



**Illinois Department of Revenue**

# **Electronic Filing Test Package**

**IL-1347**

**Tax Year 2018**

## **Tax Year 2018 Electronic Filing Testing Information**

This test package is designed to assure 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.

The Signature Alternative fields are required for Tax-Prep Software Online filing only. Minimal line entries for each federal return are provided for each case. This is to avoid requiring the entry of an entire federal return when only certain items are needed for the Illinois return to be prepared. You may complete the federal returns in any manner you wish after the suggested minimum line entries are made. Different software products will allow different actions depending on how they relate the federal and Illinois returns. Minimal wage information has been provided for Illinois and you may complete the Social Security and Medicare in any manner you wish.

When your test is completed, we encourage you to perform additional tests with data of your own design. This additional testing will allow you to fully exercise your system as well as ours. If you do design your own data, the last names of the primary taxpayer must begin with five letters ("T"), for example, TTTTTSMITH, TTTTTSCHWARTZ, TTTTTMURPHY. Also, all primary and secondary SSNs used on test returns must be in the range of 400-00-3500 to 400-00-3599.

When you are ready to begin testing or if you have any questions, call our office weekdays between 8:30 a.m. and 5:00 p.m. at 217 524-4767.

## Tax Year 2018 Test Case Contents

- Test 1: Form IL-1040 and Form W-2  
**Illinois Individual Income Tax Refund Direct Deposit return**
- Test 2: Form IL-1040, Schedule M, Schedule CR, Schedule IL-E/EIC, (3) Forms W-2, and Federal 1040 pages  
**Illinois Individual Income Tax Refund Debit Card return**
- Test 3: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form W-2, Form W-2G, (2) Forms 1099-R, Form 1099-G, Federal 1040 pages, and Federal Schedule B with statement
- Test 4: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form IL-4562, Schedule 1299-C, (2) Forms W-2, and Form 1099-K
- Test 5: Form IL-1040, Schedule M, Schedule IL-E/EIC, (2) Forms W-2, Form 1099-R, and Federal 1040 pages
- Test 6: Form IL-1040, Schedule M, and Schedule IL-E/EIC
- Test 7: Form IL-1040, Schedule M, Schedule ICR, Schedule G, Form 1099-R, and Federal 1040 pages
- Test 8: Form IL-1040, Schedule NR, Form W-2G, Form 1099-G, and Form IL-Payment
- Test 9: Form IL-1040, Schedule NR, Schedule M, Schedule ICR, Schedule IL-E/EIC, Schedule G, Schedule K-1-P, Schedule K-1-T, Form W-2, Form 1099-INT, Form 1099-DIV, Form 1099-OID, and Form 1099-MISC  
**Illinois Individual Income Tax Refund Paper Check return**
- Test 10: Form IL-1040, Schedule NR, and Schedule IL-E/EIC
- Test 11: Form IL-1040, Schedule M, Schedule CR, Schedule ICR, Schedule IL- E/EIC, (3) Forms W-2, and Federal 1040 pages  
**Illinois Individual Income Tax Refund Paper Check return**
- Test 12: Form IL-1040, Schedule ICR, Form IL-2210, and ~~(S)~~ Form IL-Payment

## Test Case 1

**Contents: Form IL-1040  
Form W-2**

### **Taxpayer identification information:**

Primary name and SSN: **Wanda TTTTTA 400-00-3501**  
Secondary name and SSN: **None**  
Foreign Address: **1466 Main Street  
Victoria BC K1D0P1 Canada**

### **Filing Status:**

**Single or head of household**

### **Federal information:**

Someone can claim you as a dependent Box: **X**  
Line 1: Wages: **820**  
Line 6: Total income: **820**  
Line 7: Adjusted gross income: **820**

### **W-2 information:**

Employer's identification number: **37-1029403**  
Employer's name, address, ZIP: **Barkers Cafe  
111 S America  
Macomb IL 61455**  
Employee's Social Security number: **400-00-3501**  
Employee Address: **1466 Main Street**  
Employee City/State/ZIP: **Victoria BC K1D0P1 Canada**  
Wages, tips, other compensation: **820**  
Federal income tax withheld: **102**  
State: **IL**  
State wages, tips, etc.: **820**  
State income tax: **30**

## Test Case 1 continued

### IL-1040 information:

Line C You Box (Claimed as Dependent):	<b>X</b>
Line 1 (AGI):	<b>820</b>
Line 10a (You/Spouse Exemption Amount):	<b>2225</b>
Line 14 (Total Income Tax):	<b>0</b>
Line 25 (IL Tax Withheld):	<b>30</b>
Line 36 (Refund):	<b>30</b>
Line 37a (Illinois Individual Income Tax Refund Direct Deposit):	<b>X</b>
Routing Transit Number - RTN:	<b>271188081</b>
Deposit refund to savings account:	<b>X</b>
Depositor's Account Number - DAN:	<b>2222TEST333344445</b>
Third Party Designee Box:	<b>X</b>
Third Party Designee Name:	<b>Debbie Monkman</b>
Third Party Designee Telephone:	<b>217-524-4767</b>

### PC Online Return Signature Alternative:

Primary Driver's License Number:	<b>T11122233301</b>
Primary Driver's License First Name:	<b>Wanda</b>
Primary Driver's License Middle Name:	<b>Lou</b>
Primary Driver's License Last Name:	<b>TTTTTA</b>
Primary Driver's License Weight:	<b>150</b>

## Test Case 2

**Contents:**    **Form IL-1040**  
                  **Schedule M**  
                  **Schedule CR**  
                  **Schedule IL-E/EIC**  
                  **(3) Form W-2**

**Taxpayer identification information:**

Primary name and SSN:	<b>Lawrence TTTTTB    400-00-3502</b>
Secondary name and SSN:	<b>None</b>
Address:	<b>829 W Vine St</b> <b>Taylorville IL 62568-1843</b>

**Filing Status:**

**Single or head of household**

**Federal information:**

Line 1: Wages:		<b>27887</b>
Line 2b: Taxable interest composed of...:		<b>1890</b>
U.S. Treasury Note:	250	
E.E. Bonds of Aug 04:	40	
First Third of Toledo:	375	
Hoozon First of America:	325	
Credit Union of Taylorville:	425	
Christian County Savings & Loan:	55	
Marine Bank:	420	
Line 3b: Dividend income composed of...:		<b>225</b>
Payer 1:	225	
Line 6: Total income:		<b>30034</b>
Line 7: Adjusted gross income:		<b>30034</b>
Line 17a: Earned Income Credit:		<b>3323</b>

**Federal Schedule 1 information:**

Line 10: Taxable refunds:		<b>32</b>
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## Test Case 2 continued

### W-2 information #1:

Employer's identification number:	37-5094172
Employer's name, address, ZIP:	Moms Cookies 123 Shoppers Plaza Saint Louis MO 63101
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	6000
Federal income tax withheld:	1000
State:	MO
State wages, tips, etc.:	6000
State income tax:	95
Local wages, tips, etc.:	100
Local income tax:	5
Name of Locality:	STL
W-2 form is:	NON-Standard

### W-2 information #2:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Debs Design 110 White Oaks Madison IN 47250
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	408
Federal income tax withheld:	61
State:	IN
State wages, tips, etc.:	408
State income tax:	92
W-2 form is:	NON-Standard

### W-2 information #3:

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army 55 State Street Litchfield IL 62056
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	21479
Federal income tax withheld:	4457
State:	IL
State wages, tips, etc.:	21479
State income tax:	0

## Test Case 2 continued

### IL-1040 information:

Line 1 (AGI):	30034
Line 6 (IL-Tax Refund):	32
Line 7 (Other Subtractions Total):	21769
Line 10a (You/Spouse Exemption Amount):	2225
Line 10d (Dependents Exemption Amount):	4450
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

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	29034
Primary Driver's License Number:	T11122233302
Primary Driver's License First Name:	Lawrence
Primary Driver's License Last Name:	TTTTTB
Primary Driver's License Weight:	200

### IL Schedule M information:

Line 21 (Military Pay):	21479
Line 22 (U.S. Obligations):	290
Line 40 (Total Other Subtractions):	21769

### IL Schedule CR information:

Line 1a (Wages):	27887
Line 1b (Non IL Wages):	6408
Line 2a (Interest Income):	1890
Line 3a (Dividend Income):	225
Line 4a (Taxable Income):	32
Line 38a (IL Income Tax Overpayment):	32
Line 39a (Other Subtractions Total):	21769
Line 40a (Total Subtractions):	21801
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



## Test Case 2 continued

### 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):	27887
Step 3, Line 4 (Statutory Employee Box):	No
Step 4, Line 5 (Federal EIC Amount):	3323
Step 4, Line 8 (IL Earned Income Credit):	598

## Test Case 3

**Contents:**    **Form IL-1040**  
                  **Schedule M**  
                  **Schedule ICR**  
                  **Schedule G**  
                  **Form W-2**  
                  **Form W-2G**  
                  **(2) Form 1099-R**  
                  **Form 1099-G**

**Taxpayer identification information:**

Primary name and SSN:	<b>Juanita TTT-TC</b>	<b>400-00-3503</b>
Secondary name and SSN:	<b>None</b>	
Address:	<b>423 Lilac Lane</b> <b>Clay City IL 62824</b>	

**Filing Status:**

**Single or head of household**

**Federal information:**

Line 1: Wages:	<b>8000</b>
Line 2b: Taxable interest composed of...:	<b>1550</b>
U.S. Treasury Note 7 of Apr 2006:	140
U.S. Treasury Bond 10 3/4 of May 2009:	108
U.S. Treasury Bill 3 1/4 of Dec 2004:	1302
Line 4b: Taxable amount:	<b>498</b>
Line 6: Total income:	<b>11530</b>
Line 7: Adjusted gross income:	<b>11530</b>

**Federal Schedule 1 information:**

Line 19: Unemployment:	<b>1200</b>
Line 21: Other income, Lottery:	<b>282</b>

## Test Case 3 continued

### W-2 information:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Clay City Ready Mix Purchasing Mr Stone 210 Main Clay City IL 62824
Employee's Social Security number:	400-00-3503
Wages, tips, other compensation:	8000
Federal income tax withheld:	1478
State:	IL
State wages, tips, etc.:	8000
State income tax:	234

### W-2G information:

Payer's name, address, ZIP:	Lotto State of Illinois c/o Odsby Whithue 101 Madison Street Springfield IL 62704
Payer's identification number:	37-0012567
Reportable winnings:	282
Winner's identification number:	400-00-3503
State name:	IL
Payer state identification number:	623522
State income tax withheld:	23

### 1099-R information #1:

Payer's name, address, ZIP:	Old Age Inc Big Old Bank 10001 Mich Ave Chicago IL 60611
Payer's identification number:	36-0012379
Recipient's Social Security number:	400-00-3503
Gross distribution:	48
Taxable amount:	48
Distribution code:	7
State income tax withheld:	9
State name:	IL
Payer state identification number:	65241
State distribution:	48

## Test Case 3 continued

### 1099-R information #2:

Payer's name, address, ZIP:	No Place Like Home 606 Street Address Owaneco IL 62555
Payer's identification number:	36-0012377
Recipient's Social Security number:	400-00-3503
Gross distribution:	450
Taxable amount:	450
Federal income tax withheld:	20
State income tax withheld:	0
State name:	IL
Payer state identification number:	65241
State distribution:	450

### 1099-G information for Unemployment:

Payer's name, address, ZIP:	State of Illinois Department of Employment Security PO Box 802551 Chicago IL 60680-2551
Payer's identification number:	36-0012378
Recipient's Social Security number:	400-00-3503
Unemployment Compensation Amount:	1200
Federal income tax withheld:	120
IL State income tax withheld:	36
State name:	IL

### IL-1040 information:

Line 1 (AGI):	11530
Line 5 (Fed-Taxed-Ret-SS):	498
Line 7 (Other Subtractions Total):	1550
Line 10a (You/Spouse Exemption Amount):	2225
Line 10b (65 or Older You Box):	X
Line 10b (65 or Older Exemption Amount):	1000
Line 10c (Blind You Box):	X
Line 10c (Blind Exemption Amount):	1000
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

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999903
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## Test Case 3 continued

### IL Schedule M information:

Line 22 (U.S. Obligations):	1550
Line 40 (Total Other Subtractions):	1550

### 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



## Test Case 4 continued

Depreciation deduction in 2017: 357  
Asset Sold: 01/11/2018  
No gain or loss on sale

**W-2 information #1:**  
Employer's identification number: 36-1274638  
Employer's name, address, ZIP: School District 97  
260 Madison St  
Oak Park IL 60302

Employee's Social Security number: 400-00-3504  
Wages, tips, other compensation: 66357  
Federal income tax withheld: 12121  
State: IL  
State wages, tips, etc.: 66357  
State income tax: 1830

**W-2 information #2:**  
Employer's identification number: 35-9990000  
Employer's name, address, ZIP: Dept of the Army  
55 State Street  
Bellmont IL 62811

Employee's Social Security number: 400-00-3514  
Wages, tips, other compensation: 1119  
Federal income tax withheld: 40  
State: IL  
State wages, tips, etc.: 1119  
State income tax: 20

**1099-K information:**  
Filer's name, address, ZIP, phone: Ebaylike  
47 Pine Street  
Clarksville TN 37042  
217-524-4767

Filer's identification number: 36-1274639  
Payee's identification number: 400-00-3504  
Gross payments: 20720  
Federal income tax withheld: 0  
State name: IL  
State income tax withheld: 0

## Test Case 4 continued

### IL-1040 information:

Line 1 (AGI):	96103
Line 3 (Other-Add-Tot):	3716
Line 6 (IL-Tax Refund):	76
Line 7 (Other-Sub-Tot):	5989
Line 7 (Check Box):	X
Line 10a (You/Spouse Exemption Amount):	4450
Line 14 (Total Income Tax):	4421
Line 16 (Credit Schedule ICR-Nonrefundable):	61
Line 17 (Schedule 1299-C Credit):	410
Line 25 (IL Tax Withheld):	1850
Line 26 (Estimated Payments):	1865
Line 32d (No Previous Year IL-1040 Box):	X
Line 33 (Total Donations):	57
Line 39 (Amount You Owe):	292

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999904
Primary Driver's License Number:	T11122233304
Secondary Taxpayer IL-PIN:	99999914
Secondary Driver's License Number:	T11122233314

### Schedule M information:

Line 5 (IL Special Depreciation Addition):	3466
Line 8 (Schedule 1299-C Addition):	250
Line 12 (Total Other Additions):	3716
Line 19 (IL Special Depreciation Subtraction):	4000
Line 21 (Military Pay):	1119
Line 24 (Schedule 1299-C Subtraction):	870
Line 40 (Total Other Subtractions):	5989

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	4421
Line 4a (Property Tax):	1214
Line 4b (County 1):	Cook
Line 4b (Property Tax Index Number 1):	dlb122757
Line 4f (Eligible Property Tax Amount):	1214
Line 5 (IL Property Tax Credit):	61
Line 9 (Total Nonrefundable Credit):	61



## Test Case 4 continued

### 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):	400-00-3504
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):	4421
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 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

### IL-4562 information:

Line 3 (Prior Year Depreciation Recapture):	3466
Line 9 (Prior Year Special Depreciation Addition Recapture):	4000

## Test Case 5

**Contents:**     **Form IL-1040**  
                  **Schedule M**  
                  **Schedule IL-E/EIC**  
                  **(2) Form W-2**  
                  **Form 1099-R**

**Taxpayer identification information:**

Primary name and SSN:                     **Stan T. TTTTTE     400-00-3505**  
Secondary name and SSN:                 **Ernie P. TTTTTE     400-00-3515**  
Address:                                     **1401 Otter Road**  
   **Ottawa IL 61350**

**Filing Status:**                             **Married filing jointly**

**Federal information:**

Line 1: Wages:                             **34948**  
Line 2a: Tax exempt interest:             **225**  
Line 2b: Taxable interest:                **160**  
Line 4b: Taxable amount:                 **16042**  
Line 6: Total income:                     **51150**  
Line 7: Adjusted gross income:           **51150**  
Line 17a: Earned Income Credit:         **67**

**W-2 information #1:**

Employer's identification number:         **37-5268431**  
Employer's name, address, ZIP:           **Bobs Bingo Supply**  
   **123 Main Street**  
   **Galesburg IL 61401**  
Employee's Social Security number:       **400-00-3505**  
Wages, tips, other compensation:         **24198**  
Federal income tax withheld:             **2730**  
State:                                        **IL**  
State wages, tips, etc.:                   **24198**  
State income tax:                         **726**  
W-2 form is:                                 **NON-Standard**

## Test Case 5 continued

### W-2 information #2:

Employer's identification number:	37-8634141
Employer's name, address, ZIP:	Industrial Beauty Supply 1600 Gracey Racine WI 53403
Employee name:	Ernie P TTTTTE PHD
Employee's Social Security number:	400-00-3515
Wages, tips, other compensation:	10750
Federal income tax withheld:	713
State:	IL
State wages, tips, etc.:	10750
State income tax:	323

### 1099-R information:

Payer's name, address, ZIP:	Sleepy Jacks 101 Street Address Owaneco IL 62555
Payer's identification number:	36-0012377
Recipient's Social Security number:	400-00-3505
Gross distribution:	16042
Taxable amount:	16042
Federal income tax withheld:	800
State income tax withheld:	0
State name:	IL
Payer state identification number:	65241
State distribution:	16042

### IL-1040 information:

Line 1 (AGI):	51150
Line 2 (Fed-Exempt-Interest):	225
Line 5 (Fed-Taxed-Ret-SS):	16042
Line 7 (Other-Sub-Total):	360
Line 10a (You/Spouse Exemption Amount):	4450
Line 10d (Dependents Exemption Amount):	4450
Line 14 (Total Income Tax):	1291
Line 21 (Use Tax):	600
Line 25 (IL Tax Withheld):	1049
Line 28 (IL-Earned-Income-Credit):	12
Line 39 (Amount You Owe):	830
Filer's Daytime Telephone Number:	217-524-4767

### PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999905
Secondary Taxpayer IL-PIN:	99999915

## Test Case 5 continued

### Schedule M information:

Line 22 (U.S. Obligations):	160
Line 34e (College Savings Bonds):	200
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

#### Illinois Earned Income Credit:

Step 3, Line 1 (Wages):	34948
Step 3, Line 4 (Statutory Employee Box):	No
Step 4, Line 5 (Federal EIC Amount):	67
Step 4, Line 8 (IL Earned Income Credit):	12

## Test Case 6

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

**Taxpayer identification information:**

Primary name and SSN: **Ronald TTTTTF 400-00-3506**  
Secondary name and SSN: **Judy TTTTTF 400-00-3516**  
Address: **RR 6  
Enos IL 62626**

**Filing Status: Married filing jointly**

**Federal information:**

Line 6: Total income: **-11555**  
Line 7: Adjusted gross income: **-11555**

**Federal Schedule 1 information:**

Line 18: Farm income or loss: **-11555**

**IL-1040 information:**

Line 1 (AGI): **-11555**  
Line 3 (Other-Add-Tot): **2110**  
Line 10a (You/Spouse Exemption Amount): **4450**  
Line 10b (65 or Older You Box): **X**  
Line 10b (65 or Older Spouse Box): **X**  
Line 10b (65 or Older Exemption Amount): **2000**  
Line 10d (Dependents Exemption Amount): **2225**  
Line 14 (Total Income Tax): **0**  
Line 26 (Estimated Payments): **1000**  
Line 32a (Farmer Box): **X**  
Line 38 (Carry Forward): **1000**

**PC Online Return Signature Alternative:**

Primary Taxpayer IL-PIN: **99999906**  
Secondary Taxpayer IL-PIN: **99999916**

**Schedule M information:**

Line 1 (Child Tax Exempt Interest Income): **1900**  
Line 4 (College Savings and Tuition): **210**  
Line 12 (Total Other Additions): **2110**

## Test Case 6 continued

### 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 continued

### IL-1040 information:

Line 1 (AGI):	125000
Line 3 (Other-Add-Tot):	1600
Line 5 (Fed-Taxed-Ret-SS):	35000
Line 7 (Other Subtractions Total):	356
Line 10a (You/Spouse Exemption Amount):	2225
Line 14 (Total Income Tax):	4406
Line 16 (Credit Schedule ICR-nonrefundable):	178
Line 25 (IL Tax Withheld):	1050
Line 32 (Penalty IL-2210):	276
Line 33 (Total Donations):	93
Line 39 (Amount You Owe):	3547

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	129034
Primary State ID Number:	T11122233307
Primary Driver's License First Name:	Jerome
Primary Driver's License Middle Name:	Robert
Primary Driver's License Last Name:	TTTTTG
Primary Driver's License Weight:	213

### Schedule M information:

Line 4 (College Savings and Tuition):	1600
Line 12 (Total Other Additions):	1600
Line 22 (U.S. Obligations):	356
Line 40 (Total Other Subtractions):	356

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	4406
Line 4a (Property Tax):	3560
Line 4b (County 1):	Henry
Line 4b (Property Tax Index Number 1):	d1m12345678910abcdefghij
Line 4f (Eligible Property Tax Amount):	3560
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

### IL-2210 information:

Prior YR IL-1040 Tax:	4462
Prior YR IL-1040 Credit (Property tax):	178





## Test Case 8 continued

### 1099-G information for Unemployment:

Payer's name, address, ZIP:	State of Illinois Department of Employment Security PO Box 802551 Chicago IL 60680-2551
Payer's identification number:	36-0012378
Recipient's Social Security number:	400-00-3508
Unemployment Compensation Amount:	1200
Federal income tax withheld:	120
IL State income tax withheld:	36
State name:	IL

### IL-1040 information:

Line D (Nonresident Box):	X
Line 1 (AGI):	21155
Line 10a (You/Spouse Exemption Amount):	2225
Line 11 (NR IL Net Income):	2354
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

### PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	129034
Primary Driver's License Number:	T11122233308

### IL Schedule NR information:

<b>Residence:</b>	<b>Nonresident</b>
Line 4 (Other State 1):	MO
Line 9 (Column A):	18525
Line 17 (Column A):	1200
Line 17 (Column B):	1200
Line 19 (Column A):	1430
Line 19 (Column B):	1430
Line 46 (IL Portion of Base Income):	2630
Line 48 (Line 46 divided by IL Base Income Line 47):	0.12400
Line 51 (IL Net Income):	2354
Line 52 (Tax - Line 51 times 4.95% (.0495)):	117

## Test Case 8 continued

### IL-Payment information:

Taxpayer Identification Number:	400-00-3508
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Debit from Savings Account:	X
Name on Account:	John TTTTTH
Amount of Tax Payment:	67
FTA Code – IL-1040:	013
Settlement Date:	<del>2019/10/31</del> 2020/10/31
Taxpayer's Daytime Phone Number:	217-524-4767
E-mail address:	3Monks@IDORTEST.com



## Test Case 9 continued

### W-2 information:

Employer's identification number:	36-1404993
Employer's name, address, ZIP:	Chicago Bridgeworks 1490 Aviary Drive Owaneco IL 62555
Employee's Social Security number:	400-00-3509
Wages, tips, other compensation:	165315
Federal income tax withheld:	42925
State 1:	IL
State 1 wages, tips, etc.:	143084
State 1 income tax:	3523
State 2:	NC
State 2 wages, tips, etc.:	22231
State 2 income tax:	556

### 1099-INT information:

Payer's name, address, ZIP, phone:	Marine Bank 2136 Cook Street Springfield IL 62703 217-524-4767
Payer's identification number:	37-0919766
Recipient's Social Security number:	400-00-3509
Interest income:	400
Federal income tax withheld:	28
State:	IL
State tax withheld:	5

### 1099-DIV information:

Payer's name, address, ZIP, phone:	Market Shares 101 Wabash Chicago IL 60603 217-524-4767
Payer's identification number:	36-3703799
Recipient's Social Security number:	400-00-3509
Total ordinary dividends:	34
Qualified dividends:	34
Federal income tax withheld:	10
State:	IL
State tax withheld:	2

## Test Case 9 continued

### 1099-OID information:

Payer's name, address, ZIP, phone:

**Any Broker  
115 W Church St  
Champaign IL 61820  
217-524-4767**

Payer's identification number:

**36-1274638**

Recipient's Social Security number:

**400-00-3509**

Original issue discount:

**69**

Federal income tax withheld:

**4**

Description:

**Intel 2.95 121535 45**

State:

**IL**

State tax withheld:

**3**

### 1099-MISC information:

Payer's name, address, ZIP, phone:

**Midwest Family Broadcast  
PO Box 460  
Springfield IL 62705  
217-524-4767**

Payer's identification number:

**36-1029406**

Recipient's Social Security number:

**400-00-3509**

Other Income:

**600**

Federal income tax withheld:

**90**

State tax withheld:

**30**

State:

**IL**

### IL-1040 information:

Line D (Part-Year Resident Box):

**X**

Line 1 (AGI):

**369897**

Line 2 (Fed-Exempt-Interest):

**1933**

Line 3 (Other Additions):

**4183**

Line 7 (Other Subtractions Total):

**4444**

Line 10a (You/Spouse Exemption Amount):

**4450**

Line 10d (Dependents Exemption Amount):

**22250**

Line 11 (NR IL Net Income):

**58864**

Line 14 (Total Income Tax):

**2914**

Line 16 (Credit Schedule ICR-nonrefundable):

**750**

Line 25 (IL Tax Withheld):

**3563**

Line 27 (Pass-through Entity Withholding):

**100**

Line 33 (Total Donations):

**50**

Line 36 (Refund):

**449**

Line 37c (Illinois Individual Income Tax Refund Paper Check):

**X**

Line 38 (Carry Forward):

**1000**

### For PC Online returns only:

Primary Taxpayer IL-PIN:

**99999909**

Secondary Taxpayer IL-PIN:

**99999919**

## Test Case 9 continued

### 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):	165315
Line 5 (Column B):	143084
Line 6 (Column A):	3636
Line 6 (Column B):	1518
Line 7 (Column A):	543
Line 7 (Column B):	271
Line 15 (Column A):	199803
Line 15 (Column B):	-81782
Line 19 (Column A):	600
Line 19 (Column B):	600
Line 39 (Column A):	1933
Line 40 (Column A):	4183
Line 40 (Column B):	4183
Line 44 (Column A):	4444
Line 44 (Column B):	4444
Line 46 (IL Portion of Base Income):	63430
Line 48 (Line 46 divided by IL Base Income Line 47):	0.17100
Line 51 (IL Net Income):	58864
Line 52 (Tax – Line 51 times 4.95% (.0495)):	2914

### IL Schedule M information:

Line 2 (Partnership, SCorporation, Estate or Trust Gain):	4183
Line 12 (Total Other Additions):	4183
Line 14 (Partnership, SCorporation, Estate or Trust Loss):	4183
Line 22 (U.S. Obligations):	261
Line 40 (Total Other Subtractions):	4444

## Test Case 9 continued

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	2914
Line 7a (Total Education Expenses):	4150
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):	450

### 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):	450

### 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):	450

### 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):	466



## Test Case 9 continued

### Schedule ICR continued:

#### Student 5

Line 10e (Student Last Name):	<b>TTTTTI</b>
Line 10e (Student First Name):	<b>Eugene</b>
Line 10e (Student Social Security Number):	<b>400-01-3554</b>
Line 10e (Student Grade):	<b>5</b>
Line 10e (School Name):	<b>Harvard Park</b>
Line 10e (School City):	<b>Champaign</b>
Line 10e (School Type):	<b>Public</b>
Line 10e (Student Total):	<b>467</b>

#### Student 6

Line 10f (Student Last Name):	<b>TTTTTI</b>
Line 10f (Student First Name):	<b>Lynn</b>
Line 10f (Student Social Security Number):	<b>400-01-3555</b>
Line 10f (Student Grade):	<b>6</b>
Line 10f (School Name):	<b>Little Flower</b>
Line 10f (School City):	<b>Champaign</b>
Line 10f (School Type):	<b>Public</b>
Line 10f (Student Total):	<b>467</b>

#### Student 7

Line 10g (Student Last Name):	<b>TTTTTI</b>
Line 10g (Student First Name):	<b>William</b>
Line 10g (Student Social Security Number):	<b>400-01-3556</b>
Line 10g (Student Grade):	<b>7</b>
Line 10g (School Name):	<b>Sacred Heart</b>
Line 10g (School City):	<b>Champaign</b>
Line 10g (School Type):	<b>Public</b>
Line 10g (Student Total):	<b>467</b>

#### Student 8

Line 10h (Student Last Name):	<b>TTTTTI</b>
Line 10h (Student First Name):	<b>Michael</b>
Line 10h (Student Social Security Number):	<b>400-01-3557</b>
Line 10h (Student Grade):	<b>8</b>
Line 10h (School Name):	<b>Ursuline</b>
Line 10h (School City):	<b>Springfield</b>
Line 10h (School Type):	<b>Public</b>
Line 10h (Student Total):	<b>467</b>

## Test Case 9 continued

### Schedule ICR continued:

#### Student 9

Line 10i (Student Last Name):	TTTTTI
Line 10i (Student First Name):	Laurie
Line 10i (Student Social Security Number):	400-01-3558
Line 10i (Student Grade):	9
Line 10i (School Name):	Ursuline
Line 10i (School City):	Springfield
Line 10i (School Type):	Public
Line 10i (Student Total):	233

#### Student 10

Line 10j (Student Last Name):	TTTTTI
Line 10j (Student First Name):	Tracey
Line 10j (Student Social Security Number):	400-01-3559
Line 10j (Student Grade):	10
Line 10j (School Name):	Sacred Heart
Line 10j (School City):	Champaign
Line 10j (School Type):	Public
Line 10j (Student Total):	233
Line 11 (Total Qualified Expenses):	4150

### 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

## Test Case 9 continued

### Schedule IL-E/EIC continued:

#### 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

#### Dependent 6

Dependent's first name:	Lynn
Dependent's last name:	TTTTTI
Social Security number:	400-01-3555
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2006/12/12
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Dependent 7

Dependent's first name:	William
Dependent's last name:	TTTTTI
Social Security number:	400-01-3556
Dependent's relationship to you:	Son
Dependent's date of birth:	2005/12/13
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

## Test Case 9 continued

### Schedule IL-E/EIC continued:

#### Dependent 8

Dependent's first name:	Michael
Dependent's last name:	TTTTTI
Social Security number:	400-01-3557
Dependent's relationship to you:	Son
Dependent's date of birth:	2004/12/14
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Dependent 9

Dependent's first name:	Laurie
Dependent's last name:	TTTTTI
Social Security number:	400-01-3558
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2003/12/15
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Dependent 10

Dependent's first name:	Tracey
Dependent's last name:	TTTTTI
Social Security number:	400-01-3559
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2002/12/16
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

### IL Schedule K-1-P information:

Partnership Year Ending:	2018/04
Line 1 (Business Type):	Partnership
Line 2 (Business Name):	Gene TTTTTZ
Line 3 (FEIN):	40-0003566
Line 4 (Apportionment Factor):	1
Line 5 (Partner Name):	Grantor Trust TTTTTI
Line 6 (Partner Address):	63 Main St
Line 6 (Partner City):	Cloud Lake
Line 6 (Partner State):	FL
Line 6 (Partner ZIP):	33406
Line 7 (Partner FEIN):	40-0003567
Line 8 (Partner share):	20 %

## Test Case 9 continued

### IL Schedule K-1-P continued:

Line 9a (Trust Box):	<b>X</b>
Line 9b (Grantor Trust Box):	<b>X</b>
Line 9b (Taxpayer Name):	<b>Barbara TTTTTI</b>
Line 9b (Taxpayer SSN):	<b>400-00-3509</b>
Line 20 (Column A):	<b>6500</b>
Line 20 (Column B):	<b>6500</b>
Line 36 (Column A):	<b>3483</b>
Line 36 (Column B):	<b>3483</b>
Line 46 (Column A):	<b>2184</b>
Line 46 (Column B):	<b>2184</b>
Line 54 (Pass-through Withholding):	<b>50</b>

### IL Schedule K-1-T information:

Trust Year Ending:	<b>2018/12</b>
Line 1 (Business Type):	<b>Trust</b>
Line 2 (Business Name):	<b>Gene TTTTTZ</b>
Line 3 (FEIN):	<b>36-1234567</b>
Line 4 (Apportionment Factor):	<b>1</b>
Line 5 (Beneficiary Name):	<b>Barbara TTTTTI</b>
Line 6 (Beneficiary Address):	<b>1015 W Springfield</b>
Line 6 (Beneficiary City):	<b>Champaign</b>
Line 6 (Beneficiary State):	<b>IL</b>
Line 6 (Beneficiary ZIP):	<b>61820</b>
Line 7 (Beneficiary SSN):	<b>400-00-3509</b>
Line 8a (Individual Box):	<b>X</b>
Line 14 (Column A):	<b>46000</b>
Line 14 (Column B):	<b>46000</b>
Line 34 (Column A):	<b>700</b>
Line 44 (Column A):	<b>1999</b>
Line 49 (Pass-through Withholding):	<b>50</b>

## Test Case 10

**Contents:**    **Form IL-1040**  
                  **Schedule NR, Nonresident**  
                  **Schedule IL-E/EIC**

**Taxpayer identification information:**

Primary name and SSN:	<b>Michael TTTTTTJ Jr. 400-00-3510</b>
Secondary name and SSN:	<b>Sarah James            400-00-3520</b>
Address:	<b>80 Portview Pl</b> <b>Wellington FL 33414</b>

**Filing Status:**

**Married filing jointly**

**Federal information:**

Line 2b: Taxable interest:	<b>17160</b>
Line 3b: Dividend income:	<b>500</b>
Line 6: Total income:	<b>76411</b>
Line 7: Adjusted gross income:	<b>76411</b>

**Federal Schedule 1 information:**

Line 17: Rental real estate composed of ...:	<b>58751</b>
Florida small business corporation	2490
Florida partnership	58661
Illinois partnership	-2400

**IL-1040 information:**

Line D (Nonresident Box):	<b>X</b>
Line 1 (AGI):	<b>76411</b>
Line 10a (You/Spouse Exemption Amount):	<b>4450</b>
Line 10d (Dependents Exemption Amount):	<b>13350</b>
Line 11 (NR IL Net Income):	<b>0</b>
Line 14 (Total Income Tax):	<b>0</b>
Line 39 (Amount You Owe):	<b>0</b>

**PC Online Return Signature Alternative:**

Primary Taxpayer IL-PIN:	<b>99999910</b>
Secondary Taxpayer IL-PIN:	<b>99999920</b>

## Test Case 10 continued

### IL Schedule NR information:

Residence:	<b>Nonresident</b>
Line 3 (Military Spouse):	<b>X</b>
Line 4a (Other State 1):	<b>FL</b>
Line 4b (Other State 2):	<b>NY</b>
Line 4c (Other State 3):	<b>CA</b>
Line 4d (Other State 4):	<b>TX</b>
Line 4e (Other State 5):	<b>NV</b>
Line 6 (Column A):	<b>17160</b>
Line 7 (Column A):	<b>500</b>
Line 15 (Column A):	<b>58751</b>
Line 15 (Column B):	<b>-2400</b>
Line 38 (IL Portion of Fed AGI):	<b>-2400</b>
Line 46 (IL Portion of Base Income):	<b>0</b>
Line 48 (Line 46 divided by IL Base Income Line 47):	<b>0</b>
Line 51 (IL Net Income):	<b>0</b>
Line 52 (Tax - Line 51 times 4.95% (.0495)):	<b>0</b>

### Schedule IL-E/EIC:

#### Illinois Dependent Exemption Allowance:

##### Dependent 1

Dependent's first name:	<b>Kinley</b>
Dependent's last name:	<b>TTTTTJ</b>
Social Security number:	<b>400-01-3541</b>
Dependent's relationship to you:	<b>Daughter</b>
Dependent's date of birth:	<b>2002/03/15</b>
Number of months living with you:	<b>12</b>
Eligible for Earned Income Credit Box:	<b>X</b>

##### Dependent 2

Dependent's first name:	<b>Frank</b>
Dependent's last name:	<b>TTTTTJ</b>
Social Security number:	<b>400-01-3542</b>
Dependent's relationship to you:	<b>Son</b>
Dependent's date of birth:	<b>2004/04/27</b>
Number of months living with you:	<b>12</b>
Eligible for Earned Income Credit Box:	<b>X</b>

##### Dependent 3

Dependent's first name:	<b>Bella</b>
Dependent's last name:	<b>TTTTTJ</b>
Social Security number:	<b>400-01-3543</b>
Dependent's relationship to you:	<b>Daughter</b>
Dependent's date of birth:	<b>2006/05/03</b>
Number of months living with you:	<b>12</b>
Eligible for Earned Income Credit Box:	<b>X</b>

## Test Case 10 continued

### Schedule IL-E/EIC continued:

#### Dependent 4

Dependent's first name:	Ellie
Dependent's last name:	TTTTTJ
Social Security number:	400-01-3544
Dependent's relationship to you:	Daughter
Dependent's date of birth:	2008/06/21
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Dependent 5

Dependent's first name:	Dimitrius
Dependent's last name:	TTTTTJ
Social Security number:	400-01-3545
Dependent's relationship to you:	Son
Dependent's date of birth:	2010/07/17
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Dependent 6

Dependent's first name:	Jack
Dependent's last name:	TTTTTJ
Social Security number:	400-01-3546
Dependent's relationship to you:	Son
Dependent's date of birth:	2012/08/11
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X



## Test Case 11

**Contents:**    **Form IL-1040**  
                  **Schedule M**  
                  **Schedule CR**  
                  **Schedule ICR**  
                  **Schedule IL-E/EIC**  
                  **(3) Form W-2**

**Taxpayer identification information:**

Primary name and SSN:	<b>Philip TTTTTK</b>	<b>400-00-3511</b>
Secondary name and SSN:	<b>None</b>	
Address:	<b>2027 W Seventh</b>	
	<b>Taylorville IL</b>	<b>62568</b>

**Filing Status:**

**Widowed**

**Federal information:**

Line 1: Wages:		<b>15549</b>
Line 2b: Taxable interest composed of...:		<b>1641</b>
E.E. Bonds of Aug 04	41	
First Third of Toledo	375	
Hoozon First of America	325	
Credit Union of Taylorville	425	
Christian County Savings & Loan	55	
Marine Bank	420	
Line 3b: Dividend income composed of...:		<b>225</b>
Payer 1	225	
Line 6: Total income:		<b>17647</b>
Line 7: Adjusted gross income:		<b>17647</b>
Line 17a: Earned Income Credit:		<b>5716</b>

**Federal Schedule 1 information:**

Line 10: Taxable refunds:		<b>32</b>
Line 12: Business Income or Loss:		<b>200</b>

## Test Case 11 continued

### W-2 information #1:

Employer's identification number:	37-5094172
Employer's name, address, ZIP:	Moms Cookies 123 Shoppers Plaza Saint Charles MO 63301
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	5800
Federal income tax withheld:	1000
State:	MO
State wages, tips, etc.:	5800
State income tax:	100
W-2 form is:	NON-Standard

### W-2 information #2:

Employer's identification number:	37-0246288
Employer's name, address, ZIP:	Debs Design 110 White Oaks Madison IN 47250
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	408
Federal income tax withheld:	61
State:	IN
State wages, tips, etc.:	408
State income tax:	92
W-2 form is:	NON-Standard

### W-2 information #3:

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army 55 State Street Litchfield IL 62056
Employee's Social Security number:	400-00-3511
Wages, tips, other compensation:	9341
Federal income tax withheld:	4457
State:	IL
State wages, tips, etc.:	9341
State income tax:	0

## Test Case 11 continued

### IL-1040 information:

Line 1 (AGI):	17647
Line 6 (IL-Tax Refund):	32
Line 7 (Other Subtractions Total):	9382
Line 10a (You/Spouse Exemption Amount):	2225
Line 10d (Dependents Exemption Amount):	4450
Line 14 (Total Income Tax):	77
Line 15 (Credit Schedule-CR):	58
Line 16 (Credit Schedule ICR-nonrefundable):	19
Line 28 (IL-Earned-Income-Credit):	1029
Line 36 (Refund):	1029
Line 37c (Illinois Individual Income Tax Refund Paper Check):	X

### PC Online Return Signature Alternative:

Primary Driver's License Number:	T11122233311
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### IL Schedule M information:

Line 21 (Military Pay):	9341
Line 22 (U.S. Obligations):	41
Line 40 (Total Other Subtractions):	9382

### IL Schedule CR information:

Line 1a (Wages):	15549
Line 1b (Non IL Wages):	6208
Line 2a (Interest Income):	1641
Line 3a (Dividend Income):	225
Line 4a (Taxable Income):	32
Line 6a (Business Income or Loss):	200
Line 38a (IL Income Tax Overpayment):	32
Line 39a (Other Subtractions Total):	9382
Line 40a (Total Subtractions):	9414
Line 43 (Schedule CR Decimal):	0.75400
Line 51 (Total Tax Paid to Other State):	192
Line 52 (IL Tax Due):	77
Line 54 (IL Tax Eligible for Credit):	58

## Test Case 11 continued

### IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	77
Line 2 (IL1040 Schedule CR Credit):	58
Line 4a (Property Tax):	1560
Line 4b (County 1):	Christian
Line 4b (Property Index Number 1):	12deb13jen
Line 4f (Eligible Property Tax Amount 1):	1560
Line 5 (IL Property Tax Credit):	19

### IL Schedule IL-E/EIC information:

#### Illinois Dependent Exemption Allowance:

##### Dependent 1

Dependent's first name:	Mailee
Dependent's last name:	TTTTTK
Social Security number:	400-01-3571
Dependent's relationship to you:	Daughter
Dependent's date of birth:	1998/05/08
Full time student box:	X
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

##### Dependent 2

Dependent's first name:	Benjamin
Dependent's last name:	TTTTTK
Social Security number:	400-01-3572
Dependent's relationship to you:	Son
Dependent's date of birth:	1993/11/23
Person with disability box:	X
Number of months living with you:	12
Eligible for Earned Income Credit Box:	X

#### Illinois Earned Income Credit:

Step 3, Line 1 (Wages):	15549
Step 3, Line 2 (Business Income or Loss):	200
Step 3, Line 2a (Professional License Box):	Yes
Step 3, Line 2b (Name of Issuing Agency):	Illinois Department of Financial & Professional Regulation
Step 3, Line 2b (License, registration, or certification number):	012348765
Step 3, Line 4 (Statutory Employee Box):	No
Step 4, Line 5 (Federal EIC Amount):	5716
Step 4, Line 8 (IL Earned Income Credit):	1029



## Test Case 12 continued

### IL Schedule ICR information continued:

#### Student 1

Line 10a (Student Last Name):	<b>TTTTTL</b>
Line 10a (Student First Name):	<b>Jennifer</b>
Line 10a (Student Social Security Number):	<b>400-01-3582</b>
Line 10a (Student Grade):	<b>1</b>
Line 10a (School Name):	<b>Little Flower</b>
Line 10a (School City):	<b>Champaign</b>
Line 10a (School Type check box):	<b>Public</b>
Line 10a (Student Total):	<b>1050</b>

### IL Form 2210 information:

#### Annualizing Income:

**Yes**

**Payments made: IL-1040-ES Payment made on  
April 20, 2018:**

**100**

**IL-1040-ES Payment made on  
June 10, 2018:**

**100**

Line 1a (This Year's Total Inc Tax):	<b>1919</b>
Line 1b (Last Year's Total Inc Tax):	<b>890</b>
Line 2a (This Year's Tax Return Credits):	<b>200</b>
Line 2b (Last Year's Tax Return Credits):	<b>50</b>
Line 3a (This Year's Net Income Tax):	<b>1719</b>
Line 3b (Last Year's Net Income Tax):	<b>840</b>
Line 6a (This Year's Net Inc Tax Times 90%):	<b>1547</b>
Line 7a (Estimated Tax):	<b>840</b>
Line 8a (Required Installment Amt Per Qtr):	<b>210</b>
Line 9b(1) (Required Installment Qtr 1):	<b>198</b>
Line 9b(2) (Required Installment Qtr 2):	<b>36</b>
Line 9b(3) (Required Installment Qtr 3):	<b>0</b>
Line 9b(4) (Required Installment Qtr 4):	<b>606</b>
Line 18 (Cr Carried Fwd Payments Withholding):	<b>840</b>
Line 19 (Total Unpaid Tax Amt or Overpayment):	<b>879</b>
Line 37 (Total Overpaid or Owed):	<b>1683</b>
Line 38a (Base Income Period 1):	<b>6000</b>
Line 38b (Base Income Period 2):	<b>7000</b>
Line 38c (Base Income Period 3):	<b>8000</b>
Line 38d (Base Income Period 4):	<b>41000</b>
Line 56a (Required Installment Period 1):	<b>198</b>
Line 56b (Required Installment Period 2):	<b>36</b>
Line 56c (Required Installment Period 3):	<b>0</b>
Line 56d (Required Installment Period 4):	<b>606</b>

## Test Case 12 continued

### IL-Payment 1 information:

Taxpayer Identification Number: 400-00-3512  
Routing Transit Number: 271188081  
Bank Account Number: 2222Test333344445  
Debit from Checking Account: X  
Name on Account: Linda TTTTTL  
Amount of Tax Payment: 1683  
FTA Code – IL-1040: 013  
Settlement Date: 2019/06/15 2020/06/15  
Taxpayer's Daytime Phone Number: 217-524-4767  
E-mail address: 3Monks@IDORTEST.com

### IL-Payment 2 information:

Taxpayer Identification Number: 400-00-3512  
Routing Transit Number: 271188081  
Bank Account Number: 2222Test333344445  
Debit from Checking Account: X  
Name on Account: Linda TTTTTL  
Amount of Tax Payment: 150  
FTA Code – IL-1040 ES: 012  
Settlement Date: 2019/04/15  
Taxpayer's Daytime Phone Number: 217-524-4767  
E-mail address: 3Monks@IDORTEST.com

### IL-Payment 3 information:

Taxpayer Identification Number: 400-00-3512  
Routing Transit Number: 271188081  
Bank Account Number: 2222Test333344445  
Debit from Checking Account: X  
Name on Account: Linda TTTTTL  
Amount of Tax Payment: 150  
FTA Code – IL-1040 ES: 012  
Settlement Date: 2019/06/17  
Taxpayer's Daytime Phone Number: 217-524-4767  
E-mail address: 3Monks@IDORTEST.com

## Test Case 12 continued

### IL-Payment 4 information:

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Debit from Checking Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code IL-1040 ES:	012
Settlement Date:	2019/09/16
Taxpayer's Daytime Phone Number:	217-524-4767
E-mail address:	3Monks@IDORTEST.com

### IL-Payment 5 information:

Taxpayer Identification Number:	400-00-3512
Routing Transit Number:	271188081
Bank Account Number:	2222Test333344445
Debit from Checking Account:	X
Name on Account:	Linda TTTTTL
Amount of Tax Payment:	150
FTA Code IL-1040 ES:	012
Settlement Date:	2020/01/15
Taxpayer's Daytime Phone Number:	217-524-4767
E-mail address:	3Monks@IDORTEST.com