Illinois Department of Revenue

2-D Barcoding Specifications
and
Individual Income Tax Return Record Layouts
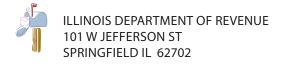
Draft 09/26/07

Tax Year 2007

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Questions

If you have questions regarding the file specifications and record layouts explained in this booklet, please contact our Springfield office at:

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Tax Year 2008 Highlights

Illinois Changes

IL-1040 Electronic Filing Program

Form IL-1040 changes
The 2008 IL-1040 has been revised. Some of the major changes are highlighted below.
- Address fields have been added and the description has changed on several as well.
- The Filing Status has been changed to a single numeric field (SEQ 0130),"**1**" = Single or Head or Household, "**2**" = Married Filing Joint, "**3**" = Married Filing Separately, or "**4**" = Widowed
- The "nonrefundable" credits have been separated out from the payment and "refundable" credits. There is a new Schedule to figure credits, "Schedule ICR" Illinois Credits
- The Donations have been removed from the IL-1040 and are now on a separate schedule, "Schedule G" Voluntary Charitable Donations

Schedule ED
- The "Schedule ED" was eliminated and the Education Credit information is now captured on the "Schedule ICR"

New Schedules

- "Schedule ICR" Illinois Credits
- "Schedule G" Voluntary Charitable Donations

Tax Year 2007 Highlights

Common Problems and Suggestions:

1 Primary SSN, Secondary SSN, Student SSN, Employee's SSN must be in the valid range eshtablished by IRS. And numeric only. Many returns had SSN like 'APPLIED', '111111111', '999999999').

2 Conserve space in the 2-D barcode — do not include empty or blank schedules or attachments in the 2-D barcode.The record layouts for schedules and attachments are only to be used for tax returns that have line amounts on the schedules and attachments.

3 We consistently receive IL-1040 returns with the penalty and interest amounts from the IL-2210 included in Line 34. These amounts should NOT be included in Line 34 of the IL-1040.

4 We continue to receive returns with missing W-2 information in the barcode. The Employer's FEIN, State Name, and State Wages and Tips fields must be in the barcode when withholding is present. In addition, ensure all W-2 forms are included in the barcode.

5 Credits claimed on the IL-1040 (Sum of Lines 19, 20b, and 21b) may NOT exceed the amount of tax on Line 16.

6 Information from a previous taxpayer was included in the barcode. Please ensure that the software clears out the previous taxpayer information before starting on the next taxpayer.

7 Punctuation was included in the barcode in the name and address fields (e.g., O'Day should be ODAY or 8 Hay Ct. should be 8 HAY CT).

8 Decimals were included in the barcode in the money amount fields (e.g., 100.00 should be 100).

9 The Earned Income Credit (EIC) Qualifying Child Box was marked on the paper return, but not included in the barcode.

10 Dates should always be a valid date within the tax year. The date should always be between 01/01/2007and 12/31/2007.

Reminders:

1 We are allowing returns for deceased taxpayers. Your software should output "Deceased" and the date of death above the corresponding Social Security number (SSN). Example: "Deceased   09/01/2007". Include this information in the 2-D barcode.

2 No special characters are allowed in the barcode, unless otherwise noted.

Tax Year 2007 Highlights

Reminders (continued):

3   Print the IL-1040-V, Payment Voucher for Individual Income Tax, for all balance due returns.

4   If attachments are present, be sure to include attachment line amounts or data in the 2-D barcode.

5   If your software gives the taxpayer an option, the department prefers the default be set to print the 2-D barcode.

6   Do not generate a barcode if
   - there are more than thirty (30) W-2 forms.
   - there are more than thirty (30) W-2G forms.
   - there are more than ten (10) 1099-R forms.
   - there are more than nine (9) 1099-G forms.
   - there are more than one (1) Schedule NR.
   - there are more than one (1) Schedule ED.
   - more data is present than the barcode can contain.

7   Please remind the taxpayers to send the original 2-D barcode return and payment voucher (if applicable) to the proper address.

Payment and vouchers enclosed: ILLINOIS DEPARTMENT OF REVENUE
                                                            SPRINGFIELD IL 62726-0001

No payments enclosed: ILLINOIS DEPARTMENT OF REVENUE
                                                            SPRINGFIELD IL 62719-0001

Introduction and Barcode Sequence

At this time, there are a variety of different barcode languages called symbologies. Each symbology has strengths and weaknesses. The various types of barcodes are characterized by their unique pattern of bars and spaces to represent characters. The start and stop bars at both ends of the symbol are also unique.

PDF-417 is a two-dimensional barcode that can store up to 1,800 printable ASCII characters or 1,100 binary characters per symbol. However, for technical reasons, the expected number of characters for tax applications is approximately 1,200.

> IDOR barcode sequence is
> - Header
> - IL-1040, Page 1
> - IL-1040, Page 2
> - Schedule NR, Page 1
> - Schedule NR, Page 2
> - Schedule M, Page 1
> - Schedule M, Page 2
> - Schedule ED
> - IL-4562
> - Schedule 1299-C
> - Form W-2
> - Form W-2G
> - Form 1099-R
> - Form 1099-G

> IDOR paper attachment sequence number order is
> - IL-1040, Page 1
> - IL-1040, Page 2
> - Form W-2
> - Form W-2G
> - Form 1099-R
> - Form 1099-G
> - Schedule M, Page 1
> - Schedule M, Page 2
> - Schedule NR, Page 1
> - Schedule NR, Page 2
> - Schedule ED
> - IL-4562
> - Schedule 1299-C
> - Trailer
> - Other required supporting documentation (e.g., Schedule CR, etc.), including federal information

Barcode placement:

o We try to closely follow 2D Barcode standards finalized by NACTP.

o The X (horizontal) dimension of the barcode element should range from a minimum of 10 mils to a maximum of 25 mils.

o The minimum Y/X ratio of the barcode element should be 2.

o The minimum error correction level should be 4.

o The minimum DPI for barcode is 400.

Field Explanations

The following discloses the various characters that are allowed in returns filed with a 2-D barcode.

o Unsigned numeric fields — leading zeros may be dropped, except for date and percentage fields.

o Signed numeric fields — leading zeros must be dropped. For negative values, the minus sign ("-") must be present, to the left of the number.

o Alphanumeric fields — there cannot be leading blanks and should be left-justified. Trailing blanks may be dropped.

o Fields defined as having literal values — only the literal value (including embedded blanks) must be supplied.

o Delimit each field with a carriage return.

Allowable Characters in Returns with 2-D Barcodes:

Alpha   A - Z -   Upper case alpha characters only. Literals as shown in the record layouts. No punctuation or special characters, unless otherwise noted.

Numeric   0 - 9 -   Numeric characters only - right-justified, zero-filled. No punctuation or special characters.

o Money Fields - maximum 9 characters for positive numbers, 8 characters for negative numbers (if applicable) with a leading sign.

Whole dollars only, no cents, right-justified, do not zero-fill.

No dollar signs, commas, decimal points, or other non-numeric characters are allowed in money fields.

When not specified, number can be positive or negative.

o Percentage Fields - fraction fields, factor fields, and ratio fields are five positions in length. All will be left-justified and zero-filled. No decimals are present. The decimal is assumed to be left-most and the second left-most position. For example, 10 percent shown in a five character field would be "01000", that is, 0.1000 with the decimal point omitted.

o ZIP Codes - should be left-justified.

o Dates - Y = Year, M = Month, D = Day or YYYYMMDD. Valid dates only, within tax year.

o Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN) - Valid numbers:

001-01-0001 through 699-99-9999
700-01-0001 through 733-99-9999
750-01-0001 through 763-99-9999
764-01-0001 through 899-99-9999
900-70-0000 through 999-80-9999

o Other numbers - if present, should be all numeric, right-justified.

IL-1040 Changes

IL-1040 Line 13 - Illinois residents: Multiply Line 11 by 3%.
Nonresidents/Part-year residents: Tax amount before recapture of investments from Schedule NR Line 52.

Spouse SSN, Spouse Last Name & Spouse First Name are required fields when married filling jointly or
married filling seperately.

Removed two contributions Autoimmune Research & Lung Cancer Research
The have total 10 contributions.

Schedule NR : Description changes for line 22a, 22b,33a & 33b due to changes in federal forms

I had to change some of the line descriptions on Schedule NR due to
changes on the federal forms. None of the actual line numbering changed
- just language. The changes are on Lines 17, 22, and 33.
Added field for line 7b on Schedule ICR.

Added donation Healthy smiles to Schedule G

Changes - Version 07/23/2008

Changes to match new version of Schedule M and Schedule 1299-C

 Schedule M - Deleted Line 9 - Additional amount from schedule NOL and changed descriptions for IL-1040

. 2008 IL-1040 has been revised. Some of the major changes are highlighted below.

. Address fields have been added and the description has changed on several as well
. The Filing Status has been changed to a single numeric field
. Recapture of Investment Credits is now included as a line item on the 1040
. Some lesser used subtractions have been moved to Schedule M
. Property tax, Education, and EIC credits have been moved to a schedule (which limits credits to tax, as
  applicable)
. EIC has been moved to the payments section of IL 1040 since excess EIC is now refundable
. There are separate check boxes for farmers, nursing home residents, and taxpayers who annualize
. Taxpayers are instructed to complete form 2210 only to annualize income earned unevenly throughout the
  year
. Donations have been removed from IL-1040 and are are on a separate schedule, Schedule G
. The refund/credit carryforward lines have been revised in an effort to eliminate problems that occur when
. we refund an amount the taxpayer wished to have credited.

. Schedule ED was eliminated and Education Credit information is now captured on the Schedule ICR

New Illinois Schedules

Schedule ICR - Illinois Credits
Schedule G - Voluntary Charitable Donations

Delimiters

SR NO	Form Type	Header	Delimiters	Field Size
1	Header	T1	2	6
2	IL-1040	**2DIL10402008**	85	790
3	Schedule NR	**2DILNR**	100	842
4	Schedule M	**2DILM**	56	505
5	Schedule ICR	**2DILICR**	92	1295
6	IL-4562	**2DIL4562**	16	147
7	IL-1299C	**2DIL1299-C**	15	140
9	Schedule G	**2DILG**	12	108
9	W-2	**2DILW-2**	6	49
10	W-2G	**2DILW-2G**	6	55
11	1099-R	**2DIL1099-R**	6	52
12	1099-G	**2DIL1099-G**	6	52
13	Trailer	*EOD*	1	5
	Total		403	4046
	Total Characters		4449	

1040 Header

Field Reference	Description	Field Size	Field Type	Comments, acceptable values
Code and Header Version		2	Alphanumeric	Value = T1.
Developer Code	NACTP ID	4	Numeric	Assigned by the NACTP.

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL-1040 2008 Identifier	16	Alphanumeric	**2DIL10402008**
0020	A	Primary Taxpayer's Date of Death	8	Numeric	YYYYMMDD - *Valid Date within Tax Year of return filed.* Date deceased of Primary Taxpayer should be printed above Primary Taxpayer's SSN if applicable with word: "Deceased" ex: "Deceased 11/01/2008".
0040	A	Secondary Taxpayer's Date of Death	8	Numeric	YYYYMMDD - *Valid Date within Tax Year of return filed.* Date deceased of Secondary Taxpayer should be printed above Secondary Taxpayer's SSN if applicable with word: "Deceased" ex: "Deceased 11/01/2008".
0010	A	Primary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters - Must be within valid range established by IRS . *Required Field.*
0030	A	Secondary Taxpayer's SSN	9	Numeric	9 digits only - no hyphens or special characters - Must be within valid range established by IRS . *Required Field when filing status is Married Filing Jointly or Married Filing Separately*.
0051	B	Primary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-) *Required Field.*
0052	B	Primary Taxpayer's Suffix	4	Alphanumeric	Allowable characters JR, SR or Roman Numerals II - X . No special characters allowed
0053	B	Secondary Taxpayer's Last Name	20	Alphanumeric	Allowable characters are A-Z, space and hyphen (-) *Required Field when filing status is Married Filing Jointly or Married filling Seperately*
0054	B	Secondary Taxpayer's Suffix	4	Alphanumeric	Allowable characters JR, SR or Roman Numerals II - X . No special characters allowed
0056	B	Primary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-) .No prefixes.*Required Field.*
0057	B	Primary Taxpayer's Middle Initial	1	Alphanumeric	Allowable characters are A-Z or space.
0058	B	Secondary Taxpayer's First Name	15	Alphanumeric	Allowable characters are A-Z, space and hyphen (-) .No prefixes.*Required Field when filing status is Married Filing Jointly or Married filling Separately*
0059	B	Secondary Taxpayer's Middle Initial	1	Alphanumeric	Allowable characters are A-Z or space .
0062	B	Foreign Street Address	35	Alphanumeric	No punctuations -- ex: "AVE." should be "AVE" & "N." should be "N"
0064	B	Foreign City	20	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space
0065	B	Foreign Province or State	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0066	B	Foreign Country	15	Alphanumeric	
0067	B	Foreign Postal Code	15	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space
0070	B	Care-of-Name	35	Alphanumeric	First & Last Name, no punctuation or special characters.
0080	B	Street Address	35	Alphanumeric	Allowable special characters are forward slash (/), percent (%), hyphen (-) and space . No punctuation -- ex: "AVE." should be "AVE" & "N." should be "N." ***Required Field.***
0083	B	City	20	Alpha	Allowable special character is: space ***Required Field.***
0087	B	State	2	Alpha	Standard Postal Abbreviation. ***(Including Foreign military bases & U. S. possessions). Required Field.***
0095	B	Zip Code	9	Numeric	Left justified - no hyphens or special characters. ***Required Field.***
0130	C	Filing Status	1	Alphanumeric	1 = Single or Head of household, 2 = Married filing jointly, 3 = Married filing separately, 4 = Widowed. Box can not be left blank . ***Required Field***
0200	1	Federal Adjusted Gross Income	9	Numeric	
0210	2	Federally Tax-Exempt Interest & Dividend	9	Numeric	***Cannot be negative.***
0230	3	Other Additions to Income	9	Numeric	***Cannot be negative. From Schedule M,***
0250	4	Total Income	9	Numeric	***Line 1 + Line 2 + Line 3.***
0280	5	Retirement or SS Income	9	Numeric	***Cannot be negative.***
0300	6	IL Income Tax Overpayment	9	Numeric	***Cannot be negative.***
0330	7	Other Subtractions Total	9	Numeric	***Cannot be negative. From Schedule M,***
0335	7	Amount included in Line 9 from Schedule 1299-C box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0350	8	Total Subtractions	9	Numeric	***Cannot be negative. Sum of Lines 5 through 7.***
0360	9	Illinois Base Income	9	Numeric	***Cannot be negative. Line 4 - Line 8.***

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0370	10a	Federal Exemption Count	2	Numeric	Right Justified, *2 digits max, significant digits only*
0380	10a	Federal Exemption Allowance	9	Numeric	*Cannot be negative.*
0371	10b	Dependent Claimed Count	1	Numeric	Value "0", "1" or "2".
0390	10b	Dependent Claimed Exemption Allowance	9	Numeric	*Cannot be negative.*
0400	10c	Primary Taxpayer - 65+ Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0410	10c	Spouse - 65+ Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked , Blank = box is not checked. *Must be blank if filing status is Single or Married filing separate.*
0415	10c	Total - 65+ Exemption Count	1	Numeric	Value "0", "1" or "2". *Should be less than 2 when filing status is Single or Married filing separate.*
0420	10c	65+ Exemption Allowance	9	Numeric	*Max positive = 9999, Cannot be negative.*
0401	10d	Primary Taxpayer - Blind Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0411	10d	Spouse - Blind Exempt. Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. *Must be blank if filing status is Single or Married filing separate.*
0425	10d	Total - Blind Exemption Count	1	Numeric	Value "0", "1" or "2". *Should be less than 2 when filing status is Single or Married filing separate*
0430	10d	Blind Exemption Allowance	9	Numeric	*Max positive = 9999, Cannot be negative.*
0440	10	Total Exemption Allowance	9	Numeric	*Cannot be negative.*
0450	11	Net Income	9	Numeric	*Residents only - Line 9 - Line 10.*
0460	12	NonResidents Box	1	Alpha	*Blank or "X", "X" = box is checked, Blank = box is not checked.*
0461	12	Part-Year Residents Box	1	Alpha	*Blank or "X", "X" = box is checked, Blank = box is not checked.*
0470	12	IL Base Income from Schedule NR	9	Numeric	*Cannot be negative. Required if NonResident or Part-Year Resident box is checked*
0490	13	Multiply Line 11 by 3%	9	Numeric	*Cannot be negative. Illinois residents: Multiply Line 11 by 3%. Nonresidents/Part-year residents: Tax amount before recapture of investments from Schedule NR Line 52.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0492	14	Recapture Investment tax Credits	9	Numeric	*Attach Schedule 4255*
0494	15	IL Income Tax after Recap Investment Credit	9	Numeric	*Cannot be negative. Add lines 13 & 14*
0499	16	IL Income Tax Repeated	9	Numeric	*Tax amount from line 15*
0520	17	Credit from Schedule CR	9	Numeric	*Cannot be negative. Equals Schedule CR Line 8*
0540	18	Credits from Schedule ICR	9	Numeric	*Cannot be negative.*
0550	19	Credit from IL Schedule 1299-C	9	Numeric	*Cannot be negative.*
0560	20	Total of Credits	9	Numeric	*Cannot be negative. Add lines 17, 18 & 19. Cannot be > Line 16*
0570	21	Total IL Income Tax Due	9	Numeric	*Cannot be negative. Line 16 - Line 20*
0575	22	IL Income Tax Withheld	9	Numeric	*Cannot be negative. If > 0 , W-2, W-2G ,1099-R or 1099-G must be present.*
0580	23	Estimated Payments	9	Numeric	*Cannot be negative.*
0585	24	Pass-through entity Payments	9	Numeric	*Cannot be negative. Attach Schedule K-1-P or K-1-T*
0590	25	Earned Income Credit from Schedule ICR	9	Numeric	*Cannot be negative.*
0595	26	Total Payments and refundable Credits	9	Numeric	*Cannot be negative. Sum of Lines 22, 23, 24 and 25.*
0600	27	Overpayment	9	Numeric	*Cannot be negative. If Line 26 > Line 21 then Line 26 - Line 21, else blank.*
0610	28	Tax Due	9	Numeric	*Cannot be negative. If Line 21 > Line 26 then Line 21 - Line 26*
0620	29	Late payment penalty	9	numeric	*Cannot be negative*
0627	29a	Farming Income Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0628	29b	You or spouse 65 or older and permanently living in a nursing home	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0629	29c	Annualized Income on IL-2210 Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0650	30	Donation amount from Schedule G	9	Numeric	*Cannot be negative.*
0660	31	Total penalty and donations	9	Numeric	*Cannot be negative. Add Lines 29 & Line 30*
0670	32	Remaining Overpayment	9	Numeric	*Cannot be negative. If Line 27 > 0 and > Line 31, then Line 27 - Line 31, else Blank.*
0690	33	IL Income Tax Refund	9	Numeric	*Not < 0.*
0950	34	Routing Number	9	Numeric	Right Justified, must be valid Routing Number.
0960	34	Checking Account Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0970	34	Savings Account Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0972	34	Depositor Account Number	17	Alphanumeric	Right Justified.
0695	35	Amount applied to 2009 estimated tax	9	Numeric	*Cannot be negative. Subtract line 33 from line 32*
0700	36	Amount You Owe	9	Numeric	*Cannot be negative. If Line 26 > 0, then Line 26 + Line 29. If Line 25 < Line 29, then Line 29 - Line 25, else Blank.*
0800		Taxpayer's Telephone Number	10	Numeric	10 digits only - no hyphens or special characters.
0900		Paid Preparer's Name	35	Alphanumeric	Paid Preparer Name
0920		Paid Preparer's Telephone	10	Numeric	10 digits only - no hyphens or special characters.
0910		Paid Preparer's FEIN, SSN, or PTIN	9	Alphanumeric	9 digits only - no hyphens or special characters.

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule NR Identifier	10	Alphanumeric	**2DILNR**
0010	1	Full Year IL Resident Yes Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. *If Married Filing Jointly, and box is checked, Sch NR should not be completed*
0020	1	Full Year IL Resident No Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked. *Must be checked if taxpayer is completing Sch NR.*
0030	2a	Primary Taxpayer IL Resident From Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008of return filed. No formatting characters.
0040	2a	Primary Taxpayer IL Resident To Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0045	2a	Primary Taxpayer Other State Name	2	Alpha	*Standard Postal Abbreviation. Only one state name.*
0050	2a	Primary Taxpayer Other State From Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0055	2a	Primary Taxpayer Other State To Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0031	2b	Secondary Taxpayer IL Resident From Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0041	2b	Secondary Taxpayer IL Resident To Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0046	2b	Secondary Taxpayer Other State Name	2	Alpha	*Standard Postal Abbreviation. Only one state name.*
0051	2b	Secondary Taxpayer Other State From Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0056	2b	Secondary Taxpayer Other State To Date for 2008	8	Numeric	YYYYMMDD - Valid Date within Tax Year 2008 of return filed. No formatting characters.
0060	3	Iowa Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0070	3	Kentucky Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0080	3	Michigan Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0090	3	Wisconsin Box	1	Alpha	Blank or "X", "X" = box is checked, Blank = box is not checked.
0100	4	Other States Lines 4a thru 4l	24	Alpha	*Standard Postal Abbreviations, up to 12 states.* Right justified, no spaces or special characters, ex. "ORCAAZ".

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0180	5a	Wages, Salaries, Tips	9	Numeric	*Cannot be negative.*
0190	5b	Wages, Salaries, Tips	9	Numeric	*Cannot be negative or > Line 5a*
0200	6a	Taxable Interest Income	9	Numeric	*Cannot be negative.*
0210	6b	Taxable Interest Income	9	Numeric	*Cannot be negative or > Line 6a*
0220	7a	Ordinary Dividend Income	9	Numeric	*Cannot be negative.*
0230	7b	Ordinary Dividend Income	9	Numeric	*Cannot be negative or > Line 7a*
0240	8a	Taxable Refunds, Credits, or Offsets	9	Numeric	*Cannot be negative.*
0250	8b	Taxable Refunds, Credits, or Offsets	9	Numeric	*Cannot be negative or > Line 8a*
0260	9a	Alimony Received	9	Numeric	*Cannot be negative.*
0270	9b	Alimony Received	9	Numeric	*Cannot be negative or > Line 9a*
0280	10a	Business Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0290	10b	Business Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0300	11a	Capital Gains or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0310	11b	Capital Gains or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0320	12a	Other Gains or Losses	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0330	12b	Other Gains or Losses	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0340	13a	Taxable IRA Distributions	9	Numeric	*Cannot be negative.*
0350	13b	Taxable IRA Distributions	9	Numeric	*Cannot be negative or > Line 13a*
0360	14a	Taxable Pensions and Annuities	9	Numeric	*Cannot be negative.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0370	14b	Taxable Pensions and Annuities	9	Numeric	*Cannot be negative or > Line 14a*
0380	15a	Rents, Royalties, etc.	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0390	15b	Rents, Royalties, etc.	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0400	16a	Farm Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0410	16b	Farm Income or Loss	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0420	17a	Unemployment Compensation & Alaska Permenant Fund Dividends & Jury Duty pay	9	Numeric	*Cannot be negative.*
0430	17b	Unemployment Compensation & Alaska Permenant Fund Dividends & Jury Duty pay	9	Numeric	*Cannot be negative or > Line 17a*
0440	18a	Taxable Social Security Benefits	9	Numeric	*Cannot be negative.*
0450	18b	Taxable Social Security Benefits	9	Numeric	*Cannot be negative or > Line 18a*
0460	19a	Other Income	9	Numeric	*Cannot be negative.*
0470	19b	Other Income	9	Numeric	*Cannot be negative.*
0480	20b	IL Portion of Federal Total Income	9	Numeric	Max positive = 999999999, Max Negative amount = -99999999. *Sum of Lines 5B through 19B.*
0487	21b	IL Portion of Federal Total Income (repeated)	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999. *Must equal Line 20b.*
0488	22a	Deduction for Educator Expenses	9	Numeric	*Cannot be negative.*
0489	22b	Deduction for Educator Expenses	9	Numeric	*Cannot be negative or > Line 22a*
0490	23a	Certain business expenses	9	Numeric	*Cannot be negative.*
0491	23b	Certain business expenses	9	Numeric	*Cannot be negative or > Line 23a*
0495	24a	Deduction for Health savings account	9	Numeric	*Cannot be negative.*

Schedule NR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0496	24b	Deduction for Health savings account	9	Numeric	*Cannot be negative or > Line 24a*
0510	25a	Moving Expenses	9	Numeric	*Cannot be negative.*
0520	25b	Moving Expenses	9	Numeric	*Cannot be negative or > Line 25a. 0 for NonResidents.*
0525	26a	One-half of Self-Employment Tax	9	Numeric	*Cannot be negative.*
0526	26b	One-half of Self-Employment Tax	9	Numeric	*Cannot be negative or > line 26a.*
0535	27a	Self-Employed SEP	9	Numeric	*Cannot be negative.*
0536	27b	Self-Employed SEP	9	Numeric	*Cannot be negative or > line 27a.*
0550	28a	Self-Employed Health Insurance	9	Numeric	*Cannot be negative.*
0560	28b	Self-Employed Health Insurance	9	Numeric	*Cannot be negative or > line 28a.*
0570	29a	Penalty on Early Withdrawal	9	Numeric	*Cannot be negative.*
0580	29b	Penalty on Early Withdrawal	9	Numeric	*Cannot be negative or > line 29a..*
0590	30a	Alimony Paid	9	Numeric	*Cannot be negative.*
0600	30b	Alimony Paid	9	Numeric	*Cannot be negative or > line 30a .*
0610	31a	Total IRA Deduction	9	Numeric	*Cannot be negative.*
0620	31b	Total IRA Deduction	9	Numeric	*Cannot be negative or > line 31a.*
0630	32a	Student loan interest	9	Numeric	*Cannot be negative.*
0640	32b	Student loan interest	9	Numeric	*Cannot be negative or > line 32a.*
0650	33a	Deduction for tuition & fees	9	Numeric	*Cannot be negative.*
0660	33b	Deduction for tuition & fees	9	Numeric	*Cannot be negative or > line 33a.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0665	34a	Domestic production activities	9	Numeric	*Cannot be negative.*
0666	34b	Domestic production activities	9	Numeric	*Cannot be negative or > line 34a.*
0667	35a	Other Adjustments	9	Numeric	*Cannot be negative.*
0668	35b	Other Adjustments	9	Numeric	*Cannot be negative or > line 35a.*
0670	36b	IL Portion of Federal Adjustments to Income	9	Numeric	Cannot be negative . *Sum of Lines 22B through 35B.*
0680	37a	Federal Adjusted Gross Income	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999
0690	38b	IL Portion of Federal AGI	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999. *Line 21B - Line 36B.*
0710	39a	Federally Tax Exempt Interest	9	Numeric	*Cannot be negative.*
0720	39b	Federally Tax Exempt Interest	9	Numeric	*Cannot be negative.*
0730	40a	Other Additions Total	9	Numeric	*Cannot be negative. Must be equal to IL-1040, Line 3.*
0740	40b	Other Additions Total	9	Numeric	*Cannot be negative or > line 40a*
0750	41b	IL Portion of Your Total Income	9	Numeric	Max positive amount = 999999999, Max Negative amount = -99999999. *Sum of Lines 38B through 40B.*
0760	42a	Federally Taxed SS & Retirement	9	Numeric	*Cannot be negative.*
0770	42b	Federally Taxed SS & Retirement	9	Numeric	*Cannot be negative or > line 42a.*
0800	43a	IL Income Tax Refund	9	Numeric	*Cannot be negative.*
0810	43b	IL Income Tax Refund	9	Numeric	*Cannot be negative or > line 43a.*
0840	44a	Other Subtractions	9	Numeric	*Cannot be negative. Must be equal to IL-1040, Line 7.*
0850	44b	Other Subtractions	9	Numeric	*Cannot be negative or > line 44a.*
0860	45b	Total IL Subtractions	9	Numeric	*Cannot be negative. Sum of Lines 42B through 44B.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0870	46	Illinois Base Income	9	Numeric	Max positive amount = 999999999. *Line 41B - Line 45B. If Line 45B > Line 41B, then 0.*
0880	47	Illinois Base Income from IL-1040 line 9	9	Numeric	*Cannot be negative.*
0890	48	Line 46 divided by Illinois Base Income Line 47	5	Numeric	*Ratio, round to third decimal, EXAMPLE = 0.93366 rounds to 0.934 and is formatted in the barcode as 09340. If Line 46 <= $0 then 0. If Line 46 > Line 47 then 1.00.*
0900	49	Exemption Allowance from IL-1040 line 10	9	Numeric	*Cannot be negative.*
0910	50	IL Exemption Allowance	9	Numeric	*Cannot be negative. Line 49 * Line 48 (decimal).*
0920	51	IL Net Income	9	Numeric	*Cannot be negative. Line 50 - Line 46. If Line 50 > Line 46 then 0.*
0930	52	IL Income Tax	9	Numeric	*Cannot be negative. Line 51 * 3% (0.03).*

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule M Identifier	10	Alphanumeric	**2DILM**
0010	1	Child's Federally- exempt Interest & Dividend Income	9	Numeric	*Cannot be negative.*
0020	2	Distributive share of additions from partnership, S corp., estate, or trust	9	Numeric	*Cannot be negative.*
0030	3	Withdrawals from Medical Care Savings Account	9	Numeric	*Cannot be negative.*
0040	4	Lloyds plan of operations loss from IL-1023-C	9	Numeric	*Cannot be negative.*
0050	5	Earnings distributed in 2007 from IRC Section 529 College Savings & Tuition Prog if not in AGI	9	Numeric	*Cannot be negative.*
0060	6	IL Special Depreciation addition from IL-4562	9	Numeric	*Cannot be negative.*
0070	7	Business expense recapture	9	Numeric	*Cannot be negative. Non Residents only*
0072	8	Recapture IL College Savings Plans	9	Numeric	*Cannot be negative.*
0080	9	Other Income	9	Numeric	*Cannot be negative.*
0090	10	Other Additions to Income	9	Numeric	*Cannot be negative. Add Lines 1 through 9*
0100	11a	"Bright Start" College Savings Pool Contributions	9	Numeric	*Cannot be negative.*
0101	11b	"College Illinois" Prepaid Tution Program	9	Numeric	*Cannot be negative.*
0102	11c	"Bright Dierction" College Savings Pool	9	Numeric	*Cannot be negative.*
0110	12	Distributive share of subtractions from partnership, S corp., estate, or trust	9	Numeric	*Cannot be negative.*
0120	13	Restoration of amounts held under claim of right	9	Numeric	*Cannot be negative.*
0130	14	Contributions to a job training project	9	Numeric	*Cannot be negative.*
0140	15	Expenses related to federal credits or federal tax-exempt income	9	Numeric	*Cannot be negative.*

Schedule M

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0150	16	Interest earned on investments - Home Ownership Made Easy Program	9	Numeric	*Cannot be negative.*
0160	17	IL Special Depreciation subtraction from IL-4562	9	Numeric	*Cannot be negative.*
0170	18	Add Lines 11a through 17	9	Numeric	*Cannot be negative.*
0180	19	Amount from page 1, Line 18	9	Numeric	*Cannot be negative.*
0182	20	Military Pay earned	9	Numeric	*Cannot be negative*
0184	21	U.S. treasury bonds, bills, notes, savings bonds, U.S. agency interest	9	Numeric	*Cannot be negative*
0190	22	Valuation limitation amount from Schedule F	9	Numeric	*Cannot be negative.*
0200	23	Enterprise zone or river edge redevelopement zone & high impact	9	Numeric	*Cannot be negative.*
0210	24	Recovery of items previously deducted U.S. 1040, Schedule A	9	Numeric	*Cannot be negative.*
0220	25	Ridesharing money & other benefits	9	Numeric	*Cannot be negative.*
0230	26	Payment of life insurance, endowment, or annuity benefits received	9	Numeric	*Cannot be negative.*
0240	27	Employer's contribution for Medical Care Savings Account	9	Numeric	*Cannot be negative.*
0250	28	Lloyds plan of operations income from IL-1023-C	9	Numeric	*Cannot be negative.*
0260	29	Income earned under IL Pre-Need Cemetery Sales Act	9	Numeric	*Cannot be negative.*
0270	30	Education loan repayments made for primary care physicians	9	Numeric	*Cannot be negative.*
0280	31	Reparations or other amounts received as victim of persecution	9	Numeric	*Cannot be negative.*
0290	32a	IL Housing Development Authority bonds & notes	9	Numeric	*Cannot be negative.*
0300	32b	Export Development Act Bonds	9	Numeric	*Cannot be negative.*
0310	32c	IL Development Finance Authority bonds, notes, & other	9	Numeric	*Cannot be negative.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
0320	32d	Quad Cities Regional Economic Development Authority bonds & notes	9	Numeric	*Cannot be negative.*
0330	32e	College Savings bonds	9	Numeric	*Cannot be negative.*
0340	32f	IL Sports Facilities Authority bonds	9	Numeric	*Cannot be negative.*
0350	32g	Higher Education Student Assistance Act bonds	9	Numeric	*Cannot be negative.*
0360	32h	IL Development Finance Authority bonds	9	Numeric	*Cannot be negative.*
0370	32i	Rural Bond Bank Act bonds & notes	9	Numeric	*Cannot be negative.*
0380	32j	IL Development Finance Authority bonds under Asbestos Abatement Fin.	9	Numeric	*Cannot be negative.*
0390	32k	Quad Cities Interstate Metropolitan Authority bonds	9	Numeric	*Cannot be negative.*
0400	32l	Southwestern IL Development Authority bonds	9	Numeric	*Cannot be negative.*
0401	32m	IL Finance Authority bonds	9	Numeric	*Cannot be negative.*
0403	33a	Guam bonds	9	Numeric	*Cannot be negative.*
0404	33b	Puerto Rico bonds	9	Numeric	*Cannot be negative.*
0405	33c	Virgin Island bonds	9	Numeric	*Cannot be negative.*
0406	33d	American Samoa bonds	9	Numeric	*Cannot be negative.*
0407	33e	Northern Mariana Island bonds	9	Numeric	*Cannot be negative.*
0408	33f	Mutual Mortgage Insurance fund bonds	9	Numeric	*Cannot be negative.*
0410	34	Child's interest earned from U.S. Treasury & U.S. obligations from U.S.	9	Numeric	*Cannot be negative.*
0412	35	Railroad Unemployment Income	9	Numeric	*Cannot be negative*
0430	36	Total Other Subtractions	9	Numeric	*Cannot be negative. Add Lines 19 through 35.*

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule ICR Identifier	10	Alphanumeric	**2DILICR**
0100	1	Amount of tax from IL-1040, Line 16	9	Numeric	*Cannot be negative.*
0200	2	Amount of Credit from IL-1040, Line 17	9	Numeric	*Cannot be negative.*
0300	3	Nonrefundable Credit	9	Numeric	*Cannot be negative. Line 1 - Line 2*
0400	4a	Illinois property Tax paid during tax year	9	Numeric	*Cannot be negative.*
0420	4b	Portion of tax deductible as business expense	9	Numeric	*Cannot be negative.*
0440	4c	Subtract Line 4b from Line 4a	9	Numeric	*Cannot be negative.*
0460	4d	Multiply Line 4c by 5% (.05)	9	Numeric	*Cannot be negative.*
0500	5	Lesser of line 3 & 4d	9	Numeric	*Cannot be negative.*
0600	6	Illinois property Tax Credit	9	Numeric	*Cannot be negative. Line 3 - Line 5*
0710	7a	Total amount of K-12 education expense	9	Numeric	*Cannot be negative. Amount from Line 13 of the worksheet.*
0720	7b	Excluded Amount	9	Numeric	Right justified, Value is 250.
0730	7c	Subtract Line 7b from Line 7a	9	Numeric	*If Line 7a - Line 7b < 0 then 0*
0740	7d	Multiply Line 7c by 25% (0.25)	9	Numeric	*Cannot be negative. Line 7c * 25% (0.25). Compare with 500 and write lesser amount.*
0800	8	Lesser of line 6 & 7d	9	Numeric	*Cannot be negative.*
0900	9	Total nonrefundable Credit	9	Numeric	*Cannot be negative. Sum of Line 5 & Line 8*
1000	10a	Amount of federal EIC	9	Numeric	*Cannot be negative.*
1020	10b	Multiply Line 10a by 5% (.05)	9	Numeric	*Cannot be negative.*

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Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
1040	10c	Multiplying factor	5	Numeric	*EXAMPLE = 0.93366 rounds to 0.934 and is formatted in the barcode as 09340. IL resident write '10000' Nonresidents & Partyear residents*
1060	10d	Multiply Line 10b by decimal on Line 10c	9	Numeric	*Cannot be negative.*
1100	11	Illinois Earned Income Credit	9	Numeric	*Cannot be negative. Amount from Line 10d*
1200	12a	Student Last Name	20	Alpha	
1201	12a	Student First Name	15	Alpha	
1202	12a	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required field. Should not equal Primary or Secondary SSN. Must be within valid range established*
1203	12a	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. *Required field.*
1204	12a	School Name	35	Alphanumeric	Allowable special character is: space
1205	12a	School City (IL cities only)	20	Alpha	Allowable special character is: space
1207	12a	Total Tuition, Book/Lab Fees	9	Numeric	*Cannot be negative.*
1210	12b	Student Last Name	20	Alpha	
1211	12b	Student First Name	15	Alpha	
1212	12b	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required field. Should not equal Primary or Secondary SSN. Must be within valid range established*
1213	12b	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. *Required field.*
1214	12b	School Name	35	Alphanumeric	Allowable special character is: space
1215	12b	School City (IL cities only)	20	Alpha	Allowable special character is: space
1217	12b	Total Tuition, Book/Lab Fees	9	Numeric	*Cannot be negative.*
1220	12c	Student Last Name	20	Alpha	

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
1221	12c	Student First Name	15	Alpha	
1222	12c	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required field. Should not equal Primary or Secondary SSN. Must be within valid range established***
1223	12c	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. ***Required field.***
1224	12c	School Name	35	Alphanumeric	Allowable special character is: space
1225	12c	School City (IL cities only)	20	Alpha	Allowable special character is: space
1227	12c	Total Tuition, Book/Lab Fees	9	Numeric	***Cannot be negative.***
1230	12d	Student Last Name	20	Alpha	
1231	12d	Student First Name	15	Alpha	
1232	12d	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required field. Should not equal Primary or Secondary SSN.Must be within valid range established***
1233	12d	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. ***Required field.***
1234	12d	School Name	35	Alphanumeric	Allowable special character is: space
1235	12d	School City (IL cities only)	20	Alpha	Allowable special character is: space
1237	12d	Total Tuition, Book/Lab Fees	9	Numeric	***Cannot be negative.***
1240	12e	Student Last Name	20	Alpha	
1241	12e	Student First Name	15	Alpha	
1242	12e	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required field. Should not equal Primary or Secondary SSN. Must be within valid range established***
1243	12e	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. ***Required field.***

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
1244	12e	School Name	35	Alphanumeric	Allowable special character is: space
1245	12e	School City (IL cities only)	20	Alpha	Allowable special character is: space
1247	12e	Total Tuition, Book/Lab Fees	9	Numeric	***Cannot be negative.***
1250	12f	Student Last Name	20	Alpha	
1251	12f	Student First Name	15	Alpha	
1252	12f	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required field. Should not equal Primary or Secondary SSN. Must be within valid range established***
1253	12f	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. ***Required field.***
1254	12f	School Name	35	Alphanumeric	Allowable special character is: space
1255	12f	School City (IL cities only)	20	Alpha	Allowable special character is: space
1257	12f	Total Tuition, Book/Lab Fees	9	Numeric	***Cannot be negative.***
1260	12g	Student Last Name	20	Alpha	
1261	12g	Student First Name	15	Alpha	
1262	12g	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required field. Should not equal Primary or Secondary SSN. Must be within valid range established***
1263	12g	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. ***Required field.***
1264	12g	School Name	35	Alphanumeric	Allowable special character is: space
1265	12g	School City (IL cities only)	20	Alpha	Allowable special character is: space
1267	12g	Total Tuition, Book/Lab Fees	9	Numeric	***Cannot be negative.***
1270	12h	Student Last Name	20	Alpha	

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
1271	12h	Student First Name	15	Alpha	
1272	12h	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required field. Should not equal Primary or Secondary SSN. Must be within valid range established*
1273	12h	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. *Required field.*
1274	12h	School Name	35	Alphanumeric	Allowable special character is: space
1275	12h	School City (IL cities only)	20	Alpha	Allowable special character is: space
1277	12h	Total Tuition, Book/Lab Fees	9	Numeric	*Cannot be negative.*
1280	12i	Student Last Name	20	Alpha	
1281	12i	Student First Name	15	Alpha	
1282	12i	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required field. Should not equal Primary or Secondary SSN. Must be within valid range established*
1283	12i	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. *Required field.*
1284	12i	School Name	35	Alphanumeric	Allowable special character is: space
1285	12i	School City (IL cities only)	20	Alpha	Allowable special character is: space
1287	12i	Total Tuition, Book/Lab Fees	9	Numeric	*Cannot be negative.*
1290	12j	Student Last Name	20	Alpha	
1291	12j	Student First Name	15	Alpha	
1292	12j	Student SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required field. Should not equal Primary or Secondary SSN. Must be within valid range established*
1293	12j	Grade (K-12 only)	2	Alphanumeric	Right justified, values "K" or 1 through 12. *Required field.*

Schedule ICR

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
1294	12j	School Name	35	Alphanumeric	Allowable special character is: space
1295	12j	School City (IL cities only)	20	Alpha	Allowable special character is: space
1297	12j	Total Tuition, Book/Lab Fees	9	Numeric	*Cannot be negative.*
1310	13	Total Amount of Education Exp.	9	Numeric	*Cannot be negative. Value must equal total of Line 12, Column F fields.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL-4562 Identifier	12	Alphanumeric	**2DIL4562**
0010	1	Special Depreciation Allowance	9	Numeric	*Cannot be negative.*
0020	2	Individual Bonus Depreciation Amount	9	Numeric	*Cannot be negative.*
0030	3	IL Depreciation claimed on prior year IL-4562 form Step 3 Line 8	9	Numeric	*Cannot be negative.*
0040	4	IL Special Depreciation Addition Total	9	Numeric	*Cannot be negative. Line 1 + Line 2 + Line 3.*
0050	5a	Depreciation Allowance Claimed on Federal Form 4562	9	Numeric	*Cannot be negative.*
0060	5b	Individuals only - Depreciation allowance - Federal form 2106	9	Numeric	*Cannot be negative.*
0070	5c	Add Lines 5a and 5b	9	Numeric	*Cannot be negative.*
0080	6	Multiply Line 5c by 42.9% (0.429)	9	Numeric	*Cannot be negative.*
0085	7a	Depreciation Allowance Claimed on Federal Form 4562	9	Numeric	*Cannot be negative.*
0086	7b	Individuals only - Depreciation allowance - Federal form 2106	9	Numeric	*Cannot be negative.*
0087	7c	Add lines 7a and 7b	9	Numeric	*Cannot be negative.*
0088	7d	Multiply Line 7c by 42.9% (0.429)	9	Numeric	*Cannot be negative.*
0089	8	Add lines 6 and 7d	9	Numeric	*Cannot be negative.*
0090	9	Last year of regular depreciation	9	Numeric	*Cannot be negative.*
0100	10	IL Special Depreciation Subtraction Total for this year	9	Numeric	*Cannot be negative. Line 8 + Line 9.*

Schedule 1299-C

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule 1299-C Identifier	14	Alphanumeric	**2DIL1299-C**
0010	3	Enterprise Zone or River Edge Redevelopement Zone Dividend Subtraction	9	Numeric	*Cannot be negative.*
0020	6	High Impact Business Dividend Subtraction	9	Numeric	*Cannot be negative.*
0030	Step 2 Line 1	TECH-PREP Youth Vocational Programs Credit	9	Numeric	*Cannot be negative.*
0040	Step 2 Line 2	Dependent Care Assistance Program Credit	9	Numeric	*Cannot be negative.*
0050	Step 2 Line 6	Film Production Services Tax Credit	9	Numeric	*Cannot be negative.*
0060	Step 2 line 7 Col F	Total Jobs Tax Credit	9	Numeric	*Cannot be negative.*
0070	Step 2 Line 9	High Impact Business Invest. Credit	9	Numeric	*Cannot be negative.*
0080	Step 2 Line 12	Enterprise Zone or River Edge Redevelopement Zone Investement Credit	9	Numeric	*Cannot be negative.*
0090	Step 2 Line 15	EDGE Tax Credit	9	Numeric	*Cannot be negative.*
0100	Step 2 Line 18	Affordable Housing Donations Tax Credit	9	Numeric	*Cannot be negative.*
0110	Step 2 Line 27	Research and Development Credit	9	Numeric	*Cannot be negative.*
0120	Step 2 Line 30	River Edge Redevelopement Zone Remediation Credit	9	Numeric	*Cannot be negative.*
0130	Step 2 Line 33	Ex-Felons Jobs Credit	9	Numeric	*Cannot be negative.*
0140	Step 2 Line 36	Veterans Jobs Credit	9	Numeric	*Cannot be negative.*

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	IL Schedule G Identifier	9	Alphanumeric	**2DILG**
0630	1a	Donation - Wildlife Preservation	9	Numeric	*Cannot be negative.*
0631	1b	Donation - Child Abuse Prevention	9	Numeric	*Cannot be negative.*
0632	1c	Donation - Alzheimer's Research	9	Numeric	*Cannot be negative.*
0633	1d	Donation - Assistance to Homeless	9	Numeric	*Cannot be negative.*
0634	1e	Donation - Breast, Cervical & Ovarian Cancer Research	9	Numeric	*Cannot be negative.*
0635	1f	Donation - Multiple Sclerosis Assistance	9	Numeric	*Cannot be negative.*
0636	1g	Donation - Military Family Relief	9	Numeric	*Cannot be negative.*
0637	1h	Donation - Illinois Veteran's Home	9	Numeric	*Cannot be negative.*
0638	1i	Donation - Diabetes Research	9	Numeric	*Cannot be negative.*
650	1j	Donation - Healthy Smiles	9	Numeric	*Cannot be negative*
0700	2	Total Donations	9	Numeric	*Cannot be negative. Sum of Lines 1a through 1j*

W-2

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	W-2 Identifier	11	Alphanumeric	**2DILW-2**
040	b	Employer Identification number	9	Numeric	9 digits only - no hyphens or special characters. *Required Field. If form is present, cannot be zero filled or blank.*
080	d	Employee's SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required Field. Must be within valid range established by IRS*
370	15	State Name	2	Alpha	*Standard Postal Abbreviation. Required Field. Only one state name. If form is present, cannot be zero filled or blank.*
390	16	State Wages, Tips, etc.	9	Numeric	*Cannot be negative. Required Field. If IL withholding is present, then State Wages , Tips, etc. must be > 0.*
400	17	State Income Tax	9	Numeric	*Cannot be negative.*

W-2G

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	W-2G Identifier	12	Alphanumeric	**2DILW-2G**
040	1	Gross Winnings	9	Numeric	*Cannot be negative.*
150	9	Winner's SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required Field. Must be within valid range established by IRS*
200	13	State Name	2	Alpha	Standard Postal Abbreviation. *Required Field. Only one state name. If form is present, cannot be zero filled or blank.*
201	13	State/Payer's State ID no.	14	Alphanumeric	No hyphens or special characters. *Required Field.*
210	14	State Income Tax Withheld	9	Numeric	*Cannot be negative.*

1099-R

Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	1099-R Identifier	14	Alphanumeric	**2DIL1099-R**
050	Payer's FEIN	Payer's Federal Identification number	9	Numeric	9 digits only - no hyphens or special characters. ***Required Field. If form is present, cannot be zero filled or blank.***
060	Recipient's Identification Number	Recipient's SSN	9	Numeric	9 digits only - no hyphens or special characters. ***Required Field. Must be within valid range established by IRS***
240	10	State Income Tax Withheld	9	Numeric	***Cannot be negative.***
246	11	State Name	2	Alpha	Standard Postal Abbreviation. ***Required Field. Only one state name. If form is present, cannot be zero filled or blank.***
255	12	State Distribution	9	Numeric	***Cannot be negative.***

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1099-G

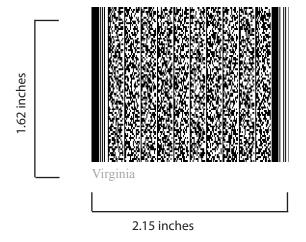| Field #	Line #	Description	Field Size	Field Type	Comments, acceptable values
	Static	1099-G Identifier	14	Alphanumeric	**2DIL1099-G**
0050		Payer Federal Identification number	9	Numeric	9 digits only - no hyphens or special characters. *Required Field. If form is present, cannot be zero filled or blank.*
0060	Recipient's Identification Number	Recipient's SSN	9	Numeric	9 digits only - no hyphens or special characters. *Required Field. If form is present, cannot be zero filled or blank. Must be within valid range established by IRS*
0110	Box 1	Unemployment Compensation Amount	9	Numeric	*Cannot be negative.*
0190		State Name	2	Alpha	*Standard Postal Abbreviation. Required Field. Only one state name. If form is present, cannot be zero filled or blank.*
0192	Box 9	IL Tax Withheld	9	Numeric	*Cannot be negative.*

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1040-Trailer

Field Reference	Description	Field Size	Field Type	Comments, acceptable values
Static	End-of-Barcode marker	5	Alpha	*EOD* .

Barcode Placement

The completed 2-D barcode must be placed on the upper right-side portion of the form. The area reserved for the barcode is 2 inches tall and 4.5 inches wide and begins 1.5 inches from the top of the form and 4 inches from the left hand side of the form.

This example is approximately 1.62″ x 2.15″ and contains about 1,500 characters.

1.62 inches

Virginia

2.15 inches

1-D Bar Code Content and Parameters

Bar Code Content

Year - (Positions 1)

Form ID - (Always 600) (Positions 2-4)

Form Revision - (Alphanumeric number ranging from 0 to 9 and A through Z assigned sequentially by the vendor starting with 0 for the original release) - (Position 5)

Page Number - (Position 6)

Software/Forms Developer Identification Number - (Positions 7-9)

Bar Code Parameters

Code 39 symbology

Nine characters (not including the start and stop asterisk)

2.5:1 wide narrow ratio

Height 1/4 inch (0.250 inches) (24 points)

Length 1.447 inches

An alphanumeric version of the 1-D barcode may appear below the barcode for readability

"X" dimension (the narrowest bar and/or space) must be at least 1.5 pts (approximately 20 mils or 3/144")

Reproduction Requirements/Testing

Form requirements:

2-D barcode returns must be

- o in the same format as the department-produced Form IL-1040;

- o the same size - portrait orientation - 8.5" wide by 11" high; and

- o printed on white, 20 lb. stock paper.

Printing requirements:

2-D barcode returns must

- o have a blank area beginning 1.5" from the top of the form and ending 3.5" from the top of the form;

- o have the taxpayer information (i.e, name(s), address, and Social Security number) printed in the blank area beginning 1.5" from the left edge and 2.25" from the top of the form;

- o have a space above the SSN for a deceased indicator. If applicable, "Deceased" and the "date of death" (e.g., Deceased mm/dd/yyyy) must be printed above the deceased taxpayer's SSN;

- o have barcode printed in the blank area .75" from the right edge and 1.5" from the top of the form; and

- o have IL-1040-V payment voucher generated if a balance is due. IL-1040-V and checks must be submitted to the department with the IL-1040 2-D barcode return.

Testing and approval:

- o Illinois will provide sample test cases for developers. All (7) IL-1040 2-D test cases must be submitted for testing. Test cases must be prepared in accordance with the specifications and instructions found in this document.

- o Illinois prefers that the test cases be sent as a PDF file for expediency.

- o Testing requires approximately 1 week from the department's receipt of the documents. Submitters will be notified as to the acceptability of the test documents.

- o Upon approval from the department, a four-digit identification number (if not previously issued) will be assigned to the form's producer. This identification number must be placed on the bottom, left-corner of the 2-D barcode form (near the form's revision date) in the following format: ID:9999. This identification number must be included in the heading on the IL-1040-V payment voucher (testing and approval of the IL-1040-V is also necessary - please see web site for specifications).