Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Ste	ep 1: Provide the following	information			
Your	name as shown on Form IL-1040		Your Social Security num		
	e: If your prior year tax return was filed using the number above, enter that number here	-	urity number		
Ste	ep 2: Figure your required	installments		A This year	B Last year
1	Enter your total income tax and compassic surcharge from each tax return. See instru				
2	Enter the amount of credits from each tax	return. See instructions.	. 2 _		
3	Subtract Line 2 from Line 1.		3 _		
4a	Enter the total amount of this year's Illinois w	ithholding from your W-2	and 1099 forms. 4a		
4b	Enter the total amount of pass-through with	holding payments made	e on your behalf. 4b		
4c	Add Lines 4a and 4b and enter the result h	iere.	4c _		
5	Subtract Line 4c from Line 3.		5 _		
6	Multiply Column A, Line 3, by 90% (.9).		6 _		
	If Line 5 is \$500 or less or if you are not re enter " 0 ," and go to Step 3. Otherwise, ente or Column B, Line 3.		A, Line 6,		
	Divide the amount entered on Line 7 by four installment. (If you use the annualized incompared to the control of the control o		•		
		Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year
9a	Enter the installment due date for each quarter. See instructions.	//	//	//	//
9b	Enter the required installment. See instructions.				- ·
10a	Enter the amount of tax withheld.				
10b	Enter the amount of pass-through payments.				
10c	Add Lines 10a and 10b in each column.				
11	Subtract Line 10c from Line 9b. If the amount is negative, use brackets.				
12	If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.			
13	Subtract Line 12 from Line 11. If the amount is negative, use brackets.				

Continue with Step 3 on Page 2





14 Ente	er the amount fr	rom Column A, L	_ine 3.				14 _	
15 Ente	er the amount o	f household em	ployment tax fro	m Form IL-1040, Line	e 22.	1811 18 11 1881 1881 1811 181 1 1 81 1	15 _	
16 Ente	er the amount o	f use tax from F	orm IL-1040, Lir	ne 23.			16 _	
17 Add	Lines 14 throu	gh 16. Enter the	total amount he	ere.			17 _	
18 Cald	culate the total a	amount of all pa	yments made or	n or before the origina	al due date of your	tax return. Inclu	de your credit(s	s)
			-	your total estimated	-			
			-	our behalf, and your v	-	-		
				uarters 1 through 4, a	and enter the grea t	ter amount here.	. 18 _	
		om Line 17. If the		ount in Develop Mente	shaat O Lina OO O	taluman C and as		
-	ositive, enter t o Step 4.	nat amount nere	e. Enter this amo	ount in Penalty Works	sneet 2, Line 23, C	olumn C and co	ntinue	
	•	e . enter that am	ount here and, i	f negative, use brack	ets.		19	
_	_	-	e-paymen	-				
				enalty for underpayme	ent of estimated ta	IX.		
	-			enalty for unpaid tax.				
<u>Note</u> Y	ou must follow	the instructions	in order to prop	erly complete the per	nalty worksheets.			
20 Ente	er the amount a	nd the date of e	ach payment yo	u made. Include any	credit(s) carried fo	rward from a pri	or year. See ins	structions.
	Amount	Date	paid	Amount	Date paid	Amour	nt D	ate paid
a _		//	e		_//	. i		/
						•		
d								
Pe			31 or more	10				
	Penalty V	Vorksheet		ayment penalt	y for underpa	ayment of e	stimated ta	ax
			t 1 – Late-p					
Note I	f you paid the re er the unpaid ar	equired amount	from Line 13 by e 13, Quarters 1	the payment due dat through 4, on the fir	te for each quarter st line of the appro	r, do not comple	te this workshe n Column C be	et. low. If you hav
Note I	f you paid the re er the unpaid ar e than four payr	equired amount mounts from Line ments to apply to	from Line 13 by e 13, Quarters 1 any quarter, us	the payment due dat through 4, on the fir e a separate piece of	te for each quarter st line of the appro	r, do not comple opriate quarters i e same format as	te this workshe n Column C be s below and atta	et. low. If you hav
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Note Period Qtr 1 _	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line ments to apply to C Unpaid	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment	the payment due date through 4, on the fire a separate piece of E Balance due	te for each quarter st line of the appro paper following the F Payment	r, do not comple opriate quarters i e same format as G Number of	te this workshe n Column C be s below and atta H Penalty rate	et. low. If you hav ach to this form I
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Note Period Qtr 1 _ Qtr 3 _	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line ments to apply to C Unpaid	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment	the payment due date through 4, on the fire a separate piece of E Balance due	te for each quarter st line of the appro paper following the F Payment	r, do not comple opriate quarters i e same format as G Number of	te this workshe n Column C be s below and atta H Penalty rate	et. low. If you hav ach to this form I
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Note Period Qtr 1 _ Qtr 3 _	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line ments to apply to C Unpaid	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment	the payment due date through 4, on the fire a separate piece of E Balance due	te for each quarter st line of the appro paper following the F Payment	r, do not comple opriate quarters i e same format as G Number of	te this workshe n Column C be s below and atta H Penalty rate	et. low. If you hav ach to this form I
Note Period Qtr 1 _ Qtr 2 _ Qtr 4 _	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line ments to apply to C Unpaid amount	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment applied	the payment due dat through 4, on the fire a separate piece of E Balance due (Col. C - Col. D)	te for each quarter st line of the approper following the F Payment date	r, do not comple opriate quarters is a same format as G Number of days late	te this workshe n Column C be s below and atta H Penalty rate (See above)	et. low. If you hav ach to this form I
Note Period Qtr 1 _ Qtr 2 _ Qtr 4	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line nents to apply to C Unpaid amount	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment applied	the payment due dat through 4, on the fire a separate piece of E Balance due (Col. C - Col. D)	te for each quarter st line of the approper following the F Payment date //	r, do not comple opriate quarters is a same format as G Number of days late	te this workshe In Column C be Is below and atta IH Penalty rate (See above)	et. low. If you hav ach to this form I
Note Period Qtr 1 _ Qtr 3 _ Qtr 4 _ Add Ente	f you paid the reer the unpaid are than four payr B Due date	equired amount mounts from Line ments to apply to C Unpaid amount rters 1 through a	from Line 13 by e 13, Quarters 1 o any quarter, us D Payment applied 4. This is your la your Form IL-10	the payment due dat through 4, on the fire a separate piece of E Balance due (Col. C - Col. D)	te for each quarter st line of the approper following the F Payment date //	r, do not comple opriate quarters is e same format as G Number of days late	te this workshe n Column C be s below and atta H Penalty rate (See above)	et. low. If you have ach to this form I Penalty

Step 3: Figure your unpaid tax

Page 2 of 4 IL-2210 (R-12/15)



Penalty Worksheet 2 – Late-payment penalty for unpaid tax

23 Enter any positive amount from Line 19 on the first line of Column C below.

Α	В	С	D	E	F	G	Н	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See Page 2)	Penalty
					//			
					//			
			· <u></u>		//		- <u> </u>	
24 Add C	Column I. This	s is your late-pay	ment penalty for	or unpaid tax.				
		ount here and on		-			24	

Step 5: Figure your late-filing penalty and the amount you owe

Note Figure your late-filing penalty only if

- you are filing your tax return after your extended due date, and
- your tax was not paid on or before your original due date.

Figure your late-filing penalty.

25	Enter the amount from Form IL-1040, Line 15.	25
26	Enter the amount of household employment tax from Form IL-1040, Line 22.	26
27	Enter the amount of use tax from Form IL-1040, Line 23.	27
28	Enter the amount of compassionate use of medical cannabis surcharge from Form IL-1040, Line 24.	28
29	Add Lines 25 through 28. Enter the total amount here.	29
30	Enter the total amount of credits and payments made on or before your original due date.	30
31	Subtract Line 30 from Line 29.	31
32	Multiply the amount on Line 31 by 2% (.02).	32
33	Enter the lesser of Line 32 or \$250. This is your late-filing penalty.	33
Fig	ure the amount you owe.	
34	Enter any late-payment penalty for unpaid tax from Line 24.	34
35	Enter any late-filing penalty from Line 33.	35
36	If you have an overpayment on Form IL-1040, Line 36, enter that amount as a <negative number="">.</negative>	
	If you have an amount due on Form IL-1040, Line 40, enter that amount as a positive number.	36
37	Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a	
	positive number, this is the amount you owe. See Form IL-1040, Line 40, instructions for your payment options.	37

Continue to Step 6 on Page 4, if annualizing your income.



IL-2210 (R-12/15) Page 3 of 4

Step 6:

Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.

	·		A First 3 months	B First 5 months	C First 8 months	D All 12 months
38	Enter your Illinois base income					
	for each period. See instructions.	38				
39	Annualization factors.	39	4	2.4	1.5	1
40	Multiply Line 38 by Line 39.					
	This is your annualized income.					
41	Exemptions. See instructions.	41				
42	Subtract Line 41 from Line 40.					
	This is your Illinois net income.					
43		43				
44	 					
	medical cannabis surcharge. See instructions.	11				
45	Add Lines 43 and 44.					
46	For each period, enter the	73				
40	amount you entered on					
	Step 2, Line 2, Column A.	46				
47	•					
48	Applicable percentage.		22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
49	Multiply Line 47 by Line 48.					
	This is your annualized					
	installment.	49				
50	Add the amounts on Line 56 of					
	each of the preceding columns		Obia dais line for Osloven A			
	and enter the total here.	50	Skip this line for Column A.			
51	Subtract Line 50 from Line 49.					
	If less than zero, enter "0."	51				
52	Enter the amount you would have entered in Step 2, Line 9b,					
	if you were not annualizing.	52				
53	Enter the amount from Line 55	02				
00	of the preceding column.	53	Skip this line for Column A.			
54	Add Lines 52 and 53.	54				
	If Line 54 is greater than	-				
	Line 51, subtract Line 51 from					
	Line 54. Otherwise, enter "0."	55				Skip this line for Column D.
56	Enter the lesser of Line 51 or					
	Line 54 here and on Step 2,					
	Line 9b. This is your required					
	installment.	56				



Page 4 of 4 IL-2210 (R-12/15)