





24 Total tax from Page 1, Line 23.

24 21,560.00

Step 8: Payments and Refundable Credit

- 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 22,544.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 22,544.00

Step 9: Total

- 31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 984.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

- 33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

- 36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 984.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 984.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 7 1 0 0 0 0 1 3 Checking or X Savings
Account number 3 8 7 7 9 7 3 9 5 9

- b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

- 41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only and Third Party Designee.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

# 2022 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15

## Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

**Note** If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

## Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on Form IL-1040

3 3 2 - 9 6 - 7 4 2 9  
Your Social Security number

## Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

(Whole dollars only)

- 1 Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814. **1** \_\_\_\_\_ **.00**
- 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate. **2** \_\_\_\_\_ **.00**  
**Attach** Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.
- 3 Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income. **3** \_\_\_\_\_ **.00**
- 4 Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.) **4** \_\_\_\_\_ **.00**
- 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562. **5** \_\_\_\_\_ **.00**
- 6 Business expense recapture (nonresidents only). **6** \_\_\_\_\_ **.00**
- 7 Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan. **7** \_\_\_\_\_ **.00**
- 8 Student-Assistance Contribution Credit taken on Schedule 1299-C. **8** \_\_\_\_\_ **.00**
- 9 Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded. **9** \_\_\_\_\_ **.00**
- 10 RESERVED **10** \_\_\_\_\_
- 11 Other income - Identify each item. \_\_\_\_\_ **11** \_\_\_\_\_ **.00**
- 12 **Total Additions.** Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3. **12** \_\_\_\_\_ **.00**

## Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

- 13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1 5000222938	1,800	<input type="checkbox"/>
2 852966731	6,020	<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>

Total - Add Column B, Lines 1-10 and enter here.

**13a** \_\_\_\_\_ **7,820.00**



### Step 3: Continued

- 13 Enter the lesser amount from Page 1, Line 13a or \$10,000 (\$20,000 if married filing a joint return). 13 7,820.00
- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. **Enter** the subtractions from Column A on this line. 14 .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. 15 .00
- 16 Contributions to a job training project. 16 .00
- 17 Expenses related to federal credits or federally tax-exempt income. 17 .00
- 18 RESERVED 18
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 11. **Attach** Form IL-4562. 19 .00
- 20 Contributions made to a qualified Illinois ABLE account - *Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.*

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>

**Total** - Add Column B, Lines 1-4 and enter here. **20a** .00  
**Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return).** **20** .00

#### Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. 21 .00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040 or 1040-SR. **Attach** a copy of federal Form 1040 or 1040-SR, Schedule B, if required federally. 22 .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. 23 .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. 24 .00
- 25 Recovery of items previously deducted on federal Form 1040 or 1040-SR, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040 or 1040-SR, Page 1, Schedule 1, and any other required federal forms. 25 .00
- 26 Ridesharing money and other benefits. See instructions. 26 .00
- 27 Payment of life insurance, endowment, or annuity benefits received. 27 .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. 28 .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. 29 .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. 30 .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. 31 .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. 32 7,820.00



### Step 3: Continued

<b>33</b>	Enter the amount from Page 2, Line 32.	<b>33</b>	<u>7,820.00</u>
<b>34</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>34a</b>	<u>.00</u>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>34b</b>	<u>.00</u>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>34c</b>	<u>.00</u>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>34d</b>	<u>.00</u>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>34e</b>	<u>.00</u>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>34f</b>	<u>.00</u>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>34g</b>	<u>.00</u>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>34h</b>	<u>.00</u>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>34i</b>	<u>.00</u>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>34j</b>	<u>.00</u>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>34k</b>	<u>.00</u>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>34l</b>	<u>.00</u>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>34m</b>	<u>.00</u>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>34n</b>	<u>.00</u>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>34o</b>	<u>.00</u>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>34p</b>	<u>.00</u>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>34q</b>	<u>.00</u>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>34r</b>	<u>.00</u>
<b>s</b>	Illinois Urban Development Authority bonds	<b>34s</b>	<u>.00</u>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>34t</b>	<u>.00</u>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>34u</b>	<u>.00</u>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>34v</b>	<u>.00</u>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>34w</b>	<u>.00</u>
<b>x</b>	Export Development Act of 1983 bonds	<b>34x</b>	<u>.00</u>
<b>y</b>	New Harmony Bridge Authority bonds	<b>34y</b>	<u>.00</u>
<b>z</b>	New Harmony Bridge Bi-State Commission bonds	<b>34z</b>	<u>.00</u>
<b>35</b>	Interest on the following non-U.S. government bonds.		
<b>a</b>	Bonds issued by the government of Guam	<b>35a</b>	<u>.00</u>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>35b</b>	<u>.00</u>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>35c</b>	<u>.00</u>
<b>d</b>	Bonds issued by the government of American Samoa	<b>35d</b>	<u>.00</u>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>35e</b>	<u>.00</u>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>35f</b>	<u>.00</u>
<b>36</b>	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	<b>36</b>	<u>.00</u>
<b>37</b>	Railroad sick pay and railroad unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>37</b>	<u>.00</u>
<b>38</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>38</b>	<u>.00</u>
<b>39</b>	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>39</b>	<u>.00</u>
<b>40</b>	<b>Total Subtractions.</b> Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	<b>40</b>	<u>7,820.00</u>



Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit - See Publication 108.
K-12 Education Expense Credit - See Publications 112, 119, and 132.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax due.

Step 1: Provide the following information

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on your Form IL-1040

3 3 2 9 6 7 4 2 9
Your Social Security number

Step 2: Figure your nonrefundable credit

Table with 3 rows: 1 Enter the amount of tax from your Form IL-1040, Line 14. 2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15. 3 Subtract Line 2 from Line 1.

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

Table with 6 rows: 4a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. 4b Enter the county and property number of your principal residence. 4c Enter the county and property number of an adjoining lot. 4d Enter the county and property number of another adjoining lot. 4e Enter the portion of your tax bill that is deductible as a business expense. 4f Subtract Line 4e from Line 4a. 4g Multiply Line 4f by 5% (.05). 5 Compare Lines 3 and 4g, and enter the lesser amount here. 6 Subtract Line 5 from Line 3.

Section B - K-12 Education Expense Credit

Note: You must complete the K-12 Education Expense Credit Worksheet on the back of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

Table with 4 rows: 7a Enter the total amount of K-12 education expenses from Line 11 of the worksheet on the back of this schedule. 7b You may not take a credit for the first \$250 paid. 7c Subtract Line 7b from Line 7a. 7d Multiply Line 7c by 25% (.25). 8 Compare Lines 6 and 7d, and enter the lesser amount here.

Section C - Total Nonrefundable Credit

Table with 1 row: 9 Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.



# K-12 Education Expense Credit Worksheet

**Note** → You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

**10** Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

**11** Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ **11** \_\_\_\_\_ .00

**Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.**



**Illinois Department of Revenue**  
**2022 Schedule IL-E/EIC**  
 Attach to your Form IL-1040



**Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

**Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

**Note** → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

**Step 1: Provide the following information**

ALI ASGHER HUSAIN & RAMNIK GILL

Your name as shown on your Form IL-1040

3 3 2 - 9 6 - 7 4 2 9

Your Social Security number

**Illinois Dependent Exemption Allowance**

**Step 2: Dependent information**

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SAHIR	HUSAIN	321-11-7818	Son	03/26/2010	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
DUA	HUSAIN	831-47-1096	Son	06/08/2013	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
MIR	HUSAIN	866-91-7813	Son	02/27/2016	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,425. 3 X \$2,425

Enter the result here and on Form IL-1040, Line 10d.

1 7,275.00

**Continue to Page 2 to calculate Illinois Earned Income Credit**







# Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.  
**Note** → If you are not claiming a qualifying child, do not complete the table below.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

**1** Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. **1** \_\_\_\_\_ .00

**2** Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.  
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** \_\_\_\_\_ .00

**2a** Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes  No

**2b** If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

**3** If you are filing your 2022 federal return as married filing jointly but are filing your 2022 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** \_\_\_\_\_ .00

**3a** If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** \_ \_ \_ - - - - -

**4** Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes  No

## Step 4: Figure your Illinois Earned Income Credit

**5** Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** \_\_\_\_\_ .00

**6** Multiply the amount on Line 5 by 18% (.18). **6** \_\_\_\_\_ .00

**7 Illinois residents:** Enter 1.0. **7** \_\_\_\_\_  
**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. **7** \_\_\_\_\_ ●

**8** Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.  
Enter this amount here and on your Form IL-1040, Line 29. **8** \_\_\_\_\_ .00

**Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act**



Illinois Department of Revenue

# 2022 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	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

ALI ASGHER HUSAIN

Your name as shown on Form IL-1040

3 3 2 - 9 6 - 7 4 2 9  
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 W	39-1263473	\$ 149,496.00	\$ 149,496.00	\$ 7,105.00
2 W	26-0406045 000	\$ 17,045.00	\$ 17,045.00	\$ 844.00
3 W	27-3572632 000 1	\$ 92,330.00	\$ 92,330.00	\$ 4,570.00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

RAMNIK GILL

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

3 5 0 - 9 4 - 4 2 4 8  
Your spouse's 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
6 W	54-1780389 000 6	\$ 196,109.00	\$ 196,109.00	\$ 9,707.00
7 W	36-0719665 000 0	\$ 6,982.00	\$ 6,982.00	\$ 318.00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .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 \$ 22,544.00

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

