



Illinois Department of Revenue

2-D Barcode Test Package

IL-1351

Tax Year 2018

Tax Year 2018 2-D Filing Testing Information

This test package is designed to ensure your ability to format and transmit tax year 2018 Illinois Individual Income Tax returns. This test package contains fictional test cases that include various combinations of forms and line entries.

Different software products allow different actions depending on how they link figures between the federal and Illinois return. As such, minimal line entries for each return are provided with every test case. This is to avoid requiring the entry of unnecessary forms and/or schedules when only certain items are needed for the Illinois return to be prepared. You may complete any additional forms and/or schedules necessary for completing the test case. Please attach the additional forms and/or schedules to your test case when submitting your test package.

As a reminder:

- Test cases must be prepared in accordance with the 2-D Barcoding Specifications and Record Layouts Instructions for Tax Year 2018. Please see our website for a copy of 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-hand 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.
- You must have your test package approved by the Department before you can begin preparing 2-D returns.

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

Office of Publications Management MC 3-375
Illinois Department of Revenue
101 W. Jefferson St.
Springfield, IL 62702

Contact: REV.VendorForms.gov
Phone: (217) 524-7794
Fax: (217) 524-0513

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Test Case 1

**Contents: Form IL-1040
Schedule IL-WIT**

Taxpayer identification information:

Primary name and SSN:	Lawrence TTTTTB 400-01-3501
Secondary name and SSN:	None
Foreign Address:	1466 Main Street Victoria, BC K1D0P1 Canada
Filing Status:	Single or head of household

IL-1040 information:

Line C "You" Box (Claimed as Dependent):	X
Line 1 (AGI):	\$820
Line 10a (You/Spouse Exemption Amount):	\$2,225
Line 14 (Total Income Tax):	\$0
Line 25 (IL Tax Withheld):	\$30
Line 36 (Refund):	\$30
Line 37a (Illinois Individual Income Tax Refund Direct Deposit):	X
Routing Transit Number - RTN:	271188081
Deposit refund to savings account:	X
Depositor's Account Number - DAN:	2222TEST333344445
Third Party Designee Box:	X
Third Party Designee Name:	Debbie Monkman
Third Party Designee Telephone:	(217) 524-4767

Schedule IL-WIT information:

Primary 1

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-1029403
Primary Federal Wages, Winnings, etc.:	\$820
Primary Illinois Wages, Winnings, etc.:	\$820
Primary Illinois Income Tax Withheld:	\$30

Test Case 2

**Contents: Form IL-1040
 Schedule M
 Schedule CR
 Schedule IL-E/EIC**

Taxpayer identification information:

Primary name and SSN:	Juanita TTTTTC 400-01-3502
Secondary name and SSN:	None
Address:	829 W Vine St Taylorville, IL 62568-1843
Filing Status:	Single or head of household

IL-1040 information:

Line 1 (AGI):	\$30,034
Line 6 (IL-Tax Refund):	\$32
Line 7 (Other Subtractions Total):	\$21,769
Line 10a (You/Spouse Exemption Amount):	\$2,225
Line 10d (Dependents Exemption Amount):	\$4,450
Line 14 (Total Income Tax):	\$77
Line 15 (Credit Schedule-CR):	\$60
Line 20 (Household Employment Tax):	\$29
Line 21 (Use Tax):	\$25
Line 28 (IL-Earned-Income-Credit):	\$598
Line 36 (Refund):	\$527
Line 37b (Illinois Individual Income Tax Refund Debit Card):	X

IL Schedule M information:

Line 21 (Military Pay):	\$21,479
Line 22 (U.S. Obligations):	\$290
Line 40 (Total Other Subtractions):	\$21,769

IL Schedule CR information:

Line 1a (Wages):	\$27,887
Line 1b (Non-IL Wages):	\$6,408
Line 2a (Interest Income):	\$1,890
Line 3a (Dividend Income):	\$225
Line 4a (Taxable Income):	\$32
Line 38a (IL Income Tax Overpayment):	\$32
Line 39a (Other Subtractions Total):	\$21,769
Line 40a (Total Subtractions):	\$21,801
Line 43 (Schedule CR Decimal):	0.77800
Line 51 (Total Tax Paid to Other State):	\$192
Line 52 (IL Tax Due):	\$77
Line 54 (IL Tax Eligible for Credit):	\$60

IL Schedule IL-E/EIC information:

Illinois Dependent Exemption Allowance:

Dependent 1

Dependent's first name:	Zoey
Dependent's last name:	TTTTTB
Social Security number:	400-01-3522
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2014/06/17
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 2

Dependent's first name:	Penelope
Dependent's last name:	TTTTTB
Social Security number:	400-01-3523
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2016/10/04
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Illinois Earned Income Credit:

Step 3, Line 1 (Wages):	\$27,887
Step 3, Line 4 (Statutory Employee Box):	No
Step 4, Line 5 (Federal EIC Amount):	\$3,323
Step 4, Line 8 (IL Earned Income Credit):	\$598

Test Case 3

**Contents: Form IL-1040
 Schedule M
 Schedule ICR
 Schedule G
 Schedule IL-WIT**

Taxpayer identification information:

Primary name and SSN:	Sam TTTTD 400-01-3503
Secondary name and SSN:	None
Address:	423 Lilac Lane Clay City, IL 62824
Filing Status:	Single or head of household

IL-1040 information:

Line 1 (AGI):	\$11,530
Line 5 (Fed-Taxed-Ret-SS):	\$498
Line 7 (Other Subtractions Total):	\$1,550
Line 10a (You/Spouse Exemption Amount):	\$2,225
Line 10b (65 or Older "You" Box):	X
Line 10b (65 or Older Exemption Amount):	\$1,000
Line 10c (Blind "You" Box):	X
Line 10c (Blind Exemption Amount):	\$1,000
Line 14 (Total Income Tax):	\$260
Line 16 (Credit Schedule ICR-Nonrefundable):	\$18
Line 20 (Household Employment Tax):	\$30
Line 25 (IL Tax Withheld):	\$302
Line 33 (Total Donations):	\$98
Line 39 (Amount You Owe):	\$68

IL Schedule M information:

Line 22 (U.S. Obligations):	\$1,550
Line 40 (Total Other Subtractions):	\$1,550

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	\$260
Line 4a (Property Tax):	\$350
Line 4b (County 1):	Clay
Line 4b (Property Tax Index Number 1):	Test12345678901234567890-12345
Line 4c (County 2):	Clay
Line 4c (Property Tax Index Number 2):	00-12-34
Line 4d (County 3):	Clay
Line 4d (Property Tax Index Number 3):	67-8910
Line 4f (Eligible Property Tax Amount):	\$350
Line 5 (IL Property Tax Credit):	\$18
Line 9 (Total Nonrefundable Credit):	\$18

IL Schedule G information:

Line 1b (Donation b):	\$20
Line 1d (Donation d):	\$30
Line 1e (Donation e):	\$48
Line 2 (Total Donations):	\$98

Schedule IL-WIT information:

Primary 1

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-0246288
Primary Federal Wages, Winnings, etc.:	\$8,000
Primary Illinois Wages, Winnings, etc.:	\$8,000
Primary Illinois Income Tax Withheld:	\$234

Primary 2

Primary Form Type:	WG
Primary Employer/Payer Identification Number:	37-0012567
Primary Federal Wages, Winnings, etc.:	\$282
Primary Illinois Wages, Winnings, etc.:	\$282
Primary Illinois Income Tax Withheld:	\$23

Primary 3

Primary Form Type:	R
Primary Employer/Payer Identification Number:	36-0012379
Primary Federal Wages, Winnings, etc.:	\$48
Primary Illinois Wages, Winnings, etc.:	\$48
Primary Illinois Income Tax Withheld:	\$9

Primary 4

Primary Form Type:	R
Primary Employer/Payer Identification Number:	36-0012377
Primary Federal Wages, Winnings, etc.:	\$450
Primary Illinois Wages, Winnings, etc.:	\$450
Primary Illinois Income Tax Withheld:	\$1

Primary 5

Primary Form Type:	G
Primary Employer/Payer Identification Number:	36-3042127
Primary Federal Wages, Winnings, etc.:	\$1,200
Primary Illinois Wages, Winnings, etc.:	\$1,200
Primary Illinois Income Tax Withheld:	\$35

Test Case 4

Contents: **Form IL-1040**
 Schedule M
 Schedule ICR
 Schedule G
 Schedule 1299-C
 Schedule IL-WIT

Taxpayer identification information:

Primary name and SSN:	John TTTTTH 400-01-3505
Secondary name and SSN:	Betty TTT-TTH 400-01-3515
Address:	200 Hickory Oak Park, IL 60303
Filing Status:	Married filing jointly

IL-1040 information:

Line 1 (AGI):	\$96,103
Line 6 (IL-Tax Refund):	\$76
Line 7 (Other-Sub-Tot):	\$1,403
Line 10a (You/Spouse Exemption Amount):	\$4,450
Line 14 (Total Income Tax):	\$4,464
Line 16 (Credit Schedule ICR-Nonrefundable):	\$61
Line 17 (Schedule 1299-C Credit):	\$410
Line 25 (IL Tax Withheld):	\$266
Line 26 (Estimated Payments):	\$3,449
Line 33 (Total Donations):	\$57
Line 39 (Amount You Owe):	\$335

Schedule M information:

Line 21 (Military Pay):	\$1,403
Line 40 (Total Other Subtractions):	\$1,403

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	\$4,421
Line 4a (Property Tax):	\$1,214
Line 4b (County 1):	Cook
Line 4b (Property Tax Index Number 1):	dlb122757
Line 4f (Eligible Property Tax Amount):	\$1,214
Line 5 (IL Property Tax Credit):	\$61
Line 9 (Total Nonrefundable Credit):	\$61

Schedule G information:

Line 1a (Donation a):	\$1
Line 1b (Donation b):	\$2
Line 1c (Donation c):	\$3
Line 1d (Donation d):	\$4
Line 1e (Donation e):	\$47
Line 2 (Total Donations):	\$57

Schedule 1299-C information:

Step 1, Line 1a (Corp Name):	ABC Corp
Step 1, Line 1a (Zone):	Rockford
Step 1, Line 1a (Dividend Amount):	\$870
Step 2, Line 11a (Primary SSN):	400-01-3505
Step 2, Line 11b (Primary School Name):	Irving Elem. School
Step 2, Line 11c (Primary Qualified Expenses):	\$100
Step 3, Line 17 (IL1040 Tax Amount):	\$4,421
Step 3, Line 18 (IL1040 Sch CR and ICR Amounts):	\$61
Step 3, Line 21a (Yrs Left to Carry):	2
Step 3, Line 21b (Credit Code):	2200
Step 3, Line 21c (IL Tax Year):	2018/12
Step 3, Line 21e (Credit Earned):	\$60
Step 3, Line 22a (Yrs Left to Carry):	5
Step 3, Line 22b (Credit Code):	5420
Step 3, Line 22c (IL Tax Year):	2018/12
Step 3, Line 22e (Credit Earned):	\$250
Step 3, Line 23a (Yrs Left to Carry):	5
Step 3, Line 23b (Credit Code):	5740
Step 3, Line 23c (IL Tax Year):	2018/12
Step 3, Line 23e (Credit Earned):	\$100
Step 3, Line 42 (Col I Total):	\$410
Step 3, Line 42 (Total Credit This Year):	\$410

Schedule IL-WIT information:**Primary 1**

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-0246288
Primary Federal Wages, Winnings, etc.:	\$8,000
Primary Illinois Wages, Winnings, etc.:	\$8,000
Primary Illinois Income Tax Withheld:	\$234

Primary 2

Primary Form Type:	WG
Primary Employer/Payer Identification Number:	37-0012567
Primary Federal Wages, Winnings, etc.:	\$282
Primary Illinois Wages, Winnings, etc.:	\$282
Primary Illinois Income Tax Withheld:	\$23

Spouse 1

Primary Form Type:	R
Primary Employer/Payer Identification Number:	36-0012379
Primary Federal Wages, Winnings, etc.:	\$48
Primary Illinois Wages, Winnings, etc.:	\$48
Primary Illinois Income Tax Withheld:	\$9

Test Case 5

**Contents: Form IL-1040
 Schedule M
 Schedule IL-E/EIC
 Schedule IL-WIT**

Taxpayer identification information:

Primary name and SSN:	Stan T. TTT-TTE 400-01-3506
Secondary name and SSN:	Ernie P. TTTTTE 400-01-3516
Address:	1401 Otter Road Ottawa, IL 61350
Filing Status:	Married filing jointly

IL-1040 information:

Line 1 (AGI):	\$51,150
Line 2 (Fed-Exempt-Interest):	\$225
Line 5 (Fed-Taxed-Ret-SS):	\$16,042
Line 7 (Other-Sub-Total):	\$360
Line 10a (You/Spouse Exemption Amount):	\$4,450
Line 10d (Dependents Exemption Amount):	\$4,450
Line 14 (Total Income Tax):	\$1,291
Line 21 (Use Tax):	\$600
Line 25 (IL Tax Withheld):	\$1,049
Line 39 (Amount You Owe):	\$842
Filer's Daytime Telephone Number:	(217) 524-4767

Schedule M information:

Line 22 (U.S. Obligations):	\$360
Line 40 (Total Other Subtractions):	\$360

Schedule IL-E/EIC:

Illinois Dependent Exemption Allowance:

Dependent 1

Dependent's first name:	Anthony
Dependent's last name:	TTTTTE
Social Security number:	400-01-3525
Dependent's relationship to you:	Son
Dependent's date of birth:	2006/12/01
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 2

Dependent's first name:	Stephanie
Dependent's last name:	TTTTTE
Social Security number:	400-01-3535
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2004/05/27
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Schedule IL-WIT information:

Primary 1

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-5268431
Primary Federal Wages, Winnings, etc.:	\$24,198
Primary Illinois Wages, Winnings, etc.:	\$24,198
Primary Illinois Income Tax Withheld:	\$725

Primary 2

Primary Form Type:	R
Primary Employer/Payer Identification Number:	36-0012377
Primary Federal Wages, Winnings, etc.:	\$16,042
Primary Illinois Wages, Winnings, etc.:	\$16,042
Primary Illinois Income Tax Withheld:	\$1

Spouse 1

Primary Form Type:	W
Primary Employer/Payer Identification Number:	37-8634141
Primary Federal Wages, Winnings, etc.:	\$10,750
Primary Illinois Wages, Winnings, etc.:	\$10,750
Primary Illinois Income Tax Withheld:	\$323

Test Case 6

**Contents: Form IL-1040
 Schedule M
 Schedule IL-E/EIC**

Taxpayer identification information:

Primary name and SSN:	Ronald TTTTTF 400-01-3507
Secondary name and SSN:	Judy TTTTTF 400-01-3517
Address:	RR 6 Enos, IL 62626
Filing Status:	Married filing jointly

IL-1040 information:

Line 1 (AGI):	(\$11,555)
Line 3 (Other-Add-Tot):	\$2,110
Line 10a (You/Spouse Exemption Amount):	\$4,450
Line 10b (65 or Older "You" Box):	X
Line 10b (65 or Older "Spouse" Box):	X
Line 10b (65 or Older Exemption Amount):	\$2,000
Line 10d (Dependents Exemption Amount):	\$2,225
Line 14 (Total Income Tax):	\$0
Line 26 (Estimated Payments):	\$1,000
Line 32a (Farmer Box):	X
Line 38 (Carry Forward):	\$1,000

Schedule M information:

Line 1 (Child Tax Exempt Interest Income):	\$1,900
Line 4 (College Savings and Tuition):	\$210
Line 12 (Total Other Additions):	\$2,110

Schedule IL-E/EIC:

Illinois Dependent Exemption Allowance:

Dependent 1

Dependent's first name:	Kerry
Dependent's last name:	TTTTTF
Social Security number:	400-01-3566
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2009/09/09
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Test Case 7

Contents: **Form IL-1040**
 Schedule M
 Schedule ICR
 Schedule G
 Schedule IL-WIT

Taxpayer identification information:

Primary name and SSN:	Jerome TTTTTG 400-01-3508
Secondary name and SSN:	Jennifer TTTTTG 400-01-3518
Address:	1636 Spruce Kewanee, IL 61443
Filing Status:	Married filing separately

IL-1040 information:

Line 1 (AGI):	\$125,000
Line 3 (Other-Add-Tot):	\$1,600
Line 5 (Fed-Taxed-Ret-SS):	\$35,000
Line 7 (Other Subtractions Total):	\$356
Line 10a (You/Spouse Exemption Amount):	\$2,225
Line 14 (Total Income Tax):	\$4,406
Line 16 (Credit Schedule ICR-nonrefundable):	\$178
Line 25 (IL Tax Withheld):	\$1,050
Line 32 (Penalty IL-2210):	\$276
Line 33 (Total Donations):	\$93
Line 39 (Amount You Owe):	\$3,547

Schedule M information:

Line 4 (College Savings and Tuition):	\$1,600
Line 12 (Total Other Additions):	\$1,600
Line 22 (U.S. Obligations):	\$356
Line 40 (Total Other Subtractions):	\$356

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	\$4,406
Line 4a (Property Tax):	\$3,560
Line 4b (County 1):	Henry
Line 4b (Property Tax Index Number 1):	d1m12345678910abcdefghij
Line 4f (Eligible Property Tax Amount):	\$3,560
Line 5 (IL Property Tax Credit):	\$178
Line 9 (Total Nonrefundable Credit):	\$178

Schedule G information:

Line 1e (Donation e):	\$93
Line 2 (Total Donations):	\$93

Schedule IL-WIT information:

Primary 1

Primary Form Type:	R
Primary Employer/Payer Identification Number:	37-0055577
Primary Federal Wages, Winnings, etc.:	\$35,000
Primary Illinois Wages, Winnings, etc.:	\$35,000
Primary Illinois Income Tax Withheld:	\$1,050

Test Case 8

**Contents: Form IL-1040
 Schedule NR, Nonresident
 Schedule IL-WIT**

Taxpayer identification information:

Primary name and SSN:	John TTTTTH 400-01-3509
Secondary name and SSN:	None
Address:	306 West Main Wentzville, MO 63385
Filing Status:	Single or head of household

IL-1040 information:

Line D (Nonresident Box):	X
Line 1 (AGI):	\$21,155
Line 10a (You/Spouse Exemption Amount):	\$2,225
Line 11 (NR IL Net Income):	\$2,354
Line 14 (Total Income Tax):	\$117
Line 25 (IL Tax Withheld):	\$50
Line 39 (Amount You Owe):	\$67
Filer's Daytime Telephone Number:	217-524-4767

IL Schedule NR information:

Residence:

Line 4 (Other State 1):	Nonresident
Line 9 (Column A):	MO
Line 17 (Column A):	\$18,525
Line 17 (Column B):	\$1,200
Line 19 (Column A):	\$1,200
Line 19 (Column B):	\$1,430
Line 46 (IL Portion of Base Income):	\$1,430
Line 48 (Line 46 divided by IL Base Income Line 47):	\$2,630
Line 51 (IL Net Income):	0.12400
Line 52 (Tax - Line 51 times 4.95% (.0495)):	\$2,354
	\$117

Schedule IL-WIT information:

Primary 1

Primary Form Type:	WG
Primary Employer/Payer Identification Number:	37-0062543
Primary Federal Wages, Winnings, etc.:	\$1,430
Primary Illinois Wages, Winnings, etc.:	\$1,430
Primary Illinois Income Tax Withheld:	\$14

Primary 2

Primary Form Type:	G
Primary Employer/Payer Identification Number:	36-3042127
Primary Federal Wages, Winnings, etc.:	\$1,200
Primary Illinois Wages, Winnings, etc.:	\$1,200
Primary Illinois Income Tax Withheld:	\$36

Test Case 9

Contents: **Form IL-1040**
 Schedule NR, Part-Year Resident
 Schedule ICR
 Schedule IL-E/EIC
 Schedule G
 Schedule IL-WIT

Taxpayer identification information:

Primary name and SSN:	Barbara TTTTTI 400-01-3510
Secondary name and SSN:	Donald TTTTTI 400-01-3520
Address:	1015 W Springfield Champaign, IL 61820
Filing Status:	Married filing jointly

IL-1040 information:

Line D (Part-Year Resident Box):	X
Line 1 (AGI):	\$369,897
Line 2 (Fed-Exempt-Interest):	\$1,672
Line 10a (You/Spouse Exemption Amount):	\$4,450
Line 10d (Dependents Exemption Amount):	\$11,125
Line 11 (NR IL Net Income):	\$60,767
Line 14 (Total Income Tax):	\$3,008
Line 16 (Credit Schedule ICR-nonrefundable):	\$750
Line 25 (IL Tax Withheld):	\$3,663
Line 33 (Total Donations):	\$50
Line 36 (Refund):	\$355
Line 37c (Illinois Individual Income Tax Refund Paper Check):	X
Line 38 (Carry Forward):	\$1,000

IL Schedule NR information:

Residence:	Part-Year
Primary Taxpayer IL Residency From Date:	2018/06/01
Primary Taxpayer IL Residency To Date:	2018/12/31
Primary Taxpayer Other State:	FL
Primary Taxpayer Other State From Date:	2018/05/01
Primary Taxpayer Other State To Date:	2018/05/31
Secondary Taxpayer IL Residency From Date:	2018/06/01
Secondary Taxpayer IL Residency To Date:	2018/12/31
Secondary Taxpayer Other State:	FL
Secondary Taxpayer Other State From Date:	2018/05/01
Secondary Taxpayer Other State To Date:	2018/05/31
Line 4a (Other State 1):	NY
Line 4b (Other State 2):	CA
Line 4c (Other State 3):	AZ
Line 4d (Other State 4):	NV
Line 4e (Other State 5):	NC
Line 5 (Column A):	\$165,315
Line 5 (Column B):	\$143,084

Line 6 (Column A):	\$3,636
Line 6 (Column B):	\$1,518
Line 7 (Column A):	\$543
Line 7 (Column B):	\$271
Line 15 (Column A):	\$199,803
Line 15 (Column B):	(\$81,782)
Line 19 (Column A):	\$600
Line 19 (Column B):	\$600
Line 39 (Column A):	\$1,672
Line 46 (IL Portion of Base Income):	\$63,430
Line 48 (Line 46 divided by IL Base Income Line 47):	0.17100
Line 51 (IL Net Income):	\$60,767
Line 52 (Tax – Line 51 times 4.95% (.0495)):	\$3,008

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	\$3,008
Line 7a (Total Education Expenses):	\$4,150
Line 8 (IL Education Expense Credit):	\$750
Line 9 (Total Nonrefundable Credit):	\$750

Student 1

Line 10a (Student Last Name):	TTTTTI
Line 10a (Student First Name):	Jennifer
Line 10a (Student Social Security Number):	400-01-3550
Line 10a (Student Grade):	1
Line 10a (School Name):	Little Flower
Line 10a (School City):	Champaign
Line 10a (School Type):	Public
Line 10a (Student Total):	\$898

Student 2

Line 10b (Student Last Name):	TTTTTI
Line 10b (Student First Name):	Robert
Line 10b (Student Social Security Number):	400-01-3551
Line 10b (Student Grade):	2
Line 10b (School Name):	Harvard Park
Line 10b (School City):	Champaign
Line 10b (School Type):	Non-public
Line 10b (Student Total):	\$726

Student 3

Line 10c (Student Last Name):	TTTTTI
Line 10c (Student First Name):	Deborah
Line 10c (Student Social Security Number):	400-01-3552
Line 10c (Student Grade):	3
Line 10c (School Name):	Home School
Line 10c (School City):	Champaign
Line 10c (School Type):	Home school
Line 10c (Student Total):	\$925

Student 4

Line 10d (Student Last Name):	TTTTTI
Line 10d (Student First Name):	Jayne
Line 10d (Student Social Security Number):	400-01-3553
Line 10d (Student Grade):	4
Line 10d (School Name):	Little Flower
Line 10d (School City):	Champaign
Line 10d (School Type):	Public
Line 10d (Student Total):	\$814

Student 5

Line 10e (Student Last Name):	TTTTTI
Line 10e (Student First Name):	Eugene
Line 10e (Student Social Security Number):	400-01-3554
Line 10e (Student Grade):	5
Line 10e (School Name):	Harvard Park
Line 10e (School City):	Champaign
Line 10e (School Type):	Public
Line 10e (Student Total):	\$787

Line 11 (Total Qualified Expenses):	\$4,150
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Schedule IL-E/EIC:**Illinois Dependent Exemption Allowance:****Dependent 1**

Dependent's first name:	Jennifer
Dependent's last name:	TTTTTI
Social Security number:	400-01-3550
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2011/12/07
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 2

Dependent's first name:	Robert
Dependent's last name:	TTTTTI
Social Security number:	400-01-3551
Dependent's relationship to you:	Son
Dependent's date of birth:	2010/12/08
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 3

Dependent's first name:	Deborah
Dependent's last name:	TTTTTI
Social Security number:	400-01-3552
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2009/12/09
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 4

Dependent's first name:	Jayne
Dependent's last name:	TTTTTI
Social Security number:	400-01-3553
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2008/12/10
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

Dependent 5

Dependent's first name:	Eugene
Dependent's last name:	TTTTTI
Social Security number:	400-01-3554
Dependent's relationship to you:	Son
Dependent's date of birth:	2007/12/11
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

IL Schedule G information:

Line 1a (Donation a):	\$50
Line 2 (Total Donations):	\$50

Schedule IL-WIT information:**Primary 1**

Primary Form Type:	W
Primary Employer/Payer Identification Number:	36-1404993
Primary Federal Wages, Winnings, etc.:	\$165,315
Primary Illinois Wages, Winnings, etc.:	\$143,084
Primary Illinois Income Tax Withheld:	\$3,523

Primary 2

Primary Form Type:	I
Primary Employer/Payer Identification Number:	37-0919766
Primary Federal Wages, Winnings, etc.:	\$400
Primary Illinois Wages, Winnings, etc.:	\$400
Primary Illinois Income Tax Withheld:	\$105

Primary 3

Primary Form Type:	M
Primary Employer/Payer Identification Number:	36-1029406
Primary Federal Wages, Winnings, etc.:	\$600
Primary Illinois Wages, Winnings, etc.:	\$600
Primary Illinois Income Tax Withheld:	\$30

Spouse 1

Primary Form Type:	D
Primary Employer/Payer Identification Number:	36-3703799
Primary Federal Wages, Winnings, etc.:	\$34
Primary Illinois Wages, Winnings, etc.:	\$34
Primary Illinois Income Tax Withheld:	\$2

Spouse 2

Primary Form Type:	0
Primary Employer/Payer Identification Number:	36-1274638
Primary Federal Wages, Winnings, etc.:	\$69
Primary Illinois Wages, Winnings, etc.:	\$69
Primary Illinois Income Tax Withheld:	\$3