

or for fiscal year ending ___

	Step 1: Pe	rsor	nal Information	Do not write above this line
		A	Social Security numbers in the order they appear on your fee	deral return
			Your Social Security number	Spouse's Social Security number
		В	PATRICK J.	Your last name
			Malling address (See instructions if foreign address)	Aparlment number ZIP or Postal Code
		С	Foreign Nation, If not United States (do not abbreviate) Filing status (see instructions) Single or head of household Married filing jointly	☐ Married filing separately ☐ Widowed
		D	Check if same-sex civil union return (see instructions)	
	Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37, U.S. 1040EZ, Line 4	1 161 62500
~		3	Federally tax-exempt interest and dividend income from your or U.S. 1040EZ Other additions. Attach Schedule M.	U.S. 1040 or 1040A, Line 8b;
ere		4	Total income. Add Lines 1 through 3.	3 0.00
ms h	Step 3:	5	Social Security benefits and certain retirement plan income	The second secon
Staple W-2 and 1099 forms here	Base Income	6 7	received if included in Line 1. Attach Page 1 of federal return Illinois Income Tax overpayment included in U.S. 1040, Line Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299	10 6 12.03.00 7 0.00
N-2 and		8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 1,203.00 9 160,422.00
Staple V	Step 4: Exemptions		a Number of exemptions from your federal return b If someone can claim you as a dependent, see instructions. c Check if 65 or older: You + Spouse = d Check if legally blind: You + Spouse = Exemption allowance. Add Lines a through d.	1 x \$2,050 a 2050.00 x \$2,050 b 0.00 x \$1,000 c 0.00 x \$1,000 d 0.00
i	Step 5:	11	Residents: Net Income. Subtract Line 10 from Line 9. Skip	Line 12. 11 \58, 372.00
△ A-0	Net Income	12	Nonresidents and part-year residents: Check the box that applies to you during 2012 Nonreside write the Illinois base income from Schedule NR. Attach Sche	ent Part-vear resident, and
Staple your check and IL-1040-V	Step 6: Tax	13 14 15	Residents: Multiply Line 11 by 5% (.05). Nonresidents and part-year residents: Write the tax from 8 Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 13 and 14. Cannot be less than zero.	14 0.00
	Step 7: Tax After Non- refundable Credits	16 17 18 19	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299	16 <u>0.00</u> 17 <u>2.03.00</u> 9-C. 18 <u>0.00</u>
Stap			Add Lines 16, 17, and 18. This is the total of your credits. Car exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from Line	19 203.00

This form is authorized as outlined under the litinois income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



ã t	21	Tax after nonrefundable credits from Page 1, Line 20 21						
Step 8: Other Taxes	22 23 24	Household employment tax. See Instructions. 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. Total Tax. Add Lines 21, 22, and 23.						
Step 9: Payments and Refundable Credit	25 26 27 28 29	Illinois Income Tax withheld. Attach W-2 and 1099 forms. Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2011 return Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. Earned Income Credit from Schedule ICR. Attach Schedule ICR. Total payments and refundable credit. Add Lines 25 through 28. 25 8 021.00 1203.00 1203.00 9 0.00 9 224.00						
Step 10: Result	30 31	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29. Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 30 \[\frac{1508.00}{30} \] 31 \[.00 \]						
Step 11: Underpayment of Estimated Ta Penalty and Donations	32 x	Late-payment penalty for underpayment of estimated tax. 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. Voluntary charitable donations. Attach Schedule G. 33						
	34	Total penalty and donations. Add Lines 32 and 33. 34 170.00						
Step 12: Refund or Amount You Owe	35 36 37	If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining overpayment. Amount from Line 35 you want refunded to you. If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information on Line 37. Complete to direct deposit your refund Routing number Account number Checking or Savings						
	38 39	Subtract Line 36 from Line 35. This amount will be applied to your 2013 estimated tax. 18 38 00 19 38 00 19 you have an underpayment on Line 31, add Lines 31 and 34. Or 19 you have an overpayment on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 00						
Step 13: Sign and Date	You	der penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and mplete. Thick Chim H 13 Daytime phone number Your spouse's signalure Date						
Third Party Designee	Des	Check, and complete below, to allow another person to discuss this return with the Illinois Department of Revenue. Designee's Designee's Preparer's FEIN, SSN, or PTIN Designee's Phone number						
Form 1099-G Information	R	We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website. Check the box if you still want us to mail you a paper Form 1099-G next year.						
		If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG IL 61402-1040 If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001						
IL-1040 back (R-12/12)		DR AP RR DC						

Illinois Credits

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- Ø Illinois Property Tax Credit
- o K-12 Education Expense Credit
- e Earned Income Credit (EIC)

- You must complete IL-1040 through Line 15 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit may exceed tax.

Step 1: Provide the following information	n				
PATRICK J. QUINN				THE PARTY	
	Your Social Security number				
Step 2: Figure your nonrefundable cred	if				
1 Write the amount of tax from your IL-1040, Line 15.	u c		4	7010	
Write the amount of credit for tax paid to other states from your IL-1040	. Line 16.		1	1719.00	
3 Subtract Line 2 from Line 1.	,		3	7919 00	
Section A - Illinois Property Tax Credit (See instructions for direct	lons on ho	w to obtain your prop	orbe pumbou)	1 1 1 100	
4 a Write the total amount of Illinois Property Tax paid during the	.0113 011 110	w to obtain your prop	erty number)		
tax year for the real estate that includes your principal residence.	4a	4053.00			
b Write the property number for the					
property listed above. 4b					
Write the property number for an adjoining lot, if included in Line 4a.					
d Write the property number for another					
adjoining lot, if Included in Line 4a. 4d					
e Write the portion of your tax bill that is deductible as a business					
expense on U.S. Income tax forms or schedules, even if you did not take the federal deduction.		5 (5)			
f Subtract Line 4e from Line 4a.	4e _	4 05 3 .00		E	
g Multiply Line 4f by 5% (.05).	41 _ 4g _	203.00			
5 Compare Lines 3 and 4g, and write the lesser amount here.	79	00.00	5	203.00	
6 Subtract Line 5 from Line 3.	6 _	7716.00		00.00	
Section B - K-12 Education Expense Credit	-				
Note You must complete the K-12 Education Expense Credit Workshee	at on the he	ale.	•		
of this schedule and attach any receipt you received from your student's so	hool.	ICK	Ó		
7 a Write the total amount of K-12 education expenses from Line 13					
of the worksheet on the back of this schedule.	7a	.00			
b You may not take a credit for the first \$250 paid.	7b	250.00			
C Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c _	.00			
d Multiply Line 7c by 25% (.25). Compare the result and \$500, and					
write the lesser amount here. 8 Compare Lines 6 and 7d, and write the lesser amount here.	7d _	.00		0	
Western Control of the Control of th			8	0.00	
Section C - Total Nonrefundable Credit					
9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this	amount on				
Form IL-1040, Line 17.			9	203.00	



Continued on Page 2



	ur refundable cr	redit				
arned Income Credit						
	eral EIC as shown on your					
U.S. 1040, Line 64a; U.S	S. 1040A, Line 38a; or					
U.S. 1040EZ, Line 8a.b Multiply the amount on	line 10a by 5% (05)		10a 10b		.00	
C Illinois residents: Writ			100		.00	
Nonresidents and part	t-year residents: Write the de	cimal from				
Schedule-NR, Line 48.			10c	0	(.7)	
d Multiply Line 10b by the			10d		.00	
Write the amount from Line						
Earned Income Credit. Write	e this amount on Form IL-1040,	, Line 28.		\Rightarrow	11	
Complete the following Inforcalendar year, please list se	this section and attach and mation for each of your qualifying parately. If you need more spaces	y receipt yo	ou received	from your stud ttended more than e of paper following	lent's school.	
You must complete to Complete the following Information calendar year, please list se	this section and attach and	y receipt young students.	ou received If a student al eparate piece School (IL K-12 school	from your stud ttended more than e of paper following	lent's school. one qualifying sch g this format.	ool during the F Total tuitlo
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Illinois Department of Revenue

2011 Schedule G Voluntary Charitable Donations

Attach to your Form IL-1040

IL Attachment No. 24



Make a difference . . . Donate to a worthy cause.

If you are getting a tax refund, you can share it with the listed charities. If you are not getting a refund, you can still make a contribution.

Step 1: Provide the following information		
PATRICK J. QUINN		
Your name as shown on Form IL-1040	Your Social Security number	

Step 2: Donations Note: Any donation will reduce your refund or increase the amount you owe.

1	Write the amount you wish to donate to each of the following voluntary charitable donate amount of \$1 or more. Note: A description of each fund is on the back of this schedule.	f the following voluntary charitable donation funds. You may contribute any whole-dollar ach fund is on the back of this schedule. (Whole dollars only)					
а	Wildlife Preservation Fund	a .		10.00			
b	Child Abuse Prevention Fund	b.		t0.00			
С	Alzheimer's Disease Research Fund	C .	Ta .	10.00			
d	Assistance to the Homeless Fund	d .		10 .00			
е	Penny Severns Breast, Cervical, and Ovarian Cancer Research Fund	е.		10.00			
f	Military Family Relief Fund	f .		100.00			
g	Illinois State Crime Stoppers Association Fund	g .		10 .00			
h	After-School Rescue Fund	h .		10.00			
2	Add Lines a through h. This is your donations total. Write this amount on Line 33 of your Form IL-1040.		⇒	2	170.00		



Form W-2 Wage and Tax Statement 2012 Copy 2 To Be Filed Will Employee's State, City, or Local Income Tax Return 31215 Employee's address and ZIP code PATRICK J Employer's name, address, and ZIP code Employer's identification number (FIM STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871 a Employee's social security num NNIUD 16 State Wages, tips, etc. 160421.64 01-14-13 09-010 17 State income tax 8021.04 18 Local wages, tips, etc. SALARY OMB No. 1545-0008 Suff. * 13 Statutery employee Retirement plan Third party sick pay 5 Madicara wagas and tips 177275.76 1 Wages, tips, ether compensation 160421.64 11 Nooqualified plans 3 Secial security wages Social security tips 19 Local income tax .00 .00 00 124 12c DD DD 10 Dependent care beselits 4 Social security lax withheld 2 Federal income tax withheld Allocated tips 20 Locality name 37776.72 9683.88 2570.52 1009.80 .00 .00 .00 00