



Illinois Department of Revenue

Electronic Filing Test Package

IL-1347

Tax Year 2014

Tax Year 2014/Processing Year 2015 Electronic Filing Testing Information

This test package is designed to assure your ability to format and transmit 2014 Illinois Individual Income Tax returns, for the 2015 filing season. 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.

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, TTTTSMITH, TTTTTSCHWARTZ, TTTTSMURPHY. Also, all 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 2014/Processing Year 2015 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 ICR, and (3) Forms W-2
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, and (2) Forms W-2
- Test 5: Form IL-1040, Schedule M, (2) Forms W-2, Form 1099-R, and Federal 1040 pages
- Test 6: Form IL-1040 and Schedule M
- 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 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 and Schedule NR
- Test 11: Form IL-1040, Schedule M, Schedule CR, Schedule ICR, and (3) Forms W-2
Illinois Individual Income Tax Refund Paper Check return
- Test 12: Form IL-1040, Schedule ICR, Form IL-2210, and (5) 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:

Total federal exemptions: **None**

Federal 1040 entries:

Box 6a: Parent can claim: **Not Checked on Federal 1040**
Line 7: Wages: **820**
Line 22: Total income: **820**
Line 37: 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 62451**
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**
Social Security Wages: **820**
Social Security tax withheld: **51**
Medicare Wages and Tips: **820**
State: **IL**
State wages, tips, etc.: **820**
State income tax: **30**

Test Case 1 continued

IL-1040 information:

Additional Illinois exemptions:	0
Line 1 (AGI):	820
Box 10b (Dependent Claimed Count):	1
Line 10b (Dependent Exemption Allowance):	2125
Line 15 (Total Income Tax):	0
Line 26 (IL Tax Withheld):	30
Line 37 (Refund):	30
Line 38 (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	217-524-4097
Form 1099-G Box	X

PC Online Return Signature Alternative:

Primary Drivers License Number:	T11122233301
Primary Drivers License First Name:	Wanda
Primary Drivers License Middle Name:	Lou
Primary Drivers License Last Name:	TTTTTA
Primary Drivers License Weight:	150

Test Case 2 continued

W-2 information #1:

Employer's identification number:	37-5094172
Employer's name, address, ZIP:	Moms Cookies 123 Shoppers Plaza St Charles MO 63010
Employee's Social Security number:	400-00-3502
Wages, tips, other compensation:	6000
Federal income tax withheld:	1000
Social Security Wages:	6000
Social Security tax withheld:	372
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:	Deb's 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
Social Security Wages:	408
Social Security tax withheld:	25
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 62811
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:

Additional Illinois exemptions:	0
Line 1 (AGI):	30034
Line 6 (IL-Tax Refund):	32
Line 7 (Other Subtractions Total):	21769
Line 15 (Total Income Tax):	93
Line 16 (Credit Schedule-CR):	72
Line 22 (Household Employment Tax):	29
Line 23 (Use Tax):	25
Line 29 (IL-Earned-Income-Credit):	289
Line 37 (Refund):	214
Line 38 (Illinois Individual Income Tax Refund Debit Card)	X

PC Online Return Signature Alternative:

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

IL Schedule M information:

Line 19 (Military Pay):	21479
Line 20 (U.S. Obligations):	290
Line 38 (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):	0.77833 .778
Line 51 (Total Tax Paid to Other State):	192
Line 52 (IL Tax Due):	93
Line 54 (IL Tax Eligible for Credit):	72

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	93
Line 2 (IL1040 Schedule CR Credit):	72
Line 10a (Federal EIC Amount):	2892
Line 11 (IL Earned Income Credit):	289

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
Social Security Wages:	8000
Social Security tax withheld:	496
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
Gross 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 62555
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 Chicago 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 P.O. 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:

Additional Illinois exemptions:	Line 10c = 1, over 65 Line 10d = 1, legally blind
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Line 1 (AGI):	11530
Line 5 (Fed-Taxed-Ret-SS):	498
Line 7 (Other Subtractions Total):	1550
Line 15 (Total Income Tax):	268
Line 17 (Credit Schedule ICR-Nonrefundable):	18
Line 22 (Household Employment Tax):	30
Line 26 (IL Tax Withheld):	302
Line 34 (Total Donations):	30
Line 40 (Amount You Owe):	8

PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999903
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Test Case 3 continued

IL Schedule M information:

Line 20 (U.S. Obligations):	1550
Line 38 (Total Other Subtractions):	1550

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	268
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):	10
Line 1e (Donation e):	20
Line 2 (Total Donations):	30

Test Case 4

Contents: **Form IL-1040**
 Schedule M
 Schedule ICR
 Schedule G
 Form IL-4562
 Schedule 1299-C
 (2) Form W-2

Taxpayer identification information:

Primary name and SSN:	Sam TTTTDD	400-00-3504
Secondary name and SSN:	Betty Cramer-Hill	400-00-3514
Address:	200 Hickory Oak Park IL 60303	

Filing Status:

Married filing jointly

Federal information:

Total federal exemptions:	2
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Federal 1040 entries:

Line 7: Wages:	68346
Line 10: Taxable refunds:	76
Line 12: Business Income or Loss:	29785
Line 22: Total income:	98207
Line 27: Deductible part of self-employment tax:	2104
Line 37: Adjusted gross income:	96103

There will be no Federal 4562 filed. This information will be used to prepare a 4797 and Schedule D:

Asset Purchased:	01/02/2012
Asset Cost:	32000
Total Elected 179 Deduction in 2012:	24000
Special Depreciation Allowance at 50% in 2012:	4000
Recovery Period:	7yr
Convention:	HY
Method:	GDS 200%
Depreciation deduction in 2012:	572
Depreciation deduction in 2013:	980
Asset Sold:	01/11/2014
No gain or loss on sale	

Test Case 4 continued

W-2 information #1:

Employer's identification number:	36-1274638
Employer's name, address, ZIP:	Federal Mgmt Inc 101 Wabash Chicago IL 60603
Employee's Social Security number:	400-00-3504
Wages, tips, other compensation:	67227
Federal income tax withheld:	12121
Social Security Wages:	67227
Social Security tax withheld:	4168
State 1:	IL
State wages, tips, etc.:	45012
State income tax:	1830
State 2:	OH
State 2 wages, tips, etc.:	22215
State 2 income tax:	556

W-2 information #2:

Employer's identification number:	35-9990000
Employer's name, address, ZIP:	Dept of the Army 55 State Street Litchfield 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

IL-1040 information:

Additional Illinois exemptions:	0
Line 1 (AGI):	96103
Line 3 (Other-Add-Tot):	915
Line 6 (IL-Tax Refund):	76
Line 7 (Other-Sub-Tot):	5989
Line 7 (Check box):	X
Line 15 (Total Income Tax):	4335
Line 17 (Credit Schedule ICR-Nonrefundable):	61
Line 18 (Schedule 1299-C Credit):	410
Line 26 (IL Tax Withheld):	1850
Line 27 (Estimated Payments):	775
Line 33d (No Previous Year IL-1040 Box):	X
Line 34 (Total Donations):	57
Line 40 (Amount You Owe):	1296

Test Case 4 continued

PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN:	99999904
Primary Drivers License Number:	T11122233304
Secondary Taxpayer IL-PIN:	99999914
Secondary Drivers License Number:	T11122233314

Schedule M information:

Line 5 (IL Special Depreciation Addition):	665
Line 8 (Schedule 1299-C Addition):	250
Line 11 (Total Other Additions):	915
Line 18 (IL Special Depreciation Subtraction):	4000
Line 19 (Military Pay):	1119
Line 22 (Schedule 1299-C Subtraction):	870
Line 38 (Total Other Subtractions):	5989

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	4335
Line 2 (IL1040 Schedule CR Credit):	0
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

Schedule 1299-C information:

Step 2, Line 1a (Corp Name):	ABC Corp
Step 2, Line 1a (Zone):	Rockford
Step 2, Line 1a (Dividend Amount):	870
Step 3, Line 1 (TECH-PREP Direct Payroll Expenses):	500
Step 3, Line 2 (On-site Dependent Care Expenses):	1200
Line 39a (Student Assistance Employee Name):	John Jones
Line 39a (Employee SSN):	400-01-3550
Line 39a (Contribution Amount):	1000

Test Case 4 continued

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):	5
Line 1f (Donation f):	6
Line 1g (Donation g)	36
Line 2 (Total Donations):	57

IL-4562 information:

Line 3 (Prior Year Depreciation Recapture):	665
Line 9 (Prior Year Special Depreciation: Addition Recapture)	4000

Test Case 5

Contents: **Form IL-1040**
 Schedule M
 (2) Form W-2
 Form 1099-R (information only)

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

Veterans' Affairs information:

Military veteran "Spouse" Box = X

Federal information:

Total federal exemptions: **4**

Federal 1040 entries:

Line 7: Wages: **34948**
Line 8a: Taxable interest: **160**
Line 8b: Tax exempt interest: **225**
Line 16b: Taxable amount: **16042, from 1099-R**
No Illinois income tax withheld, do not transmit this form **0**
Line 22: Total income: **51150**
Line 37: Adjusted gross income: **51150**

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**
Social Security Wages: **24198**
Social Security tax withheld: **1500**
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
Social Security Wages:	10750
Social Security tax withheld:	667
State:	IL
State wages, tips, etc.:	10750
State income tax:	323

1099-R information:

Payer's name, address, ZIP:	Sleepy Jacks 101 Street Address Chicago 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:

Additional Illinois exemptions: 0

Line 1 (AGI):	51150
Line 2 (Fed-Exempt-Interest):	225
Line 5 (Fed-Taxed-Ret-SS):	16042
Line 7 (Other-Sub-Total):	360
Line 15 (Total Income Tax):	1324
Line 23 (Use Tax):	600
Line 26 (IL Tax Withheld):	1049
Line 40 (Amount you Owe):	875
Filer's Daytime Telephone Number:	815 555-1200

PC Online Return Signature Alternative:

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

Test Case 5 continued

Schedule M information:

Line 20 (U.S. Obligations):	160
Line 32e (College Savings Bonds):	200
Line 38 (Total Other Subtractions):	360

Test Case 6

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

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 62626-6342**

Filing Status:

Married filing jointly

Federal information:

Total federal exemptions: **2**

Federal 1040 entries:

Line 18: Farm income or loss: **11555 -**
Line 22: Total income: **11555 -**
Line 37: Adjusted gross income: **11555 -**

IL-1040 information:

Additional Illinois exemptions: **Line 10c = 2, both over 65**
Line 1 (AGI): **11555 -**
Line 3 (Other-Add-Tot): **2110**
Line 15 (Total Income Tax): **0**
Line 27 (Estimated Payments): **1000**
Line 33a (Farmer Box): **X**
Line 39 (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 11 (Total Other Additions): **2110**

Test Case 7

Contents: **Form IL-1040**
 Schedule M
 Schedule ICR
 Schedule G
 Form 1099-R

Taxpayer identification information:

Primary name and SSN: **Jerome TTTTTG 400-00-3507**
Secondary name and SSN: **Jennifer TTTTTG 400-00-3517**
Address: **1636 Spruce**
 Kewanee IL 61443

Filing Status:

Married filing separately

Federal information:

Total federal exemptions: **1**

Federal 1040 entries:

Line 8a: Taxable interest: **356**
Line 16b: Taxable amount: **35000, from 1099-R**
Line 17: Rental real estate: **89644**
Line 22: Total income: **125000**
Line 37: Adjusted gross income: **125000**

1099-R information:

Payer's name, address, ZIP: **Ajax Insurance Co**
 441 Rock Road
 St Louis MO 63119
Payer's identification number: **37-0055577**
Recipient's Social Security number: **400-00-3507**
Gross distribution: **35000**
Taxable amount: **35000**
Federal income tax withheld: **10500**
State income tax withheld: **1050**
State name: **IL**
Payer state identification number: **620**
State distribution: **35000**

Test Case 7 continued

IL-1040 information:

Additional Illinois exemptions:	0
Line 1 (AGI):	125000
Line 3 (Other-Add-Tot):	1600
Line 5 (Fed-Taxed-Ret-SS):	35000
Line 7 (Other Subtractions Total):	356
Line 15 (Total Income Tax):	4456
Line 17 (Credit Schedule ICR-nonrefundable):	178
Line 26 (IL Tax Withheld):	1050
Line 33 (Penalty IL-2210):	280
Line 34 (Total Donations):	93
Line 40 (Amount you owe):	3601

PC Online Return Signature Alternative:

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

IL-2210 information:

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

Schedule M information:

Line 4 (College Savings and Tuition):	1600
Line 11 (Total Other Additions):	1600
Line 20 (U.S. Obligations):	356
Line 38 (Total Other Subtractions):	356

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	4456
Line 2 (IL1040 Schedule CR Credit):	0
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

Test Case 8

Contents: **Form IL-1040**
 Schedule NR, Nonresident
 Form W-2G
 Form 1099-G (withholding included for Illinois Unemployment Compensation)
 Form IL-Payment

Taxpayer identification information:

Primary name and SSN: **John TTTTTH 400-00-3508**
Secondary name and SSN: **None**
Address: **306 West Main**
 Wentzville MO 63385

Filing Status: **Single or head of household**

Balance Due: **Electronic Funds Withdrawal**
 Checking Account

Federal information:

Total federal exemptions: **1**

Federal 1040 entries:

Line 11: Alimony received: **18525**
Line 17: Unemployment: **1200**
Line 21: Other income, Lottery: **1430**
Line 22: Total income: **21155**
Line 37: Adjusted gross income: **21155**

W-2G information:

Payer's name, address, ZIP: **Lotto State of Illinois**
 101 Madison Street
 Springfield IL 62704
Payer's identification number: **37-0062543**
Gross winnings: **1430**
Federal income tax withheld: **380**
Winner's identification number: **400-00-3508**
State name: **IL**
Payer state identification number: **426077**
State income tax withheld: **14**

Test Case 8 continued

1099-G information for Unemployment:

Payer's name, address, ZIP:	State of Illinois Department of Employment Security P.O. 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:

Additional Illinois exemptions:	0
Line 1 (AGI):	21155
Line 12 (Nonresident Box):	X
Line 12 (NR Base Income):	2630
Line 15 (Total Income Tax):	118
Line 26 (IL Tax Withheld):	50
Line 40 (Amount you owe):	68
Filer's Daytime Telephone Number:	636 555-0101

PC Online Return Signature Alternative:

Primary Prior Year Adjusted Gross Income:	129034
Primary Drivers License Number:	T11122233308

IL Schedule NR information:

Residence:	Nonresident
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):	.124
Line 52 (Tax - Line 51 times 5% (.05):	118

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:	JohnTTTTTH
Amount of Tax Payment:	68
FTA Code – IL-1040	013
Settlement Date:	2015/10/31
Taxpayer's Daytime Phone Number:	636 555-0101
E-mail address:	3Monks@IDORTEST.com

Test Case 9

Contents: **Form IL-1040**
 Schedule NR - Part-Year Resident
 Schedule M
 Schedule ICR
 Schedule G
 Schedule K-1-P
 Schedule K-1-T
 Form W-2
 Form 1099-INT
 Form 1099-DIV
 Form 1099-OID
 Form 1099-MISC

Taxpayer identification information:

Primary name and SSN: **Barbara TTTTTI 400-00-3509**
Secondary name and SSN: **None**
Address: **1015 W Springfield**
 Champaign IL 61820

Filing Status:

Single or head of household

Federal information:

Total federal exemptions: **4**

Federal 1040 entries:

Line 7: Wages: **165315**
Line 8a: Taxable interest: **3636**
Line 8b: Tax exempt interest: **1933**
Line 9: Dividend income: **543**
Line 17: Income from Rents, Royalties,
 Partnership and Trusts: **199803**
Line 21: Other Income **600**
Line 22: Total income: **369897**
Line 37: Adjusted gross income: **369897**

W-2 information:

Employer's identification number: **36-1404993**
Employer's name, address, ZIP: **Chicago Bridgeworks**
 1490 Aviary Drive
 Chicago IL 62555
Employee's Social Security number: **400-00-3509**
Wages, tips, other compensation: **165315**
Federal income tax withheld: **42925**
Social Security Wages: **113700**
Social Security tax withheld: **7049**
State 1: **IL**

Test Case 9 continued

W-2 information continued:

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 217-555-5555
Payer's identification number:	37-0919766
Recipient's Social Security number:	400-00-3509
Interest income:	100
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 312-555-5555
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

1099-OID information:

Payer's name, address, ZIP, phone:	Any Broker 115 W Church St Champaign IL 61820 217-555-5555
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 458140AD2
State:	IL
State tax withheld:	3

Test Case 9 continued

1099-MISC information:

Payer's name, address, ZIP, phone:	Midwest Family Broadcast PO Box 460 Springfield IL 62705 217-555-5555
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:

Additional Illinois exemptions:

Line 1 (AGI):	0
Line 2 (Fed-Exempt-Interest):	369897
Line 3 (Other Additions):	1933
Line 7 (Other Subtractions Total):	4183
Line 12 Box (Part-Year Resident Box):	4444
Line 12 (NR Base Income):	X
Line 15 (Total Income Tax):	63430
Line 17 (Credit Schedule ICR-nonrefundable):	3099
Line 26 (IL Tax Withheld):	500
Line 28 (Pass-through Entity Payments)	3563
Line 34 (Total Donations):	100
Line 37 (Refund):	50
Line 38 (Illinois Individual Income Tax Refund Paper Check)	14
Line 39 (Carry Forward):	X
	1000

For PC Online returns only:

Primary Taxpayer IL-PIN:	99999909
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IL Schedule NR information:

Residence:	Part-Year
Primary Taxpayer IL Residency From Date:	20140601
Primary Taxpayer IL Residency To Date:	20141231
Primary Taxpayer Other State:	FL
Primary Taxpayer Other State From Date:	20140501
Primary Taxpayer Other State To Date:	20140531
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

Test Case 9 continued

IL Schedule NR continued:

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):	-170 .171
Line 52 (Tax – Line 51 times 5% (.05))	3099

IL Schedule M information:

Line 2 (Partnership, SCorporation, Estate or Trust Gain):	4183
Line 11 (Total Other Additions):	4183
Line 13 (Partnership, SCorporation, Estate or Trust Loss):	4183
Line 20 (U.S. Obligations):	261
Line 38 (Total Other Subtractions):	4444

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	3099
Line 2 (IL1040 Schedule CR Credit):	0
Line 7a (Total Education Expenses):	4150
Line 8 (IL Education Expense Credit):	500
Line 9 (Total Nonrefundable Credit):	500

Student 1

Line 12a (Student Last Name):	TTTTTI
Line 12a (Student First Name):	Jennifer
Line 12a (Student Social Security Number):	400-01-3550
Line 12a (Student Grade):	1
Line 12a (School Name):	Little Flower
Line 12a (School City):	Champaign
Line 12a (Student Total):	450

Test Case 9 continued

Schedule ICR continued:

Student 2

Line 12b (Student Last Name):	TTTTTI
Line 12b (Student First Name):	Robert
Line 12b (Student Social Security Number):	400-01-3551
Line 12b (Student Grade):	2
Line 12b (School Name):	Harvard Park
Line 12b (School City):	Champaign
Line 12b (Student Total):	450

Student 3

Line 12c (Student Last Name):	TTTTTI
Line 12c (Student First Name):	Deborah
Line 12c (Student Social Security Number):	400-01-3552
Line 12c (Student Grade):	3
Line 12c (School Name):	Little Flower
Line 12c (School City):	Champaign
Line 12c (Student Total):	450

Student 4

Line 12d (Student Last Name):	TTTTTI
Line 12d (Student First Name):	Jayne
Line 12d (Student Social Security Number):	400-01-3553
Line 12d (Student Grade):	4
Line 12d (School Name):	Little Flower
Line 12d (School City):	Champaign
Line 12d (Student Total):	466

Student 5

Line 12e (Student Last Name):	TTTTTI
Line 12e (Student First Name):	Eugene
Line 12e (Student Social Security Number):	400-01-3554
Line 12e (Student Grade):	5
Line 12e (School Name):	Harvard Park
Line 12e (School City):	Champaign
Line 12e (Student Total):	467

Student 6

Line 12f (Student Last Name):	TTTTTI
Line 12f (Student First Name):	Lynn
Line 12f (Student Social Security Number):	400-01-3555
Line 12f (Student Grade):	6
Line 12f (School Name):	Little Flower
Line 12f (School City):	Champaign
Line 12f (Student Total):	467

Test Case 9 continued

Schedule ICR continued:

Student 7

Line 12g (Student Last Name):	TTTTTI
Line 12g (Student First Name):	William
Line 12g (Student Social Security Number):	400-01-3556
Line 12g (Student Grade):	7
Line 12g (School Name):	Sacred Heart
Line 12g (School City):	Champaign
Line 12g (Student Total):	467

Student 8

Line 12h (Student Last Name):	TTTTTI
Line 12h (Student First Name):	Michael
Line 12h (Student Social Security Number):	400-01-3557
Line 12h (Student Grade):	8
Line 12h (School Name):	Ursuline
Line 12h (School City):	Springfield
Line 12h (Student Total):	467

Student 9

Line 12i (Student Last Name):	TTTTTI
Line 12i (Student First Name):	Laurie
Line 12i (Student Social Security Number):	400-01-3558
Line 12i (Student Grade):	9
Line 12i (School Name):	Ursuline
Line 12i (School City):	Springfield
Line 12i (Student Total):	233

Student 10

Line 12j (Student Last Name):	TTTTTI
Line 12j (Student First Name):	Tracey
Line 12j (Student Social Security Number):	400-01-3559
Line 12j (Student Grade):	10
Line 12j (School Name):	Sacred Heart
Line 12j (School City):	Champaign
Line 12j (Student Total):	233
Total Qualified Expenses	4150

IL Schedule G information:

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

Test Case 9 continued

IL Schedule K-1-P information:

Partnership Year Ending:	201404
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 %
Line 9a (Trust Box):	X
Line 9b (Grantor Trust Box):	X
Line 9b (Taxpayer Name):	Barbara TTTTTI
Line 9b (Taxpayer SSN):	400-00-3509
Line 20 (Column A):	6500
Line 20 (Column B):	6500
Line 36 (Column A):	3483
Line 36 (Column B):	3483
Line 46 (Column A):	2184
Line 46 (Column B):	2184
Line 54a (Pass-through Withholding Entity Payments):	50

IL Schedule K-1-T information:

Trust Year Ending:	201412
Line 1 (Business Type):	Trust
Line 2 (Business Name):	Gene TTTTTZ
Line 3 (FEIN):	36-1234567
Line 4 (Apportionment Factor):	1
Line 5 (Beneficiary Name):	Barbara TTTTTI
Line 6 (Beneficiary Address):	1015 W Springfield
Line 6 (Beneficiary City):	Champaign
Line 6 (Beneficiary State):	IL
Line 6 (Beneficiary ZIP):	61820
Line 7 (Beneficiary SSN):	400-00-3509
Line 8 (Individual Box):	X
Line 14 (Column A):	46000
Line 14 (Column B):	46000
Line 34 (Column A):	700
Line 44 (Column A):	1999
Line 50 (Pass-through Withholding Entity Payments):	50

Test Case 10

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

Taxpayer identification information:

Primary name and SSN: **Michael TTTTTJ Jr 400-00-3510**
Secondary name and SSN: **Sarah James 400-00-3520**
Address: **80 Portview Pl.
West Port FL 33414**

Filing Status: Married filing jointly

Federal information:

Total federal exemptions: **8**

Federal 1040 entries:

Line 8a: Taxable interest: **17160**
Line 9: Dividend income: **500**
Line 17: Rental real estate composed of . . . **58751**
 Florida small business corporation 2490
 Florida partnership 58661
 Illinois partnership 2400 -
Line 22: Total income: **76411**
Line 37: Adjusted gross income: **76411**

IL-1040 information:

Additional Illinois exemptions: 0

Line 1 (AGI): **76411**
Line 12 Box (Nonresident Box): **X**
Line 12 (NR Base Income): **0**
Line 15 (Total Income Tax): **0**
Line 40 (Amount you owe): **0**

PC Online Return Signature Alternative:

Primary Taxpayer IL-PIN: **99999910**
Secondary Taxpayer IL-PIN: **99999920**

Test Case 10 continued

IL Schedule NR information:

Residence:	Nonresident
Line 3 (Military Spouse):	X
Line 4a (Other State 1):	FL
Line 4b (Other State 2):	NY
Line 4c (Other State 3):	CA
Line 4d (Other State 4):	TX
Line 4e (Other State 5):	NV
Line 6 (Column A):	17160
Line 7 (Column A):	500
Line 15 (Column A):	58751
Line 15 (Column B):	2400 -
Line 38 (IL Portion of Fed AGI):	2400 -
Line 46 (IL Portion of Base Income):	0
Line 48 (Line 46 divided by IL Base Income Line 47):	0
Line 52 (Tax - Line 51 times 5% (.05):	0

Test Case 11 continued

W-2 information #1:

Employer's identification number: 37-5094172
Employer's name, address, ZIP: Moms Cookies
123 Shoppers Plaza
St Charles MO 63010
Employee's Social Security number: 400-00-3511
Wages, tips, other compensation: 6000
Federal income tax withheld: 1000
Social Security Wages: 6000
Social Security tax withheld: 372
State: MO
State wages, tips, etc.: 6000
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: Deb's 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
Social Security Wages: 408
Social Security tax withheld: 25
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 62811
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:

Additional Illinois exemptions:	0
Line 1 (AGI):	17647
Line 6 (IL-Tax Refund):	32
Line 7 (Other Subtractions Total):	9382
Line 15 (Total Income Tax):	93
Line 16 (Credit Schedule-CR):	72
Line 17 (Credit Schedule ICR-nonrefundable):	21
Line 29 (IL-Earned-Income-Credit):	546
Line 37 (Refund):	546
Line 38 (Illinois Individual Income Tax Refund Paper Check)	X

PC Online Return Signature Alternative:

Primary Drivers License Number:	T11122233311
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IL Schedule M information:

Line 19 (Military Pay):	9341
Line 20 (U.S. Obligations):	41
Line 38 (Total Other Subtractions):	9382

IL Schedule CR information:

Line 1a (Wages):	15749
Line 1b (Non IL Wages):	6408
Line 2a (Interest Income):	1641
Line 3a (Dividend Income):	225
Line 4a (Taxable Income):	32
Line 38a (IL Income Tax Overpayment):	32
Line 39a (Other Subtractions Total):	9382
Line 40a (Total Subtractions):	9414
Line 43 (Schedule CR Decimal):	0.77833 .778
Line 51 (Total Tax Paid to Other State):	192
Line 52 (IL Tax Due):	93
Line 54 (IL Tax Eligible for Credit):	72

Test Case 11 continued

IL Schedule ICR information:

Line 1 (IL1040 Tax Amount):	93
Line 2 (IL1040 Schedule CR Credit):	72
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):	21
Line 10a (Federal EIC Amount):	5460
Line 11 (IL Earned Income Credit)	546

Test Case 12 continued

IL Schedule ICR information continued:

Student 1

Line 12a (Student Last Name):	TTTTTL
Line 12a (Student First Name):	Jennifer
Line 12a (Student Social Security Number):	400-01-3522
Line 12a (Student Grade):	1
Line 12a (School Name):	Little Flower
Line 12a (School City):	Champaign
Line 12a (Student Total):	1050

IL Form 2210 information:

Annualizing Income:

Payments made: IL-1040-ES Payment made on	Yes
April 19, 2014:	100
IL-1040-ES Payment made on	
June 10, 2014:	100

Line 1a (This Year's Total Inc Tax):	1944
Line 1b (Last Year's Total Inc Tax):	890
Line 2a (This Year's Tax Return Credits):	200
Line 2b (Last Year's Tax Return Credits):	50
Line 3a (This Year's Net Income Tax):	1744
Line 3b (Last Year's Net Income Tax):	840
Line 6a (This Year's Net Inc Tax Times 90%):	1570
Line 7a (Estimated Tax):	840
Line 8a (Required Installment Amt Per Qtr):	210
Line 9b(1) (Required Installment Qtr 1):	201
Line 9b(2) (Required Installment Qtr 2):	39
Line 9b(3) (Required Installment Qtr 3):	0
Line 9b(4) (Required Installment Qtr 4):	600
Line 18 (Cr Carried Fwd Payments Withholding):	840
Line 19 (Total Unpaid Tax Amt or Overpayment):	904
Line 36 37 (Total Overpaid or Owed):	1710
Line 37a 38a (Base Income Period 1):	6000
Line 37b 38b (Base Income Period 2):	7000
Line 37e 38c (Base Income Period 3):	8000
Line 37d 38d (Base Income Period 4):	41000
Line 53a 56a (Required Installment Period 1):	201
Line 53b 56b (Required Installment Period 2):	39
Line 53e 56c (Required Installment Period 3):	0
Line 53d 56d (Required Installment Period 4):	600

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:	1710
FTA Code – IL-1040	013
Settlement Date:	06/16/2015
Taxpayer's Daytime Phone Number:	309 555-0101
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:	04/15/2015
Taxpayer's Daytime Phone Number:	309 555-0101
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:	06/15/2015
Taxpayer's Daytime Phone Number:	309 555-0101
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:	09/15/2015
Taxpayer's Daytime Phone Number:	309 555-0101
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:	01/15/2016
Taxpayer's Daytime Phone Number:	309 555-0101
E-mail address:	3Monks@IDORTEST.com