-D barcode form (near the form's revision date) in the following format: ID:999. This identification number must be included in the heading on the IL-1040-V payment voucher. (Testing and approval of the IL-1040-V is also necessary. Please see our website for specifications.)
- You must have your test package approved by Illinois Department of Revenue **before** you can begin preparing 2-D returns.