Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074 Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) **Filing Status** Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent Your first name and middle initial Your social security number Last name 078-05-1120 TEST SINGLE NO KIDS OLDER If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign** 2300 Jackson Street Check here if you, or your spouse City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code if filing jointly, want \$3 to go to this Chicago IL 60620 fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Someone can claim: You as a dependent Your spouse as a dependent Standard **Deduction** Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 (4) Check if qualifies for (see instructions): (2) Social security (3) Relationship Dependents (see instructions): number to vou (1) First name Last name Child tax credit Credit for other dependents If more than four dependents. see instructions and check here > 85,123. Wages, salaries, tips, etc. Attach Form(s) W-2 1 Attach 2a **b** Taxable interest 2b Sch. B if За Qualified dividends . . . 3a **b** Ordinary dividends 3b required. 4a IRA distributions . . 4a **b** Taxable amount 4b 5a Pensions and annuities . 5a **b** Taxable amount 5b Standard Deduction for -6a Social security benefits 6a **b** Taxable amount 6b Single or married Capital gain or (loss). Attach Schedule D if required. If not required, check here. 7 filing separately, \$12,550 Other income from Schedule 1, line 10 8

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Add lines 12a and 12b

Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your ${\color{blue} \textbf{total income}}$.

Adjustments to income from Schedule 1, line 26

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Qualified business income deduction from Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- .

Charitable contributions if you take the standard deduction (see instructions) · · · ·

Form **1040** (2021)

85,123.

85,123.

12,850.

12,850.

72,273.

9

10

11

12c

13

14

15

12,550.

12a

12b

Married filing

\$25,100

Head of household,

\$18,800

Standard Deduction,

If you checked

any box under

see instructions

jointly or Qualifying widow(er).

10

11

12a

b

С

13

15

Form 1040 (202	21) TI	EST SINGLE NO KIDS OLDER	078-0	<u>5-112</u>	0 Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	11,649.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	11,649.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	11,649.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your total tax		24	11,649.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	9,632.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	9,632.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return		26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)			
attach Sch. Elc.]	Check here if you were born after January 1, 1998, and before			
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See Instructions			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28			
	29	American opportunity credit from Form 8863, line 8			
	30	Recovery rebate credit. See instructions			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits		32	0.
	33	Add lines 25d, 26, and 32. These are your total payments		33	9,632.
. .	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you $\mbox{\bf overpaid}$		34	0.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	_	35a	0.
Direct deposit?	▶ b	Routing number XXXXX	Savings		
See instructions.	▶ d	Account number XXXXXX			
A 1	36	Amount of line 34 you want applied to your 2022 estimated tax			0.015
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions		37	2,017.
You Owe		Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS?	Vac Camplet	hala [¬ No
Designee	266	sinstructions		_	No
		ignee's ne ▶ Trudy M Howard Phone no. ▶855-743-5765	Personal identification number (PIN) ▶ 14		
Sign		ne ► Trudy M Howard no. ►855-743-5765 der penalties of periury, I declare that I have examined this return and accompanying schedules and statements.	. ,		alief they are true
Here		rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	•	wiedge and b	cher, they are true,
i ici c	Yo	ur signature Date Your occupation	If the	RS sent you a	n Identity Protection
Joint return?				enter it here inst.) ▶	•
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		,	spouse an Identity
our records.			Prot	ection PIN, ente inst.) ►	r it here
	———Ph	one no. Email address	/300		
Paid		eparer's name Preparer's signature Date	PTIN		Check if:
Preparer	Tı	rudy M Howard Trudy M Howard 05/09	9/2022 P0202		Self-employed
Use Only		m's name ▶Howard Tax Prep LLC			743-5765
		m's address ▶1136 S. Delano Court , Chicago , IL, 60			3245096

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Taxpayer's name	Social security number
TEST SINGLE NO KIDS OLDER	078-05-1120
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 202	21(Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	-
4 Amount you want refunded to you	
5 Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure y	you get and keep a copy of your return
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electron information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, no	S. Treasury and its designated Financial ated in the tax preparation software for to debit the entry to this account. This authorization. To revoke (cancel) a payment, received no later than 2 business days prior to payment of taxes to receive confidential at the personal identification number (PIN)
Taxpayer's PIN: check one box only	
X I authorize Howard Tax Prep LLC to enter of	or generate my PIN
ERO firm name	Enter five digits, but
as my signature on the income tax return (original or amended) I am now au	thorizing. don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend only if you are entering your own PIN and your return is filed using the Practi Part III below.	· · · · · · · · · · · · · · · · · · ·
Your signature ▶	Date ►
Spouse's PIN: check one box only	
	or generate my PIN
ERO firm name	Enter five digits, but
as my signature on the income tax return (original or amended) I am now au	thorizing. don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or ame only if you are entering your own PIN and your return is filed using the Practi Part III below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—	- continue below
Part III Certification and Authentication – Practitioner PIN Method O	nly
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	PIN. 15989914525
	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual indicated above for the taxpayer(s) indicated above. I confirm that I am sof the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indicated above.	submitting this return in accordance with the
ERO's signature ► Trudy M Howard Da	ate > 05/09/2022
ERO Must Retain This Form – See Instru Don't Submit This Form to the IRS Unless Reque	

Illinois Department of Revenue 2021 Form IL-1040



Individual Income Tax Return

or for fiscal year ending Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN. A Your first name and middle initial Your last name Year of birth Your social security number TEST SINGLE NO KIDS OLDER 1960 078-05-1120 Spouse's first name and middle initial Spouse's last name Spouse's social security number Spouse's year of birth Mailing address (See inst. if foreign address) State Zip or postal code Apartment number 2300 Jackson Street Chicago IL60620 Foreign nation if not US (do not abbreviate) County (Illinois only) Email address COOK X Single Married filing jointly Married filing separately Head of household Widowed C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. Spouse You **D** Check the box if this applies to you during 2021: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR (Whole dollars only) Step 2: Income **1** Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3. Step 3: Base Income Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Staple W-2 and 1099 forms here Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. .00 9 Illinois base income. Subtract Line 8 from Line 4. Step 4: Exemptions **10 a** Enter the exemption amount for yourself and your spouse. **See instructions.** 2,375.00 **b** Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = **d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. .00 Attach Schedule IL-E/EIC. 2,375.00 Exemption allowance. Add Lines 10a through 10d. Step 5: Net Income and Tax 11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 82,748.00 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 12 4,096.00 Nonresidents and part-year residents: Enter the tax from Schedule NR. 13 Recapture of investment tax credits. Attach Schedule 4255. 0.00 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. 4,096.00 Step 6: Tax After Nonrefundable Credits .00 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. .00 .00 17 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. .00 4,096.00 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. **Step 7: Other Taxes** Vour 20 Household employment tax. See instructions. 20 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table Staple 21 in the instructions. Do not leave blank. 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 4,096.00

23 Total Tax. Add Lines 19, 20, 21, and 22.



	from Page 1, Line 23.						24	4,096.00		
Step 8: Payments and Refundable Credit										
25 Illinois Ir	ncome Tax withheld. Attach	Schedule IL-WIT.		25	5,52	<u>5.00</u>				
26 Estimate	26 Estimated payments from Forms IL-1040-ES and IL-505-I,									
includin	g any overpayment applied f		26		.00					
27 Pass-thi	rough withholding. Attach S	Schedule K-1-P or K-1-7	Γ.		27		.00			
28 Pass-thi	rough entity tax credit. Attac	h Schedule K-1-P or K	-1-T.		28		.00			
29 Earned	Income Credit from Schedul	e IL-E/EIC, Step 4, Line	e 8. Attach S	Schedule IL-E/EIC.	29		.00			
	30 Total payments and refundable credit. Add Lines 25 through 29. 30 5,525.00									
Step 9: T										
	0 is greater than Line 24, su						31	1,429.00		
	4 is greater than Line 30, su					0: 10	32	0.00		
-	Underpayment of Es		-	-	-	e Step 10	for late-pa	yment penalty		
	rpayment of estimate		a volunta	ary charitable do			0.0			
	ment penalty for underpayn				33		.00			
	Check if at least two-thirds			-						
	Check if you or your spouse		-	-						
с 📙	Check if your income was r	ot received evenly during	ng the year ar	nd you annualized your	income on	Form IL-221	0.			
. —	Attach Form IL-2210.									
	Check if you were not requi		vidual Incom	e Tax return in the pre		ar.				
	ry charitable donations. Atta				34		.00			
	enalty and donations. Add	Lines 33 and 34.					35	.00		
Step 11:										
-	ave an amount on Line 31 ar	id this amount is greate	r than Line 3	5, subtract Line 35 from	m Line 31.		00	1 400 00		
•	our overpayment.						36	1,429.00		
	from Line 36 you want refu	nded to you. Check or	ne box on Lin	e 38. See instructions.			37	1,429.00		
	e to receive my refund by									
a	direct deposit - Complete	the information below if	you check t	nis box.						
Yo	ou may also contribute				¬ ¬	[\neg - ·)			
	college savings funds	Routing number			_ L_Ch€	ecking or	Savings			
he	ere. See instructions!	Account number								
_ _										
D A	$b^{-}\overline{X}^{-}$ paper check.									
30 Amount		whetevoor Line 27 from Lin	o 26. Soo im	ate ations			20	00		
39 Amount	to be credited forward. Se	ubtract Line 37 from Lin	ne 36. See ins	structions.			39	.00		
		ubtract Line 37 from Lin	ne 36. See ins	structions.			39	.00		
Step 12:	to be credited forward. So			structions.			39	.00		
Step 12: 40 If you ha	to be credited forward. So Amount You Owe ave an amount on Line 32, a	dd Lines 32 and 35	or -	structions.			39	.00		
Step 12: 40 If you ha	to be credited forward. So Amount You Owe ave an amount on Line 32, a ave an amount on Line 31 ar	dd Lines 32 and 35. • ad this amount is less th	Or - nan Line 35,							
Step 12: 40 If you ha	to be credited forward. So Amount You Owe ave an amount on Line 32, a	dd Lines 32 and 35. • ad this amount is less th	Or - nan Line 35,				39 40	0.00		
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Step 12: 40 If you hat subtract Step 13: Sign Here	to be credited forward. So Amount You Owe ave an amount on Line 32, a ave an amount on Line 31 are Line 31 from Line 35. This If this is a joint return, bot Under penalties of perjury Your signature Print/Type paid preparer's nate Trudy M Howar Firm's name How	dd Lines 32 and 35 nd this amount is less the amount you ow h you and your spouse y, I state that I have exama Date (mm/dd/yyyy) me d ard Tax Pre	or - nan Line 35, e. See instru must sign be mined this re Spouse's sig Paid prepare	elow. turn and, to the best of gnature er's signature	Date (mn Date (mn 05/0) Firm's FE	n/dd/yyyy) n/dd/yyyy) 9 / 2022 EIN	, correct, and control Dayting Check if self-employed	o.00 complete. me phone number Paid Preparer's PTIN P02020949 096		
Step 12: 40 If you hat subtract Step 13: Sign Here Paid Preparer	to be credited forward. So Amount You Owe ave an amount on Line 32, a ave an amount on Line 31 are Line 31 from Line 35. This If this is a joint return, both Under penalties of perjury Your signature Print/Type paid preparer's nate Trudy M Howar Firm's name How Howar Firm's address 1136	dd Lines 32 and 35 nd this amount is less the amount you ow h you and your spouse y, I state that I have exal Date (mm/dd/yyyy) me d ard Tax Pre S. Delano Cour	or - nan Line 35, e. See instru must sign be mined this re Spouse's sig Paid prepare	elow. turn and, to the best of gnature er's signature	Date (mn Date (mn 05/0) Firm's FE Firm's ph	n/dd/yyyy) n/dd/yyyy) 9 / 2022 EIN	, correct, and control Dayting Check if self-employed 83-3245 (855) 743	O.00 complete. me phone number Paid Preparer's PTIN P02020949 096 8-5765		
Step 12: 40 If you has subtract Step 13: Sign Here Paid Preparer Use Only	to be credited forward. So Amount You Owe ave an amount on Line 32, as ave an amount on Line 31 ar Line 31 from Line 35. This If this is a joint return, both Under penalties of perjury Your signature Print/Type paid preparer's nate Trudy M Howar Firm's name How Firm's address 1136 Designee's name (please print)	dd Lines 32 and 35 nd this amount is less the amount you ow h you and your spouse y, I state that I have exal Date (mm/dd/yyyy) me d ard Tax Pre S. Delano Cour	or - nan Line 35, e. See instru must sign be mined this re Spouse's sig Paid prepare	elow. turn and, to the best of gnature er's signature	Date (mn Date (mn 05/0) Firm's FE Firm's ph	n/dd/yyyy) n/dd/yyyy) 9 / 2022 EIN	, correct, and control of the contro	o.00 complete. The phone number Paid Preparer's PTIN P02020949 096 3-5765 The Department may		
Step 12: 40 If you has subtract Step 13: Sign Here Paid Preparer Use Only Third Party	to be credited forward. So Amount You Owe ave an amount on Line 32, as ave an amount on Line 31 ar Line 31 from Line 35. This If this is a joint return, both Under penalties of perjury Your signature Print/Type paid preparer's nate Trudy M Howar Firm's name How Firm's address 1136 Designee's name (please print)	dd Lines 32 and 35 Ind this amount is less the amount you ow In you and your spouse In Jate (mm/dd/yyyy) The me In dd In Jate (mm/dd/yyyy) The me In dd In Jate (mm/dd/yyyy) The me In dd In Jate (mm/dd/yyyy)	or - nan Line 35, e. See instru must sign be mined this re Spouse's sig Paid prepare	elow. turn and, to the best of gnature er's signature	Date (mn Date (mn 05/0) Firm's FE Firm's ph	n/dd/yyyy) n/dd/yyyy) 9 / 2022 EIN	, correct, and control of the contro	O.00 complete. me phone number Paid Preparer's PTIN P02020949 096 8-5765		

Refer to the 2021 IL-1040 Instructions for the address to mail your return.

DR_____AP____ RR DC IR ID

IL-1040 Back (R-12/21) ID: 2DS



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	l l
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	M	1099-K	К
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

TEST SINGLE NO KIDS OLDER

078-05-1120

Your name as shown on Form IL-1040

Your Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
1 2 3 4 5	W		\$ \$ \$ \$	85,123.00 .00 .00 .00 .00	\$ \$ \$ \$	85,123.00 S .00 S .00 S .00 S .00 S	\$_ \$_ \$_ \$_	5,525.00 .00 .00 .00 .00	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	lumn C s, Winnings, Gross Compensation, etc.	Illinois Wage	olumn D es, Winnings, Gross , Compensation, etc.	Column E Illinois Income Tax Withheld
6			\$ \$ \$ \$.00 .00 .00 .00	\$ \$ \$ \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ <u>5,525.00</u>

→ Attach all Schedules IL-WIT to your IL-1040.



Illinois Department of Revenue

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

	(Do not mail Form IL-8453 to the Illinois	Departme	ent of Revenue unless it is	s requested for review.)		
Step	1: Provide taxpayer information					
	TEST SINGLE NO KIDS OLDER	erent) Last name	078-05-1120			
Print	First name and middle initial Spouse's first name (and	Social Security number				
or	2300 Jackson Street					
ype	Mailing address			Spouse's Social Security number		
.ypc	Chicago, IL 60620			<u> </u>		
	City	State	ZIP	Daytime phone number		
Step	2: Complete information from ta	x return				
1 Ne	et income from Form IL-1040, Line 11			182,74800		
	ax from Form IL-1040, Line 14			2 4,09600		
	nois Income Tax withheld from Form IL-1040,	Line 25 onl	v (enter "0" if none)	3 5,52500		
-	verpayment from Form IL-1040, Line 36	Line 20 Cin	y (ontoi o ii iiono)	4 1,42900		
_	otal amount due from Form IL-1040, Line 40			5 000		
		ointly.	Marriad filing congretaly			
O FII	ling status: X Single Married filing j	Jiritiy	Married filing separately	WidowedHead of household		
Illinois within t 7 Ro 8 Ac 9 Ty 10 Da 11 Ele	itiate a payment or refund transaction, the ideas not support international ACH transactions. IDOR the United States or those not funded by international fouting no. (RN): count no. (AN): repe of account: Checking Savings ate the payment is to be electronically withdraw ectronic funds withdrawal amount: The payment is to be electronically withdrawal amount:	t will only perfounds. Electron	orm direct transactions (<i>e.g.</i> , deb	it, deposit) with financial institutions located		
Under originar and ac	I consent that my refund may be directly deposited as correct. If I have filed a joint return, this is an irrevoca I authorize the Illinois Department of Revenue (IDOR) withdrawal as designated in the electronic portion of r involved in the processing of an electronic overpayme and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic (ERO) are identical. To the best of my knowledge, no companying information may be sent to IDOR by my Elected or rejected. If rejected, I authorize IDOR to identical.	designated in ble appointme and its designy 2021 Illinois nt of taxes to a conic funds with a ctronic Form I by return is truk.	Step 3 and declare the information of the other spouse as an agermated financial agent to initiate are Individual Income Tax return. It is receive confidential information numbers and the information of the Individual (direct debit) of my balance. In Individual the information I prove the information I prove the IDOR to inform my ERO and/or	on on Lines 7 through 9 is at to receive the refund. ACH electronic funds authorize the financial institutions ecessary to answer inquiries ce due. ided to my electronic return at that my return, this declaration, the transmitter when my return has		
Sign here	Your signature	Date	Spouse's signature (if join	t return, both must sign) Date		
Step	5: Electronic return originator (I	EKU) and	i paid preparer deci	aration and signature		
have fo	re that I have examined this taxpayer's electronic Form ollowed all requirements of this program and declare, ur companying information are true, correct, and complete	der penalties				
	ERO's signature		Date			
ERO	Howard Tax Prep LLC			P02020949		
use	Firm's name or your name if self-employed			Your PTIN		
only				83-3245096		
Jilly	1136 S. Delano Court Mailing address			Federal employer identification number (FEIN)		
		TT	60605			
	Chicago City	IL State	60605 ZIP	(<u>(855) 743-5765</u> Daytime phone number		
	,	J		zajamo phono nambor		

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). <u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

