

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning

, 2000, ending

, 20

OMB No. 1545-0074

Label

(See instructions on page 19.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

L
A
B
E
L

H
E
R
E

Your first name and initial

PAUL R.

Last name

DOLBERG

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

Last name

Your social security number

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

4606 HAYDEN CT. McHENRY

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

McHENRY IL 60050

Important!

You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes ☒ No☐ Yes ☐ No

Filing Status

Check only one box.

1
2
3
4
5☒

Single

☐

Married filing joint return (even if only one had income)

☐

Married filing separate return. Enter spouse's social security no. above and full name here. ▶

☐

Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

☐

Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

If more than six dependents, see page 20.

6a

☒

Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b

☐

Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 20)

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

8a

Taxable interest. Attach Schedule B if required

b

Tax-exempt interest. Do not include on line 8a

8b

9

Ordinary dividends. Attach Schedule B if required

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11

Alimony received

12

Business income or (loss). Attach Schedule C or C-EZ

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14

Other gains or (losses). Attach Form 4797

15a

Total IRA distributions

15a

b Taxable amount (see page 23)

16a

Total pensions and annuities

16a

b Taxable amount (see page 23)

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18

Farm income or (loss). Attach Schedule F

19

Unemployment compensation

20a

Social security benefits

20a

b Taxable amount (see page 25)

21

Other income. List type and amount (see page 25)

22

Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23

IRA deduction (see page 27)

23

24

Student loan interest deduction (see page 27)

24

25

Medical savings account deduction. Attach Form 8853

25

26

Moving expenses. Attach Form 3903

26

27

One-half of self-employment tax. Attach Schedule SE

27

28

Self-employed health insurance deduction (see page 29)

28

29

Self-employed SEP, SIMPLE, and qualified plans

29

30

Penalty on early withdrawal of savings

30

31a

Alimony paid b Recipient's SSN ▶

31a

32

Add lines 23 through 31a

32

33

Subtract line 32 from line 22. This is your adjusted gross income ▶

33

Tax and Credits**Standard Deduction for Most People**

Single: \$4,400
 Head of household: \$6,450
 Married filing jointly or Qualifying widow(er): \$7,350
 Married filing separately: \$3,675

34	Amount from line 33 (adjusted gross income)	34	42577
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	0
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	16560
37	Subtract line 36 from line 34	37	26017
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	2800
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	23217
40	Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	3484
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	3484
43	Foreign tax credit. Attach Form 1116 if required	43	0
44	Credit for child and dependent care expenses. Attach Form 2441	44	0
45	Credit for the elderly or the disabled. Attach Schedule R	45	0
46	Education credits. Attach Form 8863	46	0
47	Child tax credit (see page 36)	47	0
48	Adoption credit. Attach Form 8839	48	0
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	0
50	Add lines 43 through 49. These are your total credits	50	0
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	3484

Other Taxes

52	Self-employment tax. Attach Schedule SE	52	0
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51 through 56. This is your total tax	57	3484

Payments

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099	58	7701
59	2000 estimated tax payments and amount applied from 1999 return	59	0
60a	Earned income credit (EIC)	60a	0
b	Nontaxable earned income: amount and type		
61	Excess social security and RRTA tax withheld (see page 50)	61	0
62	Additional child tax credit. Attach Form 8812	62	0
63	Amount paid with request for extension to file (see page 50)	63	0
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	0
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	7701

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	4217
67a	Amount of line 66 you want refunded to you	67a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	0

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe . For details on how to pay, see page 51	69	
70	Estimated tax penalty. Also include on line 69	70	

Sign Here

Joint return? See page 19. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Phone Number ABN AMRO Mortgage Group, Inc. 2600 West Big Beaver Road Troy, Michigan 48084 1-800/783-8900		Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2000 Form 1098	Mortgage Interest Statement
Recipient's Federal ID Number 36-3744610	Payer's Social Security Number [REDACTED]	1 Mortgage Interest Received from Payer(s)/Borrower(s)* 10,200.07	Copy B for Payer The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.	
Payer's/Borrower's Name and Address PAUL R DULBERG HERBERT W DULBERG 4606 HAYDEN CT MCHENRY, IL 60050-7918		2 Points Paid on Purchase of Principal Residence (See Box 2 on back.) 0.00		
		3 Refund of Overpaid Interest (See Box 3 on back.) 0.00		
		4 Property Taxes. Hazard Insurance 2,760.84 376.20		
Mortgage Loan Number 060-9403884				

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2000 137,086.83	Next Due Date 02/01/01	Late Charges Paid in 2000 0.00
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If the servicing of your loan was transferred in 2000 you may also receive an IRS form from your prior servicer. Our Customer Service staff is available Monday through Friday. Our toll free number is 1-800-783-8900. Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

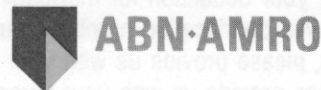
Mortgage Loan Number

060-9403884

Borrower's Tax Identification Number (TIN/Social Security Number)

Co-borrower's Tax Identification Number (TIN/Social Security Number)

If the Tax Identification Numbers are correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.



ABN AMRO Mortgage Group, Inc.

2600 West Big Beaver Road
Troy, Michigan 48084
(800) 783-8900

Affiliates:
LaSalle Bank
LaSalle Home Mortgage
Standard Federal Bank

Combined Tax Statement for Year 2000

NAME, ADDRESS AND FEDERAL I.D. NO.

BANK ONE, NA
P.O. BOX 260164
BATON ROUGE, LA 70826-0164

CUSTOMER NAME, ADDRESS

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

CUSTOMER
SERVICE PHONE #1-800-310-1111

FEDERAL I.D. NO. 31-4148768 1001 0000

ACCOUNT NUMBER	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * *	2000 - 1098,	MORTGAGE INTEREST	* * *	
	HOME EQUITY LN	MORTGAGE INTEREST	1	186.47
	EQUITY LOAN	MORTGAGE INTEREST	1	1617.82

FEDERAL INCOME TAX

WITHHELD

.00

TAYDAVER I.D. NO.

TOTAL MORTGAGE INT./POINTS PAID

(IRS FORM #1098)

1804.29

TOTAL CONTRIBUTIONS

(IRS FORM #5498)

.00

TOTAL EARNINGS

INT., DIV & OIDS

.00

For Form 1099-B, DIV, INT, MISC and OID: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

*Form 1099 OID: This may not be the correct figure to report on your income tax return. See instructions below.

0556034 0

1099 - INT - OMB # 1545-0112

Box 1. Shows interest paid to you during the calendar year by the payer. This does not include interest shown in box 3.
If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
Box 2. Shows interest or principal foregone because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.
Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in box 1.
Box 4. Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.
Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.
Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the income allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

1099 - DIV - OMB # 1545-0110

Box 1. Ordinary dividends, which include any net short-term capital gains from a mutual fund, are fully taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040A. Also report on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required. This amount includes any amount shown in box 5.
The amount shown may be a distribution from an employee stock ownership plan (ESOP). Report it as a dividend on your income tax return, but treat it as a plan distribution, not as investment income, for any other purpose.
Box 2a. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment trust. Amounts shown in boxes 2b, 2c, and 2d are included in box 2a. Report the amount in box 2a on Schedule D (Form 1040). Part II. But, if no amount is shown in boxes 2b-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amount in box 2a on the "Capital gain or (loss)" line of Form 1040 rather than on Schedule D (Form 1040). See the Form 1040 instructions.
Box 2b. Shows 28% rate gain from sales or exchange of collectibles. Report this amount on Schedule D (Form 1040), Part II.
Box 2c. Shows unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).
Box 2d. Section 1202 gain from certain small business stock may be subject to a 50% exclusion. See the Schedule D (Form 1040) instructions.
Box 3. This part of the distribution is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future nontaxable distributions as capital gains, even though this form shows them as nontaxable. See Pub. 550, Investment Income and Expenses.
Box 4. Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
Box 5. Any amount shown is your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.
Box 6. You may be able to claim this foreign tax as a deduction or a credit on Form 1040. See your Form 1040 instructions.
Boxes 8 and 9. Show cash and noncash liquidation distributions.
Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the 2000 General Instructions for Forms 1099, 1098, 5498, and W-2.

1099 - OID - OMB # 1545-0117

Original issue discount (OID) is the excess of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or coupon). OID is taxable as interest over the life of the obligation. If you are the holder of an OID obligation, generally you must include an amount of OID in your gross income each year you hold the obligation.
Obligations that may have OID include a bond, debenture, note, certificate, or other evidence of indebtedness having a term of more than 1 year. For example, the OID rules may apply to certificates of deposit (CDs), time deposits, bonus savings plans, and other deposit arrangements, especially if the payment of interest is deferred until maturity. In addition, the OID rules apply to Treasury inflation-indexed securities.
If, as the record holder, you receive Form 1099-OID showing amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-OID for each of the other owners showing the amounts allocable to each. Furnish a Form 1099-OID to each owner. File Form(s) 1099-OID with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-OID, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other. If you bought or sold an obligation during the year and you are not a nominee, you are not required to issue or file Form 1099-OID showing the OID or stated interest allocable to the seller/buyer of the obligation.
Box 1. Shows the OID on the obligation for the part of the year you owned it. Report the amount in box 1 as interest income on your income tax return. However, if you paid acquisition or bond premium, or if the obligation is a stripped bond or stripped coupon, you must compute your proper amount of OID. If you must compute your proper OID, see Pub. 1212, List of Original Issue Discount Instruments, to figure the correct OID to report on your tax return.
Box 2. Shows other interest on this obligation for the year, which is an amount separate from the OID. If you held the obligation the entire year, report this amount as interest income on your tax return. If you disposed of the obligation or acquired it from another holder during the year, see Pub. 550, Investment Income and Expenses, for reporting instructions. If there is an amount in both boxes 2 and 6, the amount in box 2 is interest on a U.S. Treasury obligation and is exempt from state and local income taxes.
Box 3. Shows interest or principal foregone if you withdrew the money before the maturity date of the obligation, such as from a CD. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.

Box 4. Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate on certain payments shown on the form. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
Box 5. Shows the identification number (CUSIP number) or description of the obligation. The description may include the stock exchange, issuer, coupon rate, and year of maturity.
Box 6. Shows OID on a U.S. Treasury obligation for the part of the year you owned it. Report this amount on your Federal income tax return, and see Pub. 1212 to figure any appropriate adjustments to this amount. This OID is exempt from state and local income taxes and is not included in box 1.
Box 7. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 2.

1099 - MISC - OMB # 1545-0115

Amounts shown on this form may be subject to self-employment tax. If your net income from self-employment is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for information on self-employment income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.
If you are an individual, report the taxable amounts shown on this form on Form 1040, as explained below. (Others, such as corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.)
Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.
Box 3. Generally, report on the "Other income" line of Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.
Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.
Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040).
Box 6. Report on Schedule C or C-EZ (Form 1040).
Box 7. Generally shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. Generally, payments reported in this box are income from self-employment. Since you received this form, rather than Form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report self-employment income on Schedule C, C-EZ, or F (Form 1040), and compute the self-employment tax on Schedule SE (Form 1040). However, if you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of Form 1040. Call the IRS for information about how to report any social security and Medicare taxes.
Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale. Report on the "Other income" line of Form 1040.
Box 9. If marked, sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).
Box 10. Report on the "Crop insurance proceeds..." line on Schedule F (Form 1040).
Box 13. "A" or "EPP" may be shown to identify the income you received.
A-Gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.
EPP-Excess gross parachute payments subject to a 20% excise tax. See your Form 1040 instructions for the "Total Tax" line. The amount in box 7 is your total compensation.
Other information may be provided to you in box 13 without "A" or "EPP".

1098 - E - OMB # 1545-1576

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that is engaged in a trade or business and, in the course of such trade or business, received interest of \$600 or more during the year on a student loan used solely to pay for qualified higher education expenses must furnish this statement to you.
You may be able to deduct student loan interest on your income tax return if the interest payments were made during the first 60 months the interest payments were required. However, the interest reported on this statement may be different from the interest you may deduct. See the "Student Loan Interest Deduction Worksheet" in your Form 1040 or 1040A instructions. Also, see Pub. 970, Tax Benefits for Higher Education, for more information.
Box 1. Shows the interest received by the lender during the year on this student loan.

1099 - B - OMB # 1545-0715

Brokers and barter exchanges must report proceeds from transactions to you and to the Internal Revenue Service. This form is used to report these proceeds.
Box 1a. Shows the trade date of the transaction. For aggregate reporting, no entry will be present.
Box 1b. For broker transactions, may show the CUSIP (Committee on Uniform Security Identification Procedures) number of the item reported.
Box 2. Shows the proceeds from transactions involving stocks, bonds, other debt obligations, commodities, or forward contracts. Losses on forward contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts. The broker must indicate whether gross proceeds or gross proceeds less commissions and option premiums were reported to the IRS. Report this amount on Schedule D (Form 1040), Capital Gains and Losses.

(Continued on back of Statement)

Note: See back of tax statement for additional instructions

☐ CORRECTED (if checked)

(Keep for your records.)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

OAK TRUST CREDIT UNION
15450 SUMMIT AVENUE

OAKBROOK TERRACE IL 60181
6307920100

Payer's RTN (optional)

OMB No. 1545-0112

2000

Interest Income

Department of the Treasury
Internal Revenue Service

Form **1099-INT**

PAYER'S Federal identification number

366111536

RECIPIENT'S identification number

RECIPIENT'S name, street address (if

PAUL R DULBERG
4606 HAYDEN CT

MCHENRY IL 60050-7918

1 Interest income not included in box 3

\$ 29.96

2 Early withdrawal penalty

\$

4 Federal income tax withheld

\$

6 Foreign tax paid

\$

3 Interest on U.S. Savings
Bonds and Treas. obligations

\$

5 Investment expenses

\$

7 Foreign country or U.S.
possession

Account number (optional)

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

5137906

REFUND TO: DULBERG PAUL R

SSN/FEIN:

BDR No

TB0188586

REFER TO THIS NUMBER

ACCOUNT PERIOD ENDING 12-2000

REFUND ISSUED 03-16-2001

YOUR REFUND IS BASED UPON

PRINCIPAL REFUND

INTEREST PAID

TOTAL REFUND

\$*****97.00

\$*****0.00

\$*****97.00

DETATCH THIS STUB AND RETAIN FOR YOUR RECORDS

SCHEDULES A&B

(Form 1040)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2000

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (1)

▶ **Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1		
2	Enter amount from Form 1040, line 34	2		
3	Multiply line 2 above by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid	5 State and local income taxes	5	1275	
(See page A-2.)	6 Real estate taxes (see page A-2)	6	2761	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8	9		4036
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	12004	
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11		
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12		
	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13		
	14 Add lines 10 through 13	14		12004
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	520	
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18		520
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20		
(See page A-5 for expenses to deduct here.)	21 Tax preparation fees	21		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23		
	24 Enter amount from Form 1040, line 34	24		
	25 Multiply line 24 above by 2% (.02)	25		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ▶	27		
Total Itemized Deductions	28 Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28		16540

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a. Control number SG/2/5087/03407	1. Wages, tips, other compensation 42498.29	2. Federal income tax withheld 7701.41
b. Employer's ID No. 36-1265490	3. Social security wages 43354.79	4. Social security tax withheld 2688.02
	5. Medicare wages and tips 43354.79	6. Medicare tax withheld 628.69
c. Employer's name, address, and ZIP code	Intermatic Incorporated Intermatic Plaza 7777 Winn Road Spring Grove IL 60081-9698	
d. Employee's social security number	[REDACTED]	
e. Employee's name, address, and ZIP code	PAUL DULBERG 4606 HAYDEN CT. MCHENRY IL 60050	
7. Social security tips	8. Allocated tips	9. Advance EIC payment
10. Dependent care benefits	11. Nonqualified plans	12. Benefits included in Box 1
13. See instrs. for Box 13 D 856.50	14. Other SEC125 485.48	
15. Statutory employee	Deceased	Pension plan
		Legal rep.
		Deferred compensation
IL 0186-4769	42498.29	1274.93
16. State Employer's state I.D. #	17. State wages, tips, etc.	18. State income tax
19. Locality name	20. Local wages tips, etc.	21. Local income tax



www.ILtax.com

Illinois Department of Revenue
2001 Form IL-1040
Individual Income Tax Return

or for fiscal year
ending _____ 2002

Do not write above this line.

Step 1: Complete your personal information**A** Write your Social Security numbers in the order they appear on your federal return.

Your Social Security number

Your spouse's Social Security number

B Place your label or print your personal information below.**Remove**label from
the cover
and
place it
here.**Paul R. Dulberg**

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

4606 Hayden Ct

Mailing address

Matt Henry

City

IL.

State

60051

ZIP

C Check the same filing status you checked on your federal return.☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Check the box in the barn if at least two-thirds of your federal gross income came from farming.

Step 2: Figure your income**1** Write your federal adjusted gross income from your U.S. 1040, Line 33; U.S. 1040A, Line 19; U.S. 1040EZ, Line 4; or U.S. TeleFile worksheet, Line I.**1 40074****2** Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b.**2****3** Write any other additions to your income that are taxable in Illinois. See the instructions for details. Specify your additions.**3****4** Add Lines 1 through 3. This is your income.**4 40074****Step 3: Figure your base income****5** Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions.**5****6** Write the military pay you earned if it is included in Step 2, Line 1.**6****7** Write your Illinois Income Tax refund if it is included in Line 10 of your U.S. 1040.**7****97****8** Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1.**8****9** Write any other subtractions to your income. See Line 9 instructions and our Publication 101 for details. **Do not** include your out-of-state income. Specify your subtractions.**9****10** Add Lines 5 through 9. This is your total subtractions.**10****97****11** Subtract Line 10 from Line 4. This is your Illinois base income.**11****39977****Step 4: Figure your exemption allowance****12 a** Write the number of exemptions from your federal return. ☐ ☒ \$2,000 **a****2000****b** If someone else claimed you on their return, see Line 12 instructions to figure the number to write here.☐ ☒ \$2,000 **b****c** Check if 65 or older: ☐ You + ☐ Spouse = ☐ ☒ \$1,000 **c****d** Check if legally blind: ☐ You + ☐ Spouse = ☐ ☒ \$1,000 **d**

Add Lines a through d. This is your total Illinois exemption allowance.

12**2000****Step 5: Figure your net income****13 Residents only:** Subtract Line 12 from Line 11. This is your net income. Write your net income here and on Line 15. *Skip Line 14.***13****37977****14 Nonresidents and part-year residents only:**Check the box that applies to you during the year 2001. ☐ Nonresident ☐ Part-year resident

Complete Illinois Schedule NR, and write your Illinois income from

Step 5, Line 45.

14

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

Staple W2, W-2-G, and 1099-R forms here.

AttachFederal Page 1
Form W-2
1099-R
Military W-2See
instructionsSee
instructionsSee
instructions
before
completing
this step.**Attach**

Schedule NR

Step 6: Figure your tax

- 15 **Residents:** Write your net income from Line 13. 15 37977
- 16 **Residents:** Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your **tax**. 16 1139
- Nonresidents and part-year residents:** Write the tax from Schedule NR, Step 5, Line 51. 16 1139

Attach

Step 7: Figure your payments and credits

W-2's (Attach to front)

Schedule CR
Other states' returns and required schedules

Receipt or Schedule ED

Schedule 1299-C

- 17 Write the total amount of Illinois Income Tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 1194
- 18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2000 overpayment. 18
- 19 If you paid income tax to another state, complete Illinois Schedule CR and write the amount from Line 8 of that schedule here. 19
- 20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions.
Write PT Worksheet Line 3 amount here. 20a 2834
Write PT Worksheet Line 8 amount here. 20b 142
- 21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. 21a
Write Schedule ED or ED Worksheet Line 10 amount here. 21b
- 22 If you received a federal EIC, complete the EIC Worksheet in instructions.
Write EIC Worksheet Line 1 amount here. 22a
Write EIC Worksheet Lines 9 or 12 amount here. 22b
- 23 If you completed Illinois Schedule 1299-C, write the amount from Section II, Part IX, Line 46. 23
- 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits. 24 1335

Step 8: Figure your overpayment or your tax due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 197
- 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26

Step 9: Figure your penalty

Attach

Form IL-2210

- 27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27
- Check the box if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. ☐

Step 10: Figure your donations Any donation will reduce your refund or increase the amount you owe.

- 28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.
- | | | | |
|------------------------|-------------------|--------------------------|-------------------|
| Wildlife Preservation | a <u> </u> | Breast Cancer Research | e <u> </u> |
| Child Abuse Prevention | b <u> </u> | Prostate Cancer Research | f <u> </u> |
| Alzheimer's Research | c <u> </u> | World War II Memorial | g <u> </u> |
| Homeless Assistance | d <u> </u> | Korean War Fund | h <u> </u> |
- Add Lines a through h. This is your total voluntary contributions 28
- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29

Step 11: Figure your refund or the amount you owe

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 197
- 31 Write the amount from Line 30 that you want applied to your 2002 estimated tax. 31
- 32 Subtract Line 31 from Line 30. This is your **refund**. 32 197

Direct Deposit
See instructions

- 33 Direct deposit your refund by completing the following information.
- Routing number Type of account ☐ Checking ☐ Savings
- Account number

Payment Options
See instructions

- 34 If you have tax due on Line 26, add Lines 26 and 29. **OR**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**. 34

Step 12: Sign and date your return

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.

Paul Anthony Date Daytime phone number Your spouse's signature Date

Paid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

If you use a preparer and want a booklet next year, check the box. ☐

If no payment is enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

6419025

REFUND TO: DULBERG PAUL R

SSN/FEIN:

BDR No

TB2825983

REFER TO THIS NUMBER

ACCOUNT PERIOD ENDING 12-2001

REFUND ISSUED 03-04-2002

YOUR REFUND IS BASED UPON

PRINCIPAL REFUND	\$*****197.00
INTEREST PAID	\$*****0.00
TOTAL REFUND	\$*****197.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

Label

(See instructions on page 19.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning

, 2001, ending

, 20

Your first name and initial

PAUL

Last name

DULBERG

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

Last name

Home address (number and street). If you have a P.O. box, see page 19.

4606 HAYDEN CT

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

MCHENRY IL 60050

Important!

You must enter your SSN(s) above.

You Spouse

☐ Yes ☒ No ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

If more than six dependents, see page 20.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions
- 15b Taxable amount (see page 23)
- 16a Total pensions and annuities
- 16b Taxable amount (see page 23)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits
- 20b Taxable amount (see page 25)
- 21 Other income. List type and amount (see page 27)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

7	39782	
8a	195	
9		
10	97	
11	0	
12	0	
13	0	
14	0	
15a	0	
15b	0	
16a	0	
16b	0	
17		
18		
19		
20a		
20b		
21		
22	40074	

Adjusted Gross Income

- 23 IRA deduction (see page 27)
- 24 Student loan interest deduction (see page 28)
- 25 Archer MSA deduction. Attach Form 8853
- 26 Moving expenses. Attach Form 3903
- 27 One-half of self-employment tax. Attach Schedule SE
- 28 Self-employed health insurance deduction (see page 30)
- 29 Self-employed SEP, SIMPLE, and qualified plans
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN ▶
- 31a
- 32 Add lines 23 through 31a
- 33 Subtract line 32 from line 22. This is your adjusted gross income ▶

23		
24		
25		
26		
27		
28		
29		
30		
31a		
32		
33	40074	

Standard Deduction for—

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others:
 - Single, \$4,550
 - Head of household, \$6,650
 - Married filing jointly or Qualifying widow(er), \$7,600
 - Married filing separately, \$3,800

34	Amount from line 33 (adjusted gross income)	
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	▶ 35a 6
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	▶ 35b <input type="checkbox"/>
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	
37	Subtract line 36 from line 34	
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	
40	Tax (see page 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	
41	Alternative minimum tax (see page 34). Attach Form 6251	
42	Add lines 40 and 41	
43	Foreign tax credit. Attach Form 1116 if required	43 0
44	Credit for child and dependent care expenses. Attach Form 2441	44 0
45	Credit for the elderly or the disabled. Attach Schedule R	45 0
46	Education credits. Attach Form 8863	46 0
47	Rate reduction credit. See the worksheet on page 36	47 0
48	Child tax credit (see page 37)	48 0
49	Adoption credit. Attach Form 8839	49 0
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	50 0
51	Add lines 43 through 50. These are your total credits	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	

34	40074	—
36	19301	—
37	20773	—
38	2900	—
39	17873	—
40	2681	—
41		
42	2681	
51		
52	2681	

53 Self-employment tax. Attach Schedule SE

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required

56 Advance earned income credit payments from Form(s) W-2

57 Household employment taxes. Attach Schedule H

58 Add lines 52 through 57. This is your **total tax**

53		
54		
55		
56		
57		
58	2681	

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	6885	
60	2001 estimated tax payments and amount applied from 2000 return	60		
61a	Earned income credit (EIC)	61a		
b	Nontaxable earned income 61b <input type="text"/>			
62	Excess social security and RRTA tax withheld (see page 51)	62		
63	Additional child tax credit. Attach Form 8812	63		
64	Amount paid with request for extension to file (see page 51)	64		
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65		
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments			

	2471	
66	6885	

Direct
deposit? See
page 51 and
fill in 68b,
68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you **overpaid**
 68a Amount of line 67 you want **refunded to you** ▶
 ▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings
 ▶ d Account number

67	4204	70
68a	4204	40
	4413	70

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52		
71	Estimated tax penalty. Also include on line 70	71	

Do you want to allow another person to discuss this return with the IRS (see page 53)? ☐ **Yes.** Complete the following. ☐ **No.**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
-------------------	--------------------	--	--

Joint return?
See page 19.
Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Recipient's/Lender's Name, Address and Phone Number

ABN AMRO Mortgage Group, Inc.
2600 West Big Beaver Road
Troy, Michigan 48084
1-800/783-8900

Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2001
Form 1098

Mortgage Interest Statement

Recipient's Federal ID Number

36-3744610

Payer's Social Security Number

[REDACTED]

1 Mortgage Interest Received from Payer(s)/Borrower(s)*

9,337.61

Payer's/Borrower's Name and Address

PAUL R DULBERG
HERBERT W DULBERG
4606 HAYDEN CT
MCHENRY, IL 60050-7918

2 Points Paid on Purchase of Principal Residence
(See **Box 2** on back.)

0.00

3 Refund of Overpaid Interest (See **Box 3** on back.)

0.00

4 Property Taxes
Hazard Insurance

2,833.76
360.60

Mortgage Loan Number

[REDACTED]

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Copy B for Payer

The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Principal Balance as of 12-31-2001

0.00

Next Due Date

N/A

Late Charges Paid in 2001

0.00

If the servicing of your loan was transferred in 2001 you may also receive an IRS form from your prior servicer. Our Customer Service staff is available Monday through Friday. Our toll free number is 1-800-783-8900. **Our website address is www.mortgage.com.** Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

[REDACTED]

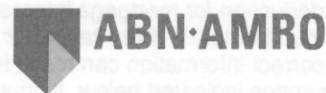
Borrower's Tax Identification Number (TIN/Social Security Number)

[REDACTED]

Co-borrower's Tax Identification Number (TIN/Social Security Number)

[REDACTED]

If the Tax Identification Numbers are correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.

**ABN AMRO Mortgage Group, Inc.**

2600 West Big Beaver Road
Troy, Michigan 48084

www.mortgage.com

Affiliates:

LaSalle Bank N.A.

LaSalle Home Mortgage

Standard Federal Bank N.A.

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Phone Number

ABN AMRO Mortgage Group, Inc.
2600 West Big Beaver Road
Troy, Michigan 48084
1-800/783-8900

Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2001
Form 1098

Mortgage Interest Statement

Recipient's Federal ID Number

36-3744610

Payer's Social Security Number

[REDACTED]

1 Mortgage Interest Received from Payer(s)/Borrower(s)*

721.08

Payer's/Borrower's Name and Address

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60050

2 Points Paid on Purchase of Principal Residence
(See **Box 2** on back.)

0.00

3 Refund of Overpaid Interest (See **Box 3** on back.)

0.00

4

Mortgage Loan Number

[REDACTED]

Copy B for Payer

The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2001

166,232.00

Next Due Date

02/01/02

Late Charges Paid in 2001

0.00

If the servicing of your loan was transferred in 2001 you may also receive an IRS form from your prior servicer. Our Customer Service staff is available Monday through Friday. Our toll free number is 1-800-783-8900. Our website address is www.mortgage.com. Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

Borrower's Tax Identification Number (TIN/Social Security Number)

Co-borrower's Tax Identification Number (TIN/Social Security Number)



ABN AMRO Mortgage Group, Inc.

2600 West Big Beaver Road
Troy, Michigan 48084

www.mortgage.com

Affiliates:

LaSalle Bank N.A.
LaSalle Home Mortgage
Standard Federal Bank N.A.

If the Tax Identification Numbers are correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.

Combined Tax Statement for Year 2001

NAME, ADDRESS AND FEDERAL I.D. NO.

BANK ONE, NA
P.O. BOX 260164
BATON ROUGE, LA 70826-0164

CUSTOMER NAME, ADDRESS

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

CUSTOMER
SERVICE PHONE # 1-800-800-5626

FEDERAL I.D. NO. **31-4148768** **3001 0000**

ACCOUNT NUMBER	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * *	2001 - 1098,	MORTGAGE INTEREST	* * *	
	HOME EQUITY LN	MORTGAGE INTEREST	1	2599.20

FEDERAL INCOME TAX WITHHELD	TOTAL MORTGAGE INT./POINTS PAID (IRS FORM #1098)	TOTAL CAPITAL GAINS DISTRIBUTION	TOTAL EARNINGS INT., DIV & OIDS
.00	2599.20	.00	.00
TAXPAYER I.D. NO.	For Form 1099-B, DIV, INT, MISC and OID: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. *Form 1099 OID: This may not be the correct figure to report on your income tax return. See instructions below.		
			0677319 0

1099 - INT - OMB # 1545-0112

Box 1. Shows interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in box 1.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the income allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

1099 - DIV - OMB # 1545-0110

Box 1. Ordinary dividends, which include any net short-term capital gains from a mutual fund, are fully taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040A. Also report this on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required. This amount includes any amount shown in box 5.

The amount shown may be a distribution from an employee stock ownership plan (ESOP). Report it as a dividend on your income tax return, but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment trust. Amounts shown in boxes 2b, 2c, 2d, and 2e are included in box 2a. Report the amount in box 2a on Schedule D (Form 1040), Part II. But, if no amount is shown in boxes 2b-2e and your only capital gains and losses are capital gain distributions, you may be able to report the amount in box 2a on the "Capital gain or (loss)" line of Form 1040 or on the "Capital gain distributions" line of Form 1040A rather than on Schedule D (Form 1040). See the Form 1040 or 1040A instructions.

Box 2b. Shows 28% rate gain from sales or exchange of collectibles. Report this amount on Schedule D (Form 1040), Part II.

Box 2c. Shows qualified 5-year gain that may be taxed at an 8% capital gains rate. Report this amount on Schedule D (Form 1040). See the Schedule D (Form 1040) instructions.

Box 2d. Shows unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet in the Schedule D instructions (Form 1040).

Box 2e. Shows section 1202 gain from certain small business stock that may be subject to a 50% exclusion. See the Schedule D (Form 1040) instructions.

Box 3. Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future nontaxable distributions as capital gains, even though this form shows them as nontaxable. See Pub. 550, Investment Income and Expenses.

Box 4. Shows backup withholding. For example, a payer must backup withhold on certain payments at a 31% rate if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows the foreign tax you may be able to claim as a deduction or a credit on Form 1040. See your Form 1040 instructions.

Boxes 8 and 9. Shows cash and noncash liquidation distributions.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.

1099 - OID - OMB # 1545-0117

Original issue discount (OID) is the excess of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or coupon). OID is taxable as interest over the life of the obligation. If you are the holder of an OID obligation, generally you must include an amount of OID in your gross income each year you hold the obligation.

Obligations that may have OID include a bond, debenture, note, certificate, or other evidence of indebtedness having a term of more than 1 year. For example, the OID rules may apply to certificates of deposit (CDs), time deposits, bonus savings plans, and other deposit arrangements, especially if the payment of interest is deferred until maturity. In addition, the OID rules apply to Treasury inflation-indexed securities.

If, as the record holder, you receive Form 1099-OID showing amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-OID for each of the other owners showing the amounts allocable to each. Furnish a Form 1099-OID to each owner. File Form(s) 1099-OID with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-OID, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other. If you bought or sold an obligation during the year and you are not a nominee, you are not required to issue or file Form 1099-OID showing the OID or stated interest allocable to the seller/buyer of the obligation.

Box 1. Shows the OID on the obligation for the part of the year you owned it. Report the amount in box 1 as interest income on your income tax return. However, if you paid acquisition or bond premium, or if the obligation is a stripped bond or stripped coupon, you must compute your proper amount of OID. If you must compute your proper OID, see Pub. 1212, List of Original Issue Discount Instruments, to figure the correct OID to report on your tax return.

Box 2. Shows other interest on this obligation for the year, which is an amount separate from the OID. If you held the obligation the entire year, report this amount as interest income on your tax return. If you disposed of the obligation or acquired it from another holder during the year, see Pub. 550, Investment Income and Expenses, for reporting instructions. If there is an amount in both boxes 2 and 6, the amount in box 2 is interest on a U.S. Treasury obligation and is exempt from state and local income taxes.

Box 3. Shows interest or principal forfeited if you withdrew the money before the maturity date of the obligation, such as from a CD. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to

the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the identification number (CUSIP number) or description of the obligation. The description may include the stock exchange, issuer, coupon rate, and year of maturity.

Box 6. Shows OID on a U.S. Treasury obligation for the part of the year you owned it. Report this amount on your Federal income tax return, and see Pub. 1212 to figure any appropriate adjustments to this amount. This OID is exempt from state and local income taxes and is not included in box 1.

Box 7. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 2.

1099 - MISC - OMB # 1545-0115

Amounts shown on this form may be subject to self-employment tax. If your net income from self-employment is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for information. If no income or social security and Medicare taxes were withheld, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on Form 1040, as explained below. For corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

Box 6. Report on Schedule C or C-EZ (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments that are reported in this box are income from self-employment, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). Because you received this form rather than Form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of Form 1040. Call the IRS for information about how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for sale in a short sale. Report on the "Other income" line of Form 1040.

Box 9. If marked, sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

Box 10. Report on the "Crop insurance proceeds" line on Schedule F (Form 1040).

Box 13. Shows excess gross parachute payments subject to a 20% excise tax. See your Form 1040 instructions for the "Total Tax" line. The amount in box 13 is your total compensation.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15. Other information may be provided to you in box 15.

Boxes 16-18. If state or local income tax was withheld from the payment, these boxes may be completed.

1098 - E - OMB # 1545-1576

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that is engaged in a trade or business and, in the course of such trade or business, received interest of \$600 or more during the year on a student loan used solely to pay for qualified higher education expenses must furnish this statement to you.

You may be able to deduct student loan interest reported on your income tax return if the interest payments were made during the first 60 months the interest payments were required. However, the interest reported on this statement may be different from the interest you may deduct. See the "Student Loan Interest Deduction Worksheet" in your Form 1040 or 1040A instructions. Also, see Pub. 970, Tax Benefits for Higher Education, for more information.

Box 1. Shows the interest received by the lender during the year on this student loan.

Box 2. Shows if loan origination fees and/or capitalized interest are included in box 1. If box 2 is not checked, you may contact your lender about this information.

1099 - B - OMB # 1545-0715

Brokers and barter exchanges must report proceeds from transactions to you and to the Internal Revenue Service. This form is used to report these proceeds.

Box 1a. Shows the trade date of the transaction. For aggregate reporting, no entry will be present.

Box 1b. For broker transactions, may show the CUSIP (Committee on Uniform Security Identification Procedures) number of the item reported.

Box 2. Shows the proceeds from transactions involving stocks, bonds, or debt obligations, commodities, or forward contracts. Losses on forward contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts. The broker must indicate whether gross proceeds or gross proceeds less commissions and option premiums were reported to the IRS. Report this amount on Schedule D (Form 1040), Capital Gains and Losses.

Box 3. Shows the cash you received, the fair market value of any property or services you received, and/or the fair market value of any trade credits or scrip credited to your account by a barter exchange. See Pub. 525, Taxable and Nontaxable Income, for information on how to report this income.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer.

(Continued on back of Statement)

Note: See back of tax statement for additional instructions

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G

**Certain
Government
Payments**

2001

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

Payer

Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W

Copy B – For recipient

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Refund interest included in Box 2.

\$0.00

Box 2 – Refunds, credits, or offsets from your state or local income tax

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.

\$97.00

Box 3 – Tax year

Box 2 amount is for tax year

2000

Box 2 amount of state income tax that was refunded to you.

\$97.00

Box 2 amount that was credited to estimated tax.

\$0.00

Recipient

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

Box 2 amount that was applied to a prior year balance due.

\$0.00

Box 2 amount that was contributed to a state fund.

\$0.00

Box 2 amount that was paid to the IRS.

\$0.00

If you do not agree with the above amounts as reported call **1 800 732-8866, 217 782-3336**, or TDD (telecommunications device for the deaf) **1 800 544-5304**.

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

FOR ASSISTANCE CALL: (815) 479-5200

2001 INTEREST INCOME.
FORM 1099-INT.
COPY B, FOR RECIPIENT
OMB No. [REDACTED] 2

PAYER'S FEDERAL IDENTIFICATION NUMBER 36-4196863

PAGE 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

RECIPIENT'S IDENTIFICATION NUMBER [REDACTED]

TYPE OF ACCOUNT		ACCOUNT REFERENCE NUMBER	DEPOSIT ID/ DATE	DESCRIPTION		
1. INTEREST INCOME NOT INCLUDED IN NO. 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID	
7. FOREIGN COUNTRY OR U.S. POSSESSION						
NOW ACCOUNT	1	██████████	00001			
8.74	0.00	0.00	0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1	████████████████████	618			
183.77	0.00	0.00	0.00	0.00	0.00	0.00
Totals						
192.51	0.00	0.00	0.00	0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in No. 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.
- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in No. 1.
- Shows backup withholding. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in No. 1.
- Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

NOMINEES. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the income allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owner as the "recipient". On Form 1096, list yourself as the "filer". A husband or wife is not required to file a nominee return to show amounts owned by the other.

☐ CORRECTED (if checked)

PRESORTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.

OAK TRUST CREDIT UNION
15450 SUMMIT AVENUE

OAKBROOK TERRACE IL 60181
6307920100

Payer's RTN (optional)

OMB No. 1545-0047

FIRST-CLASS MAIL

U.S. POSTAGE PAID

2001

SUMMIT NO. 215

WEST CHESTER, PA

Form 1099-INT

PAYER'S Federal identification number

366111536

RECIPIENT'S identification number

[REDACTED]

RECIPIENT'S name, address, ZIP code

PAUL R DULBERG
4606 HAYDEN CT

MCHENRY IL 60050-7918

1 Interest income not included in box 3

\$ 21.70

2 Early withdrawal penalty

\$

3 Interest on U.S. Savings
Bonds and Treas. obligations

\$

4 Federal income tax withheld

\$

5 Investment expenses

\$

6 Foreign tax paid

\$

7 Foreign country or U.S. possession

\$

Account number (optional)

[REDACTED]

Copy B

For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-INT

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

SCHEDULES A&B

(Form 1040)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2001

Attachment
Sequence No. 07Department of the Treasury
Internal Revenue Service (1)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

Name(s) shown on Form 1040

Your social security number

**Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2) 1
- 2 Enter amount from Form 1040, line 34. 2 2
- 3 Multiply line 2 above by 7.5% (.075) 3
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4

**Taxes You
Paid**(See
page A-2.)

- 5 State and local income taxes 5 1193 48
- 6 Real estate taxes (see page A-2) 6 2833 76
- 7 Personal property taxes 7 0
- 8 Other taxes. List type and amount ▶ 8
- 9 Add lines 5 through 8 9 4027 24

**Interest
You Paid**(See
page A-3.)

- 10 Home mortgage interest and points reported to you on Form 1098 10 12657 89
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶ 11

Note.
Personal
interest is
not
deductible.

- 12 Points not reported to you on Form 1098. See page A-3 for special rules 12
- 13 Investment interest. Attach Form 4952 if required. (See page A-3.) 13
- 14 Add lines 10 through 13 14 12657 89

**Gifts to
Charity**If you made a
gift and got a
benefit for it,
see page A-4.

- 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 15 4007.43 2615
- 16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You **must** attach Form 8283 if over \$500 16
- 17 Carryover from prior year 17
- 18 Add lines 15 through 17 18 2615

**Casualty and
Theft Losses**

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) 19

**Job Expenses
and Most
Other
Miscellaneous
Deductions**(See
page A-5 for
expenses to
deduct here.)

- 20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You **must** attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ 20
- 21 Tax preparation fees 21
- 22 Other expenses—investment, safe deposit box, etc. List type and amount ▶ 22
- 23 Add lines 20 through 22 23
- 24 Enter amount from Form 1040, line 34. 24 24
- 25 Multiply line 24 above by 2% (.02) 25
- 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- 26

**Other
Miscellaneous
Deductions**

- 27 Other—from list on page A-6. List type and amount ▶ 27

**Total
Itemized
Deductions**

- 28 Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)?

- ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. ▶
- ☐ **Yes.** Your deduction may be limited. See page A-6 for the amount to enter.

28 19300 13

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number SG/2/5087/03407		1 Wages, tips, other compensation 39782.09		2 Federal income tax withheld 6884.40	
b Employer ID number 36-1265490		3 Social security wages 40597.96		4 Social security tax withheld 2517.19	
		5 Medicare wages and tips 40597.96		6 Medicare tax withheld 588.58	
c Employer's name, address, and ZIP code		Intermatic Incorporated Intermatic Plaza 7777 Winn Road Spring Grove IL 60081-9698			
d Employee's social security number		[REDACTED]			
e Employee's name, address, and ZIP code		PAUL DULBERG 4606 HAYDEN CT. MCHENRY IL 60050			
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans			
12a D 815.87		13 Stat. Emp. Ret. plan 3rd-party sick pay X			
12b		14 Other SEC125 502.84			
12c					
12d					
IL 0186-4769		39782.09		1193.48	
15 State Employer's state I.D. #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
.....		

Your spouse's Social Security number

ZIP

4 33725

10		
11	33528	

12 2000

13 31528 |

14 _____ | _____

IL-1040 front (R-12/02)

Label

(See instructions on page 21.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

(See page 21.)

L
A
B
E
L
H
E
R
E

For the year Jan. 1–Dec. 31, 2002, or other tax year beginning

, 2002, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 21.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.

▲ Important! ▲

You **must** enter your SSN(s) above.

You

Spouse

☐ Yes ☒ No ☐ Yes ☐ No**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)

Exemptions

If more than five dependents, see page 22.

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6ab ☐ **Spouse**c **Dependents:**

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 22)

No. of boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a **Taxable** interest. Attach Schedule B if requiredb **Tax-exempt** interest. **Do not** include on line 8a 8b

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a

b Taxable amount (see page 25)

16a Pensions and annuities 16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

23 Educator expenses (see page 29) 23

24 IRA deduction (see page 29) 24

25 Student loan interest deduction (see page 31) 25

26 Tuition and fees deduction (see page 32) 26

27 Archer MSA deduction. Attach Form 8853 27

28 Moving expenses. Attach Form 3903 28

29 One-half of self-employment tax. Attach Schedule SE 29

30 Self-employed health insurance deduction (see page 33) 30

31 Self-employed SEP, SIMPLE, and qualified plans 31

32 Penalty on early withdrawal of savings 32

33a Alimony paid b Recipient's SSN ▶ 33a

34 Add lines 23 through 33a 34

35 Subtract line 34 from line 22. This is your **adjusted gross income** ▶

Adjusted Gross Income

7 33381 80

8a 145 63

8b

9

10 197 00

11

12

13

14

15b

16b

17

18

19

20b

21

22 33723 80

23

24

25

26

27

28

29

30

31

32

33a

34

35 33723 80

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.

• All others:
Single, \$4,700
Head of household, \$6,900
Married filing jointly or Qualifying widow(er), \$7,850
Married filing separately, \$3,925

36	Amount from line 35 (adjusted gross income)	36	33723	90
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	37a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here	37b		
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	19805	59
39	Subtract line 38 from line 36	39	13918	21
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	3000	00
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	10918	21
42	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	1339	00
43	Alternative minimum tax (see page 37). Attach Form 6251	43		
44	Add lines 42 and 43	44	1339	00
45	Foreign tax credit. Attach Form 1116 if required	45		
46	Credit for child and dependent care expenses. Attach Form 2441	46		
47	Credit for the elderly or the disabled. Attach Schedule R	47		
48	Education credits. Attach Form 8863	48		
49	Retirement savings contributions credit. Attach Form 8880	49		
50	Child tax credit (see page 39)	50		
51	Adoption credit. Attach Form 8839	51		
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52		
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53		
54	Add lines 45 through 53. These are your total credits	54		
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	1339	00

Other Taxes

56	Self-employment tax. Attach Schedule SE	56		
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57		
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	58		
59	Advance earned income credit payments from Form(s) W-2	59		
60	Household employment taxes. Attach Schedule H	60		
61	Add lines 55 through 60. This is your total tax	61	1339	00

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	5869	80
63	2002 estimated tax payments and amount applied from 2001 return	63		
64	Earned income credit (EIC)	64		
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65		
66	Additional child tax credit. Attach Form 8812	66		
67	Amount paid with request for extension to file (see page 56)	67		
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68		
69	Add lines 62 through 68. These are your total payments	69	5869	80

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	4530	80
71a	Amount of line 70 you want refunded to you	71a	4530	80
b	Routing number	b		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	c		
d	Account number	d		
72	Amount of line 70 you want applied to your 2003 estimated tax	72		

Amount You Owe

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73		
74	Estimated tax penalty (see page 57)	74		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See page 21. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Telephone Number

ABN AMRO Mortgage Group, Inc.
2600 West Big Beaver Road
Troy, Michigan 48084

1-800-783-8900

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2002

Form 1098

Mortgage Interest Statement

Recipient's Federal Identification No.

36-3744610

Payer's Social Security Number

[REDACTED]

1 Mortgage Interest Received from Payer(s)/Borrower(s)*

9,917.28

Payer's/Borrower's Name and Address

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60050

2 Points Paid on Purchase of Principal Residence
(See **Box 2** on back.)

0.00

3 Refund of Overpaid Interest (See **Box 3** on back.)

0.00

4

Copy B for Payer

The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Mortgage Loan Number

[REDACTED]

Form 1098

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2002

163,970.03

Next Due Date

03/01/03

Late Charges Paid in 2002

0.00

If the servicing of your loan was transferred in 2002 you may also receive a Form 1098 from your prior servicer. Our Customer Service staff is available Monday through Friday. Our toll free number is 1-800-783-8900. **Our website address is www.mortgage.com.** Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

[REDACTED]

Borrower's Social Security Number

[REDACTED]

Co-borrower's Social Security Number

If the Social Security Number(s) is (are) correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.



ABN AMRO

ABN AMRO Mortgage Group, Inc.

2600 West Big Beaver Road TOC M0904-470
Troy, Michigan 48084
www.mortgage.com

Affiliates:

LaSalle Bank N.A.

LaSalle Home Mortgage

Standard Federal Bank N.A.

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G

OMB. NO.

1545-0120 Department of the Treasury - Internal Revenue Service

**Certain
Government
Payments****2002****Payer**Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W**Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Refund interest included in Box 2.

\$0.00

Box 2 – Refunds, credits, or offsets from your state or local income tax

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.

\$197.00

**Box 3 –
Tax year**Box 2
amount is
for tax year

2001

Box 2 amount of state income tax
that was refunded to you.

\$197.00

Box 2 amount that was credited to
estimated tax.

\$0.00

Box 2 amount that was applied to
a prior year balance due.


\$0.00

Box 2 amount that was contributed
to a state fund.

\$0.00

Box 2 amount that was paid to the
IRS.

\$0.00

Recipient
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

If you do not agree with the above amounts as reported call **1 800 732-8866, 217 782-3336**,
or TDD (telecommunications device for the deaf) **1 800 544-5304**.

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

FOR ASSISTANCE CALL: (815) 479-5200

2002 INTEREST INCOME.
FORM 1099-INT.
COPY B, FOR RECIPIENT
OMB No. [REDACTED]

PAYER'S FEDERAL IDENTIFICATION NUMBER 36-4196863

PAGE 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

RECIPIENT'S IDENTIFICATION NUMBER [REDACTED]

TYPE OF ACCOUNT		ACCOUNT REFERENCE NUMBER	DEPOSIT ID/ DATE	DESCRIPTION		
1. INTEREST INCOME NOT INCLUDED IN NO. 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID	
7. FOREIGN COUNTRY OR U.S. POSSESSION						
NOW ACCOUNT	1	██████████	0001			
12.66	0.00	0.00	0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1	████████████████████	618			
132.97	0.00	0.00	0.00	0.00	0.00	0.00
Totals						
145.63	0.00	0.00	0.00	0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in No. 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.
- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in No. 1.
- Shows backup withholding. Generally, a payer must backup withhold at a 30% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in No. 1.
- Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

NOMINEES. If this form includes amounts belonging to another person, you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2002

Attachment
Sequence No. **07**

► **Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1	5583	96
2	Enter amount from Form 1040, line 36	2	33723	80
3	Multiply line 2 by 7.5% (.075)	3	2529	29
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	3054	67
Taxes You Paid	5 State and local income taxes	5	999	92
(See page A-2.)	6 Real estate taxes (see page A-2)	6	3083	72
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8	9	4083	64
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	9917	28
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ►	11		
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12		
Note. Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13		
	14 Add lines 10 through 13	14	9917	28
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	2750	
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18	2750	00
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ►	20		
(See page A-5 for expenses to deduct here.)	21 Tax preparation fees	21		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ►	22		
	23 Add lines 20 through 22	23	0	
	24 Enter amount from Form 1040, line 36	24	33723	80
	25 Multiply line 24 by 2% (.02)	25	674	46
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0	
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ►	27		
Total Itemized Deductions	28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)?	28	19405	59
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38.			
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.			

a Control Number GC323764001		2002		Form W-2 Wage and Tax Statement OMB No. 1545-0008		Copy C For Employee's Records (See Notice on back.)	
c Employer's name, address, and ZIP code PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES IA 50392-0102				1 Wages, tips, other compensation \$7391.46		2 Federal income tax withheld \$1995.67	
				3 Social security wages \$7391.46		4 Social security tax withheld \$458.29	
				5 Medicare wages and tips \$7391.46		6 Medicare tax withheld \$107.18	
b Employer's identification number 42-0127290		d Employee's social security number [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
e Employee's name, address, and ZIP code PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050				12 See Instructions for box 12 a. _____ b. _____ c. _____ d. _____		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
						14 Other	
Account number (op) GC323764001		Source - Product 02010-01300 IL		15 State - Employer's state ID No. 1264-8574		16 State wages, tips, etc. \$7391.46	
						17 State income tax \$221.74	

SICK PAY STATEMENT FURNISHED UNDER AGENCY AGREEMENT WITH YOUR EMPLOYER
IF QUESTIONS PLEASE CALL 515-248-4742

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on the back
of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number 5086/03407/		1 Wages, tips, other compensation 25940.34		2 Federal income tax withheld 3874.13	
b Employer ID number 36-1265490		3 Social security wages 26477.04		4 Social security tax withheld 1641.55	
		5 Medicare wages and tips 26477.04		6 Medicare tax withheld 383.94	
c Employer's name, address, and ZIP code		Intermatic Incorporated Intermatic Plaza 7777 Winn Road Spring Grove IL 60081-9698			
d Employee's social security number		[REDACTED]			
e Employee's name, address, and ZIP code		PAUL DULBERG 4606 HAYDEN CT. MCHENRY IL 60050			
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans			
12a D 536.70		13 Stat. Emp. Ret.plan X		3rd-party sick pay X	
12b		14 Other SEC125		522.18	
12c					
12d					
IL 0186-4769		25940.34		778.18	
15 State Employer's state I.D. #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
.....		



Illinois Department of Revenue
2003 Form IL-1040
Individual Income Tax Return

or for fiscal year
ending / 0 4

Do not write above this line.

Step 1: Personal Information

A Write your Social Security numbers in the order they appear on your federal return.

- -

Your Social Security number

- -

Your spouse's Social Security number

B Print or type your personal information below.

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

C Check your filing status.

☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1 Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. **1** 38119
- 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. **2**
- 3 Write any other additions to your income that are taxable in Illinois. See instructions for details. Specify your additions. **3**
- 4 Add Lines 1 through 3. This is your income. **4** 38119

Step 3: Base Income

- Attach** **5** Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. **5**
- Federal Page 1, Form W-2, 1099-R** **6** Write the military pay you earned if it is included in Step 2, Line 1. **6**
- Military W-2** **7** Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. **7** 208
- See instructions** **8** Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. **8**
- See instructions** **9** Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. **Do not** subtract your out-of-state income. Specify your subtractions. **9**
- Check if Line 9 includes any amount from Schedule 1299-C. ☐
- 10** Add Lines 5 through 9. This is the total of your subtractions. **10** 208
- 11** Subtract Line 10 from Line 4. This is your Illinois **base income**. **11** 37911

Step 4: Exemptions

- See instructions before completing this step.** **12 a** Write the number of exemptions from your federal return. ☒ **X** \$2,000 **a** 2000
- b** If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. ☐ **X** \$2,000 **b**
- c** Check if 65 or older: ☐ You + ☐ Spouse = ☐ **X** \$1,000 **c**
- d** Check if legally blind: ☐ You + ☐ Spouse = ☐ **X** \$1,000 **d**
- Add Lines a through d. This is your total Illinois exemption allowance. **12** 2000

Step 5: Net Income

- 13 Residents only:** Subtract Line 12 from Line 11. This is your net income. Skip Line 14. **13** 35911
- Attach** **14 Nonresidents and part-year residents only:** Check the box that applies to you during the year 2003. ☐ Nonresident ☐ Part-year resident Complete Illinois Schedule NR, and write your Illinois base income from Step 5, Line 47. **14**

Step 6: Tax

- 15 Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**. **Nonresidents and part-year residents:** Write the tax from Schedule NR, Step 5, Line 53. **15** 1077

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Write the amount of your tax from Page 1, Step 6, Line 15 here.

16 1077

Step 7: Payments and Credits

Attach W-2s (Attach to front)	17	Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17.	17	<u>1134</u>
	18	Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2002 overpayment.	18	
Schedule CR Other states' returns and required schedules	19	If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here.	19	
	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a <u>3217</u>	20b	<u>1661</u>
Receipt or Schedule ED	21	If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a	21b	
	22	If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. → 22a	22b	
Schedule 1299-C	23	If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. → 23	23	
	24	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.	24	<u>1295</u>

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 218

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26

Step 9: Penalty

Attach Form IL-2210	27	Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.	27	
	a	Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home.		<input type="checkbox"/>
	b	Check if at least two-thirds of your federal gross income is from farming.		<input type="checkbox"/>

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28	Write the amount you wish to donate to one or more of the following voluntary contribution funds.			
	Wildlife Preservation	a	Multiple Sclerosis	g
	Child Abuse Prevention	b	Military Family Relief	h
	Alzheimer's Research	c	Lou Gehrig's Disease	i
	Homeless Assistance	d	WWII Veterans Memorial	j
	Breast Cancer Research	e	Asthma & Lung Research	k
	Prostate Cancer Research	f	Leukemia Treatment	l
	Add Lines a through l. This is your voluntary contributions total.			28
29	Add Line 27 and Line 28. This is your total penalty and donations.			29

Step 11: Refund or Amount You Owe

30	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.	30	<u>218</u>
31	Write the amount from Line 30 that you want applied to your 2004 estimated tax .	31	<u>0</u>
32	Subtract Line 31 from Line 30. This is your refund .	32	<u>218</u>
33	Direct deposit your refund by completing the following information.		
	Routing number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	Account number		
34	If you have tax due on Line 26, add Lines 26 and 29. or If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe .		
		34	

Direct Deposit
See instructions

Payment Options
See instructions

Step 12: Sign and Date

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.

Your signature	Date	Daytime phone number	Your spouse's signature	Date
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001





Illinois Department of Revenue
2003 Form IL-1040
Individual Income Tax Return

or for fiscal year
ending / 0 4

Do not write above this line.

Step 1: Personal Information

A Write your Social Security numbers in the order they appear on your federal return.

- -

Your Social Security number

- -

Your spouse's Social Security number

B Print or type your personal information below.

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

C Check your filing status.

☐ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1 Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. **1** 38119
- 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. **2**
- 3 Write any other additions to your income that are taxable in Illinois. See instructions for details. Specify your additions. **3**
- 4 Add Lines 1 through 3. This is your income. **4** 38119

Step 3: Base Income

- Attach** **5** Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. **5**
- Federal Page 1, Form W-2, 1099-R** **6** Write the military pay you earned if it is included in Step 2, Line 1. **6**
- Military W-2** **7** Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. **7** 208
- See instructions** **8** Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. **8**
- See instructions** **9** Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. **Do not** subtract your out-of-state income. Specify your subtractions. **9**
- Check if Line 9 includes any amount from Schedule 1299-C. ☐
- 10** Add Lines 5 through 9. This is the total of your subtractions. **10** 208
- 11** Subtract Line 10 from Line 4. This is your Illinois **base income**. **11** 37911

Step 4: Exemptions

- 12 a** Write the number of exemptions from your federal return. ☒ **X** \$2,000 **a** 2000
- b** If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. ☐ **X** \$2,000 **b**
- c** Check if 65 or older: ☐ You + ☐ Spouse = ☐ **X** \$1,000 **c**
- d** Check if legally blind: ☐ You + ☐ Spouse = ☐ **X** \$1,000 **d**
- Add Lines a through d. This is your total Illinois exemption allowance. **12** 2000

Step 5: Net Income

- 13 Residents only:** Subtract Line 12 from Line 11. This is your net income. Skip Line 14. **13** 35911
- Attach** **14 Nonresidents and part-year residents only:** Check the box that applies to you during the year 2003. ☐ Nonresident ☐ Part-year resident Complete Illinois Schedule NR, and write your Illinois base income from Step 5, Line 47. **14**

Step 6: Tax

- 15 Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**. **Nonresidents and part-year residents:** Write the tax from Schedule NR, Step 5, Line 53. **15** 1077

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Write the amount of your tax from Page 1, Step 6, Line 15 here.

16 1077

Step 7: Payments and Credits

Attach W-2s (Attach to front)	17	Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17.	17	<u>1134</u>
	18	Write any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2002 overpayment.	18	
Schedule CR Other states' returns and required schedules	19	If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here.	19	
	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a <u>3217</u>	20b	<u>1661</u>
Receipt or Schedule ED	21	If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a	21b	
	22	If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. → 22a	22b	
Schedule 1299-C	23	If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. → 23	23	
	24	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.	24	<u>1295</u>

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 218

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26

Step 9: Penalty

Attach Form IL-2210	27	Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.	27	
	a	Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home.		<input type="checkbox"/>
	b	Check if at least two-thirds of your federal gross income is from farming.		<input type="checkbox"/>

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28	Write the amount you wish to donate to one or more of the following voluntary contribution funds.			
	Wildlife Preservation	a	Multiple Sclerosis	g
	Child Abuse Prevention	b	Military Family Relief	h
	Alzheimer's Research	c	Lou Gehrig's Disease	i
	Homeless Assistance	d	WWII Veterans Memorial	j
	Breast Cancer Research	e	Asthma & Lung Research	k
	Prostate Cancer Research	f	Leukemia Treatment	l
	Add Lines a through l. This is your voluntary contributions total.			28
29	Add Line 27 and Line 28. This is your total penalty and donations.			29

Step 11: Refund or Amount You Owe

30	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.	30	<u>218</u>
31	Write the amount from Line 30 that you want applied to your 2004 estimated tax .	31	<u>0</u>
32	Subtract Line 31 from Line 30. This is your refund .	32	<u>218</u>
33	Direct deposit your refund by completing the following information.		
	Routing number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	Account number		
34	If you have tax due on Line 26, add Lines 26 and 29. or If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe .		
		34	

Direct Deposit
See instructions

Payment Options
See instructions

Step 12: Sign and Date

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.

Your signature	Date	Daytime phone number	Your spouse's signature	Date
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001



Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

L
A
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E

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning

, 2003, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

▲ Important! ▲

You must enter your SSN(s) above.

You

Spouse

☐ Yes ☒ No ☐ Yes ☐ No

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ▶

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

If more than five dependents, see page 21.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 21)

No. of boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

b If box on 13a is checked, enter post-May 5 capital gain distributions

13b

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 25)

16a Pensions and annuities

16a

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses (see page 29)

24 IRA deduction (see page 29)

25 Student loan interest deduction (see page 31)

26 Tuition and fees deduction (see page 32)

27 Moving expenses. Attach Form 3903

28 One-half of self-employment tax. Attach Schedule SE

29 Self-employed health insurance deduction (see page 33)

30 Self-employed SEP, SIMPLE, and qualified plans

31 Penalty on early withdrawal of savings

32a Alimony paid

b Recipient's SSN ▶

32a

33 Add lines 23 through 32a

34 Subtract line 33 from line 22. This is your adjusted gross income ▶

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	38119
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked ▶ 36a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 36b <input type="checkbox"/>		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	18415
38	Subtract line 37 from line 35	38	19704
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	3050
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	16654
41	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	2151
42	Alternative minimum tax (see page 38). Attach Form 6251	42	
43	Add lines 41 and 42 ▶	43	2151
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	0
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- ▶	54	2151

Other Taxes

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54 through 59. This is your total tax ▶	60	2151

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	5508
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments ▶	68	5508

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	3357
70a	Amount of line 69 you want refunded to you ▶	70a	3357
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
71	Amount of line 69 you want applied to your 2004 estimated tax ▶	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 ▶	72	
73	Estimated tax penalty (see page 58)	73	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name **▶** Phone no. **▶** () Personal identification number (PIN) **▶**

Sign Here

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **▶** Date **▶** Your occupation **▶** Daytime phone number **▶** ()

Spouse's signature. If a joint return, **both** must sign. **▶** Date **▶** Spouse's occupation **▶**

Paid Preparer's Use Only

Preparer's signature **▶** Date **▶** Check if self-employed ☐ Preparer's SSN or PTIN **▶**

Firm's name (or yours if self-employed), address, and ZIP code **▶** EIN **▶** Phone no. **▶** ()

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Telephone Number

ABN AMRO Mortgage Group, Inc.
2600 West Big Beaver Road
Troy, Michigan 48084

(800) 783-8900

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2003

Form 1098

Mortgage Interest Statement

Recipient's Federal Identification No.

36-3744610

Payer's Social Security Number

[REDACTED]

1 Mortgage Interest Received from Payer(s)/Borrower(s)*

8,978.27

Payer's/Borrower's Name and Address

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60050

2 Points Paid on Purchase of Principal Residence
(See **Box 2** on back.)

0.00

3 Refund of Overpaid Interest (See **Box 3** on back.)

0.00

4

Mortgage Loan Number

[REDACTED]

Copy B for Payer

The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Form 1098

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2003

162,129.90

Next Due Date

01/01/04

Late Charges Paid in 2003

0.00

If the servicing of your loan was transferred in 2003 you may also receive a Form 1098 from your prior servicer. Our Customer Service staff is available Monday through Friday. **Our website address is mortgage.com.** Please contact your financial advisor or the IRS at (800) 829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

[REDACTED]

Borrower's Social Security Number

[REDACTED]

Co-borrower's Social Security Number

[REDACTED]

If the Social Security Number(s) is (are) correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.



ABN AMRO Mortgage

Loan Administration

Affiliate Banks
LaSalle Bank N.A.
Standard Federal Bank N.A.

2600 West Big Beaver Road, M0904-470
Troy, Michigan 48084
mortgage.com

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G**Certain
Government
Payments****2003**

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

Payer
Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W**Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Refund interest included in Box 2.

\$0.00

Box 2 – Refunds, credits, or offsets from your state or local income tax

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.

208.00

**Box 3 –
Tax year**Box 2
amount is
for tax year

2002

Box 2 amount of state income tax
that was refunded to you.

\$208.00

Box 2 amount that was credited to
estimated tax.

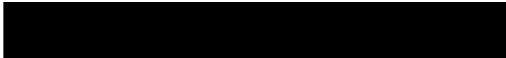
\$0.00

Box 2 amount that was applied to
a prior year balance due.

\$0.00

Box 2 amount that was contributed
to a state fund.

\$0.00

Box 2 amount that was paid to the
IRS.**Recipient**
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

If you do not agree with the above amounts as reported call 1 800 732-8866, 217 782-3336,
or TDD (telecommunications device for the deaf) 1 800 544-5304.

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

FOR ASSISTANCE CALL: (815) 479-5200

2003 INTEREST INCOME.
FORM 1099-INT.
COPY B, FOR RECIPIENT
OMB No. [REDACTED]

PAYER'S FEDERAL IDENTIFICATION NUMBER 36-4196863

PAGE 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

RECIPIENT'S IDENTIFICATION NUMBER [REDACTED]

TYPE OF ACCOUNT		ACCOUNT REFERENCE NUMBER	DEPOSIT ID/ DATE	DESCRIPTION		
1. INTEREST INCOME NOT INCLUDED IN NO. 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID	
7. FOREIGN COUNTRY OR U.S. POSSESSION						
NOW ACCOUNT	1	[REDACTED]				
11.83	0.00	0.00	0.00	0.00	0.00	
CERTIFICATE OF DEPOSIT	1	[REDACTED]	618			
89.55	0.00	0.00	0.00	0.00	0.00	
CERTIFICATE OF DEPOSIT	1	[REDACTED]	218			
8.20	0.00	0.00	0.00	0.00	0.00	
Totals						
109.58	0.00	0.00	0.00	0.00	0.00	

INSTRUCTIONS FOR RECIPIENT

- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in No. 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.
- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. **This interest is not included in No. 1.**
- Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this amount on your income tax return as tax withheld.**
- Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in No. 1.
- Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

NOMINEES. If this form includes amounts belonging to another person, you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Name(s) shown on Form 1040

Schedule A—Itemized Deductions

(Schedule B is on back)

► **Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).**

OMB No. 1545-0074

2003

Attachment
Sequence No. **07**

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1	4825	
2	Enter amount from Form 1040, line 35	2	3819	
3	Multiply line 2 by 7.5% (.075).	3	2859	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	1966	
Taxes You Paid	5 State and local income taxes	5	1134	
(See page A-2.)	6 Real estate taxes (see page A-2)	6	3217	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8	9	4351	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	8978	
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ►	11		
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12		
Note. Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13		
	14 Add lines 10 through 13	14	8978	
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4.	15	3120	
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17	18	3120	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ►	20		
(See page A-5.)	21 Tax preparation fees.	21		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ►	22		
	23 Add lines 20 through 22	23		
	24 Enter amount from Form 1040, line 35	24		
	25 Multiply line 24 by 2% (.02)	25		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0	
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ►	27		
Total Itemized Deductions	28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28	18415	

Copy C For EMPLOYEE'S RECORDS
See Notice to Employee on the back
of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number WKLY/5086/		1 Wages, tips, other compensation 37801.28		2 Federal income tax withheld 5508.25	
b Employer ID number 36-1265490		3 Social security wages 38558.74		4 Social security tax withheld 2390.60	
		5 Medicare wages and tips 38558.74		6 Medicare tax withheld 559.27	
c Employer's name, address, and ZIP code		Intermatic Incorporated Intermatic Plaza 7777 Winn Road Spring Grove IL 60081-9698			
d Employee's social security number		[REDACTED]			
e Employee's name, address, and ZIP code		PAUL DULBERG 4606 HAYDEN CT. MCHENRY IL 60050			
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans			
12a D 757.46		13 Stat. Emp. Ret. plan		3rd-party sick pay	
12b		X			
12c		14 Other SEC125		1354.27	
12d					
IL 0186-4769		37801.28		1133.83	
15 State Employer's state I.D. #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	



Illinois Department of Revenue
2004 Form IL-1040
Individual Income Tax Return

or for fiscal year ending / 0 5

ELECTRONIC File
Confirmation Number
0511F000078822

Do not write above this line.

Step 1: Personal Information

- A** Your Social Security numbers in the order they appear on your federal return

[Redacted Social Security Number]

Your Social Security number

Your spouse's Social Security number

- B** Print your personal information below

PAUL R DULBERG

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

4606 HAYDEN CT

Mailing address

MCHENRY

IL

60050-7918

City

State

ZIP

- C** Filing status (check one)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1** Federal adjusted gross income from your U.S. 1040, Line 36; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I 1 37,163 | 00
- 2** Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 0 | 00
- 3** Other additions to your income. **Attach** Schedule M. 3 0 | 00
- 4** Add Lines 1 through 3. This is your total income. 4 37,163 | 00

- New -
Complete
Schedule M.

Step 3: Base Income

- 5** Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1, Form W-2, 1099-R. 5 0 | 00
- 6** Military pay earned if included in Step 2, Line 1. **Attach** military W-2. 6 0 | 00
- 7** Illinois Income Tax overpayment included in U.S. 1040, Line 10 7 218 | 00
- 8** U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8 0 | 00
- 9** Other subtractions to your income. **Attach** Schedule M. 9 0 | 00
- Check if Line 9 includes any amount from Schedule 1299-C ☐
- 10** Add Lines 5 through 9. This is the total of your subtractions. 10 218 | 00
- 11** Subtract Line 10 from Line 4. This is your Illinois **base income**. 11 36,945 | 00

- New -
Complete
Schedule M.

Step 4: Exemptions

- 12 a** Number of exemptions from your federal return 1 X \$2,000 **a** 2,000 | 00
- b** If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. 0 X \$2,000 **b** 0 | 00
- c** Check if 65 or older: ☐ You + ☐ Spouse = 0 X \$1,000 **c** 0 | 00
- d** Check if legally blind: ☐ You + ☐ Spouse = 0 X \$1,000 **d** 0 | 00
- Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000 | 00

See
instructions
before
completing
this step.

Step 5: Net Income

- 13 Residents only:** Subtract Line 12 from Line 11. This is your net income. **Skip** Line 14. 13 34,945 | 00
- 14 Nonresidents and part-year residents only:**
Check the box that applies to you during the year 2004. ☐ Nonresident ☐ Part-year resident
Illinois base income from Schedule NR. **Attach** Schedule NR. 14 |

Step 6: Tax

- 15 Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your **tax**.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. 15 1,048 | 00

Staple W-2 and 1099 forms here

Staple your check

16 Tax amount from Page 1, Step 6, Line 15

16 1,048.00

Step 7: Payments and Credits

17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms.

17 1,105.00

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2003 return

18 0.00

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns.

19

20 Illinois Property Tax credit. **You must complete PT Worksheet in instructions.**

PT Worksheet Line 3 amount

20a 3,584.00

PT Worksheet Line 8 amount

20b 179.00

21 Education expense credit. **You must complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.

ED Worksheet or Schedule ED Line 1 amount

21a 0.00

ED Worksheet or Schedule ED Line 10 amount

21b 0.00

22 Earned Income Credit. **You must complete EIC Worksheet in instructions.**

EIC Worksheet Line 1 amount

22a 0.00

EIC credit amount from the EIC Worksheet

22b 0.00

Check if you have a qualifying child (living with you) born after 12/31/86.

23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.

23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.

24 1,284.00

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**.

25 236.00

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**.

26 0.00

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax

27

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming.

Step 10: Donations *Any donation will reduce your refund or increase the amount you owe*

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife Preservation

a

0.00

Multiple Sclerosis

f

0.00

Child Abuse Prevention

b

0.00

Military Family Relief

g

0.00

Alzheimer's Research

c

0.00

Lou Gehrig's Disease

h

0.00

Homeless Assistance

d

0.00

Illinois Veterans' Home

i

0.00

Breast Cancer Research

e

0.00

Add Lines a through i. This is your donations total.

28 0.00

29 Add Line 27 and Line 28. This is your total penalty and donations.

29 0.00

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 236.00

31 Amount from Line 30 that you want applied to 2005 estimated tax

31 0.00

32 Subtract Line 31 from Line 30. This is your **refund**.

32 236.00

33 Complete to direct deposit your refund

Routing number



Checking or



Savings

Account number

Direct Deposit

See instructions for payment options.

34 If you have tax due on Line 26, add Lines 26 and 29. **OR**If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**.

34 0.00

Step 12: Sign and Date

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.

8852571 000-000-0000

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Confirmation number: 05IIF000078822

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2004

(1) IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 16.)

L
A
B
E
L

H
E
R
E

For the year Jan. 1–Dec. 31, 2004, or other tax year beginning

, 2004, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Important!

You must enter your SSN(s) above.

You

Spouse

☐ Yes ☒ No ☐ Yes ☐ No

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 18.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers on lines above ▶

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 W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 20)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 22)

16a Pensions and annuities

16a

b Taxable amount (see page 22)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 24)

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses (see page 26)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 IRA deduction (see page 26)

26 Student loan interest deduction (see page 28)

27 Tuition and fees deduction (see page 29)

28 Health savings account deduction. Attach Form 8889

29 Moving expenses. Attach Form 3903

30 One-half of self-employment tax. Attach Schedule SE

31 Self-employed health insurance deduction (see page 30)

32 Self-employed SEP, SIMPLE, and qualified plans

33 Penalty on early withdrawal of savings

34a Alimony paid b Recipient's SSN ▶

35 Add lines 23 through 34a

36 Subtract line 35 from line 22. This is your adjusted gross income ▶

23

24

25

26

27

28

29

30

31

32

33

34a

7 36852 02

8a 93 15

8b

9a

9b

10 218 00

11

12

13

14

15a

15b

16a

16b

17

18

19

20a

20b

21

22 37163

23

24

25

26

27

28

29

30

31

32

33

34a

35

36 37163

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	37163
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	22342
40	Subtract line 39 from line 37	40	22222
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	14941
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	14821
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	3100
44	Alternative minimum tax (see page 35). Attach Form 6251	44	11840 11840
45	Add lines 43 and 44	45	1416 1401
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	0
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1416 1401

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	1416 1401

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	55377
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <input type="checkbox"/> 65b	65b	
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	5377

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	3967 3976
72a	Amount of line 71 you want refunded to you	72a	3967 3976
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	()

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Telephone Number ABN AMRO Mortgage Group, Inc. 2600 West Big Beaver Road Troy, Michigan 48084 1-800-783-8900		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2004 Form 1098	Mortgage Interest Statement Copy B For Payer The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
Recipient's Federal Identification No. 36-3744610	Payer's Social Security Number [REDACTED]	1 Mortgage Interest Received from Payer(s)/Borrower(s)* 10,463.23		
Payer's/Borrower's Name and Address PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050		2 Points Paid on Purchase of Principal Residence (See Box 2 on back.) 0.00		
		3 Refund of Overpaid Interest (See Box 3 on back.) 0.00		
Mortgage Loan Number [REDACTED]		4		

Form 1098 (Keep For Your Records) Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2004 159,593.13	Next Due Date 02/01/05	Late Charges Paid in 2004 0.00
--	---------------------------	-----------------------------------

If the servicing of your loan was transferred in 2004 you may also receive a Form 1098 from your prior servicer. Our Customer Service staff is available Monday through Friday. **Our Web site address is mortgage.com.** Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

[REDACTED]

Borrower's Social Security Number

[REDACTED]

Co-borrower's Social Security Number

[REDACTED]

If the Social Security Number(s) is (are) correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.



Loan Administration

Affiliate Banks:

LaSalle Bank N.A.
Standard Federal Bank N.A.
2600 West Big Beaver Road, M0904-470
Troy, Michigan 48084
mortgage.com

A Division of ABN AMRO Mortgage Group, Inc.

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G**Certain
Government
Payments****2004**

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

Payer
Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W**Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Refund interest included in Box 2.

\$0.00

Box 2 – Refunds, credits, or offsets from your state or local income tax

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.

218.00

**Box 3 –
Tax year**Box 2
amount is
for tax year

2003

Box 2 amount of state income tax
that was refunded to you.

\$218.00

Box 2 amount that was credited to
estimated tax.

\$0.00

Box 2 amount that was applied to
a prior year balance due.

\$0.00

Box 2 amount that was contributed
to a state fund.

\$0.00

Box 2 amount that was paid to the
IRS.**Recipient**

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

FOR ASSISTANCE CALL: (815) 479-5200

PAYER'S FEDERAL IDENTIFICATION NUMBER 36-4196863

2004 INTEREST INCOME.
FORM 1099-INT.
COPY B, FOR RECIPIENT
OMB No. [REDACTED]

PAGE 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

RECIPIENT'S IDENTIFICATION NUMBER
[REDACTED]

TYPE OF ACCOUNT		ACCOUNT REFERENCE NUMBER	DEPOSIT ID/ DATE	DESCRIPTION	
1. INTEREST INCOME NOT INCLUDED IN NO. 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID
7. FOREIGN COUNTRY OR U.S. POSSESSION					
NOW ACCOUNT	1	[REDACTED]			
4.91	0.00	0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1	[REDACTED]	618		
68.98	0.00	0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1	[REDACTED]	218		
18.50	0.00	0.00	0.00	0.00	0.00
SAVINGS ACCOUNT	1	[REDACTED]			
0.76	0.00	0.00	0.00	0.00	0.00
Totals					
93.15	0.00	0.00	0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in No. 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.
- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in No. 1.
- Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in No. 1.
- Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

NOMINEES. If this form includes amounts belonging to another person, you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2004

Attachment
Sequence No. **07**

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses

- Caution.** Do not include expenses reimbursed or paid by others.
- 1** Medical and dental expenses (see page A-2) **6259**
2 Enter amount from Form 1040, line 37 **6139**
3 Multiply line 2 by 7.5% (.075) **2767**
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **3472**

Taxes You Paid

(See page A-2.)

- 5** State and local (check only one box):
a ☐ Income taxes, or
b ☐ General sales taxes (see page A-2)
6 Real estate taxes (see page A-3) **1106**
7 Personal property taxes **3585**
8 Other taxes. List type and amount ▶
9 Add lines 5 through 8 **4691**

Interest You Paid

(See page A-3.)

- 10** Home mortgage interest and points reported to you on Form 1098 **10463**
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address ▶
12 Points not reported to you on Form 1098. See page A-4 for special rules
13 Investment interest. Attach Form 4952 if required. (See page A-4.)
14 Add lines 10 through 13 **10463**

Gifts to Charity

If you made a gift and got a benefit for it, see page A-4.

- 15** Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 **3710**
16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You **must** attach Form 8283 if over \$500
17 Carryover from prior year
18 Add lines 15 through 17 **3710**

Casualty and Theft Losses

- 19** Casualty or theft loss(es). Attach Form 4684. (See page A-5.)

Job Expenses and Most Other Miscellaneous Deductions

(See page A-5.)

- 20** Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶
21 Tax preparation fees
22 Other expenses—investment, safe deposit box, etc. List type and amount ▶
23 Add lines 20 through 22
24 Enter amount from Form 1040, line 37 **24**
25 Multiply line 24 by 2% (.02)
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

Other Miscellaneous Deductions

- 27** Other—from list on page A-6. List type and amount ▶

Total Itemized Deductions

- 28** Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?
☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.
☐ **Yes.** Your deduction may be limited. See page A-6 for the amount to enter.

**Copy 2 To Be Filed With Employee's
State, City, or Local Income Tax Return**

a Control number 5086/		1 Wages, tips, other compensation 36852.02	2 Federal income tax withheld 5376.66
b Employer ID number 36-1265490		3 Social security wages 37613.27	4 Social security tax withheld 2332.11
		5 Medicare wages and tips 37613.27	6 Medicare tax withheld 545.43
c Employer's name, address, and ZIP code	Intermatic Incorporated Intermatic Plaza 7777 Winn Road Spring Grove IL 60081-9698		
d Employee's social security number	[REDACTED]		
e Employee's name, address, and ZIP code	PAUL DULBERG 4606 HAYDEN CT. MCHENRY IL 60050		
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp. Ret. plan	3rd-party sick pay	
12b	X		
12c	14 Other		
12d			
IL 0186-4769	36852.02	1105.50	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
.....		



Illinois Department of Revenue
2005 Form IL-1040
Individual Income Tax Return

or for fiscal year ending / 0 / 6

Do not write above this line.

Step 1: Personal Information**A** Your Social Security numbers in the order they appear on your federal return

--	--	--	--	--	--	--	--	--	--

Your spouse's Social Security number

B Print your personal information below

PAUL R DULBERG

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

4606 HAYDEN CT

Mailing address

MCHENRY

IL

60050-7918

City

State

ZIP

C Filing status (see instructions)
☒ Single or head of household
 ☐ Married filing jointly
 ☐ Married filing separately
 ☐ Widowed
D Check if you were a member of a professional athletic team during 2005 ☐**Step 2: Income**

- | | | | |
|---|---|---|-----------|
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 | 1 | 38,938.00 |
| 2 | Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ | 2 | 0.00 |
| 3 | Other additions to your income. Attach Schedule M. | 3 | 0.00 |
| 4 | Add Lines 1 through 3. This is your total income. | 4 | 38,938.00 |

Step 3: Base Income

- | | | | |
|----|---|----|-----------|
| 5 | Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. | 5 | 0.00 |
| 6 | Military pay earned if included in Step 2, Line 1. Attach military W-2. | 6 | 0.00 |
| 7 | Illinois Income Tax overpayment included in U.S. 1040, Line 10 | 7 | 236.00 |
| 8 | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 | 8 | 0.00 |
| 9 | Other subtractions to your income. Attach Schedule M. | 9 | 0.00 |
| | Check if Line 9 includes any amount from Schedule 1299-C <input type="checkbox"/> | | |
| 10 | Add Lines 5 through 9. This is the total of your subtractions. | 10 | 236.00 |
| 11 | Subtract Line 10 from Line 4. This is your Illinois base income . | 11 | 38,702.00 |

Step 4: Exemptions

- | | | | | | |
|----|---|----|-----------|---|----------|
| 12 | a Number of exemptions from your federal return | 1 | X \$2,000 | a | 2,000.00 |
| | b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. | 0 | X \$2,000 | b | 0.00 |
| | c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | c | 0.00 |
| | d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | d | 0.00 |
| | Add Lines a through d. This is your total Illinois exemption allowance. | 12 | | | 2,000.00 |

Step 5: Net Income

- | | | | |
|----|--|----|-----------|
| 13 | Residents only: Subtract Line 12 from Line 11. This is your net income. <i>Skip Line 14.</i> | 13 | 36,702.00 |
| 14 | Nonresidents and part-year residents only:
Check the box that applies to you during the year 2005. <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident
Illinois base income from Schedule NR. Attach Schedule NR. | 14 | |

Step 6: Tax

- | | | | |
|----|--|----|----------|
| 15 | Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax .
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. | 15 | 1,101.00 |
|----|--|----|----------|



16 Tax amount from Page 1, Step 6, Line 15

16 1,101.00

Step 7: Payments and Credits

17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms.

17 1,156.00

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2004 return

18 0.00

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns.

19

20 Illinois Property Tax credit. **Complete PT Worksheet in instructions.**

PT Worksheet Line 3 amount 20a 3,686.00

PT Worksheet Line 8 amount 20b 184.00

21 K-12 education expense credit. **Complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.

ED Worksheet or Schedule ED Line 1 amount 21a 0.00

ED Worksheet or Schedule ED Line 10 amount 21b 0.00

22 Earned Income Credit. **Complete EIC Worksheet in instructions.**

EIC Worksheet Line 1 amount 22a 0.00

EIC credit amount from the EIC Worksheet 22b 0.00

Check if you have a qualifying child (living with you) born after 12/31/87. ☐23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23

1,340.00


24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 1,340.00

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 239.0026 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26 0.00

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210. ☐b Check if at least two-thirds of your federal gross income is from farming.  ☐Step 10: Donations *Any donation will reduce your refund or increase the amount you owe*

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife a 0.00 Military Family g 0.00 Sarcoidosis m 0.00

Child Abuse b 0.00 Lou Gehrig's h 0.00 Autism n 0.00

Alzheimer's c 0.00 IL Veterans' Home i 0.00 Blindness o 0.00

Homeless d 0.00 Epilepsy j 0.00 Pet Population p 0.00

Breast Cancer e 0.00 Diabetes k 0.00 Brain Tumor q 0.00

Multiple Sclerosis f 0.00 Colon Cancer l 0.00

Add Lines a through q. This is your donations total. 28 0.00

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 0.00

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 239.00

31 Amount from Line 30 that you want applied to 2006 estimated tax

31 0.00

32 Subtract Line 31 from Line 30. This is your **refund**.

32 239.00

33 Complete to direct deposit your refund

Routing number Checking or ☐ SavingsAccount number 34 If you have tax due on Line 26, add Lines 26 and 29. **or**If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**.

34 0.00

Step 12: Sign and Date

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.

 08852571

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Confirmation Number: 06IIF000151353

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62702-0001

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning

, 2005, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You Spouse

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here.4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 19)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed

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 W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

b Taxable amount (see page 25)

b Taxable amount (see page 25)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Educator expenses (see page 29)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction (see page 34)

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

• All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	38938
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. checked 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17456
41	Subtract line 40 from line 38	41	21482
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	18282
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	2376
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	2376
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	2376
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	2376

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5710
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	5710

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	3334
73a	Amount of line 72 you want refunded to you	73a	3334
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	
76	Estimated tax penalty (see page 60)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

☐ CORRECTED (if checked)

Recipient's/Lender's Name, Address and Telephone Number ABN AMRO Mortgage Group, Inc. 2600 West Big Beaver Road Troy, Michigan 48084 1-800-783-8900		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-0901 2005 Form 1098	Mortgage Interest Statement Copy B For Payer The information in boxes 1, 2 and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
Recipient's Federal Identification No. 36-3744610	Payer's Social Security Number [REDACTED]	1 Mortgage Interest Received from Payer(s)/Borrower(s)* 8,721.22			
Payer's/Borrower's Name and Address PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050		2 Points Paid on Purchase of Principal Residence (See Box 2 on back.) 0.00			
		3 Refund of Overpaid Interest (See Box 3 on back.) 0.00			
Mortgage Loan Number [REDACTED]		4			

Form 1098 (Keep For Your Records) Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2005 157,314.35	Next Due Date 01/01/06	Late Charges Paid in 2005 0.00
--	---------------------------	-----------------------------------

If the servicing of your loan was transferred in 2005 you may also receive a Form 1098 from your prior servicer. Our Customer Service staff is available Monday through Friday. **Our Web site address is mortgage.com®.** Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

ABN AMRO Mortgage® and mortgage.com® are registered service marks of LaSalle Bank Corporation. Used with permission by ABN AMRO Mortgage Group, Inc.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number [REDACTED]
Borrower's Social Security Number [REDACTED]
Co-borrower's Social Security Number [REDACTED]

If the Social Security Number(s) is (are) correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.



ABN AMRO Mortgage

Loan Administration

Affiliate Banks:
LaSalle Bank N.A.
LaSalle Bank Midwest N.A.
2600 West Big Beaver Road, M0904-470
Troy, Michigan 48084
mortgage.com®

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G Certain Government Payments 2005OMB NO.
1545-0120 Department of the Treasury - Internal Revenue Service**Payer** Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W**Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Refund interest included in Box 2.

\$0.00

Box 2 – Refunds, credits, or offsets from your state or local income tax

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.

Box 3 – Tax yearBox 2
amount is
for tax yearBox 2 amount of state income tax
that was refunded to you.

\$236.00

Box 2 amount that was credited to
estimated tax.

\$0.00

2004

Box 2 amount that was applied to
a prior year balance due.


\$0.00

Box 2 amount that was contributed
to a state fund.

\$0.00

Box 2 amount that was paid to the
IRS.

\$236.00

Recipient
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

600D00003506-1

2005 INTEREST INCOME.
FORM 1099-INT.
COPY B, FOR RECIPIENT
OMB No. [REDACTED]

FOR ASSISTANCE CALL: (815) 479-5200

PAYER'S FEDERAL IDENTIFICATION NUMBER 36-4196863

PAGE 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

RECIPIENT'S IDENTIFICATION NUMBER [REDACTED]

TYPE OF ACCOUNT	ACCOUNT REFERENCE NUMBER	DEPOSIT ID/ DATE	DESCRIPTION		
1. INTEREST INCOME NOT INCLUDED IN NO. 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID
7. FOREIGN COUNTRY OR U.S. POSSESSION					
NOW ACCOUNT 13.07	1 02600005528 00001 0.00	0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT 129.30	1 02630005208 00002 0.00	00000001618 0.00	0.00	0.00	0.00
CERTIFICATE OF DEPOSIT 25.24	1 02630005208 00003 0.00	00000006218 0.00	0.00	0.00	0.00
SAVINGS ACCOUNT 14.91	1 02640012320 00004 0.00	0.00	0.00	0.00	0.00
Totals 182.52	0.00	0.00	0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

Account number. May show an account or other unique number the payer assigned to distinguish your account.

- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in No. 3. If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.
- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.
- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in No. 1.
- Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in No. 1.
- Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

NOMINEES. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2005

Attachment
Sequence No. **07**

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2)
2 Enter amount from Form 1040, line 38 **2** **38938**
3 Multiply line 2 by 7.5% (.075)
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1 **2182**
3 **2920** **35**
4 **6**

Taxes You Paid

(See page A-2.)

- 5 State and local (check only one box):
a ☒ Income taxes, or
b ☐ General sales taxes (see page A-3) }
6 Real estate taxes (see page A-5)
7 Personal property taxes
8 Other taxes. List type and amount ▶
9 Add lines 5 through 8

5 **1156**
6 **3696**
7
8
9 **4842**

Interest You Paid

(See page A-5.)

- 10 Home mortgage interest and points reported to you on Form 1098
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶
12 Points not reported to you on Form 1098. See page A-6 for special rules
13 Investment interest. Attach Form 4952 if required. (See page A-6.)
14 Add lines 10 through 13

10 **8721**
11
12
13
14 **8721**

Gifts to Charity

If you made a gift and got a benefit for it, see page A-7.

- 15a Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7
b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see page A-7) **15b**
16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You **must** attach Form 8283 if over \$500
17 Carryover from prior year
18 Add lines 15a, 16, and 17

15a **3893**
16
17
18 **3893**

Casualty and Theft Losses

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)

19

Job Expenses and Certain Miscellaneous Deductions

(See page A-8.)

- 20 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶
21 Tax preparation fees.
22 Other expenses—investment, safe deposit box, etc. List type and amount ▶
23 Add lines 20 through 22
24 Enter amount from Form 1040, line 38 **24**
25 Multiply line 24 by 2% (.02)
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

20
21
22
23
24
25
26

Other Miscellaneous Deductions

- 27 Other—from list on page A-9. List type and amount ▶

27

Total Itemized Deductions

- 28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?
☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.
☐ **Yes.** Your deduction may be limited. See page A-9 for the amount to enter.
29 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

28 **17456**
29

**Copy 2 To Be Filed With Employee's
State, City, or Local Income Tax Return**

a Control number SG/1/5086/	1 Wages, tips, other compensation 38519.06	2 Federal income tax withheld 5709.78
d Employee's SSN [REDACTED]	3 Social security wages 39313.92	4 Social security tax withheld 2437.58
b Employer ID number 36-1265490	5 Medicare wages and tips 39313.92	6 Medicare tax withheld 570.03

c Employer's name, address, and ZIP code

INTERMATIC INCORPORATED
INTERMATIC PLAZA, 7777 WINN ROAD
SPRING GROVE IL 60081-9698

e Employee's name, address, and ZIP code

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	
12a	13 Stat. Emp. Ret. plan <input checked="" type="checkbox"/> 3rd-party sick pay	
12b	14 Other	
12c		
12d		
IL 0186-4769	38519.06	1155.58
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name



Illinois Department of Revenue
2006 Form IL-1040
 Individual Income Tax Return

tax.illinois.gov

or for fiscal year ending / 0 / 7

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return

[Redacted Social Security Number]

Your Social Security number

[Redacted Spouse's Social Security Number]

Your spouse's Social Security number

B Print your personal information below

PAUL R DULBERG

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

4606 HAYDEN CT

Mailing address

MCHENRY

IL

60050-7918

City

State

ZIP

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- | | | | |
|---|---|---|-----------|
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 | 1 | 38,808.00 |
| 2 | Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ | 2 | 0.00 |
| 3 | Other additions to your income. Attach Schedule M. | 3 | 0.00 |
| 4 | Add Lines 1 through 3. This is your total income. | 4 | 38,808.00 |

Step 3: Base Income

- | | | | |
|----|---|----|-----------|
| 5 | Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. | 5 | 0.00 |
| 6 | Military pay earned if included in Step 2, Line 1. Attach military W-2. | 6 | 0.00 |
| 7 | Illinois Income Tax overpayment included in U.S. 1040, Line 10 | 7 | 239.00 |
| 8 | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 | 8 | 0.00 |
| 9 | Other subtractions to your income. Attach Schedule M.
Check if Line 9 includes any amount from Schedule 1299-C <input type="checkbox"/> | 9 | 0.00 |
| 10 | Add Lines 5 through 9. This is the total of your subtractions. | 10 | 239.00 |
| 11 | Subtract Line 10 from Line 4. This is your Illinois base income . | 11 | 38,569.00 |

Step 4: Exemptions

- | | | | | | | |
|---|---|---|-----------|---|----------|----------|
| 12 a | Number of exemptions from your federal return | 1 | X \$2,000 | a | 2,000.00 | |
| b | If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. | 0 | X \$2,000 | b | 0.00 | |
| c | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | c | 0.00 | |
| d | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | d | 0.00 | |
| Add Lines a through d. This is your total Illinois exemption allowance. | | | | | 12 | 2,000.00 |

Step 5: Net Income

- | | | | |
|----|--|----|-----------|
| 13 | Residents only: Subtract Line 12 from Line 11. This is your net income. <i>Skip Line 14.</i> | 13 | 36,569.00 |
| 14 | Nonresidents and part-year residents only:
Check the box that applies to you during 2006 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. | 14 | |

Step 6: Tax

- | | | | |
|----|--|----|----------|
| 15 | Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax .
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. | 15 | 1,097.00 |
|----|--|----|----------|

16 Tax amount from Page 1, Step 6, Line 15

16 1,097.00

Step 7: Payments and Credits17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms.

17 1,148.00

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2005 return

18 0.00

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns.

19

20 Illinois Property Tax credit. **Complete PT Worksheet in instructions.**

PT Worksheet Line 3 amount

20a 3,873.00

PT Worksheet Line 8 amount

20b 194.00

21 K-12 education expense credit. **Complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.

ED Worksheet or Schedule ED Line 1 amount

21a 0.00

ED Worksheet or Schedule ED Line 10 amount

21b 0.00

22 Earned Income Credit. **Complete EIC Worksheet in instructions.**

EIC Worksheet Line 1 amount

22a 0.00

EIC credit amount from the EIC Worksheet

22b 0.00


Check if you have a qualifying child (living with you) born after 12/31/88. ☐23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 1,342.00

Step 8: Overpayment or Tax Due25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 245.0026 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26 0.00**Step 9: Penalty**

27 Late-payment penalty for underpayment of estimated tax

27

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210. ☐b Check if at least two-thirds of your federal gross income is from farming.  ☐**Step 10: Donations** Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife a 0.00 Multiple Sclerosis f 0.00 Pet Population k 0.00

Child Abuse b 0.00 Military Family g 0.00 Energy Assistance i 0.00

Alzheimer's c 0.00 Lou Gehrig's h 0.00 Heartsaver AED m 0.00

Homeless d 0.00 IL Veterans' Home j 0.00

Breast Cancer e 0.00 Diabetes l 0.00

Add Lines a through m. This is your donations total.

28 0.00

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 0.00

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 245.00

31 Amount from Line 30 that you want applied to 2007 estimated tax

31 0.00

32 Subtract Line 31 from Line 30. This is your **refund**.

32 245.00

33 Complete to direct deposit your refund

Routing number

☐ Checking or ☐ Savings

Account number

34 If you have tax due on Line 26, add Lines 26 and 29. **or**If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**.

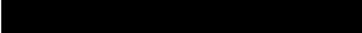

34 0.00



See instructions for payment options.

Step 12: Sign and Date

Under penalty of perjury, I declare that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

 08852571 

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Confirmation Number: 07IIF000222370

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN



If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1–Dec. 31, 2006, or other tax year beginning

, 2006, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

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

Last name

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Your social security number

Spouse's social security number

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶

☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 19)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

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 W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 25)

16a Pensions and annuities

16a

b Taxable amount (see page 26)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Jury duty pay you gave to your employer

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

7 38265

8a 304

9a

10 239

11

12

13

14

15b

16b

17

18

19

20b

21

22 38808

36

37 38808

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	38808
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19038
41	Subtract line 40 from line 38	41	19770
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3300
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	16470
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	2094
45	Alternative minimum tax (see page 39). Attach Form 6251	45	0
46	Add lines 44 and 45	46	2094
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page 42). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	2094

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	2094

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5584
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	30
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	5614

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	3520
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	0

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. () Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	(<input type="text"/>)

Recipient's/Lender's Name, Address and Telephone Number

ABN AMRO Mortgage Group, Inc.
2600 West Big Beaver Road
Troy, MI 48084

1-800-783-8900

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-0901

2006

Form 1098

**Mortgage
Interest
Statement**

Recipient's Federal Identification No.

36-3744610

Payer's Social Security Number

[REDACTED]

1 Mortgage Interest Received from Payer(s)/Borrower(s)*

\$10,117.30

Copy B For Payer

The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this amount of interest on your return.

Payer's/Borrower's Name and Address

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

14631

2 Points Paid on Purchase of Principal Residence

\$.00

3 Refund of Overpaid Interest

\$.00

4

Mortgage Loan Number (see instructions)

[REDACTED]

Form 1098

(Keep For Your Records)

Department of the Treasury - Internal Revenue Service

Principal Balance as of 12-31-2006

\$153,252.80

Next Due Date

02/01/07

Late Charges Paid in 2006

\$0.00

If the servicing of your loan was transferred in 2006 you may also receive a Form 1098 from your prior servicer. **If you have any questions, please visit our Web site at mortgage.com**. Our Customer Service staff is available Monday through Friday from 8:30 a.m. to 6:00 p.m. ET. Please contact your financial advisor or the IRS at 1-800-829-1040 for questions regarding deductibility.

Please see the reverse side for questions and answers regarding your statement.

ABN AMRO Mortgage® and mortgage.com® are registered service marks of LaSalle Bank Corporation. Used with permission by ABN AMRO Mortgage Group, Inc.

OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Mortgage Loan Number

[REDACTED]

Borrower's Social Security Number

[REDACTED]

Co-borrower's Social Security Number

[REDACTED]

If the Social Security Number(s) is (are) correct, no response is necessary. If any of the numbers are incorrect, or if no number is showing, please complete the reverse side of this form and return it to the address provided.

**ABN AMRO Mortgage****Loan Administration**

Affiliate Banks:

LaSalle Bank N.A.

LaSalle Bank Midwest N.A.

2600 West Big Beaver Road, M0904-470

Troy, Michigan 48084

mortgage.com

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G**Certain
Government
Payments****2006**

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

*Payer***Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-600 2057W****Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Box 2 – Refunds, credits, or offsets from your
state or local income tax**

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (*e.g.*, credited to your estimated tax), it still may be taxable to you. See the Form U.S. 1040 instructions for more information.

\$239.00

**Box 3 –
Tax year**

Box 2 amount
is for tax year

2005

Recipient

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

Remove this label.

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

600D00003857-1

Tax Statement for Forms 1098, 1099, 5498 for Tax Year 2006

1098 - Copy B - For Payer - OMB # 1545-0901
1098 - E - Copy B - For Borrower - OMB # 1545-1576
1099 - A - Copy B - For Borrower - OMB # 1545-0877
1099 - B - Copy B - For Recipient - OMB # 1545-0715
1099 - C - Copy B - For Debtor - OMB # 1545-1424
1099 - Q - Copy B - For Recipient - OMB # 1545-1760
1099 - DIV - Copy B - For Recipient - OMB # 1545-0110
1099 - INT - Copy B - For Recipient - OMB # 1545-0112
1099 - MISC - Copy B - For Recipient - OMB # 1545-0115
1099 - OID - Copy B - For Recipient - OMB # 1545-0117
1099 - S - Copy B - For Transferor - OMB # 1545-0997
1099 - SA - Copy B - For Recipient - OMB # 1545-1517
5498 - Copy B - For Participant - OMB # 1545-0747

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE.
(keep for your records)

"For Form 1099-B, DIV, INT, MISC, OID, and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

Payer's Federal ID# 36-4196863

Questions? (815) 479-5200

TAXPAYER ID#

PAGE 1 OF 1

2006 FORM 1099-INT: INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	00001		Interest income	1	18.83
CD/Time Deposit	00002	1618	Interest income	1	217.17
CD/Time Deposit	00003	6218	Interest income	1	40.10
Savings	00004		Interest income	1	25.98
TOTALS:					
Interest income				1	302.08
Early withdrawal penalty				2	0.00
Interest on U.S. Savings Bonds and Treasury obligations				3	0.00
Federal income tax withheld				4	0.00
Investment expenses				5	0.00
Foreign tax paid				6	0.00
Tax-exempt interest				8	0.00
Specified private activity bond interest				9	0.00

*Form 1099 OID: This may not be the correct figure to report on your income tax return. See instructions on the back.

***Form 1098 - Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Form 1098 - The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Form 1098-E - This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedules A&B (Form 1040).**

OMB No. 1545-0074

2006

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see page A-1)
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075).
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

Taxes You Paid

(See page A-3.)

- 5** State and local income taxes
- 6** Real estate taxes (see page A-3)
- 7** Personal property taxes
- 8** Other taxes. List type and amount ▶
- 9** Add lines 5 through 8

Interest You Paid

(See page A-3.)

- 10** Home mortgage interest and points reported to you on Form 1098
- 11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶

Note.

Personal interest is not deductible.

- 12** Points not reported to you on Form 1098. See page A-4 for special rules
- 13** Investment interest. Attach Form 4952 if required. (See page A-4.)
- 14** Add lines 10 through 13

Gifts to Charity

If you made a gift and got a benefit for it, see page A-4.

- 15** Gifts by cash or check. If you made any gift of \$250 or more, see page A-5
- 16** Other than by cash or check. If any gift of \$250 or more, see page A-5. You **must** attach Form 8283 if over \$500
- 17** Carryover from prior year
- 18** Add lines 15 through 17

Casualty and Theft Losses

- 19** Casualty or theft loss(es). Attach Form 4684. (See page A-6.)

Job Expenses and Certain Miscellaneous Deductions

(See page A-6.)

- 20** Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶
- 21** Tax preparation fees.
- 22** Other expenses—investment, safe deposit box, etc. List type and amount ▶
- 23** Add lines 20 through 22
- 24** Enter amount from Form 1040, line 38 **24**
- 25** Multiply line 24 by 2% (.02)
- 26** Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

Other Miscellaneous Deductions

- 27** Other—from list on page A-7. List type and amount ▶

Total Itemized Deductions

- 28** Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?

- ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.
- ☐ **Yes.** Your deduction may be limited. See page A-7 for the amount to enter.

- 29** If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 2006

**Copy 2 To Be Filed With Employee's
State, City, or Local Income Tax Return**

a Control number SG/1/5086/	1 Wages, tips, other compensation 38265.80	2 Federal income tax withheld 5584.25
d Employee's SSN [REDACTED]	3 Social security wages 39058.81	4 Social security tax withheld 2421.66
b Employer ID number 36-1265490	5 Medicare wages and tips 39058.81	6 Medicare tax withheld 566.41

c Employer's name, address, and ZIP code

INTERMATIC INCORPORATED
INTERMATIC PLAZA, 7777 WINN ROAD
SPRING GROVE IL 60081-9698

e Employee's name, address, and ZIP code

PAUL DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	
12a D 793.01	13 Stat. Emp. Ret.plan X	3rd-party sick pay
12b	14 Other	
12c	401K	793.01
12d	SEC125	586.56
IL 0186-4769	38265.80	1148.04
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name



Illinois Department of Revenue 2007 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ____/08

tax.illinois.gov

Do not write above this line.

Step 1: Personal Information

A Your Social Security numbers in the order they appear on your federal return



--	--	--	--	--	--	--	--

Your spouse's Social Security number

B Print your personal information below

PAUL R

DULBERG

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

4606 HAYDEN CT

Mailing address

MCHENRY

IL

60051

City

State

ZIP

C Filing status (see instructions)



Single or head of household



Married filing jointly



Married filing separately



Widowed

Step 2: Income

- | | | | |
|---|---|---|-----------|
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 | 1 | 37,272.00 |
| 2 | Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ | 2 | 0.00 |
| 3 | Other additions to your income. Attach Schedule M. | 3 | 0.00 |
| 4 | Add Lines 1 through 3. This is your total income. | 4 | 37,272.00 |

Step 3: Base Income

- | | | | |
|----|---|----|-----------|
| 5 | Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. | 5 | 18,140.00 |
| 6 | Military pay earned if included in Step 2, Line 1. Attach military W-2. | 6 | 0.00 |
| 7 | Illinois Income Tax overpayment included in U.S. 1040, Line 10 | 7 | 245.00 |
| 8 | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 | 8 | 0.00 |
| 9 | Other subtractions to your income. Attach Schedule M.
Check if Line 9 includes any amount from Schedule 1299-C <input type="checkbox"/> | 9 | 0.00 |
| 10 | Add Lines 5 through 9. This is the total of your subtractions. | 10 | 18,385.00 |
| 11 | Subtract Line 10 from Line 4. This is your Illinois base income . | 11 | 18,887.00 |

Step 4: Exemptions

- | | | | | | | |
|------|---|---|-----------|---|----------|----------|
| 12 a | Number of exemptions from your federal return | 1 | X \$2,000 | a | 2,000.00 | |
| b | If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. | 0 | X \$2,000 | b | 0.00 | |
| c | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | c | 0.00 | |
| d | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | 0 | X \$1,000 | d | 0.00 | |
| | | | | | 12 | 2,000.00 |
- Add Lines a through d. This is your total Illinois exemption allowance.

Step 5: Net Income

- | | | | |
|----|--|----|-----------|
| 13 | Residents only: Subtract Line 12 from Line 11. This is your net income. <i>Skip Line 14.</i> | 13 | 16,887.00 |
| 14 | Nonresidents and part-year residents only:
Check the box that applies to you during 2007 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. | 14 | |

Step 6: Tax

- | | | | |
|----|--|----|--------|
| 15 | Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax .
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. | 15 | 507.00 |
|----|--|----|--------|

Nonresidents may not claim a credit on Lines 19, 20, or 21.

The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

- IL-1040 back (R-12/07) DR_____ AP_____ CA DE EV ME MO PR RM RR TT TV WA WT WV ZZ ID_____

Label

(See instructions on page 12.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning

, 2007, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

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

Last name

Home address (number and street). If you have a P.O. box, see page 12.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

Your social security number

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ▶

☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 14)

Exemptions

If more than four dependents, see page 15.

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 15)

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 16)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

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 W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 19)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 21)

16a Pensions and annuities

16a

b Taxable amount (see page 22)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 24)

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses (see page 26)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 26)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 27)

33 Student loan interest deduction (see page 30)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Tax and Credits

Standard Deduction for—

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

- All others:

Single or
Married filing
separately,
\$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)		
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind.	Total boxes checked ▶	39a
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		
41	Subtract line 40 from line 38		
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33		
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8899		
45	Alternative minimum tax (see page 36). Attach Form 6251		
46	Add lines 44 and 45		
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form _____	55	
56	Add lines 47 through 55. These are your total credits		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		

38	37272	
40	8264	
41	29008	
42	3400	
43	25608	
44	2453	
45		
46	3453	
56		
57	3453	

Other Taxes

58 Self-employment tax. Attach Schedule SE
59 Unreported social security and Medicare tax from: **a** ☐ Form 4137 **b** ☐ Form 8919
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .
61 Advance earned income credit payments from Form(s) W-2, box 9
62 Household employment taxes. Attach Schedule H
63 Add lines 57 through 62. This is your **total tax**

58		
59		
60	1814	
61		
62		
63	5267	

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	6287	
65	2007 estimated tax payments and amount applied from 2006 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election ► 66b			
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67		
68	Additional child tax credit. Attach Form 8812	68		
69	Amount paid with request for extension to file (see page 59)	69		
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70		
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71		
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments			

72 6287

Refund

Direct deposit?
See page 59
and fill in 74b,
74c, and 74d,
or Form 8888.

[illegible]

73	1020	
74a		

Amount
You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	
77	Estimated tax penalty (see page 61)	77

76		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ **Yes.** Complete the following. ☐ **No.**

Designee's name ▶		Phone no. ▶ ()	Personal identification number (PIN) ▶					
-------------------	--	-----------------	--	--	--	--	--	--

**Sign
Here**

Joint return?
See page 13.
Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

IMPORTANT TAX RETURN INFORMATION BELOW

Account Number: 0619247987

For Information Call: 1-800-283-7918 *

Customer Service Hours:

Mon - Fri 8:00 a.m. - 12:00 Midnight ET

Sat - 9:00 a.m. - 6:00 p.m. ET

Or visit our website at www.citimortgage.com

**Property Address: 4606 HAYDEN CT
MCHENRY IL 60050**

CITIMORTGAGE IS THE SERVICING AGENT. *
CALLS ARE RANDOMLY MONITORED AND
RECORDED TO ENSURE QUALITY SERVICE.

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number CITIMORTGAGE, INC. P.O. BOX 9438 GAITHERSBURG, MD 20898-9438 CUSTOMER SERVICE: 1-800-283-7918 *		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2007 Form 1098	Mortgage Interest Statement
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number [REDACTED]	Copy B For Payer The information in boxes 1, 2, 3 and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.		
PAYER'S/BORROWER'S name PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918		1 Mortgage interest received from payer(s)/borrower(s)* 8,346.03		
		2 Points paid on purchase of principal residence \$ 0.00		
		3 Refund of overpaid interest \$ 0.00		
		4 Mortgage insurance premiums \$ 0.00		
Account number (see instructions) [REDACTED]		5 Real Estate Taxes Paid \$ 0.00		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service



ANNUAL TAX AND INTEREST STATEMENT

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

BEGINNING	\$153,252.80
PAID	\$3,044.57
ENDING	\$150,208.23

INTEREST INFORMATION

GROSS INTEREST APPLIED	\$8,346.03
NET INTEREST PAID (SEE BOX 1)	\$8,346.03

IMPORTANT MESSAGES

This statement contains important tax information for year ending 12/31/07. Please refer to the back of this statement for other important notices and for instructions.

As required, your 2007 Form 1098 Statement information will be reported to the Internal Revenue Service. Please consult with your Tax Advisor or the Internal Revenue Service for any tax related questions.

On September 1st, 2007, ABN AMRO Mortgage Group, Inc. merged with CitiMortgage, Inc. As a result, CitiMortgage, Inc. will provide you with a Form 1098 Statement which reflects all payments made to CitiMortgage, Inc. and ABN AMRO Mortgage Group, Inc.

YNNYNNNNNNNNNN
264140080173840002

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G**Certain
Government
Payments****2007**

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

Payer**Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-6002057****Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Box 2 – Refunds, credits, or offsets from your
state or local income tax**

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See the Form U.S. 1040 instructions for more information.

\$245.00

**Box 3 –
Tax year**

Box 2 amount
is for tax year

2006

Recipient

XXX-XX-4001
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918

Remove this label.

Tax Statement for Forms 1098, 1099, 5498 for Tax Year 2007

CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

1098 - Copy B - For Payer - OMB # 1545-0901
1098 - E - Copy B - For Borrower - OMB # 1545-1576
1099 - A - Copy B - For Borrower - OMB # 1545-0877
1099 - B - Copy B - For Recipient - OMB # 1545-0715
1099 - C - Copy B - For Debtor - OMB # 1545-1424
1099 - Q - Copy B - For Recipient - OMB # 1545-1700
1099 - DIV - Copy B - For Recipient - OMB # 1545-0110
1099 - INT - Copy B - For Recipient - OMB # 1545-0112
1099 - MISC - Copy B - For Recipient - OMB # 1545-0115
1099 - OID - Copy B - For Recipient - OMB # 1545-0117
1099 - S - Copy B - For Transferor - OMB # 1545-0997
1099 - SA - Copy B - For Recipient - OMB # 1545-1517
5498 - Copy B - For Participant - OMB # 1545-0747

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE.
(keep for your records)

"For Form 1099-B, DIV, INT, MISC, OID, and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050

Payer's Federal ID# 36-4196863
Questions? (815) 479-5200

TAXPAYER ID#

PAGE 1 OF 1

2007 FORM 1099-INT: INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	00001		Interest income	1	20.60
CD/Time Deposit	00002	618	Interest income	1	223.84
CD/Time Deposit	00003	218	Interest income	1	49.94
Savings	00004		Interest income	1	26.64
TOTALS:					
Interest income				1	321.02
Early withdrawal penalty				2	0.00
Interest on U.S. Savings Bonds and Treasury obligations				3	0.00
Federal income tax withheld				4	0.00
Investment expenses				5	0.00
Foreign tax paid				6	0.00
Tax-exempt interest				8	0.00
Specified private activity bond interest				9	0.00

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Form 1098 - Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Form 1098 - The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not other report this refund of interest on your return.

Form 1098-E - This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

00005313

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 82 DEVONSHIRE STREET KWIC BOSTON, MA 02109 78340 INTERMATIC INC CASH		1 Gross distribution \$18,139.54	OMB No. 1545-0119 2007 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S Federal identification number 04-6568107		2a Taxable amount \$18,139.54	2b Taxable amount <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
RECIPIENT'S identification number [REDACTED]		3 Capital gain (included in box 2a) \$0.00	4 Federal income tax withheld \$3,627.91		1st year of desig Roth contribution
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code PAUL DULBERG 4606 HAYDEN CT. MCHENRY, IL 60050		5 Employee contrib/desig Roth contrib or insurance premiums \$0.00	6 Net unrealized appreciation in employer's securities \$0.00		
[REDACTED]		7 Distribution code(s) 1	IRA/SEP/ SIMPLE <input type="checkbox"/>	8 Other \$	%
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		10 State tax withheld \$0.00		11 State/Payer's state no. IL 046568107	
		13 Local tax withheld \$		14 Name of locality	
			12 State distribution \$		15 Local distribution \$

Form 1099-R

Department of Treasury - Internal Revenue Service



Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0025

For assistance, call:

1-800-829-0922

Your Caller ID: 316007

Notice Number: CP12

Date: May 19, 2008

Taxpayer Identification Number:

Tax Form: 1040

Tax Year: December 31, 2007

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60050-7918068

Amount of Refund

\$2,273.00

Why We Are Sending You This Notice

We are writing to you because there is an error on your 2007 Federal Income Tax Return. We will explain why we made the change and what you need to do.

Why We Made The Change

- We changed the amount claimed as total interest paid on Line 15 of your Schedule A, *Itemized Deductions*, because it was figured incorrectly.

What You Should Do If You Agree With The Change

- You do not need to do anything. If you owe no other amounts that we are required to collect, you should receive your corrected refund within six weeks.

What You Should Do If You Disagree With The Change

- If you disagree with the change we made or you have additional information that corrects the error we found, please call us at 1-800-829-0922 to discuss your account.
- Our representative will explain the change we made. You can explain why you disagree with the change and provide the representative with any corrective information you have. We will correct any mistakes on your account.
- You also can handle this matter by mail. You may write to us at the address on the stub at the end of this notice. Please attach the stub to your correspondence. The stub will help us process your inquiry quicker.

2007 Tax Return Form 1040 as of May 19, 2008

Line Item On Your Return	Your Figures	IRS Figures
Adjusted Gross Income	\$37,272.00	\$37,272.00
Taxable Income	\$25,608.00	\$17,255.00
Total Tax	\$5,267.00	\$4,014.00
Total Payments		\$6,287.00-
Amount of Overpayment		\$2,273.00-
Less: Penalties (computed below, if applicable)		\$.00
Less: Interest computed through May 19, 2008 (computed below)		\$.00
Less: Amount applied to next year's estimated tax		\$.00
Total Amount of Refund Per This Notice (Interest added, if any)		\$2,273.00

Other Information

- In general, you must file a claim for refund within three years after you filed your return or two years after you paid the tax, whichever is later.
- If you have not already received your refund check, it should arrive within 6 weeks.
- **Estimated Tax Filers Note:** If you pay estimated taxes, check your computation of estimated tax to see if you should adjust your estimated tax payments.

For tax forms, instructions and information visit www.irs.gov. Access to this site will not provide you with any taxpayer account information.

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (1)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

► **Attach to Form 1040.** ► **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

Your social security number

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see page A-1)
2 Enter amount from Form 1040, line 38 **2**
3 Multiply line 2 by 7.5% (.075)
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

(See
page A-2.)

- 5** State and local (check only one box):

a ☒ Income taxes, or

b ☐ General sales taxes

- 6** Real estate taxes (see page A-5)
7 Personal property taxes
8 Other taxes. List type and amount ►
9 Add lines 5 through 8

**Interest
You Paid**

(See
page A-5.)

- 10** Home mortgage interest and points reported to you on Form 1098
11 Home mortgage interest not reported to you on Form 1098. If paid
to the person from whom you bought the home, see page A-6
and show that person's name, identifying no., and address ►
12 Points not reported to you on Form 1098. See page A-6
for special rules
13 Qualified mortgage insurance premiums (See page A-7)
14 Investment interest. Attach Form 4952 if required. (See
page A-7.)
15 Add lines 10 through 14

Note.
Personal
interest is
not
deductible.

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see page A-8.

- 16** Gifts by cash or check. If you made any gift of \$250 or
more, see page A-8
17 Other than by cash or check. If any gift of \$250 or more,
see page A-8. You **must** attach Form 8283 if over \$500
18 Carryover from prior year
19 Add lines 16 through 18

**Casualty and
Theft Losses**

- 20** Casualty or theft loss(es). Attach Form 4684. (See page A-9.)

**Job Expenses
and Certain
Miscellaneous
Deductions**

(See
page A-9.)

- 21** Unreimbursed employee expenses—job travel, union
dues, job education, etc. Attach Form 2106 or 2106-EZ
if required. (See page A-9.) ►
22 Tax preparation fees.
23 Other expenses—investment, safe deposit box, etc. List
type and amount ►
24 Add lines 21 through 23
25 Enter amount from Form 1040, line 38 **25**
26 Multiply line 25 by 2% (.02)
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other
Miscellaneous
Deductions**

- 28** Other—from list on page A-10. List type and amount ►

**Total
Itemized
Deductions**

- 29** Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?
☐ **No.** Your deduction is not limited. Add the amounts in the far right column
for lines 4 through 28. Also, enter this amount on Form 1040, line 40. }
☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter. }
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► ☐

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on the back
of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's SSN [REDACTED]		1 Wages, tips, other compensation 18887.03	2 Federal income tax withheld 2659.39
		3 Social security wages 19273.13	4 Social security tax withheld 1194.91
b Employer ID number 36-1265490	5 Medicare wages and tips 19273.13		6 Medicare tax withheld 279.52
c Employer's name, address, and ZIP code INTERMATIC INCORPORATED INTERMATIC PLAZA, 7777 WINN ROAD SPRING GROVE IL 60081-9698			
e Employee's name, address, and ZIP code PAUL DULBERG 4606 HAYDEN CT MCHENRY IL 60050			
7 Social security tips		8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans	
12a	D 386.10	13 Stat. Emp. Ret.plan	3rd-party sick pay
12b		X	
12c		14 Other 401K	386.10
12d		SEC125	186.84
IL	0186-4769	18887.03	566.61
15 State Employer's state I.D. #		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Illinois Department of Revenue
2008 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ____/____/09

Do not write above this line.

Step 1: Personal Information

- A** Social Security numbers in the order they appear on your federal return



Spouse's Social Security number

- B** Print your personal information below

PAUL R

Your first name and initial

DULBERG

Your last name

Spouse's first name and initial

Spouse's last name - only if different

4606 HAYDEN CT

Mailing address

MCHENRY

City

IL

State

60051-7918

ZIP

- C** Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1** Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 489.00
- 2** Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 0.00
- 3** Other additions to your income. **Attach** Schedule M. 3 0.00
- 4** **Total income.** Add Lines 1 through 3. 4 489.00

Step 3: Base Income

- 5** Income received from Social Security benefits and certain retirement plans if included in Line 1. **Attach** federal page 1. 5 0.00
- 6** Illinois Income Tax overpayment included in U.S. 1040, Line 10 6 259.00
- 7** Other subtractions to your income. **Attach** Schedule M. 7 0.00
 Check if Line 7 includes any amount from Schedule 1299-C ☐
- 8** Add Lines 5, 6, and 7. This is the total of your subtractions. 8 259.00
- 9** **Illinois base income.** Subtract Line 8 from Line 4. 9 230.00

Step 4: Exemptions

See
instructions
before
figuring
exemptions.

- 10** **a** Number of exemptions from your federal return 1 X \$2,000 a 2,000.00
- b** If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. 0 X \$2,000 b 0.00
- c** Check if 65 or older: ☐ You + ☐ Spouse = 0 X \$1,000 c 0.00
- d** Check if legally blind: ☐ You + ☐ Spouse = 0 X \$1,000 d 0.00
- Exemption allowance.** Add Lines a through d. 10 2,000.00

Step 5: Net Income

- 11** **Residents Only: Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. 11 0.00
- 12** **Nonresidents and part-year residents Only:**
 Check the box that applies to you during 2008 ☐ Nonresident ☐ Part-year resident, and write the **Illinois base income** from Schedule NR. **Attach** Schedule NR. 12

Step 6: Tax

- 13** **Residents:** Multiply Line 11 by 3% (.03). Write the result here.
Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. 13 0.00
- 14** Recapture of investment tax credits. **Attach** Schedule 4255. 14
- 15** **Total tax.** Add Lines 13 and 14. This amount may not be less than zero. 15 0.00



Staple W-2 and 1099 forms here

Staple your check

16	0.00
----	------

17 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. **17** _____

18 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **18** _____ 0.00

19 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **19** _____

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16. **20** _____ 0.00

21 **Tax after nonrefundable credits.** Subtract Line 20 from Line 16. **21** _____ 0.00

22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	22	0.00
23	Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2007 return	23	0.00
24	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	24	
25	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	25	0.00
26	Total payments and refundable credit. Add Lines 22 through 25.	26	0.00

27 Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26. **27** _____ 0.00

28 Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21. **28** _____ 0.00

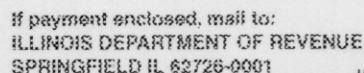
29	Late payment penalty for underpayment of estimated tax.	29	
	a Check if at least two-thirds of your federal gross income is from farming.		<input type="checkbox"/>
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.		<input type="checkbox"/>
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.		<input type="checkbox"/>
30	You can make voluntary charitable donations to many worthy causes using this form. It's easy - just complete Schedule G and enter the donation amount here. Attach Schedule G.	30	0.00
31	Total penalty and donations. Add Lines 29 and 30.	31	0.00

32	If you have an overpayment on Line 27 and this amount is greater than Line 31, subtract Line 31 from Line 27. This is your remaining overpayment .	32 _____ 0.00																											
33	Amount from Line 32 you want refunded to you	33 _____ 0.00																											
34	Complete to direct deposit your refund <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> Routing number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 25px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Account number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px; height: 25px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> </div> <div style="width: 50%;"> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings </div> </div>																												
35	Subtract Line 33 from Line 32. This amount will be applied to your 2009 estimated tax .	35 _____ 0.00																											
36	If you have an underpayment on Line 28, add Lines 28 and 31. or If you have an overpayment on Line 27 and this amount is less than Line 31, subtract Line 27 from Line 31. This is the amount you owe .	36 _____ 0.00																											

I 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.

<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>
<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>		<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040



**Read this information first**

Complete this schedule only if you are eligible for the

- **Illinois Property Tax Credit**
- **K-12 Education Expense Credit**
- **Earned Income Credit (EIC)**

- You must complete IL-1040 through Line 16 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

PAUL R DULBERG

Your name as shown on your Form IL-1040

Your Social Security number

Step 2: Figure your nonrefundable credit

- | | | | |
|---|---|---|------|
| 1 | Write the amount of tax from your IL-1040, Line 16. | 1 | 0.00 |
| 2 | Write the amount of credit for tax paid to other states from your IL-1040, Line 17. | 2 | |
| 3 | Subtract Line 2 from Line 1. | 3 | 0.00 |

Section A - Illinois Property Tax Credit

- | | | | | |
|---|---|--|----|----------|
| 4 | a | Write the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. | 4a | 3,977.00 |
| | b | 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. | 4b | 0.00 |
| | c | Subtract Line 4b from Line 4a. | 4c | 3,977.00 |
| | d | Multiply Line 4c by 5% (.05). | 4d | 199.00 |
| 5 | | Compare Lines 3 and 4d, and write the lesser amount here. | 5 | 0.00 |
| 6 | | Subtract Line 5 from Line 3. | 6 | 0.00 |

Section B - K-12 Education Expense Credit

Note You must **attach** the receipt you received from your students' school or complete the **K-12 Education Expense Credit Worksheet** on the back of this schedule.

- | | | | | |
|---|---|--|----|--------|
| 7 | a | Write the total amount of K-12 education expenses from the receipt you received from your students' school or Line 13 of the worksheet on the back of this schedule. | 7a | 0.00 |
| | 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 | 0.00 |
| | d | Multiply Line 7c by 25% (.25). Compare the result and \$500, and write the lesser amount here. | 7d | 0.00 |
| 8 | | Compare Lines 6 and 7d, and write the lesser amount here. | 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 18. | 9 | 0.00 |
|---|--|---|------|

**Continued on Page 2**

Step 3: Figure your refundable credit**Earned Income Credit**

- 10 a** Write the amount of federal EIC as shown on your
U.S. 1040, Line 64a; U.S. 1040A, Line 40a; or
U.S. 1040EZ, Line 8a.

10a 0.00

- b** Multiply the amount on Line 10a by 5% (.05).

10b 0.00

- c Illinois residents:** Write 1.0.

Nonresidents and part-year residents: Write the decimal from
Schedule-NR, Line 48.

10c 1.0

- d** Multiply Line 10b by the decimal on Line 10c.

10d 0.00

- 11** Write the amount from Line 10d here. This is your Illinois
Earned Income Credit. Write this amount on Form IL-1040, Line 25.

→ 11 0.00**Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)**

Note Complete only if you did not receive a receipt from your student's school.

- 12** Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or write "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					

- 13** Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Write this amount here and on Step 2, Line 7a of this schedule.

→ 13 0.00

Label

Use the
IRS label.Otherwise,
please print
or type.L
A
B
E
L
H
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R
E

For the year Jan. 1- Dec. 31, 2008, or other tax year beginning , 2008, ending , 20

OMB No. 1545-0074

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051

Your social security number

Spouse's social security number

You MUST enter
your SSN(s) above.Checking a box below will not
change your tax or refund.Presidential
Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)

You Spouse

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See page 15.)2 ☐ Married filing jointly (even if only one had income). If the qualifying person is a child but not your dependent, enter thisCheck only
one box.3 ☐ Married filing separately. Enter spouse's SSN above & full name below child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to
you(4) ☒ If qual.
child for
child tax cr.Boxes checked
on 6a and 6b 1No. of children
on 6c who:

• lived with you

• did not live with you
due to divorce
or separationDependents
on 6c not
entered aboveAdd numbers
on lines
above 1If more
than four
dependents,
see page 17.

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

230.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 21)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

10

259.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain/(loss). Attach Sch D if not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amt

15b

16a Pensions and annuities

16a

b Taxable amt

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amt

20b

21 Other income. List type and amount (see page 28)

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22

489.

Adjusted
Gross
Income

23 Educator expenses (see page 28)

23

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 29)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 30)

32

33 Student loan interest deduction (see page 33)

33

34 Tuition and fees deduction. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

489.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.

Form 1040 (2008)

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

38 Amount from line 37 (adjusted gross income).

39a Check ☐ **You** were born before January 2, 1944, ☐ Blind. **Total boxes** ☐
if: ☐ **Spouse** was born before January 2, 1944, ☐ Blind. **checked** **39a** ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here **39b** ☐

c Check if standard deduction includes real estate taxes or disaster loss (see page 34) **39c** ☐

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin).

41 Subtract line 40 from line 38

42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

44 **Tax.** (see page 36) Check if any tax is from: ☐ Forms 8814 **b** ☐ Form 4972

45 **Alternative minimum tax** (see page 39). Attach Form 6251

46 Add lines 44 and 45

47 Foreign tax credit. Attach Form 1116 if required

48 Credit for child and dependent care expenses. Attach Form 2441

49 Credit for the elderly or the disabled. Attach Schedule R

50 Education credits. Attach Form 8863

51 Retirement savings contributions credit. Attach Form 8880

52 Child tax credit (see page 42). Attach Form 8901 if required

53 Credits from Form: **a** ☐ 8396 **b** ☐ 8839 **c** ☐ 5695

54 Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐

55 Add lines 47 through 54. These are your **TOTAL CREDITS**

56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE

58 Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60 Additional taxes: **a** ☐ AEIC payments **b** ☐ Household employment taxes. Attach Schedule H

61 Add lines 56 through 60. This is your **total tax**

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099

63 2008 estimated tax payments and amount applied from 2007 return

64a **Earned income credit (EIC)**

NO

b Nontaxable combat pay election **64b** ☐

65 Excess social security and tier 1 RRTA tax withheld (see page 61)

66 Additional child tax credit. Attach Form 8812

67 Amount paid with request for extension to file (see page 61)

68 Credits from Form: **a** ☐ 2439 **b** ☐ 4136 **c** ☐ 8801 **d** ☐ 8885

69 First-time homebuyer credit. Attach Form 5405

70 Recovery rebate credit (see worksheet on pages 62 and 63)

71 Add lines 62 through 70. These are your **total payments**

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**

73a Amount of line 72 you want **refunded to you**. If Form 8888 is attached, check here ☐

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

74 Amount of line 72 you want **applied to your 2009 estimated tax**

Amount You Owe

75 **Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65

76 Estimated tax penalty (see page 65)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name

Phone no.

Personal ID number

(PIN)

Sign Here

Joint return? See page 15. Keep a copy for your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

PAUL R DULBERG

Your social security number

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see page A-1) _____

2 Enter amount from Form 1040, line 38 _____

3 Multiply line 2 by 7.5% (.075) _____

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- _____

Taxes You Paid

(See page A-2.)

5 State and local ☒ Income taxes, or ☐ General sales taxes _____

6 Real estate taxes (see page A-5) _____

7 Personal property taxes _____

8 Other taxes. List type and amount _____

9 Add lines 5 through 8 _____

Interest You Paid

(See page A-5.)

Note.

Personal interest is not deductible.

10 Home mortgage interest and points reported to you on Form 1098 _____

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-5 and show that person's name, identifying no., and address _____

12 Points not reported to you on Form 1098. See page A-5 for special rules _____

13 Qualified mortgage insurance premiums (See page A-6) _____

14 Investment interest. Attach Form 4952 if required. (See page A-6.) _____

15 Add lines 10 through 14 _____

Gifts to Charity

If you made a gift and got a benefit for it, see page A-7.

16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 _____

17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 _____

18 Carryover from prior year _____

19 Add lines 16 through 18 _____

Casualty and Theft Losses

20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.) _____

Job Expenses and Certain Miscellaneous Deductions

(See page A-9.)

21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ _____

22 Tax preparation fees _____

23 Other expenses - investment, safe deposit box, etc. List type and amount _____

24 Add lines 21 through 23 _____

25 Enter amount from Form 1040, line 38 _____

26 Multiply line 25 by 2% (.02) _____

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- _____

Other Miscellaneous Deductions

28 Other - from list on page A-10. List type and amount _____

Total Itemized Deductions

29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?

☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2008

Recovery Rebate Credit Worksheet - Line 70

Keep for Your Records

Before you begin:



If you received Notice 1378, have it available. The notice shows the amount of your economic stimulus payment, which you will need to fill in line 28 below.

1. Can you, or your spouse if filing a joint return, be claimed as a dependent on another person's return?

☒

No. Go to line 2.

☐

Yes. You cannot get the credit. **Stop** here.

2. Does your tax return include a valid social security number for you and, if filing a joint return, your spouse?

☒

Yes. Skip lines 3 and 4 and go to line 5.

☐

No. Go to line 3.

3. Are you filing a joint return for 2008?

☐

Yes. Go to line 4.

☐

No. You cannot take the credit. **Stop** here.

4. Were either you or your spouse a member of the U.S. Armed Forces at any time during 2008?

☐

Yes. Go to line 5.

☐

No. You cannot take the credit. **Stop** here.

- | | | |
|--|----|------------|
| 5. Enter the amount from Form 1040, line 56 | 5. | <u>0</u> |
| 6. Enter the amount from Form 1040, line 52 | 6. | <u>0</u> |
| 7. Add lines 5 and 6. | 7. | <u>0</u> |
| 8. Enter \$600 (\$1,200 if married filing jointly) | 8. | <u>600</u> |
| 9. Enter the smaller of line 7 or line 8 | 9. | <u>0</u> |

Recovery Rebate Credit - Line 70 (continued)

10. Is the amount on line 9 at least \$300 (\$600 if married filing jointly)?
☐ **Yes.** If you have at least one qualifying child for whom you entered a valid social security number* on Form 1040, line 6c, column (2), and checked the box in column (4), or have at least one qualifying child with a valid social security number* for whom you completed Form 8901, go to line 11. Otherwise, skip lines 11 through 21 and enter the amount from line 9 on line 22.
☒ **No.** If line 7 is more than zero, go to line 11. Otherwise, skip line 11 and go to line 12.

11. Is your gross income** more than the amount shown below for your filing status?

- Single or married filing separately - \$8,950
- Married filing jointly - \$17,900
- Head of household - \$11,500
- Qualifying widow(er) - \$14,400

☐ **No.** Got to line 12.
☐ **Yes.** Skip lines 12 through 18 and go to line 19.

12. Enter the amount from Form 1040, line 20a 12. 0

13. Enter the amount of any nontaxable veterans' disability or death benefits you received in 2008 13. 0

14. Are you filing Form 8812?
☐ **Yes.** Skip line 15. Enter on line 16 the amount from Form 8812, line 4a.
☒ **No.** Go to line 15.

15. Are you filing Form 2555 or 2555-EZ to exclude foreign earned income, or using one of the optional methods to figure your net earnings from self-employment on Schedule SE, or are you a church employee or member of the clergy?
☐ **Yes.** Fill out the Earned Income Worksheet on page 8 of Pub. 972 and enter on line 16 the amount from line 8 of that worksheet.
☒ **No.** Go to line 16.

16. **Earned income.** If you did not already enter an amount on this line as instructed on line 14 or 15, complete Worksheet B on page 51 through line 4b. Enter the amount from Worksheet B, line 4b (If you (or your spouse, if filing jointly) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on line 64b, add your (and your spouse's) nontaxable combat pay to the amount on this line 16. 0

17. **Qualifying income.** Add lines 12, 13, and 16 17. 0

18. Is line 17 at least \$3,000?
☒ **No.** Skip lines 19 through 21 and enter the amount from line 9 on line 22.
☐ **Yes.** Go to line 19.

19. Enter \$300 (\$600 if married filing jointly) 19. 0

20. Enter the larger of line 9 or line 19 20. 0

21. Multiply \$300 by the number of qualifying children for whom you entered a valid social security number* on:

- Form 1040, line 6c, column (2), and checked the box in column (4), or
- Form 8901, column (b) 21. 0

22. Add lines 20 and 21 22. 0

23. Enter the amount from Form 1040, line 38 23. 489

24. Enter \$75,000 (\$150,000 if married filing jointly) 24. 75,000

25. Is the amount on line 23 more than the amount on line 24?
☒ **No.** Skip line 26. Enter the amount from line 22 on line 27 below.
☐ **Yes.** Subtract line 24 from line 23 25. 0

26. Multiply line 25 by 5% (.05) 26. 0

27. Subtract line 26 from line 22. If zero or less, enter -0- 27. 0

28. Enter the amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1378 or www.irs.gov. If you received more than one payment, enter the total of all payments you received as shown on all Notices 1378 or on www.irs.gov. If filing a joint return, include your spouse's payment as shown on your spouse's Notice 1378 or on www.irs.gov. If you filed a joint return for 2007 and received an economic stimulus payment, you and your spouse are each treated as having received half of the payment 28. 600

29. **Recovery rebate credit.** Subtract line 28 from line 27. If zero or less, enter -0-. Enter the result here and, if more than zero, on Form 1040, line 70. If you entered an amount on line 13 on page 62, enter "VA" on the dotted line to the left of Form 1040, line 70. If you (or your spouse, if filing jointly) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on line 64b, enter "NCP" to the left of Form 1040, line 70. If line 28 is more than line 27, you do not have to pay back the difference 29. 0

* A valid social security number is not required for a qualifying child if you file a joint return AND either you or your spouse was a member of the U.S. Armed Forces at any time during 2008.

** Your gross income includes the total of the following amounts: Form 1040, lines 7, 8a, 9a, 10, 11, 13 (if you were not required to file Schedule D), 15b, 16b, 19, 20b, and 21 (excluding any negative amounts); Schedule C, line 7; Schedule C-EZ, line 1; Schedule E, lines 3 and 4; Schedule F, line 11; Form 4835, line 7; Schedule K-1 (Form 1065), box 14, codes B and C; Schedule K-1 (Form 1065-B), box 9, code K-2; Schedule K-1 (Form 1120S), box 14, code B. But do not include on this line any amount for which you claimed the foreign earned income exclusion or the housing exclusion on Form 2555 or 2555-EZ.

Your gross income also includes the total of all gains from Schedule D, lines 1, 8, and 13; Schedule D-1, lines 1 and 8; Form 4684, line 14, and column (c) of lines 35 and 40; Form 4797, lines 2, 10, and 30; Form 6252, lines 24 and 35; Form 6781, lines 1 and 12; Form 8824, lines 14, 23, 35, and 36; and Form 2439, line 1a. But subtract from this total any section 1202 exclusion, any section 1045 or section 1397B rollover, any exclusion of gain from DC Zone assets or qualified community assets, and any section 121 exclusion shown on Schedule D or Form 4797.

**IMPORTANT TAX RETURN
INFORMATION BELOW**

Account Number: [REDACTED]

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Property Address:
4606 HAYDEN CT
MCHENRY IL 60050

CITIMORTGAGE IS THE SERVICING AGENT. *
CALLS ARE RANDOMLY MONITORED AND
RECORDED TO ENSURE QUALITY SERVICE.

For Information Call: 1-800-283-7918 *

Customer Service Hours:

Mon - Fri 8:00 a.m. - 12:00 Midnight ET

Sat - 9:00 a.m. - 6:00 p.m. ET

Or visit our website at www.citimortgage.com

☐ **CORRECTED (if checked)**

RECIPIENT'S/LENDER'S name, address, and telephone number CITIMORTGAGE, INC. P.O. BOX 9438 GAITHERSBURG, MD 20898-9438 CUSTOMER SERVICE: 1-800-283-7918		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2008 Form 1098
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$ 9,657.52	Copy B For Payer The information in boxes 1, 2, 3 and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
PAYER'S/BORROWER'S name PAUL R DULBERG		2 Points paid on purchase of principal residence \$	
Street address (including apt. no.) 4606 HAYDEN CT City, State and ZIP code MCHENRY, IL 60051-7918		3 Refund of overpaid interest \$	
Account number (see instructions) [REDACTED]		4 Mortgage insurance premiums \$	
		5	

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

BEGINNING	\$150,208.23
PAID	\$3,617.48
ENDING	\$146,590.75

INTEREST INFORMATION

GROSS INTEREST APPLIED	\$9,657.52
NET INTEREST PAID(SEE BOX 1)	\$9,657.52

IMPORTANT MESSAGES

The Information above is reported to the IRS. Principal Balance and Tax amounts are for informational purposes only.

This 2008 form 1098 statement contains important tax information for year ending 12/31/08. Please refer to the back of this statement for other important notices and instructions.

As required, your 2008 Form 1098 Statement information will be reported to the Internal Revenue Service. Please consult with your Tax Advisor or the Internal Revenue Service for any tax related questions.

YNNNNNNNNNNNNNNNN
264170070131510002

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

1099-G**Certain
Government
Payments****2008**

OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

Payer
Illinois Department of Revenue
101 West Jefferson Street
Springfield, IL 62702
Federal ID# 37-6002057**Copy B – For recipient**

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Box 2 – Refunds, credits, or offsets from your
state or local income tax**

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See the Form U.S. 1040 instructions for more information.

\$26

**Box 3 –
Tax year**

Box 2 amount
is for tax year

2007

Recipient

XXX-XX-4001
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Tax Statement for Forms 1098, 1099, 5498 for Year 2008

NAME, ADDRESS AND FEDERAL I.D. NO.
CRYSTAL LAKE BANK & TRUST CO., N.A.
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

CUSTOMER NAME, ADDRESS
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

1098, Copy B, For Payer, OMB #1545-0901
1098-E, Copy B, For Borrower, OMB #1545-1576
1099-DIV, Copy B, For Recipient, OMB #1545-0110
1099-INT, Copy B, For Recipient, OMB #1545-0112
1099-MISC, Copy B, For Recipient, OMB #1545-0115
1099-OID, Copy B, For Recipient, OMB #1545-0117
1099-Q, Copy B, For Recipient, OMB #1545-1760
1099-S, Copy B, For Transferor, OMB #1545-0997
1099-SA, Copy B, For Recipient, OMB #1545-1517
5498, Copy B, For Participant, OMB #1545-0747
5498-ESA, Copy B, For Beneficiary, OMB #1545-1815
5498-SA, Copy B, For Participant, OMB #1545-1518

Payer's Federal ID# 36-4196863
Questions? (815) 479-5200

600D00003459-01 FORM 1 OF 1

2008 FORM 1099-INT: INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	00001		Interest income	1	4.05
CD/Time Deposit	00002	618	Interest income	1	172.24
CD/Time Deposit	00003	218	Interest income	1	40.25
Savings	00004		Interest income	1	11.25
TOTALS:					
Interest income				1	227.79
Early withdrawal penalty				2	0.00
Interest on U.S. Savings Bonds and Treasury obligations				3	0.00
Federal income tax withheld				4	0.00
Investment expenses				5	0.00
Foreign tax paid				6	0.00
Tax-exempt interest				8	0.00
Specified private activity bond interest				9	0.00

TAXPAYER I.D. NO.
[REDACTED]

(keep for your records)
For Form 1099-DIV, INT, MISC, OID, and Q. This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. See instructions on the back.
Form 1099-INT: This may not be the correct figure to report on your income tax return. See instructions on the back.
Form 1098 - Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE
1098-E - OMB #1545-1576 This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. See instructions on the back.
1098 - OMB #1545-0901 The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. See instructions on the back.

For this mortgage interest or for these points or because you did not report this refund of interest on your return.
A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.
If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.
If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936, Home Mortgage Interest Deduction, and Pub. 535, Business Expenses.
Account number. May show an account or other unique number the lender has assigned to distinguish your account.
Box 1. Shows the mortgage interest received during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down" mortgage. Such amounts are deductible by you only in certain circumstances. Caution: If you prepaid interest in 2008 that accrued in full by January 15, 2009, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2008 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 5396, Mortgage Interest Credit. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.



Illinois Department of Revenue
2010 Form IL-1040
Individual Income Tax Return

tax.illinois.gov

or for fiscal year ending ____ / ____

Do not write above this line.

Step 1: Personal information

PAUL R DULBERG

4606 HAYDEN CT
MCHENRY IL 60051

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 15,225.00
2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 .00
3 Other additions to your income. Attach Schedule M. 3 .00
4 Total income. Add Lines 1 through 3. 4 15,225.00

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1. 5 .00
6 Illinois Income Tax overpayment included in U.S. 1040, Line 10 6 .00
7 Other subtractions to your income. Attach Schedule M. 7 .00
8 Add Lines 5, 6 and 7. This is the total of your subtractions. 8 .00
9 Illinois base income. Subtract Line 8 from Line 4. 9 15,225.00

Step 4: Exemptions

See instructions before figuring exemptions.

10 a Number of exemptions from your federal return 1 X \$2,000 a 2,000.00
b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. X \$2,000 b .00
c Check if 65 or older: ☐ You + ☐ Spouse = X \$1,000 c .00
d Check if legally blind: ☐ You + ☐ Spouse = X \$1,000 d .00
Exemption allowance. Add Lines a through d. 10 2,000.00

Step 5: Net Income

11 Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12. 11 13,225.00
12 Nonresidents and part-year residents Only:
Check the box that applies to you during 2010 ☐ Nonresident ☐ Part-year resident, and write the
Illinois base income from Schedule NR. Attach Schedule NR. 12 .00

Step 6: Tax

13 Residents: Multiply Line 11 by 3% (.03). Write the result here.
Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. 13 397.00
14 Recapture of investment tax credits. Attach Schedule 4255. 14 .00
15 Total tax. Add Lines 13 and 14. This amount may not be less than zero. 15 397.00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Total tax amount from Page 1, Line 15

16 397.00

Step 7: Tax After Nonrefundable Credits and Use Tax

17	Income tax paid to another state while an Illinois resident. Attach Sch CR.	17	.00
18	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	18	210.00
19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	19	.00
20	Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16.	20	210.00
21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.	21	187.00
22	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.	22	0.00
23	Tax after nonrefundable credits and use tax. Add Lines 21 and 22.	23	187.00

Step 8: Payments and Refundable Credit

24	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	24	.00
25	Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2009 return	25	.00
26	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	26	.00
27	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	27	0.00
28	Total payments and refundable credit. Add Lines 24 through 27.	28	0.00

Step 9: Overpayment or Underpayment

29	Overpayment. If Line 28 is greater than Line 23, subtract Line 23 from Line 28.	29	.00
30	Underpayment. If Line 23 is greater than Line 28, subtract Line 28 from Line 23.	30	187.00

Step 10: Underpayment of Estimated Tax Penalty and Donations

31	Late payment penalty for underpayment of estimated tax.	31	.00
a Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/> b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/> c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210. <input type="checkbox"/>			
32	Voluntary charitable donations. Attach Schedule G.	32	.00
33	Total penalty and donations. Add Lines 31 and 32.	33	0.00

Step 11: Refund or Amount You Owe

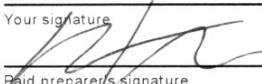
34	If you have an overpayment on Line 29 and this amount is greater than Line 33, subtract Line 33 from Line 29. This is your remaining overpayment.	34	.00
35	Amount from Line 34 you want refunded to you	35	.00
36	Complete to direct deposit your refund. Routing number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number <input type="text"/>		
37	Subtract Line 35 from Line 34. This amount will be applied to your 2011 estimated tax.	37	.00
38	If you have an underpayment on Line 30, add Lines 30 and 33. Or If you have an overpayment on Line 29 and this amount is less than Line 33, subtract Line 29 from Line 33. This is the amount you owe.	38	187.00

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign here

For Information Only

 Your signature  Date 04/15/11

Paid preparer's signature

Daytime phone number



Preparer's phone number

For Information Only

Your spouse's signature

36-3581711

Preparer's FEIN, SSN, or PTIN

 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




Illinois Department of Revenue

2010 Schedule ICR Illinois Credits

Attach to your Form IL-1040.

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

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

- You must complete IL-1040 through Line 16 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

PAUL R DULBERG

Your name as shown on your Form IL-1040

Your Social Security number

Step 2: Figure your nonrefundable credit

1	Write the amount of tax from your IL-1040, Line 16.	1	397.00
2	Write the amount of credit for tax paid to other states from your IL-1040, Line 17.	2	0.00
3	Subtract Line 2 from Line 1.	3	397.00

Section A - Illinois Property Tax Credit (See separate instructions for directions on how to obtain your property number)

4	a	Write the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	4a	4,192.00
	b	Write the property number for the property listed above.	4b	10-08-155-001
	c	Write the property number for an adjoining lot, included in Line 4a.	4c	
	d	Write the property number for any other 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.	4e	0.00
	f	Subtract Line 4e from Line 4a.	4f	4,192.00
	g	Multiply Line 4f by 5% (.05).	4g	210.00
5		Compare Lines 3 and 4g, and write the lesser amount here.	5	210.00
6		Subtract Line 5 from Line 3.	6	187.00

Section B - K-12 Education Expense Credit

Note You complete the **K-12 Education Expense Credit Worksheet** on page two of this schedule and **attach** any receipt you received from your student's school.

7	a	Write the total amount of K-12 education expenses from Line 13 of the worksheet on page two of this schedule.	7a	0.00
	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	0.00
	d	Multiply Line 7c by 25% (.25). Compare the result and \$500, and write the lesser amount here.	7d	0.00
8		Compare Lines 6 and 7d, and write the lesser amount here.	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 18.	9	210.00
---	--	---	--------



Schedule ICR — Page 2

Step 3: Figure your refundable credit

Earned Income Credit

- 10 a Write the amount of federal EIC as shown on your U.S. 1040, Line 64a; U.S. 1040A, Line 41a; or U.S. 1040EZ, Line 9a.

10a 0.00

- b Multiply the amount on Line 10a by 5% (.05).

10b 0.00

- c **Illinois residents:** Write 1.0.

Nonresidents and part-year residents: Write the decimal from Schedule - NR, Line 48.

10c .

- d Multiply Line 10b by the decimal on Line 10c.

10d 0.00

- 11 Write the amount from Line 10d here. This is your Illinois Earned Income Credit. Write this amount on Form IL-1040, Line 27.



11 0.00

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note You must complete this section and attach any receipt you received from your students' school.

- 12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

	A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or write "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a						
b						
c						
d						
e						
f						
g						
h						
i						
j						

- 13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Write this amount here and on Step 2, Line 7a of this schedule.



13 0.00

FILE



This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center, IL-492-4553

ID: 2BU IL-1040 Schedule ICR (R-12/10)

Name,
Address,
and SSNSee separate
instructions.

For the year Jan. 1- Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above
and on line 8c are correct.Checking a box below will not change
your tax or refund.Presidential
Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

You

Spouse

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). (See instructions.)2 ☐ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this

3 ☐ Married filing separately. Enter spouse's SSN above & full name here

child's name here

Check only
one box.5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ SpouseBoxes checked
on 6a and 6bNo. of children
on 6c who:

● lived with you

● did not live with you
due to divorce
or separation
(see inst.)Dependents
on 6c not
entered aboveAdd numbers
on lines
aboveIf more
than four
dependents,
see inst
and check
here

c Dependents:

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to you(4) If qual-
child < 17 for
child tax cr
(see pg 15)

d Total number of exemptions claimed

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 W-2,
see page 20.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

b Taxable amt

16a Pensions and annuities

b Taxable amt

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted
Gross
Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2010)

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	15,225.
39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	13,073.
41	Subtract line 40 from line 38	41	2,152.
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	2,308.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55 through 59. This is your total tax	60	2,308.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	400.
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	400.

Refund

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	1,949.
77	Estimated tax penalty (see instructions)	77	41.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name Phone no. Personal ID number

HR BLOCK **(847) 587-9333** (PIN) **12871**

Sign Here

Joint return? See page 12. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
For Info Only-Do not file		GRAPHIC DESIGNER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
For Info Only-Do not file			

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KAREN URQUIZA		04/15/2011		P00557512
Firm's name H AND R BLOCK	Firm's EIN 36-3581711			
Firm's address FOX LAKE, IL 60020	Phone no. (847) 587-9333			

Form 1040 (2010)

Underpayment of
Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

PAUL R DULBERG

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

Yes → Do not file Form 2210. You do not owe a penalty.

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).

No → You may owe a penalty. Does any box in Part II below apply?

Yes → You must file Form 2210. Does box B, C, or D in Part II apply?

No → You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Yes → You must figure your penalty.

Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.

Part I Required Annual Payment

1	Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1	
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	2,308.
3	Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit	3	(400.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.	4	1,908.
5	Multiply line 4 by 90% (.90)	5	1,717.
6	Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions)	6	
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.	7	1,908.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	
9	Required annual payment. Enter the smaller of line 5 or line 8	9	1,717.

Next: Is line 9 more than line 6?

- ☐ No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☒ Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A ☐ You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B ☐ You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2009 or 2010, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

KBA For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form 2210 (2010)

Part III Short Method**Can You Use the Short Method?**

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), **or**
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, **or**
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	1,717.
11	Enter the amount, if any, from Form 2210, line 6	11	
12	Enter the total amount, if any, of estimated tax payments you made (see page 3 of the instructions)	12	
13	Add lines 11 and 12	13	
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II	14	1,717.
15	Multiply line 14 by .02383	15	41.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/11, enter -0- • If the amount on line 14 was paid before 4/15/11, make the following computation to find the amount to enter on line 16. <div style="margin-left: 40px;"> Amount on line 14 <input checked="" type="checkbox"/> Number of days paid before 4/15/11 <input checked="" type="checkbox"/> .00008 </div>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 77, Form 1040A, line 49; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II	17	41.

Form **2210** (2010)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

PAUL R DULBERG

Your social security number

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions)

2 Enter amount from Form 1040, line 38

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

Taxes You Paid

5 State and local (check only one box):

a ☐ Income taxes, or

b ☒ General sales taxes

6 Real estate taxes (see instructions)

MCHENRY COUNTY

7 New motor vehicle taxes from line 11 of the worksheet on page 2

(for certain vehicles purchased in 2009). Skip this line if you checked box 5b

8 Other taxes. List type and amount ▶

9 Add lines 5 through 8

Interest You Paid

10 Home mortgage interest and points reported to you on Form 1098

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶

Note.

Your mortgage interest deduction may be limited (see instructions).

12 Points not reported to you on Form 1098. See instructions for special rules

13 Mortgage insurance premiums (see instructions)

14 Investment interest. Attach Form 4952 if required. (See instructions.)

15 Add lines 10 through 14

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16 Gifts by cash or check. If you made any gift of \$250 or more, see inst

17 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

18 Carryover from prior year

19 Add lines 16 through 18

Casualty and Theft Losses

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)

Job Expenses and Certain Miscellaneous Deductions

21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.) ▶

22 Tax preparation fees

23 Other expenses - investment, safe deposit box, etc. List type and amount ▶

24 Add lines 21 through 23

25 Enter amount from Form 1040, line 38

26 Multiply line 25 by 2% (.02)

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

Other Miscellaneous Deductions

28 Other - from list in instructions. List type and amount ▶

Total Itemized Deductions

29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40

30 If you elect to itemize deductions even though they are less than your standard deduction, check here

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

1040-Sch A (2010)

FDA-1V 1.9

Form Software Copyright 1996 - 2011 HRB Tax Group, Inc.

Schedule A (Form 1040) 2010

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor

PAUL R DULBERG

Social security number (SSN)

B Enter code from pages C-9, 10, & 11
► **519100**

A Principal business or profession, including product or service (see instructions)

GRAPHIC DESIGN : DIGITAL ART

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► **4606 HAYDEN CT**

City, town or post office, state, and ZIP code **MCHENRY, IL 60051**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2010, check here ► ☒

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.

SEE ATTACHMENT ► ☐

1 16,638.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 16,638.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5 16,638.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 16,638.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17 300.	25 Utilities	25
		26 Wages (less employment credits)	26
		27 Other expenses (from line 48 on page 2)	27

28 Total expenses before expenses for business use of home. Add lines 8 through 27

28 300.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 16,338.

30 Expenses for business use of your home. Attach **Form 8829**

30

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

31 16,338.

32 If you have a loss, check the box that describes your investment in this activity (see instructions):

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions).

Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2010

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2010

Attachment
Sequence No. **17**

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

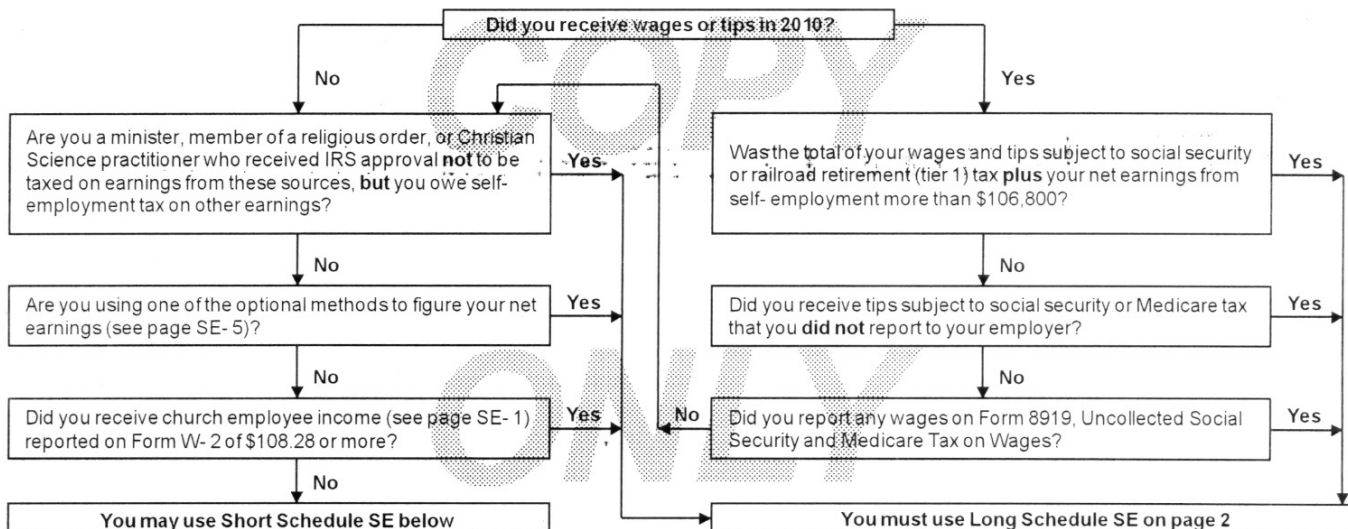
PAUL R DULBERG

Social security number of person
with **self-employment** income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, on page SE-1.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0.
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	16,338.
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)	3	16,338.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	15,088.
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56 , or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56 , or Form 1040NR, line 54	5	2,308.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	1,154.

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

Schedule SE (Form 1040) 2010

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Making Work Pay Credit

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return

PAUL R DULBERG

Your social security number



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☒ **No.** Enter your earned income (see instructions)

1a 15,184

b Nontaxable combat pay included on line 1a (see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2 941

3 Enter \$400 (\$800 if married filing jointly)

3 400

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4 400

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5 15,225

6 Enter \$75,000 (\$150,000 if married filing jointly)

6 75,000

7 Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5

7

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9 400

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly)

10 0

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11 400

* If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

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

Schedule M (Form 1040A or 1040) 2010

Name,
Address,
and SSNSee separate
instructions.

For the year Jan. 1- Dec. 31, 2010, or other tax year beginning

, 2010, ending

, 20

OMB No. 1545-0074

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above
and on line 8c are correct.Checking a box below will not change
your tax or refund.Presidential
Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

You

Spouse

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). (See instructions.)2 ☐ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this

3 ☐ Married filing separately. Enter spouse's SSN above & full name here

child's name here ▶

Check only
one box.5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ SpouseBoxes checked
on 6a and 6bNo. of children
on 6c who:

● lived with you

● did not live with you
due to divorce
or separation
(see inst.)Dependents
on 6c not
entered aboveAdd numbers
on lines
above ▶

c Dependents:

(1) First name

Last name

(2) Dependent's
social security number(3) Dependent's
relationship to you(4) If qual-
child < 17 for
child tax cr.
(see pg 15)If more
than four
dependents,
see inst
and check
here ▶ ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

41.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

16,338.

13 Capital gain or (loss). Attach Schedule D if required.

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amt

15b

16a Pensions and annuities

16a

b Taxable amt

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

16,379.

Adjusted
Gross
Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

1,154.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

1,154.

37 Subtract line 36 from line 22. This is your adjusted gross income

37

15,225.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2010)

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	15,225.
39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	13,073.
41	Subtract line 40 from line 38	41	2,152.
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	2,308.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55 through 59. This is your total tax	60	2,308.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	400.
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	400.

Refund

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	1,949.
77	Estimated tax penalty (see instructions)	77	41.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name Phone no. Personal ID number

HR BLOCK **(847) 587-9333** (PIN) **12871**

Sign Here

Joint return? See page 12. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
For Info Only-Do not file		GRAPHIC DESIGNE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
For Info Only-Do not file			

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KAREN URQUIZA		04/15/2011		P00557512
Firm's name	Firm's EIN		Phone no.	
H AND R BLOCK	36-3581711		(847) 587-9333	
Firm's address	FOX LAKE, IL 60020			

Form 1040 (2010)

Underpayment of
Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return
PAUL R DULBERGIdentifying number
[REDACTED]

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

Yes → Do not file Form 2210. You do not owe a penalty.

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).

No → You may owe a penalty. Does any box in Part II below apply?

Yes → You must file Form 2210. Does box B, C, or D in Part II apply?

No → You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Yes → You must figure your penalty.

Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.

Part I Required Annual Payment

1	Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1	
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	2,308.
3	Refundable credits. Enter the total of your making work pay credit, earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), and health coverage tax credit	3	(400.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.	4	1,908.
5	Multiply line 4 by 90% (.90)	5	1,717.
6	Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions)	6	
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210.	7	1,908.
8	Maximum required annual payment based on prior year's tax (see page 3 of the instructions)	8	
9	Required annual payment. Enter the smaller of line 5 or line 8	9	1,717.

Next: Is line 9 more than line 6?

- ☐ No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☒ Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A ☐ You request a waiver (see page 2 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B ☐ You request a waiver (see page 2 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2009 or 2010, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

KBA For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form 2210 (2010)

Part III Short Method**Can You Use the Short Method?**

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), **or**
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, **or**
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	1,717.
11	Enter the amount, if any, from Form 2210, line 6	11	
12	Enter the total amount, if any, of estimated tax payments you made (see page 3 of the instructions)	12	
13	Add lines 11 and 12	13	
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II	14	1,717.
15	Multiply line 14 by .02383	15	41.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/11, enter -0- • If the amount on line 14 was paid before 4/15/11, make the following computation to find the amount to enter on line 16. <div style="text-align: center;"> Amount on line 14 X Number of days paid before 4/15/11 X .00008 </div>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 77, Form 1040A, line 49; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II	17	41.

Form 2210 (2010)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

PAUL R DULBERG

Your social security number

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions)

2 Enter amount from Form 1040, line 38

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

5 State and local (check only one box):

a ☐ Income taxes, or

b ☒ General sales taxes

6 Real estate taxes (see instructions)

MCHENRY COUNTY

7 New motor vehicle taxes from line 11 of the worksheet on page 2

(for certain vehicles purchased in 2009). Skip this line if you checked box 5b

8 Other taxes. List type and amount ▶

9 Add lines 5 through 8

**Interest
You Paid**

10 Home mortgage interest and points reported to you on Form 1098

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶

Note.

Your mortgage interest deduction may be limited (see instructions).

12 Points not reported to you on Form 1098. See instructions for special rules

13 Mortgage insurance premiums (see instructions)

14 Investment interest. Attach Form 4952 if required. (See instructions.)

15 Add lines 10 through 14

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

16 Gifts by cash or check. If you made any gift of \$250 or more, see inst

17 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

18 Carryover from prior year

19 Add lines 16 through 18

**Casualty and
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)

**Job Expenses
and Certain
Miscellaneous
Deductions**

21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.) ▶

22 Tax preparation fees

23 Other expenses - investment, safe deposit box, etc. List type and amount ▶

24 Add lines 21 through 23

25 Enter amount from Form 1040, line 38

26 Multiply line 25 by 2% (.02)

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other
Miscellaneous
Deductions**

28 Other - from list in instructions. List type and amount ▶

**Total
Itemized
Deductions**

29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40

30 If you elect to itemize deductions even though they are less than your standard deduction, check here

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

1040-Sch A (2010)

FDA-1V 1.9

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Schedule A (Form 1040) 2010

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor

PAUL R DULBERG

Social security number (SSN)

B Enter code from pages C-9, 10, & 11
► **519100**

A Principal business or profession, including product or service (see instructions)

GRAPHIC DESIGN : DIGITAL ART

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► **4606 HAYDEN CT**

City, town or post office, state, and ZIP code **MCHENRY, IL 60051**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2010, check here

☒

Part I Income

1 Gross receipts or sales. **Caution.** See instructions and check the box if:

- This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.

SEE ATTACHMENT

► ☐

1 16,638.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 16,638.

4 Cost of goods sold (from line 42 on page 2)

4

5 **Gross profit.** Subtract line 4 from line 3

5 16,638.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 **Gross income.** Add lines 5 and 6

7 16,638.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising

8

18 Office expense

18

9 Car and truck expenses (see instructions)

9

19 Pension and profit-sharing plans

19

10 Commissions and fees

10

20 Rent or lease (see instructions):

20

11 Contract labor (see instructions)

11

a Vehicles, machinery, and equipment

20a

12 Depletion

12

b Other business property

20b

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

21 Repairs and maintenance

21

14 Employee benefit programs (other than on line 19)

14

22 Supplies (not included in Part III)

22

15 Insurance (other than health)

15

23 Taxes and licenses

23

16 Interest:

16

24 Travel, meals, and entertainment:

24

a Mortgage (paid to banks, etc.)

16a

a Travel

24a

b Other

16b

b Deductible meals and entertainment (see instructions)

24b

17 Legal and professional services

17 300.

25 Utilities

25

26 Wages (less employment credits)

26

27 Other expenses (from line 48 on page 2)

27

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27

28 300.

29 Tentative profit or (loss). Subtract line 28 from line 7

29 16,338.

30 Expenses for business use of your home. Attach **Form 8829**

30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

31 16,338.

32 If you have a loss, check the box that describes your investment in this activity (see instructions):

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions).

Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2010

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2010

Attachment
Sequence No. **17**

► **Attach to Form 1040 or Form 1040NR.** ► **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

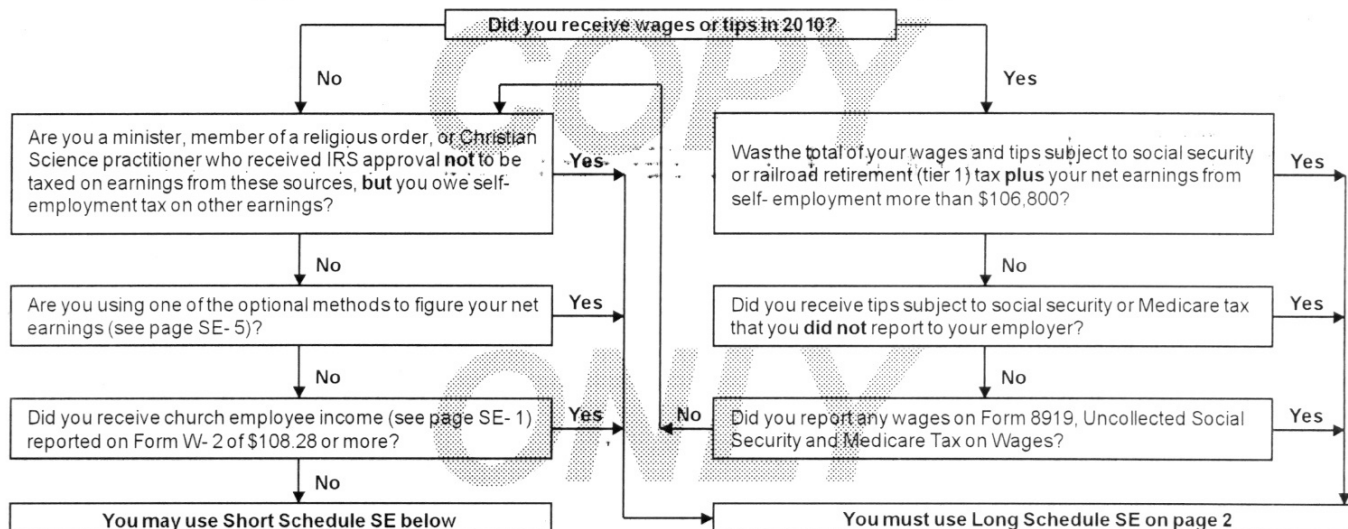
PAUL R DULBERG

Social security number of person
with **self-employment** income ►

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, on page SE-1.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0.
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	16,338.
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)	3	16,338.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	15,088.
Note.	If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.		
5	Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56 , or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56 , or Form 1040NR, line 54	5	2,308.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	1,154.

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

Schedule SE (Form 1040) 2010

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Making Work Pay Credit

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return

PAUL R DULBERG

Your social security number



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☐ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☒ **No.** Enter your earned income (see instructions)

1a 15,184

b Nontaxable combat pay included on line 1a (see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2 941

3 Enter \$400 (\$800 if married filing jointly)

3 400

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4 400

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5 15,225

6 Enter \$75,000 (\$150,000 if married filing jointly)

6 75,000

7 Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☐ **Yes.** Subtract line 6 from line 5

7

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9 400

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly)

10 0

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11 400

* If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

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

Schedule M (Form 1040A or 1040) 2010

CITIMORTGAGE INC
PO BOX 660065
DALLAS TX 75266-0065

IMPORTANT TAX RETURN INFORMATION BELOW



SIS0071D-264140072011AE20-01/07/11-17-173145-1

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

For Information Call: 1-800-283-7918 **

Customer Service Hours:

Monday - Friday 7:00 AM - 12:00 Midnight ET

Saturday - 8:00 AM - 7:00 PM ET

Sunday - 12:00 PM - 11:00 PM ET

Or visit our Website at www.citimortgage.com

Account Number:

Property Address:
4606 HAYDEN CT
MCHENRY IL 60050

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number CITIMORTGAGE INC PO BOX 660065 DALLAS TX 75266-0065 CUSTOMER SERVICE: 1-800-283-7918**		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2010 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1, 2, 3 and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number XXX-XX-4001	1 Mortgage interest received from payer(s)/borrower(s)* \$ 8,483.64		
PAYER'S/BORROWER'S name PAUL R DULBERG		2 Points paid on purchase of principal residence \$		
Street address (including apt. no.) 4606 HAYDEN CT City, State and ZIP code MCHENRY, IL 60051-7918		3 Refund of overpaid interest \$		
Account number (see instructions) 		4 Mortgage insurance premiums \$		
		5		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

ENDING

\$139,472.09

INTEREST INFORMATION

GROSS INTEREST APPLIED

\$8,483.64

NET INTEREST PAID(SEE BOX 1)

\$8,483.64

IMPORTANT MESSAGES

The Information above is reported to the IRS. Principal Balance and Tax amounts are for informational purposes only.

As required, your 2010 Form 1098 information will be reported to the Internal Revenue Service. Please consult with your Tax Advisor or the Internal Revenue Service for any tax related questions.

This 2010 Form 1098 contains important tax information for year ending 12/31/10. Please refer to the back of this statement for other important notices and for instructions.

YNKNNNNNNNNNNNN
264140070131450002

CMI-1098-0111

CITIMORTGAGE INC
PO BOX 660065
DALLAS TX 75266-0065

IMPORTANT TAX RETURN INFORMATION BELOW



SIS0071D-264140072011AE20-01/07/11-17-173145-1

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

For Information Call: 1-800-283-7918 **

Customer Service Hours:

Monday - Friday 7:00 AM - 12:00 Midnight ET

Saturday - 8:00 AM - 7:00 PM ET

Sunday - 12:00 PM - 11:00 PM ET

Or visit our Website at www.citimortgage.com

Account Number: [REDACTED]

Property Address:
4606 HAYDEN CT
MCHENRY IL 60050

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number CITIMORTGAGE INC PO BOX 660065 DALLAS TX 75266-0065 CUSTOMER SERVICE: 1-800-283-7918**		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2010 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1, 2, 3 and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number XXX-XX-4001	1 Mortgage interest received from payer(s)/borrower(s)* \$ 8,483.64		
PAYER'S/BORROWER'S name PAUL R DULBERG		2 Points paid on purchase of principal residence \$		
Street address (including apt. no.) 4606 HAYDEN CT City, State and ZIP code MCHENRY, IL 60051-7918		3 Refund of overpaid interest \$		
Account number (see instructions) [REDACTED]		4 Mortgage insurance premiums \$		
		5		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

ENDING

\$139,472.09

INTEREST INFORMATION

GROSS INTEREST APPLIED

\$8,483.64

NET INTEREST PAID(SEE BOX 1)

\$8,483.64

\$ 4192.14

IMPORTANT MESSAGES

The Information above is reported to the IRS. Principal Balance and Tax amounts are for informational purposes only.

As required, your 2010 Form 1098 information will be reported to the Internal Revenue Service. Please consult with your Tax Advisor or the Internal Revenue Service for any tax related questions.

This 2010 Form 1098 contains important tax information for year ending 12/31/10. Please refer to the back of this statement for other important notices and for instructions.

YNINNNNNNNNNNN
264140070131450002

CMI-1098-0111

Tax Statement for Forms 1098, 1099, 5498 for Year 2010

1098-E, Copy B, For Recipient, OMB #1545-0901
 1099-E, Copy B, For Recipient, OMB #1545-1576
 1099-DIV, Copy B, For Recipient, OMB #1545-0110
 1099-INT, Copy B, For Recipient, OMB #1545-0112
 1099-MISC, Copy B, For Recipient, OMB #1545-0115
 1099-OID, Copy B, For Recipient, OMB #1545-0117
 1099-Q, Copy B, For Recipient, OMB #1545-1760
 1099-SA, Copy B, For Recipient, OMB #1545-0997
 1099-SA, Copy B, For Recipient, OMB #1545-1517
 5498, Copy B, For Participant, OMB #1545-0747
 5498-ESA, Copy B, For Beneficiary, OMB #1545-1815
 5498-SA, Copy B, For Participant, OMB #1545-1818

NAME, ADDRESS AND FEDERAL I.D. NO.

**CRYSTAL LAKE BANK AND TRUST COMPANY
 70 N. WILLIAMS STREET
 CRYSTAL LAKE IL 60014-4444**

CUSTOMER NAME, ADDRESS

**PAUL R DULBERG
 4606 HAYDEN CT
 MCHENRY IL 60051-7918**

Payer's Federal ID# 36-4196863
 Questions? (815) 344-6600

600D0100000851-1 000

FORM 1 OF 2

2010 FORM 1099-INT: INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	00001		Interest income Tax-exempt bond CUSIP no.	1 10	3.59
CD/Time Deposit	00002	218	Interest income Tax-exempt bond CUSIP no.	1 10	14.37
CD/Time Deposit	00003	061	Interest income Tax-exempt bond CUSIP no.	1 10	17.79

TOTALS: See Form 2 of 2

TAXPAYER I.D. NO.

***-**-4001

(keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

For Form 1099-DIV, INT, MISC, OID, and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
 *Form 1099-INT: This may not be the correct figure to report on your income tax return. See instructions on the back.
 *Form 1098 - Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

1098-E - 9MB #1545-1576

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you. You may be able to deduct student loan interest that you actually paid in 2010 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040-E instructions.
Borrower's identification number. For your protection, this form may show only the last four digits of your SSN, ITIN, or ATIN. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.
Account number. May show an account or other unique number the lender assigned to distinguish your account.
Box 1 Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2010. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.
Box 2. If checked, indicates that loan origination fees and/or capitalized interest are not included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

1098 - OMB #1545 - 0901

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for the mortgage interest or for these points or because you did not report this refund of interest on your return.
 A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.
 If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.
 If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 938 and Pub. 535.
Payer's/Borrower's identification number. For your protection, this form may show only the last four digits of your SSN, ITIN, or ATIN. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.
Account number. May show an account or other unique number the lender has assigned to distinguish your account.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

00001048

**CRYSTAL LAKE BANK AND TRUST COMPANY
 70 N. WILLIAMS STREET
 CRYSTAL LAKE IL 60014-4444**

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IMPORTANT TAX RETURN DOCUMENT ENCLOSED

600D0100000851-1 000

**PAUL R DULBERG
 4606 HAYDEN CT
 MCHENRY IL 60051-7918**

182 KMGINP1 60051



Tax Statement for Forms 1098, 1099, 5498 for Year 2010

NAME, ADDRESS AND FEDERAL I.D. NO.

CRYSTAL LAKE BANK AND TRUST COMPANY
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

CUSTOMER NAME, ADDRESS

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

Payer's Federal ID# 36-4196863
Questions? (815) 344-6600

600D0100000851-2 000

FORM 2 OF 2

2010 FORM 1099-INT: INTEREST INCOME

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
Savings	[REDACTED]	00004	Interest income	1	5.08
			Tax-exempt bond CUSIP no.	10	

TOTALS:	Interest income	1	40.83
	Early withdrawal penalty	2	0.00
	Interest on U.S. Savings Bonds and Treasury obligations	3	0.00
	Federal income tax withheld	4	0.00
	Investment expenses	5	0.00
	Foreign tax paid	6	0.00
	Tax-exempt interest	8	0.00
	Specified private activity bond interest	9	0.00

TAXPAYER I.D. NO.

***-**-4001

(keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

For Form 1099-DIV, INT, MISC, OID, and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
*Form 1099-INT: This may not be the correct figure to report on your income tax return. See instructions on the back.
*Form 1098 - Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

1098-E-OMB #1545-1576

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you. You may be able to deduct student loan interest that you actually paid in 2010 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040A instructions.
Borrower's identification number. For your protection, this form may show only the last four digits of your SSN, ITIN, or ATIN. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.
Account number. May show an account or other unique number the lender assigned to distinguish your account.
Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2010. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.
Box 2. If checked, indicates that loan origination fees and/or capitalized interest are not included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

1098-E-OMB #1545-1576

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or because you did not report this refund of interest on your return.
A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.
If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.
If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.
Payer's/Borrower's identification number. For your protection, this form may show only the last four digits of your SSN, ITIN, or ATIN. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.
Account number. May show an account or other unique number the lender has assigned to distinguish your account.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

00001049

CRYSTAL LAKE BANK AND TRUST COMPANY
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

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IMPORTANT TAX RETURN DOCUMENT ENCLOSED




600D0100000851-2 000

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

182 KMGINP1 60051



☐ CORRECTED (if checked)


PAYER'S name, street address, city, state, ZIP code, and telephone no. INTERMATIC INCORPORATED INTERMATIC PLAZA SPRING GROVE ILLINOIS 60081-9698 (815-675-7491)		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 36-1265490	RECIPIENT'S identification 	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, address, city and ZIP code PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051		7 Nonemployee compensation \$ 16,637.50	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11 	12 	
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. INTERMATIC INCORPORATED INTERMATIC PLAZA SPRING GROVE ILLINOIS 60081-9698 (815-675-7491)		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 36-1265490		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S identification 		7 Nonemployee compensation \$ 16,637.50	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, city and ZIP code PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
Account number (see instructions)		11 \$	12 \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service



WebFile
tax.illinois.gov

Illinois Department of Revenue

2011 Form IL- 1040

Individual Income Tax Return

or for fiscal year ending ____ / ____

Step 1: Personal information

Do not write above this line.

PAUL R DULBERG

4606 HAYDEN CT
MCHENRY IL 60051

C 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. 1040A, Line 21; or U.S. 1040EZ, Line 4	(Whole dollars only)	1	8,026.00
Income	2	Federally tax- exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ	2			.00
	3	Other additions. Attach Schedule M.	3			.00
	4	Total income. Add Lines 1 through 3.	4	8,026.00		
Step 3:		5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5		.00
Base Income	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6			.00
	7	Other subtractions. Attach Schedule M.	7			.00
		Check if Line 7 includes any amount from Schedule 1299- C. <input type="checkbox"/>				
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8			.00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	8,026.00		
Step 4:		10	a Number of exemptions from your federal return 1 X \$2,000 a 2,000.00			
Exemptions	b	If someone can claim you as a dependent, see inst. X \$2,000 b .00				
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 c .00				
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 d .00				
		Exemption allowance. Add Lines a through d.	10	2,000.00		
Step 5:		11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	6,026.00	
Net Income	12	Nonresidents and part- year residents: Check the box that applies to you during 2011 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part- year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 12 .00				
	13	Residents: Multiply Line 11 by 5% (.05). Nonresidents and part- year residents: Write the tax from Schedule NR.	13	301.00		
Tax	14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00		
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	301.00		
Step 7:		16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	.00	
Tax After Non-refundable Credits	17	Property tax and K- 12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	219.00		
	18	Credit amount from Schedule 1299- C. Attach Schedule 1299- C.	18	.00		
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	219.00		
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	82.00		



	21	Tax after nonrefundable credits from Page 1, Line 20	21	82.00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other	23	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.	23	0.00
Taxes	24	Total tax. Add Lines 21, 22, and 23.	24	82.00
Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	108.00
Payments and Refundable Credit	26	Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2010 return	26	.00
	27	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	27	.00
	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28	22.00
	29	Total payments and refundable credit. Add Lines 25 through 28.	29	130.00
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	48.00
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31	.00
Step 11:	32	Late payment penalty for underpayment of estimated tax.	32	.00
Underpayment of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	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.	<input type="checkbox"/>	
	33	Voluntary charitable donations. Attach Schedule G.	33	.00
	34	Total penalty and donations. Add Lines 32 and 33.	34	0.00
Step 12:	35	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.	35	48.00
Refund or Amount You Owe	36	Amount from Line 35 you want refunded to you	36	48.00
	37	Complete to direct deposit your refund. Routing number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number <input type="text"/>		
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2012 estimated tax.	38	.00
	39	If you have an underpayment on Line 31, add Lines 31 and 34. OR If 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.	39	.00
Step 13:	Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.			
Sign and Date	For Information Only Your signature <u></u> Date <u>04/13/12</u>		For Information Only Your spouse's signature _____ Date _____	
	Paid preparer's signature _____ Date _____		Preparer's FEIN, SSN, or PTIN <u>36-3581711</u>	
Third Party Designee	<input checked="" type="checkbox"/> Check, and complete below, if you want to allow another person to discuss this return with the Illinois Department of Revenue. Designee's Name (please print) <u>PREPARER</u> Designee's Phone number <u>8475879333</u>			
Form 1099-G Information	<input checked="" type="checkbox"/> Next year (in January 2013), we are no longer automatically mailing 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





Illinois Department of Revenue
2011 Schedule ICR Illinois Credits

Attach to your Form IL- 1040

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit
- K- 12 Education Expense Credit
- 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

PAUL R DULBERG

Your name as shown on your Form IL- 1040

[REDACTED]
Your Social Security number

Step 2: Figure your nonrefundable credit

- | | | | |
|---|--|---|---------------|
| 1 | Write the amount of tax from your IL- 1040, Line 15. | 1 | <u>301.00</u> |
| 2 | Write the amount of credit for tax paid to other states from your IL- 1040, Line 16. | 2 | <u>0.00</u> |
| 3 | Subtract Line 2 from Line 1. | 3 | <u>301.00</u> |

Section A - Illinois Property Tax Credit (See separate instructions for directions on how to obtain your property number)

- | | | | | |
|---|---|--|----|-------------------|
| 4 | a | Write the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. | 4a | <u>4,382.00</u> |
| | b | Write the property number for the property listed above. | 4b | <u>1008155001</u> |
| | c | Write the property number for an adjoining lot, included in Line 4a. | 4c | <u></u> |
| | d | Write the property number for another adjoining lot, if included in Line 4a. | 4d | <u></u> |
| | 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. | 4e | <u>0.00</u> |
| | f | Subtract Line 4e from Line 4a. | 4f | <u>4,382.00</u> |
| | g | Multiply Line 4f by 5% (.05). | 4g | <u>219.00</u> |
| 5 | | Compare Lines 3 and 4g, and write the lesser amount here. | 5 | <u>219.00</u> |
| 6 | | Subtract Line 5 from Line 3. | 6 | <u>82.00</u> |

Section B - K- 12 Education Expense Credit

Note You must complete the **K- 12 Education Expense Credit Worksheet** on page two of this schedule and **attach** any receipt you received from your student's school.

- | | | | | |
|---|---|--|----|---------------|
| 7 | a | Write the total amount of K- 12 education expenses from Line 13 of the worksheet on page two of this schedule. | 7a | <u>0.00</u> |
| | b | You may not take a credit for the first \$250 paid. | 7b | <u>250.00</u> |
| | c | Subtract Line 7b from Line 7a. If the result is negative, enter "zero." | 7c | <u>0.00</u> |
| | d | Multiply Line 7c by 25% (.25). Compare the result and \$500, and write the lesser amount here. | 7d | <u>0.00</u> |
| 8 | | Compare Lines 6 and 7d, and write the lesser amount here. | 8 | <u>0.00</u> |

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 | <u>219.00</u> |
|---|---|---|---------------|



Schedule ICR — Page 2

Step 3: Figure your refundable credit

Earned Income Credit

- 10 a Write the amount of federal EIC as shown on your U.S. 1040, Line 64a; U.S. 1040A, Line 38a; or U.S. 1040EZ, Line 8a.

10a 431.00

- b Multiply the amount on Line 10a by 5% (.05).

10b 22.00

- c **Illinois residents:** Write 1.0.

Nonresidents and part-year residents: Write the decimal from Schedule - NR, Line 48.

10c 1.000

- d Multiply Line 10b by the decimal on Line 10c.

10d 22.00

- 11 Write the amount from Line 10d here. This is your Illinois Earned Income Credit. Write this amount on Form IL- 1040, Line 28.

11 22.00

Section B Continued - K- 12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note You must complete this section and attach any receipt you received from your students' school.

- 12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

	A Student's name	B Social Security number	C Grade (K- 12 only)	D School name (IL K- 12 schools only or write "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a						
b						
c						
d						
e						
f						
g						
h						
i						
j						

- 13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Write this amount here and on Step 2, Line 7a of this schedule.

13 0.00

This form is authorized as outlined by the Illinois Income Tax Act.
Disclosure of this information is required. Failure to provide information could result in a penalty.

ID: 2BU IL- 1040 Schedule ICR (R- 12/11)

For the year Jan. 1- Dec. 31, 2011, or other tax year beginning

2011, ending

20

See separate instructions.

Your social security number

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

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/county

Foreign postal code

Filing Status

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)

Check only one box.

3 ☐ Married filing separately. Enter spouse's SSN above & full name here.4 ☐ Head of household (with qualifying person). (See instructions.)

If the qualifying person is a child but not your dependent, enter this

child's name here ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☐ Spouse

Boxes checked on 6a and 6b

1

No. of children on 6c who:

● lived with you

● did not live with you due to divorce or separation (see inst)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

If more than four dependents, see inst and check here ▶ ☐

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☐ If qual child < 17 for child tax cr. (see inst)

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 2,154.

8a Taxable interest. Attach Schedule B if required

8a 18.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 6,300.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amt

15b

16a Pensions and annuities

16a

b Taxable amt

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 8,472.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

445.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

1.

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

446.

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

8,026.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011)

Tax and Credits

38 Amount from line 37 (adjusted gross income).

38 8,026.

39a Check ☐ You were born before January 2, 1947, ☐ Blind. Total boxes checked ☐ 39a
if: ☐ Spouse was born before January 2, 1947, ☐ Blind.b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b**Standard Deduction for -**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.

- All others:

Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin).

40 5,800.

41 Subtract line 40 from line 38

41 2,226.

42 Exemptions. Multiply \$3,700 by the number on line 6d

42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43 0.

44 Tax Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election

44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251

45

46 Add lines 44 and 45

46 0.

47 Foreign tax credit. Attach Form 1116 if required

47

48 Credit for child and dependent care expenses. Attach Form 2441

48

49 Education credits from Form 8883, line 23

49

50 Retirement savings contributions credit. Attach Form 8880

50

51 Child tax credit (see instructions)

51

52 Residential energy credits. Attach Form 5695

52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐

53

54 Add in 47 through 53. These are your total credits

54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-

55 0.

Other Taxes

56 Self-employment tax. Attach Schedule SE

56 774.

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919

57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

58

59a Household employment taxes from Schedule H

59a

b First-time homebuyer credit repayment. Attach Form 5405 if required

59b

60 Other taxes. Enter code(s) from instructions

60

61 Add lines 55 through 60. This is your total tax

61 774.

Payments

62 Federal income tax withheld from Forms W-2 and 1099

62 238.

63 2011 estimated tax payments and amount applied from 2010 return

63

64a Earned income credit (EIC)

64a 431.

b Nontaxable combat pay election

64b

65 Additional child tax credit. Attach Form 8812

65

66 American opportunity credit from Form 8863, line 14

66

67 First-time homebuyer credit from Form 5405, line 10

67

68 Amount paid with request for extension to file

68

69 Excess social security and tier 1 RRTA tax withheld

69

70 Credit for federal tax on fuels. Attach Form 4136

70

71 Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885

71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments

72 669.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid

73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐

74a

Direct deposit? See instructions.

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

75 Amount of line 73 you want applied to your 2012 estimated tax

75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions

76 105.

77 Estimated tax penalty (see instructions)

77

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name

Phone no.

Personal ID number

b HR BLOCK

(847) 587-9333

(PIN) 12871

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

For Info Only-Do not file

DISABLED

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an ID Protection PIN, enter it here (see inst.)

For Info Only-Do not file

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

K COOK URQUIZA

04/13/2012

P00557512

Firm's name b H AND R BLOCK

Firm's EIN b 36-3581711

Firm's address b FOX LAKE, IL 60020

Phone no. (847) 587-9333

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

- For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor

PAUL R DULBERG

A Principal business or profession, including product or service (see instructions)

GRAPHIC DESIGN : DIGITAL ART

B Enter code from instructions

► **519100**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ► **4606 HAYDEN CT**

City, town or post office, state, and ZIP code **MCHENRY, IL 60051**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2011, check here

►

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

J If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-

1a

b Gross receipts or sales not entered on line 1a (see instructions)

1b

6,600.

c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. **Caution.** See instr. before completing this line.

1c

d **Total gross receipts.** Add lines 1a through 1c

1d

6,600.

2 Returns and allowances plus any other adjustments (see instructions)

2

3 Subtract line 2 from line 1d

3

6,600.

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5

6,600.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 **Gross income.** Add lines 5 and 6

7

6,600.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising

8

9 Car and truck expenses (see instructions)

9

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)

13

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

17 Legal and professional services

17

18 Office expense (see instructions)

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

20

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

300.

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

24

a Travel

24a

b Deductible meals and entertainment (see instructions)

24b

25 Utilities

25

26 Wages (less employment credits)

26

27a Other expenses (from line 48)

27a

b **Reserved for future use**

27b

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a

28

300.

29 Tentative profit or (loss). Subtract line 28 from line 7

29

6,300.

30 Expenses for business use of your home. Attach **Form 8829**. Do not report such expenses elsewhere

30

31 **Net profit or (loss).** Subtract line 30 from line 29.

31

6,300.

• If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**.

If you entered an amount on line 1c, see instr. Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2011

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **Attach to Form 1040 or Form 1040NR.** ► **See separate instructions.**

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

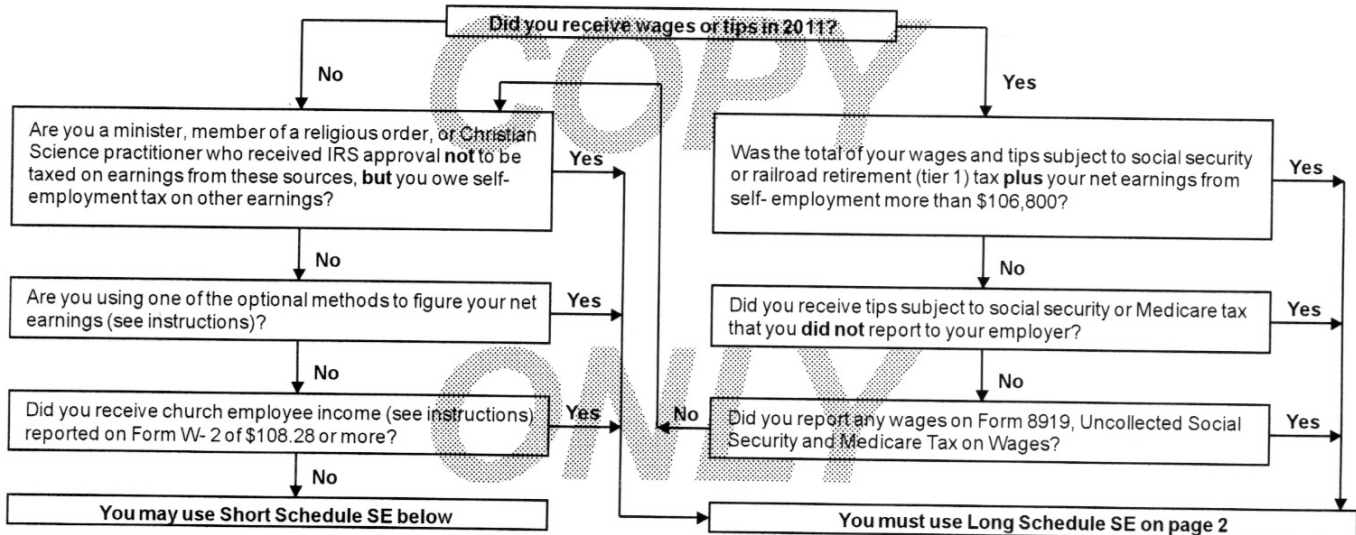
PAUL R DULBERG

Social security number of person
with **self-employment** income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0.
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	6,300.
3	Combine lines 1a, 1b, and 2	3	6,300.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	5,818.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54 	5	774.
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: <ul style="list-style-type: none"> \$14,204.40 or less, multiply line 5 by 57.51% (.5751) More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 	6	445.

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

Schedule SE (Form 1040) 2011

Paid Preparer's Earned Income Credit Checklist

- For more information about Form 8867, see www.irs.gov/form8867
 ► To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

Taxpayer name(s) shown on return

PAUL R DULBERG

Taxpayer's social security number

For the definitions of the following terms, see **Pub. 596**.

• Investment Income

• Qualifying Child

• Earned Income

• Full-time Student

Part I All Taxpayers1 Enter preparer's name and PTIN ► **KAREN COOK URQUIZA P00557512**

2 Is the taxpayer's filing status married filing separately?

☐ Yes ☒ No► If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering

☒ Yes ☐ No► If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?

☐ Yes ☒ No► If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of 2011?

☐ Yes ☒ No

► If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

☐ Yes ☐ No► If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.6 Is the taxpayer's **investment income** more than \$3,150? See Rule 6 in Pub. 596 before answering☐ Yes ☒ No► If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for 2011? If the taxpayer's filing status is married filing jointly, check "No". Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering☐ Yes ☒ No► If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

KBA For Paperwork Reduction Act Notice, see page 4.

Form **8867** (2011)

Information provided by: **PAUL R DULBERG**
 Information provided in person.

Date information provided: **04/13/2012**

Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)</p> <p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011?</p> <p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2011? If the taxpayer's filing status is married filing jointly, check "No"</p> <p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit</p> <p>▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>22 Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> • Form 8867, • The EIC worksheet(s) or your own worksheet(s), • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and • Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet <p>▶ If you checked "Yes" on lines 20, 21, 22, and 23, submit Form 8867 in the manner required, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p>▶ If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>

Name: PAUL R DULBERG

Supporting Schedules

2011

SSN: [REDACTED]

SCHEDULE C -

LINE 1B - GROSS RECEIPTS OR SALES/EARNINGS NOT REPORTED ON LINE 1A

Description

Amount

JUSKIE PRINTING INC

6,600

TOTAL

6,600

CITIMORTGAGE, INC.
PO BOX 6243
SIOUX FALLS SD 57117-6243

IMPORTANT TAX RETURN INFORMATION BELOW

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

CitiMortgage, Inc.
For Information Call: 1-800-283-7918 **
Customer Service Hours:
Monday - Friday 7:00 AM - 12:00 Midnight ET
Saturday - 8:00 AM - 7:00 PM ET
Sunday - 12:00 PM - 11:00 PM ET
Or visit our Website at www.citimortgage.com

Account Number: [REDACTED]

Property Address:
4606 HAYDEN CT
MCHENRY IL 60050

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number CITIMORTGAGE, INC. PO BOX 6243 SIOUX FALLS SD 57117-6243 CUSTOMER SERVICE: 1-800-283-7918**		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 <div style="font-size: 2em; font-weight: bold;">2011</div> Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number XXX-XX-4001	1 Mortgage interest received from payer(s)/borrower(s)* \$ 8,266.05		
PAYER'S/BORROWER'S name PAUL R DULBERG Street address (including apt. no.) 4606 HAYDEN CT City, State and ZIP code MCHENRY, IL 60051-7918		2 Points paid on purchase of principal residence \$		
Account number (see instructions) [REDACTED]		3 Refund of overpaid interest \$		
		4 Mortgage insurance premiums \$		
		5		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

ENDING

\$135,640.14

INTEREST INFORMATION

GROSS INTEREST APPLIED

\$8,266.05

NET INTEREST PAID(SEE BOX 1)

\$8,266.05

IMPORTANT MESSAGES

This 2011 Form 1098 contains information that will be reported to the Internal Revenue Service. Principal Balance and Real Estate Tax amounts are for informational purposes only. Refer to the back of this statement for other important messages and instructions. Please consult with your tax advisor or the Internal Revenue Service for any tax related questions.

YNNN-NNNN-NNNN-NNNN
26407004020720002

CMI-1098-0112

Tax Statement for Forms 1098, 1099, 5498 for Year 2011

NAME, ADDRESS AND FEDERAL I.D. NO.

CRYSTAL LAKE BANK AND TRUST COMPANY
70 N. WILLIAMS STREET
CRYSTAL LAKE IL 60014-4444

CUSTOMER NAME, ADDRESS

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

1098, Copy B, For Payer, OMB #1545-0901
1098-E, Copy B, For Borrower, OMB #1545-1576
1099-DIV, Copy B, For Recipient, OMB #1545-0110
1099-INT, Copy B, For Recipient, OMB #1545-0112
1099-MISC, Copy B, For Recipient, OMB #1545-0115
1099-OID, Copy B, For Recipient, OMB #1545-0117
1099-Q, Copy B, For Recipient, OMB #1545-1760
1099-S, Copy B, For Transferor, OMB #1545-0997
1099-SA, Copy B, For Recipient, OMB #1545-1517
5498, Copy B, For Participant, OMB #1545-0747
5498-ESA, Copy B, For Beneficiary, OMB #1545-1815
5498-SA, Copy B, For Participant, OMB #1545-1518

Payer's Federal ID# 36-4196863
Questions? (815) 344-6600

600D0100000809-1 000

FORM 1 OF 1

2011 FORM 1099-INT: INTEREST INCOME					
Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	00001	218	Interest income	1	1.62
CD/Time Deposit	00002		Interest income	1	7.71
CD/Time Deposit	00003	061	Interest income	1	5.31
			Withdrawal penalty	2	1.47
Savings	00004		Interest income	1	3.48
TOTALS:					
Interest income				1	18.12
Early withdrawal penalty				2	1.47
Interest on U.S. Savings Bonds and Treasury obligations				3	0.00
Federal income tax withheld				4	0.00
Investment expenses				5	0.00
Foreign tax paid				6	0.00
Tax-exempt interest				8	0.00
Specified private activity bond interest				9	0.00

TAXPAYER I.D. NO.

***-**-4001

(keep for your records)

1098-E, OMB #1545-1576

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

1098-E, OMB #1545-0901

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you. You may be able to deduct student loan interest that you actually paid in 2011 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, Tax Benefits for Education, and the Student Loan Interest Deduction Worksheet in your Form 1040 or 1040A instructions.

Account number. May show an account or other unique number the lender assigned to distinguish your account.

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2011. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are not included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040 Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. JUSKIE PRINTING INC 2820 HITCHCOCK AVE UNIT E DOWNERS GROVE, IL 60515 (630) 663-8833		1 Rents \$	OMB No. 1545-0115 2011 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$			
		4 Federal income tax withheld \$	Copy B For Recipient		
PAYER'S federal identification number 36-4320030	RECIPIENT'S identification number n [REDACTED]	5 Fishing boat proceeds \$		6 Medical and health care payments \$	
RECIPIENT'S name, address, and ZIP code PAUL DULBERG 5005 N WESTWOOD DR MCHENRY, IL 60051		7 Nonemployee compensation \$ 6600.00		8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$	
		11	12		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
		15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

<p>All four copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12, are printed on the reverse side of this page.</p> <p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and /or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p>				<table border="1"> <thead> <tr> <th></th> <th>Total Wages</th> <th>Deferred Comp</th> <th>Other Pretax</th> <th>W-2 Wages</th> </tr> </thead> <tbody> <tr> <td>Federal Box 1</td> <td>2,154.00</td> <td>0.00</td> <td>0.00</td> <td>2,154.00</td> </tr> <tr> <td>Soc. Sec. Box 3</td> <td>2,154.00</td> <td>0.00</td> <td>0.00</td> <td>2,154.00</td> </tr> <tr> <td>Medicare Box 5</td> <td>2,154.00</td> <td>0.00</td> <td>0.00</td> <td>2,154.00</td> </tr> <tr> <td>State Box 16</td> <td>2,154.00</td> <td>0.00</td> <td>0.00</td> <td>2,154.00</td> </tr> <tr> <td>Local Box 18</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Total Wages	Deferred Comp	Other Pretax	W-2 Wages	Federal Box 1	2,154.00	0.00	0.00	2,154.00	Soc. Sec. Box 3	2,154.00	0.00	0.00	2,154.00	Medicare Box 5	2,154.00	0.00	0.00	2,154.00	State Box 16	2,154.00	0.00	0.00	2,154.00	Local Box 18				
	Total Wages	Deferred Comp	Other Pretax	W-2 Wages																																		
Federal Box 1	2,154.00	0.00	0.00	2,154.00																																		
Soc. Sec. Box 3	2,154.00	0.00	0.00	2,154.00																																		
Medicare Box 5	2,154.00	0.00	0.00	2,154.00																																		
State Box 16	2,154.00	0.00	0.00	2,154.00																																		
Local Box 18																																						
A. Employee's social security number [REDACTED]		OMB No.1545-0008		1 Wages, tips, other compensation		2 Federal income tax withheld																																
22-2159516		326 36		2,154.00		237.72																																
B. Employer identification number		D. Control number		3 Social security wages		4 Social security tax withheld																																
22-2159516		326 36		2,154.00		90.47																																
C. Employer's name, address, and ZIP code ART MATERIALS SERVICE INC 625 JOYCE KILMER AVENUE NEW BRUNSWICK, NJ 08901				5 Medicare wages and tips		6 Medicare tax withheld																																
				2,154.00		31.23																																
				7 Social security tips		8 Allocated tips																																
				9		10 Dependent care benefits																																
E. Employee's name, address, and ZIP code PAUL DULBERG 4606 HAYDEN CT. MCHENRY, IL 60051				11 Nonqualified plans		12 a-d See instructions for box 12																																
				14 Other																																		
						13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay																																
15 State IL	Employer's state ID number 22-2159516 000	16 State wages, tips, etc. 2,154.00	17 State income tax 107.70	18 Local wages, tips, etc.	19 Local income tax	20 Locality name																																

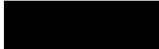
DANIEL W. HYNES, COMPTROLLER 02492



STATE OF ILLINOIS INCOME TAX REFUND

REFUND TO: DULBERG PAUL R

SSN/FEIN:



BDR No 313612856040

TB7359226

REFER TO THIS NUMBER

ACCOUNT PERIOD ENDING 12-2002

REFUND ISSUED 06-11-2003

YOUR REFUND IS BASED UPON

PRINCIPAL REFUND	\$*****208.00
INTEREST PAID	\$*****0.00
TOTAL REFUND	\$*****208.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

DANIEL W. HYNES, COMPTROLLER 01086



STATE OF ILLINOIS INCOME TAX REFUND

REFUND TO: **DULBERG PAUL R**

SSN/FEIN: ***-**-****

BDR No **504518501290**

TC0437138

REFER TO THIS NUMBER

ACCOUNT PERIOD ENDING **12-2004**

REFUND ISSUED **02-23-2005**

YOUR REFUND IS BASED UPON

PRINCIPAL REFUND	\$*****236.00
INTEREST PAID	\$*****0.00
TOTAL REFUND	\$*****236.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

9739025

REFUND TO: **DULBERG PAUL R**

SSN/FEIN:



BDR No **413912735002**

TB9633405

REFER TO THIS NUMBER

ACCOUNT PERIOD ENDING **12-2003**

REFUND ISSUED **06-04-2004**

YOUR REFUND IS BASED UPON

PRINCIPAL REFUND	\$*****218.00
INTEREST PAID	\$*****0.00
TOTAL REFUND	\$*****218.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

Taxing District	Rate	Percent	Tax This Year	Tax Last Year
COUNTY				
COUNTY	.5913	9.32	300.03	266.32
RETIREMENT	.0398	.63	20.20	21.20
SOCIAL SECURITY	.0414	.65	21.01	22.71
-TOTAL COUNTY-LOCAL	.6725	10.60	341.24	310.23
MCHENRY TOWNSHIP	.1394	2.20	70.74	70.21
MCHENRY TP RD & BR	.2534	4.00	128.59	127.68
MCHENRY FIRE DIST.	.3850	6.07	195.37	120.00
JOHNSBURG LIBRARY	.1289	2.03	65.41	64.67
RETIREMENT	.0033	.05	1.67	1.65
SOCIAL SECURITY	.0035	.06	1.78	1.80
MCHENRY CO CONSV.	.1734	2.74	87.99	87.91
-TOTAL LOCAL-EDUCATION	1.0869	17.15	551.55	473.92
SCHOOL DISTRICT 12	4.0342	63.63	2047.13	2015.37
RETIREMENT	.1872	2.95	94.99	103.57
SOCIAL SECURITY	.0337	.53	17.10	16.92
COLLEGE DIST #528	.3199	5.05	162.33	161.04
SOCIAL SECURITY	.0054	.09	2.74	2.67
-TOTAL EDUCATION-	4.5804	72.25	2324.29	2299.57
T O T A L S	6.3398	100.00	3217.08	3083.72
Totals	6.3398	100.00	3217.08	3083.72

*Confirimation
843251*

*Pairin full
3217.08*

*GM Card
5499440914528281*

5/21/03

**** PLEASE NOTE ****

You may be eligible for the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. Applications are available from the Illinois Department of Revenue.

MCHENRY COUNTY 2002 REAL ESTATE TAX BILL

This is the only bill mailed.

LEGAL DESCRIPTION:

LT 491
DOC 2000R0018285

ASSESSED TO:

DULBERG, PAUL R

MAIL TO:

DULBERG PAUL R

4606 HAYDEN CT
MCHENRY IL 60050

PIN 10-08-155-001		
Township MCHENRY	Tax Code 10005	Property Class 0040
Sub Lot	Acres .00	Forfeited Taxes-Year Sold
1st Install 1,608.54	2nd Install 1,608.54	
Interest	Interest	
Costs	Costs	
Total Paid	Total Paid	
Due By 06/05/2003	Due By 09/05/2003	

Fair Cash Value	162,732
S/A Value	52,123
S/A Multiplier	1.0407
S/A Equalized Value	54,244
Brd. of Review Value	54,244
Brd. of Review Multiplier	1.0000
Brd. of Review EQ Value	54,244
State Multiplier	1.0000
State Equalized Value	54,244
Farmland & Bldgs. Value	0
Total Amt. Prior to Exemptions	54,244
Home Imprv./Vet. Exemptions	-
Annual Homestead Exemptions	3,500
Sr. Freeze Abated AmL	-
Elderly Homestead Exemption	-
Net Taxable Amount	50,744
Local Tax Rate	6.3398
Total Current Year Tax due	3,217.08