

# QR EXPLAINER STEP-BY-STEP

1. Verify the filing status

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Tax Return for Seniors** **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  
 Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

2. Verify name spelling, SSN and address

Your first name and middle initial: **JEFF** Last name: **PICKENS** Your social security number: **XXX-XX-1234**  
 If joint return, spouse's first name and middle initial: **CLAIRE** Last name: **PICKENS** Spouse's social security number: **XXX-XX-9923**  
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no.:  
**5 PEBBLE LANE**  
 City, town, or post office. If you have a foreign address, also complete spaces below. State: **IL** ZIP code: **60654**  
**CHICAGO**  
 Foreign country name: Foreign province/state/county: Foreign postal code: Presidential Election Campaign:  You  Spouse

3. Verify Dependent name and SSN

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No  
**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien  
**Age/Blindness** **You:**  Were born before January 2, 1958  Are blind  
**Spouse:**  Was born before January 2, 1958  Is blind

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
SHELBY	PICKENS	XXX-XX-3456	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

4. Income from SSA, pensions, dividend, interests.

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)	45000									
1b Household employee wages not reported on Form(s) W-2										
1c Tip income not reported on line 1a (see instructions)										
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1e Taxable dependent care benefits from Form 2441, line 26										
1f Employer-provided adoption benefits from Form 8839, line 29										
1g Wages from Form 8919, line 6										
1h Other earned income (see instructions)										
1i Nontaxable combat pay election (see instructions)										
1z Add lines 1a through 1h	45000									
2a Tax-exempt interest										
2b Taxable interest										
3a Qualified dividends		2200								
3b Ordinary dividends		2200								
4a IRA distributions										
4b Taxable amount										
5a Pensions and annuities										
5b Taxable amount		16000								
6a Social security benefits										
6b Taxable amount		10200								
c If you elect to use the lump-sum election method, check here (see instructions)										
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										

5. Portion that is taxable income from 2a-6a

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**6. Total income (9) minus standard deduction (12) will get you the taxable income (15).**

8	Other income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	73 400
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	73 400
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	273 00
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	273 00
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	461 00

**Standard Deduction**  
See Standard Deduction Chart on the last page of this form.



**7. Taxes (16-18) minus credits will get the total tax the IRS determined the taxpayer must pay**

<b>Tax and Credits</b> 16	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814    2 <input type="checkbox"/> Form(s) 4972    3 <input type="checkbox"/> _____	16	4 860
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4 860
19	Child tax credit or credit for other dependents from Schedule 8812	19	500
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	500
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4 360
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your <b>total tax</b>	24	4 360



**8. Tax payments and credits are applied here resulting in line 33 for total payments applied to the total tax (line 24)**

<b>Payments</b> 25	Federal income tax withheld from:	<b>FORM 1099</b>	
a	Form(s) W-2	25a	3000
b	Form(s) 1099	25b	5530
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8 530
26	2022 estimated tax payments and amount applied from 2021 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8 530



**9 and 11. Refund and amount owed is calculated by total payment minus total**

<b>Refund</b> 34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4 170
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4 170



Direct deposit? See instructions.	b	Routing number	X X X X X X X X X	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number	X X X X X X X X X X X X X X X X X		



**10. Verify bank info with client**

36	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	36	
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<b>Amount You Owe</b> 37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="https://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	
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38	Estimated tax penalty (see instructions)	38	
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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](http://tax.illinois.gov).*

## Step 1: Personal Information

JEFF PICKENS 1954 XXX-XX-1278  
 CLAIRE PICKENS 1959 XXX-XX-1289  
 5 PEBBLE LANE  
 CHICAGO IL 60654



1. Verify the name spelling, SSN and address.

2. Verify filing status

B Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
 C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
 D Check the box if this applies to you during 2021:  Nonresident - Attach Sch. NR  Part-year resident - Attach Sch. NR

3. This shows you the total income

**Step 2: Income** (Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	49200.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00
4	<b>Total income.</b> Add Lines 1 through 3.	4	49200.00

4. Nontaxable income minus your total income will give you the base income

**Step 3: Base Income**

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	16000.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	16000.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	33200.00

5. Everyone on the return gets exemptions

**Step 4: Exemptions**

10 a	Enter the exemption amount for yourself and your spouse. See instructions.	a	4750.00
b	Check if 65 or older: <input checked="" type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b	1000.00
c	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c	.00
d	If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d	2375.00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	10	8125.00

6. Line 11 gets determined by exemptions minus base income which determines Line 14 - total tax

**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9.	11	25075.00
12	<b>Nonresidents and part-year residents:</b> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	12	1241.00
13	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.	13	.00
14	Recapture of investment tax credits. Attach Schedule 4255.	14	1241.00
	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.		

7. Lines 15-17 get subtracted which will result in Line 19 after nonrefundable credits

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	.00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	1241.00

8. Any other taxes from Lines 20-22 will get added and result in Line 23 - Total tax

**Step 7: Other Taxes**

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21	.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	1241.00

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9. Line 24 is the total tax the IRS determine d the taxpayer should have paid

11. Results from Line 24 and Line 30

12. If there any late penalties it will show here

14. Amount owed will show here

10. Lines 25-29 are payments and refundable credits that gets applied to your total tax

13. Refund amount shows here. Verify payment type - Direct deposit or paper check

24 Total tax from Page 1, Line 23. 24 1241.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 2000.00

26 Estimated payments from Forms IL-1040-ES and IL-505-1, 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 2000.00

**Step 9: Total**

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 759.00

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 - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

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**

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**. 36 759.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 759.00

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   Checking or  Savings

Account number

b  **paper check**.

39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00

**Step 12: Amount You Owe**

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 13:** 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.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
		11/17/2022		11/17/2022	(773) 555-5555
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	Firm's name		Firm's FEIN		
	Firm's address		Firm's phone	( )	
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
			( )		

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