

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

- ☐ Filed pursuant to section 301.9100-2 ☐ Combat zone
☐ Other

☐ Deceased

Spouse

Your first name and middle initial

Christian

Last name

Mitchell

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

[REDACTED]

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below.

Chicago

State

IL

ZIP code

[REDACTED]

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

Check only one box.

- ☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:

- ☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

- ☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Dependents

(see instructions)

If more than four dependents, see instructions and check here ☐

Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	(1) First name	(1) First name	(1) First name
(2) Last name	(2) Last name	(2) Last name	(2) Last name
(3) SSN	(3) SSN	(3) SSN	(3) SSN
(4) Relationship	(4) Relationship	(4) Relationship	(4) Relationship
(5) Check if lived with you more than half of 2025	(5) Check if lived with you more than half of 2025	(5) Check if lived with you more than half of 2025	(5) Check if lived with you more than half of 2025
(a) ☐ Yes	(a) ☐ Yes	(a) ☐ Yes	(a) ☐ Yes
(b) ☐ And in the U.S.	(b) ☐ And in the U.S.	(b) ☐ And in the U.S.	(b) ☐ And in the U.S.
(6) Check if	(6) Check if	(6) Check if	(6) Check if
☐ Full-time student	☐ Full-time student	☐ Full-time student	☐ Full-time student
☐ Permanently and totally disabled	☐ Permanently and totally disabled	☐ Permanently and totally disabled	☐ Permanently and totally disabled
(7) Credits	(7) Credits	(7) Credits	(7) Credits
☐ Child tax credit	☐ Child tax credit	☐ Child tax credit	☐ Child tax credit
☐ Credit for other dependents	☐ Credit for other dependents	☐ Credit for other dependents	☐ Credit for other dependents

- ☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	379,290.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	379,290.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	2,716.
c	Check if your child's dividends are included in ☐ Line 3a	2	☐ Line 3b
4a	IRA distributions	4a	
c	Check if (see instructions) ☐ Rollover	2	☐ QCD ☐
5a	Pensions and annuities	5a	
c	Check if (see instructions) ☐ Rollover	2	☐ PSO ☐
6a	Social security benefits	6a	
b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	7,699.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	90,000.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	482,753.
10	Adjustments to income from Schedule 1, line 26	10	1,205.
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	481,548.

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SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Christian Mitchell

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	90,000.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a ()	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	90,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA REV 03/25/25 www.irs.gov/efile

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,205.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	1,205.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Christian Mitchell

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

Your social security number



Part I Tax

1	Additions to tax:	
a	Excess advance premium tax credit repayment. Attach Form 8962	1a
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c
d	Recapture of net EPE from Form 4255, line 2a, column (i)	1d
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f
y	Other additions to tax (see instructions):	1y
z	Add lines 1a through 1y	1z
2	Alternative minimum tax. Attach Form 6251	2
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐	4	2,410.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,764.
12	Net investment income tax. Attach Form 8960	12	492.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)



Part II Other Taxes (continued)**17** Other additional taxes:

a Recapture of other credits. List type, form number, and amount:	17a
b Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b
c Additional tax on HSA distributions. Attach Form 8889	17c
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d
e Additional tax on Archer MSA distributions. Attach Form 8853	17e
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i
j Section 72(m)(5) excess benefits tax	17j
k Golden parachute payments	17k
l Tax on accumulation distribution of trusts	17l
m Excise tax on insider stock compensation from an expatriated corporation	17m
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p
q Any interest from Form 8621, line 24	17q
z Any other taxes. List type and amount:	17z
18 Total additional taxes. Add lines 17a through 17z	18
19 Recapture of net EPE from Form 4255, line 1d, column (l)	19
20 Section 965 net tax liability installment from Form 965-A	20
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	21

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 Schedule 2 (Form 1040) 2025

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2025

Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Christian Mitchell

Your social security number



Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	121.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:		
		6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	121.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	1,156.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	1,156.

For Paperwork Reduction Act Notice, see your tax return instructions.

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REV 03/25/25 ltrulrj.dlp

Schedule 3 (Form 1040) 2025 Created 11/17/25



Illinois Department of Revenue
2025 Form IL-1040
Individual Income Tax Return

or for fiscal year ending /

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

Christian

Mitchell

Chicago

IL

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 2025: ☐ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11a.	1	481,548.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Sch. M.	3	.00
4	Total income. Add Lines 1 through 3.	4	481,548.00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income if included in Line 1. (Generally on fed. Forms 1040/1040-SR, Lines 4b, 5b, and 6b). Attach fed. Form 1040/1040-SR.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. Attach Sch. M.	7	17,855.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	17,855.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	463,693.00

Step 4: Exemptions - See instructions for income limitations

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

Step 5: Net Income and Tax

11	Residents: Net income: Subtract Line 10 from Line 9.		
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sch. NR.	11	463,693.00
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12	22,953.00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	.00
13	Recapture of investment tax credits. Attach Sch. 4255.	13	.00
14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	14	22,953.00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. Attach Sch. CR.	15	.00
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Sch. ICR.	16	.00
17	Credit amount from Schedule 1299-C. Attach Sch. 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	0.00
19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	22,953.00

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	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	22,953.00

24 Total tax from Page 1, Line 23.

24 22,953.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Sch. IL-WIT.

25 17,809.00

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** Sch. K-1-P or K-1-T.

27 .00

28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T.

28 .00

29 Earned Income Tax credit from Sch. IL-E/EITC, Step 4, Line 9. **Attach** Sch. IL-E/EITC.

29 .00

30 Child Tax credit from Sch. IL-E/EITC, Step 5, Line 12. **Attach** Sch. IL-E/EITC.

30 .00

31 **Total payments and refundable credit.** Add Lines 25 through 30.

31 17,809.00

Step 9: Total

32 If Line 31 is greater than Line 24, subtract Line 24 from Line 31.

32 .00

33 If Line 24 is greater than Line 31, subtract Line 31 from Line 24.

33 5,144.00

Step 10: Underpayment of Estimated Tax Penalty and Donations

34 Late-payment penalty for underpayment of estimated tax.

34 .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.

35 Voluntary charitable donations. **Attach** Sch. G.

35 .00

36 **Total penalty and donations.** Add Lines 34 and 35.

36 .00

Step 11: Refund or Amount you owe

37 If you have an amount on Line 32 and this amount is greater than Line 36, subtract Line 36 from Line 32.

This is your **overpayment**. Otherwise, go to Line 41.

37 .00

38 Amount from Line 37 you want **refunded to you**. Check **one** box on Line 39. See instructions.

38 .00

39 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**.

40 Amount to be **credited forward**. Subtract Line 38 from Line 37. See instructions.

40 .00

41 **If you have an amount on Line 33**, add Lines 33 and 36. **If you have an amount on Line 32**, and this amount is less than Line 36, subtract Line 32 from Line 36. **If Lines 32 and 33 are blank (zero)**, enter the amount from Line 36. This is the **amount you owe**. See instructions.

41 5,144.00

Step 12: Health Insurance Checkbox and Signature

42 ☐ Check this box and include your email address in Step 1 if IDOR may share your income and other information from this return with the Department of Insurance in order to determine your eligibility for affordable health insurance coverage through Get Covered Illinois, the state's Health Insurance Marketplace. See instructions. Tell us who in your household needs health insurance:

☐ Self ☐ Spouse ☐ Dependent(s)

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.

Daytime phone number

☐ Check if Paid Preparer's PTIN self-employed

☐ Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2025 IL-1040 instructions for the address to mail your return.