1040		artment of the Treasury—Internal Revenue Service 5. Individual Income Tax Return (1) IRS Use Only—Di	not write	or staple in this space.	
		the year Jan. 1-Dec. 31, 2000, or other tax year beginning , 2000, ending	, 2		5-0074
Label	1 6	our first name and initial Last name	Your	social security number	ber
(See instructions on page 19.)		AUL R. DULBERG a joint return, spouse's first name and initial Last name	Spou	se's social security n	numbe
Use the IRS		ome address (number and street). If you have a P.O. box, see page 19. Apt. no.		Important!	
Otherwise, please print por type.	Cit	ty, town or post office, state, and ZIP code. If you have a foreign address, see page 19. MCHENRY IL 60050		You must enter your SSN(s) above.	
Presidential Election Campaig (See page 19.)	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	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?		ou Spous es No □Yes	
Filing Status	1 2	Single 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	e. ►	0.00	\$7,35
Check only one box.	4	Head of household (with qualifying person). (See page 19.) If the qualifying person enter this child's name here. ▶	is a chil	d but not your deper	ndent
	5	Qualifying widow(er) with dependent child (year spouse died >). (See)	
Exemptions	6a	Yourself. If your parent (or someone else) can claim you as a dependent on his or return, do not check box 6a	her tax	No. of boxes checked on 6a and 6b	ι
	b	Spouse	<u> </u>	No. of your	
	С	(1) First name Last name Social security number relationship to child for	qualifying child tax e page 20)	children on 6c who:	
f more than six		18 4	- Amyr	 lived with you _ did not live with 	
dependents, see page 20.				you due to divorce or separation (see page 20)	
				Dependents on 6c	HEF
				not entered above _	,
	d	Total number of exemptions claimed	<u> </u>	entered on lines above ▶	
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	42498	9300
ncome	8a	Taxable interest. Attach Schedule B if required	8a	30	
Attach	b	Tax-exempt interest. Do not include on line 8a 8b		HOO A WAY	Lov II
Forms W-2 and W-2G here.	9	Ordinary dividends. Attach Schedule B if required	9	10	blisto
Also attach	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	49	erlog-
orm(s) 1099-R	11	Alimony received	11	25-18	
f tax was	12	Business income or (loss). Attach Schedule C or C-EZ	_ 12	A DS-	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □		K-1288 114	
6	14	Other gains or (losses). Attach Form 4797	14	D - 68	
f you did not get a W-2,	15a	Total IRA distributions . 15a b Taxable amount (see page 23)		A 78	
see page 21.	16a	Total pensions and annuities 16a b Taxable amount (see page 23)		11 - 83 - bp	Haff
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		A Care to	ni/ei-i
not attach, any	19	Farm income or (loss). Attach Schedule F	18		Too sic
payment. Also,	20a			07 904	0000 See 0
olease use Form 1040-V.	21	Social security benefits . 20a b Taxable amount (see page 25) Other income. List type and amount (see page 25)	21	A 07 0 07 0 00 0	il tarus
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income		42577	
	23	IRA deduction (see page 27)		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 29 1 E S
Adjusted	24	Student loan interest deduction (see page 27) 24		1 0 0 0 0 W	
Gross	25	Medical savings account deduction. Attach Form 8853 . 25			
ncome	26	Moving expenses. Attach Form 3903 26			
	27	One-half of self-employment tax. Attach Schedule SE . 27		TuoY / Ymule	
	28	Self-employed health insurance deduction (see page 29)		age 19.	
	29	Self-employed SEP, SIMPLE, and qualified plans 29		s copy	
	30	Penalty on early withdrawal of savings		N. A	
	31a	Alimony paid b Recipient's SSN ▶ 31a		Properer	
	32	Add lines 23 through 31a	32	nulengia Q	2 2 2 2
	33	Subtract line 32 from line 22. This is your adjusted gross income	33	42577	

orm 1040 (2000)					ige Z
ax and	34	Amount from line 33 (adjusted gross income)	34	42577	
credits	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.	0 ////		
reuits		Add the number of boxes checked above and enter the total here ▶ 35a ∟			
	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 □			
tandard	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown		(91)	
eduction or Most	30	on the left. But see page 31 to find your standard deduction if you checked any box on	11111	16560	
eople		line 35a or 35b or if someone can claim you as a dependent	. 36		erito.
ingle:	37	Subtract line 36 from line 34	. 77777		1000
4,400	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed of	n ////	The state of the s	
lead of ousehold:		line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter			
6,450	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39		99.23
larried filing intly or	40	Tax (see page 32). Check if any tax is from a Form(s) 8814 b Form 4972	41	3181	
ualifying	41	Alternative minimum tax. Attach Form 6251	42		
ridow(er): 7,350	42	Add lines 40 and 41	7///		
1,350 Married	43	Foreign tax credit. Attach Form 1116 if required			
ling	44	Credit for child and dependent care expenses. Attach Form 2441		W V V V	
eparately: 3,675	45	Credit for the elderly or the disabled. Attach Schedule R 45			
0,070	46	Education credits. Attach Form 8863			
	47	Child tax credit (see page 36)		210101	
	48	Adoption credit. Attach Form 8839			
	49	Other. Check if from a Form 3800 b Form 8396			
		c ☐ Form 8801 d ☐ Form (specify)	////		
	50	Add lines 43 through 49. These are your total credits			
dilay swift fi	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0			OH H
Albau sile	52	Self-employment tax. Attach Schedule SE	. 52		
ther	53	Social security and Medicare tax on tip income not reported to employer. Attach Form 413	7 5	A SALES	0.988
axes	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	. 54		
ands ha	55	Advance earned income credit payments from Form(s) W-2		5	
	56	Household employment taxes. Attach Schedule H	. 50		
	57	Add lines 51 through 56. This is your total tax	5	3484	
ayments	58	Federal income tax withheld from Forms W-2 and 1099 58 776		8	
aymonto.	59	2000 estimated tax payments and amount applied from 1999 return 59			
If you have a	60a	Earned income credit (EIC)			
qualifying child, attach	b	Nontaxable earned income: amount , ►			mmo 4
Schedule EIC.		and type ▶			
	61	Excess social security and RRTA tax withheld (see page 50)		A SHAROL (a)	
	62	Additional child tax credit. Attach Form 8812 62			
	63	Amount paid with request for extension to file (see page 50)			
	64	Other payments. Check if from a Form 2439 b Form 4136			
	65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	6	5 7701	lf you
		If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpa		6 4217	get a
Refund	66		67	SS	
lave it	67a	Amount of line 66 you want refunded to you	7///		olon3
lirectly leposited!	▶ b	Routing number ▶ c Type: Checking Saving	s ///	Maria Maria Maria	
See page 50		nouting number		0015.00	
nd fill in 67b, 7c, and 67d.	► d 68	Account number Amount of line 66 you want applied to your 2001 estimated tax . ► 68			
		If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you ow	e ///		
Amount	69		6	9	
ou Owe	70	For details on how to pay, see page 51	7///		
Pian	Llad	the of parity I declare that I have examined this return and accompanying schedules and statement	nts, and to	o the best of my knowled	lge and
Sign	belie	f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	on of whi	ch preparer has any know	wledge.
Here	Yo	our signature Date Your occupation Daytime	phone n	umber	
-1-44 0 .	N	8 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		87 1	
		pouse's signature. If a joint return, both must sign. Date Spouse's occupation May the I	RS discuss	s this return with the prepare	er
See page 19.	0	ouco o digitataror ir a joint rotari, a san a			No
See page 19. Keep a copy or your	S	shown be	low (see p	age 52)? L Yes L	
loint return? See page 19. Keep a copy or your ecords.	S	NAME OF THE PARTY	_	Preparer's SSN or PTIN	
See page 19. Keep a copy or your	Prep	arer's Date Check if	F	3 //	
See page 19. Keep a copy or your ecords.	Prep	Date	F	3 //	

	tgage Group, Inc. g Beaver Road gan 48084	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	1 Mortgage Interest Received from Payer(s)/Borrower(s)* 10,200.07 The information in b				
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip (See Box 2 on back.)	and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are			
PAUL R DULB HERBERT W D 4606 HAYDEN	JLBERG	3 Refund of Overpaid Interest (See E	required to file a return, a negligence penalty or other sanction may be imposed on			
MCHENRY, IL		⁴ Property Taxes. Hazard Insurance	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			
Mortgage Loan Number 060-9403884	प्रकार शाम क्या पार्ट तिकालका ब्रह्मप्राप्त वर्षे स्थापना प्राप्त कार्य (स्थापना प्राप्त कार्य)	1 100 AC X 100 AC	because you did not report this refund of interest on your return.			

Principal Balance as of 12-31-2000
137,086.83 | Next Due Date
2/01/01 | Late Charges Paid in 2000
O.OO

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

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

co-porrower'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

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.

CUSTOMER NAME ADDRESS

CUSTOMER NAME ADDRESS

1099 - DIV - Copy B - For Recipient - OMB # 1545-0110 1099 - MISC - Copy B - For Recipient - OMB # 1545-0110 1099 - MISC - Copy B - For Recipient - OMB # 1545-0110 1099 - MISC - Copy B - For Recipient - OMB # 1545-0110 1099 - DIV - Copy B - For Recipie

IRS DESCRIPTION

IRS BOX #

BANK ONE, NA

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

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050-7918

CUSTOMER SERVICE PHONE #1-800-310-1111

31-4148768 1001 0000

ACCOUNT NUMBER

ACCOUNT TYPE IRS DESCRIPTION 2000 - 1098, MORTGAGE INTEREST * HOME EQUITY LN MORTGAGE INTEREST EOUITY LOAN MORTGAGE INTEREST

186.47 1617.82

AMOUNT

	WITHHELD
	.00
TAY	YDAVED ID NO
10	

FEDERAL INCOME TAX

TOTAL MORTGAGE INT./POINTS PAID TOTAL CONTRIBUTIONS TOTAL EARNINGS (IRS FORM #1098) (IRS FORM #5498) INT., DIV & OID'S 1804.29 .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.

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 1998-INT for interest paid on a tax-exempt obligation, see the instructions for your income tax return.

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

BOX Z. Shows interest or principes furnement secured so only a savings' line of Form 1040. So available. See Pub. 550, Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This interest is not included in box 1. Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. 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. For example, persons to trunshing their taxpayer identification number to the payer become subject to backup withholding. Include this amount on your income tax return as tax withheld. The properties of the payer of the properties of the payer of the properties of the pro

uns 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 2/5 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 nomine recipient. You must file Form 1098-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 1099, 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 'pager' and the other owner as the 'recipient.' On Form 1096, list yourself as the 'filer.' A husband or will 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 it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required. This amount includes any

dividends' line of Form 1040 or 1040. A liso report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required. This amount includes any amount shown in box S.

The amount shown in box S.

The amount shown of sithiution, not as investment income, for any other purpose.

Box Za. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment thust. Amounts shown in boxes Box Za. Shows total capital gain distributions from any employee store the purpose.

Box Za. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment trust. Amounts 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 Za on the 'Capital gain or (loss)' line Box Za. Shows substance and the state of the Capital gain or (loss)' line Box Za. Shows substance and the state of the Capital gain or (loss)' line Box Za. Shows surrecaptured section 1250 gain from certain despreciable real property. Report this amount on the Unrecaptured Section 1250 gain from certain despreciable real property. Report this amount on the Unrecaptured Section 1250 gain from certain despreciable real property. Report this amount on the Unrecaptured Section 1250 gain from certain small business stock may be subject to a 50% exclusion. See the Schedule D (Form 1040), Part III.

Box Za. Shows to find the distribution is nontaxiable because it is a return of your cost (or other basis), report future nontaxiable distributions as capital gains, even though this form shows them as nontaxiable. See Pub. 560, investment (norme and Expenses.)

Box 4. Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding and the subject of the state of the separation of the sound of the subject of the sound in the subject of the sound in the subject of the separation of the subject of the subject of the subject of t

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.
Boxes 8 and 9. Show cash and noncash liquidation distributions.
Monitines. 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, 1099, 4098 and W-26.

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 coupor). 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. The original price is not price price in the price price is not price price price in the price pric

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 ye SAMA & Unknown with improved in the congulation for the year, which is an amount sequence of the obligation or account in the samount as interest income on your tax return. If you disposed of the obligation or acquired it from another holder during lever, 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 forfield if you withdrew may be fore the maturity date of the obligation, such as from a CD. You may deduct this on the "Penality 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 010 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 O1D 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 1940, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1940) subject to the 2% limit. This amount is included in box 2.

1099 - MISC. - OMB # 1545-0115

10/09 MISC. OND # 15454115

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. \$33, 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 perments income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax perments income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax perments income. 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 resist from mel estates on Schedule or Cre22 (Form 1040). For royalties on timber, coal, and into ore, see Pub. SA4, 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. E.2, or F Form 1040. The amount shown may be payments you received as the beneficiary of a deceased employee, prizes, awards, taxable damages, indian garning profits, or other taxable income.

Box 4. Shows backup withhording or withhording or finding againing profits. Generally, a payer must backup withhording or withhording or finding againing profits. Generally, a payer must backup withhording or withhording or thinding againing profits. Generally, a payer must backup withhord or Schedule C or C-EZ (Form 1040). See Pub. 395, Tax Highlights for Commercial Fishermen.

Box 5. An amount in this box means the fishing board operator considers you self-employend. Since you be a self-employment in Self-employed and Commercial Fishermen.

Box 6. Report on Schedul

1098 - E - OMB # 1545-1576

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to fife 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.

Interest Deduction Workshelf in the Interest project on this statement in the filterest payments were reason united the filterest payments were reason united the interest project on this statement may be different from the interest poy our yeldout. See the "Student interest Deduction Workshelf" in your Form 1040 or 1040A instructions. Also, see Pub. 970, Tax Benefits for Higher Education, for more informs Box 1. Shows the interest neceived 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 Irade 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 parentifeese. This box does not include proceeds from regulated futures contracts. The shorter must include proceeds from regulated futures contracts. The shorter must include proceeds from regulated futures contracts. The shorter must include proceeds from regulated futures contracts. The shorter must include proceeds from regulated futures contracts. The shorter must include proceeds from the shorter proceeds and the shorter procedure of the sh

(Continued on back of Statement)

Note: See back of tax statement for additional instructions

	ECTED (if checked)	(Keep for your	records.)
PAYER'S name, street address, city, state, ZIP code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	
DAK TRUST CREDIT UNION 15450 SUMMIT AVENUE		Depa	terest Income
DAKBROOK TERRACE IL 60191		Form 1099-INT	ernal Revenue Service
PAYER'S Federal identification number DECIDIENT'S identification number	1 Interest income not included	in box 3	Copy E
366111536	\$ 29	.96	For Recipien
PAUL R DULBERG RECIPIENT'S name, street address (i	2 Early withdrawal penalty \$	3 Interest on U.S. Savings Bonds and Treas. obligations	This is important ta- information and is being furnished to the Internal Revenue
MCHENRY IL 60050-7918	4 Federal Income tax withheld \$	5 Investment expenses \$	Service. If you are required to file a return a negligence penalty of
Tall-Marcoll (1977) took 10 sale more or some hands and by topic configurations when we are large	6 Foreign tax paid	7 Foreign country or U.S. possession	other sanction may be imposed on you if thi income is taxable and
Account number (optional)	\$	w Anasa na sangman	the IRS determines that it has not been reported

DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

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

5137906

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

00.70*****

DETATCH THIS STUB AND RETAIN FOR YOUR RECORDS

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 and B (Form 1040).

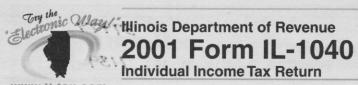
OMB No. 1545-0074

Attachment Sequence No. 07

rvarrie(s) snown o	II FOII	ble interest, you must also complete Part III.			social security number
mount	A.		V/////	/////	1.1165
Medical		Caution. Do not include expenses reimbursed or paid by others.	1		toenate
and Dental	1	Medical and dental expenses (see page A-2)	7////		2001021
Expenses	2	Multiply line 2 above by 7.5% (.075)	3		See page B-1
Expenses	4	Subtract line 3 from line 1. If line 3 is more than line 1, e			nd the
Taxes You	5	State and local income taxes	5 1275	1/////	Omi 1040;
Paid	6	Real estate taxes (see page A-2)			(.a6 an
	7	Personal property taxes	7		
(See page A-2.)	8	Other taxes. List type and amount			
p-19-11-17		Other taxes. List type and amount	8		lote. If you
	9	Add lines 5 through 8		. 9	4036
Interest	10	Home mortgage interest and points reported to you on Form 1098	10 12004	/////	15 010-990
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid			ubstute
(See		to the person from whom you bought the home, see page A-3			tatement from
page A-3.)		and show that person's name, identifying no., and address			brokerage firm, st the firm's
					eme as the
					ayer and enter
Note.			11		ne fotal interest hown on that
Personal	12	Points not reported to you on Form 1098. See page A-3	amounts on line 1 .		s .mc
interest is		for special rules	12		8
not deductible.	13	Investment interest. Attach Form 4952 if required. (See	rm 8815, line 14 You n		
		page A-3.)	13 enil mont 8 enil 1		4
	14	Add lines 10 through 13	had over \$400 in ordin	. 14	12004
Gifts to	15	Gifts by cash or check. If you made any gift of \$250 or			B 121 11 11 12 12 12 12 12 12 12 12 12 12
Charity		more, see page A-4	15 520		Ordinary
If you made a	16	Other than by cash or check. If any gift of \$250 or more,			Dividends
gift and got a		see page A-4. You must attach Form 8283 if over \$500	16		See page 3-1
benefit for it, see page A-4.	17	Carryover from prior year	17		nd the
	18	Add lines 15 through 17		. 18	520
Casualty and					ne 9)
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A	A-5.)	. 19	
Job Expenses	20	Unreimbursed employee expenses—job travel, union			
and Most		dues, job education, etc. You must attach Form 2106			
Other		or 2106-EZ if required. (See page A-5.) ▶			lote. If you scelved a Form
Miscellaneous		8			10 ViQ-000
Deductions			20		ubsttute
	21	Tax preparation fees	21		teternent from i brokerage film,
(See	22	Other expenses—investment, safe deposit box, etc. List			st the film's
page A-5 for		type and amount ▶			ant as emai
expenses to deduct here.)			22	_//////	ayer and enter he ordinary
	23	Add lines 20 through 22	23		nwords ebnobivil
	24	Enter amount from Form 1040, line 34. 24			on that form.
	25	Multiply line 24 above by 2% (.02)	25		
	26	Subtract line 25 from line 23. If line 25 is more than line 2	23, enter -0	. 26	
Other	27	Other—from list on page A-6. List type and amount ▶	amounts on line 5. cm	/////	8
Miscellaneous) had over \$400 of Interest or ordinary dividends; (b) had a h	mplete this part if you (a	//////	You
Deductions	.180	in from, or were a grantor of, or a transferor to, a foreign to	unudinsio a Deviece (o)	27	OB III INS
Total	28	Is Form 1040, line 34, over \$128,950 (over \$64,475 if ma	rried filing separately)?	a At any t	Foreign 7
Itemized		10. Tour deduction is not inflited. Add the amounts in t	the far right column	8000 101	Accounts
Deductions		for lines 4 through 27. Also, enter this amount on I	Form 1040, line 36.	28	16540
		Yes. Your deduction may be limited. See page A-6 for the	e amount to enter.		
			a continuous regardados de carros	V//////////	

envork Reduction Act Notice, see Form 1040 instructions.

See Notice to of Copy B.)	IPLOYE Employ	EE'S RECORDS yee on the back	This information is to Service. If you are repenalty or other saincome is taxable a	being furnished to the Internal Revenue required to file a tax return, a negligence action may be imposed on you if this and you fail to report it.
a. Control numb	per	1. Wages, tips, of	ther compensation 42498.29	2. Federal Income tax withheld 7701.41
SG/2/5087/03	3407	3. Social securi		4. Social security tax withheld
b. Employer's II	D No.		43354.79	2688.02
36-126549	90	5. Medicare wage	es and tips 43354.79	6. Medicare tax withheld 628.69
c. Employer's name, address, and ZIP code	Interi 7777	matic Incorporatic Plaza Matic Plaza Winn Road Ng Grove	orated	60081-9698
d. Employee's social security number				
e. Employee's name, address, and	7 7 7 7 7 7	HAYDEN CT		BERG
ZIP code	MCH	ENRY		IL 60050
7. Social securi	ty tips	8. Allocate	ed tips	9. Advance EIC payment
10. Dependent ca	re benef	its 11. Nonqua	alified plans	12. Benefits included in Box 1
13. See instrs.	for Box	13 856.50	14. Other SEC125	485.48
15. Statutory employe	ee	Deceased	Pension plan L	egal rep. Deferred compensation
L0186-47	69		42498.29	1274.93
6. State Employe	r's state	I.D. # 17. State	wages, tips, etc.	18. State income tax
9. Locality name			wages tips, etc.	21. Local income tax



or for fiscal year ending _____ 2002

ww.ILtax.	com				Do not write above this li
	Step	1: Complete your personal information			
		Write your Social Security numbers in the order they appear or	n your federal	return.	
			BBB		BBB
		rour Social Security number	our enquee's So	ocial Security number	
	-		our spouse's oc	ocial Security Humber	
	В	Place your label or print your personal information below.			
Remove		Paut R. Dulberg	muchine 8 cas	Serial William	
label from		Your first name and initial	Your last name		
the cover		Your spouse's first name and initial	Your spouse's la	ast name (if different)	
and place it		4606 Hayden C+			
here. —	-	Mailing address		SEIDEOW RED TO	1
		7.07.5	TL.	6	005/
	1	the state of the same and the same area and the same and	State		ZIP
	330	Check the same filing status you checked on your federal return			. 🗥
		Single or head of household Married filing jointly	Married filin	g separately	Widowed
	L'D	Check the box in the barn if at least two-thirds of your federal g	ross income o	came from farming.	
	Step	2: Figure your income			1
	1	Write your federal adjusted gross income from your U.S. 1040,			40074
	2	U.S. 1040A, Line 19; U.S. 1040EZ, Line 4; or U.S. TeleFile work Write your federally tax-exempt interest and dividend income fr			700.7
		U.S. 1040 or 1040A, Line 8b.	om your	2	0 - 1
	3	Write any other additions to your income that are taxable in Illir	nois. See the		
4===		instructions for details. Specify your additions.		3	10074
Attach		Add Lines 1 through 3. This is your income. 3: Figure your base income		4 _	40074
Federal Page	E	Write income received from Social Security benefits and certain	retirement		
Form W-2	91	plans if that income is included in Step 2, Line 1. See instructio			
1099-R Military W-2	- 6	Write the military pay you earned if it is included in Step 2, Line			
	7	Write your Illinois Income Tax refund if it is included in Line 10 of the state of		97	
	 8	your U.S. 1040. Write the U.S. Treasury bonds, bills, notes, savings bonds, and t	7 _	71	
See instructions		agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Sch			
See		Write any other subtractions to your income. See Line 9 instructions		TOTAL PURSUES TO	
instructions		and our Publication 101 for details. Do not include your out-of-	state		
	7.01	income. Specify your subtractions.	9 _		97
	10	Add Lines 5 through 9. This is your total subtractions. Subtract Line 10 from Line 4. This is your Illinois base income.		10 ₋	39977
		4: Figure your exemption allowance			
	12	a Write the number of exemptions from your federal return.	X \$2,000 a	2000	
See instructions		b If someone else claimed you on their return, see Line 12			
before completing		instructions to figure the number to write here. Check if 65 or older: You + Spouse =	X \$2,000 k		
this step.		d Check if legally blind: You + Spouse =	X \$1,000 C		
		Add Lines a through d. This is your total Illinois exemption allo		12	2000
		5: Figure your net income			
4==	13	Residents only: Subtract Line 12 from Line 11. This is your ne	t income.	A B B B B B B B B B B B B B B B B B B B	27077
Attach	_14	Write your net income here and on Line 15. Skip Line 14. Nonresidents and part-year residents only:		13 _	37977
Schedule NR	17	Check the box that applies to you during the year 2001. No	nresident C	Part-year residen	+
		Complete Illinois Schedule NR, and write your Illinois income fr		art year residen	
		Step 5, Line 45.	14 _		
	Г	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this	information is RE	QUIRED. Failure to	

	Step 6: Figure your tax						
	15 Residents: Write your net inco	me from Line 13.			15 _3	37977	
	16 Residents: Multiply Line 15 by		ult on Line 16. This	s is your tax.			
/E=1	Nonresidents and part-year re	esidents: Write the tax f	rom Schedule NR.	Step 5, Line 51.	16	1139	
Attach	Step 7: Figure your payments ar	nd credits					
W O's (AWs-s)	-17 Write the total amount of Illinois		vithheld from				
W-2's (Attack	your pay as shown on your W-2	forms, generally found	l in Box 17. 1	7 1199			
	18 Write any estimated payments						
	and IL-505-I. Include any credit			18			
Cabadula CE	-19 If you paid income tax to anoth						
Schedule CF Other states	and write the amount from Line			19			
returns and required	20 If you paid Illinois Property Tax,	complete the PT World	ksheet in instruction	ons.			
schedules	Write PT Worksheet Line 3 an						
	Write PT Worksheet Line 8 an		20	b 142	16		
Receipt or	-21 If you paid education expenses		Schedule ED or				
Schedule EL	ED Worksheet Line 1 amount						
	Write Schedule ED or ED Wor	ksheet Line 10 amount	here. 21	lb			
	22 If you received a federal EIC, c	omplete the EIC Works	heet in instructions	s. a sale all			
	Write EIC Worksheet Line 1 a						
	Write EIC Worksheet Lines 9	or 12 amount here.	→ 22	2b	1		
Schedule	-23 If you completed Illinois Schedu	ule 1299-C, write the ar	mount from				
1299-C	Section II, Part IX, Line 46.			23			
	24 Add Lines 17, 18, 19, 20b, 21b,	22b, and 23. This is yo	ur total payments	and credits.	24	1335	
	Step 8: Figure your overpaymen	t or your tax due-					
	25 If Line 24 is greater than Line 1	6, subtract Line 16 from	Line 24. This is yo	our <mark>overpayment</mark>	.25	194	
	26 If Line 16 is greater than Line 2	4, subtract Line 24 from	Line 16. This is yo	our tax due.	26	4-1	
	Step 9: Figure your penalty						
	27 Write your late-payment penalt	y for underpayment of e	estimated tax				
Attach	from Form IL-2210, Line 28.			7			
Form IL-221				_			
	or if you are 65 or older and pe			J			
	Step 10: Figure your donations).	
	Write the amount you wish to d			untary contribution	n tunds.		
	Wildlife Preservation aI	Breast Cancer Resear					
	Child Abuse Prevention bI	Prostate Cancer Rese					1
	Alzheimer's Research cI	World War II Memorial					
	Homeless Assistance d	Korean War Fund	hI tributions 2		The state of		m. 6
	Add Lines a through h. This is			0	29		
	29 Add Line 27 and Line 28. This i Step 11: Figure your refund or t				25		
	30 If you have an overpayment on						
	Line 29, subtract Line 29 from		ill is greater triair		30	197	
	31 Write the amount from Line 3		ed to your		-		
	2002 estimated tax.	o that you mant appli	3	1	1		
	Subtract Line 31 from Line 30.	This is your refund	ŭ		32	197	1
	Direct deposit your refund by c		information				
Direct Deposit *	Routing number	ompleting the lonewing	Type of account	Checking	П	vings	
See instructions	Houting number		Type of account	Criecking	Шоа	villys	
	Account number						
	34 If you have tax due on Line 26,	add Lines 26 and 29.	or				
Payment Options	If you have an overpayment on			e 29,	•		THE ST.
See instructions	subtract Line 25 from Line 29.		owe.		34		
	Step 12: Sign and date your retu						
	Under penalties of penury, I state that	t I have examined this re	turn and, to the bes	st of my knowledge	e, it is tru	e, correct, a	nd complete
	2.00 lbus -						
199	Your signature	Date Daytime	phone number Y	our spouse's signat	ure		Date
		- mino					
	Paid preparer's signature	Date Preparer	's phone number F	Preparer's FEIN, SS	N, or PTI	N	
	If you use a preparer and want a	If no payment	is enclosed, mai	I to: If paymer	nt enclo	sed, mail t	to:
	booklet next year, check the box.		RTMENT OF REVE			ENT OF RE	VENUE
63		SPRINGFIELD I	L 62719-0001	SPRINGFIL	ELDIL 62	2/26-0001	
II 1040 book (P. 1	VO1) AP DR	MF 77 SF	WA RX	NS DC ID			

DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

REFUND TO: DULBERG PAUL R

SSN/FEIN:

BDR No

TB2825983
REFER TO THIS NUMBER

ACCOUNT PERIOD ENDIFIG 12-2001

03-04-2002 REFUND ISSUED

YOUR REFUND IS BASED UPON

6419025

PRINCIPAL REFUND INTEREST PAID TOTAL REFUND

\$******0.00 \$****197.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

1040		artment of the Treasury—Internal Revenue S. Individual Income Tax R		01	1) IRS Use	Only—Do no	ot write o	r staple in this space.	
Label		r the year Jan. 1-Dec. 31, 2001, or other tax year be	1	, 2001, ending	9	, 20	(OMB No. 1545-007	74
the second secon		our first name and initial	Last name			Lto terir			
(See instructions	4	a joint return, spouse's first name and initial	CONTRACTOR OF STREET	AND THE REAL PROPERTY.	CHARLES COLOR	it to re			
on page 19.)		a joint return, spouse's first fiame and initial	Last name						
label.	H	ome address (number and street). If you have	a P.O. box, see pag	je 19.	Apt. n	0.	A	Important	· A
please print F		4606 HAYDEN CT	u	111	10	224.38		You must enter	
or type.		ty, town or post office, state, and ZIP code. I		address, see	e page 19.	M 18-0		our SSN(s) abov	ve.
Presidential Election Campaig	SECTION SECTION						Yo	ou Spot	use
(See page 19.)	n)	Note. Checking "Yes" will not change Do you, or your spouse if filing a joint	e your tax or reduct t return want \$3 to	ce your refu	und. s fund?			s No Yes	
How Idea	1	× Single	Trotain, want 40 t	y go to tric	, idild:			S ENTO LITE:	2
Filing Status	2	Married filing joint return (ever	n if only one had i	ncome)					
stra fillian a tok	3	Married filing separate return. Enter			nove and full no	eme here			
Check only	4	Head of household (with qualif						I but not vour don	pondont
one box.		enter this child's name here.		bago ro., n	the qualitying	personis	a Crinc	but not your dep	bendeni
Soul secon	5	Qualifying widow(er) with dep	endent child (year	spouse die	ed ▶	. (See pag	ge 19.)		
Positive and	6a	Yourself. If your parent (or some		you as a	dependent or	his or he	r tax)	No. of boxes	
Exemptions		return, do not check be	ox 6a				}	checked on 6a and 6b	
	b	Spouse				/.	<u></u> J	No. of your	
	С	Dependents:	(2) Depender	ill 5	3) Dependent's relationship to	(4) ✓ if qua child for chi		children on 6c	
deany		(1) First name Last name	social security n	umber	you	credit (see pa		who: • lived with you	
If more than six	5	100 100 M	s Cu soil y sylv of bi	d of the last				• did not live wit	
dependents,				200	22.45.61			you due to divorce or separation	9
see page 20.								(see page 20)	OH IS
					of Charles and Charles			Dependents on 6c not entered above	
			1 1000		The second			Add numbers	
La L	d	Total number of exemptions claimed						entered on	1
guillious, and y	7	Wages, salaries, tips, etc. Attach Form	n(e) W-2				7	lines above ► 39782	100
Income	8a	Taxable interest. Attach Schedule B if		•		• • •	8a	195	20
Attach	b	Tax-exempt interest. Do not include		86	0				
Forms W-2 and	9	Ordinary dividends. Attach Schedule E					9		SIL (ROY)
W-2G here. Also attach	10	Taxable refunds, credits, or offsets of		come taxes	s (see page 2	2)	10	97	00
Form(s) 1099-R	11	Alimony received			(occ page L	-,	11	0	
if tax was	12	Business income or (loss). Attach Sch	edule C or C-EZ				12	0	4 43 50
withheld.	13	Capital gain or (loss). Attach Schedule	D if required. If n	ot required	, check here	▶ □	13	10 0	
588	14	Other gains or (losses). Attach Form 4					14	64 86	
If you did not	15a	Total IRA distributions . 15a	-6		amount (see p		15b	0	
get a W-2, see page 21.	16a	Total pensions and annuities 16a			amount (see p		16b	0.	al surrey
ht No. 212759 5	17	Rental real estate, royalties, partnership				edule E	17		12000
Enclose, but do not attach, any	18	Farm income or (loss). Attach Schedul	le F				18	Dra	6 808
payment. Also,	19	Unemployment compensation					19	h88	has of
olease use	20a	Social security benefits . 20a			amount (see p	age 25)	20b		r John
Form 1040-V.	21 22	Other income. List type and amount (s	see page 27)	04 This is			21	1100=11	u D. tani
		Add the amounts in the far right column			your total inc	ome >	22	40074	37
Adjusted	23	IRA deduction (see page 27)							nisat
Gross	24	Student loan interest deduction (see p.		. 24	760 200 · E				2.00
Income	25	Archer MSA deduction. Attach Form 8		. 25	e numero de selo: Establica de la bosa	1207 LEA 908			ngiệ
16070,000,000	26 27		b Cobodula CE	27					erel
		One-half of self-employment tax. Attac		BEREIT DESIGNATION	EL THETE				uso Inio
	28	Self-employed health insurance deduc		00	Was also and a second				1 5 OG
	30	Self-employed SEP, SIMPLE, and qual		30	money among this	A B H .910h			nov 10
		Penalty on early withdrawal of savings Alimony paid b Recipient's SSN ▶		. 30 31a					abyood
	VIC	Allinoity palu D necipient's 551V	CONTRACT I						
	32						32	0	bis

Form 1040 (2001)								Page 2
Tax and	34	Amount from line 33 (adjusted gross income)				34	40074	37
Credits	35a	Check if: You were 65 or older, Blind; Spo	use was 65 or	older, L Blir	nd.			1-10
Standard		Add the number of boxes checked above and enter the	total here.	▶ 35	ia L			
Deduction	b	If you are married filing separately and your spouse item					Tank the Chr	
• People who		you were a dual-status alien, see page 31 and check h			ib 🗆	36	19301	-
checked any	36	Itemized deductions (from Schedule A) or your stands				37	20773	24
box on line 35a or 35b or	37	Subtract line 36 from line 34				11111	19381	27
who can be claimed as a	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total line 6d. If line 34 is over \$99,725, see the worksheet or				38	2900	00
dependent,	39	Taxable income. Subtract line 38 from line 37. If line 3				39	17873	24
see page 31.All others:	40	Tax (see page 33). Check if any tax is from a Form(s) 8		Form 4972 .	-0	40	2681	-
Single,	41	Alternative minimum tax (see page 34). Attach Form 6				41	(81.0	
\$4,550	42	Add lines 40 and 41			•	42	2681	
Head of household,	43	Foreign tax credit. Attach Form 1116 if required		UMBON DI				
\$6,650	44	Credit for child and dependent care expenses. Attach Form		ALCON THE				
Married filing jointly or	45	Credit for the elderly or the disabled. Attach Schedule		W blond -of	all I			A NORTH
Qualifying	46	Education credits. Attach Form 8863		more blister	t seroe			lod of
widow(er), \$7,600	47	Rate reduction credit. See the worksheet on page 36		I Web -	THE DESIGNATION OF THE PARTY OF			
Married	48	Child tax credit (see page 37)		11000	1.1seafub			
filing separately,	49	Adoption credit. Attach Form 8839	49	101 000 1				
\$3,800	50	Other credits from: a Form 3800 b Form			100			
		c Form 8801 d Form (specify)	50					
	51	Add lines 43 through 50. These are your total credits				51	2.21	
5.07.810	52	Subtract line 51 from line 42. If line 51 is more than lin	e 42, enter -0-		. P	52	2681	
Other	53	Self-employment tax. Attach Schedule SE				53	Si della Carte	hansa.
Taxes	54	Social security and Medicare tax on tip income not reported				54 55	-	
	55	Tax on qualified plans, including IRAs, and other tax-favored a				56		
	56	Advance earned income credit payments from Form(s)				57		
Land a	57 58	Household employment taxes. Attach Schedule H . Add lines 52 through 57. This is your total tax				58	2681	
Dovmente			FA	6885	140	111111	2471	
Payments	59 60	Federal income tax withheld from Forms W-2 and 1099 2001 estimated tax payments and amount applied from 2000 returns the strength of the stren		4005	ora za pak			100
If you have a	61a		61a	100 00 - 101	ni Amaski			TO SERVICE SER
qualifying	b	Nontaxable earned income		2 4	son la rie			dont
child, attach Schedule EIC.	62	Excess social security and RRTA tax withheld (see page 1)			and since			
	63	Additional child tax credit. Attach Form 8812	00	- is	MIS IS YO			cimic
	64	Amount paid with request for extension to file (see page 2)		A	BOOL FEE			
	65	Other payments. Check if from a Form 2439 b Form		Mostri / mich	10 (88) %		LI T	
	66	Add lines 59, 60, 61a, and 62 through 65. These are you	our total paym	ents	. ▶	66	6885	40
Refund	67	If line 66 is more than line 58, subtract line 58 from line	66. This is the	amount you ov	erpaid	67	4204	40
Direct	68a	Amount of line 67 you want refunded to you			. ▶	68a	4204	40
deposit? See page 51 and	b	Routing number	▶ c Type: □	Checking	Savings		4413	10
fill in 68b,	► d	Account number	The Let 19	1321/10 (30)				1239
68c, and 68d.	69	Amount of line 67 you want applied to your 2002 estimated to			Ne Yeld	//////		la smy
Amount	70	Amount you owe. Subtract line 66 from line 58. For de		pay, see page	9 52 ▶	70		XIIIII
You Owe	71	Estimated tax penalty. Also include on line 70		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 Vac	Comple	ete the following.	No.
Third Party	DC	you want to allow another person to discuss this return	vith the ins (so				ite trie following.	
Designee	De	ignee's Phone no. ▶ ()		nal identific er (PIN)	cation	led bol	21/10
Sign	Total Control of the Control	ler penalties of perjury, I declare that I have examined this return and	d accompanying s	Sall your and a second second		d to the	best of my knowledge	ge and
Here	bel	ef, they are true, correct, and complete. Declaration of preparer (other	than taxpayer) is	based on all information	mation of w	hich prep	parer has any knowle	edge.
Joint return?	Yo	r signature Date	Your occup	oation		Dayti	me phone number	
See page 19.			s- ulcoluted as			()	
Keep a copy	Sp	ouse's signature. If a joint return, both must sign. Date	Spouse's o	occupation	devoide			
or your ecords.				o level into a	10.00			
Paid	Pre	parer's	Date	Check if	0.00	Prepa	arer's SSN or PTIN	
Preparer's		nature		self-empl	oyed	155A	100	
ricualet 5	Fire	n's name (or	e may al ain	EII	V.	M. INC.		
Use Only		rs if self-employed),	A STATE OF THE PARTY OF THE PAR	LII	,		A SAN STANCE OF STANSON STANSON	

	CORRECTED (if checked	d)				
Recipient's/Lender's Name, Address and F ABN AMRO Mortgage Gr 2600 West Big Beaver Troy, Michigan 4808 1-800/783-8900	roup, Inc. Road	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	Payer's Social Security Number	1 Mortgage Interest Received from F		Copy B for Payer		
36-3744610			9,337.61	The information in boxes 1, 2 and 3 is important tax		
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip (See Box 2 on back.)	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			
PAUL R DULBERG HERBERT W DULBERG 4606 HAYDEN CT MCHENRY, IL 60050-7	7918	3 Refund of Overpaid Interest (See E				
Mortgage Loan Number		4 Property Taxes Hazard Insurance	2,833.76 360.60 you if the IRS determine an underpayment of tax because you overstat deduction for this more interest or for these points because you did not reported in the interest of the			
	(Keep For Your Reco	rds)	Department of the Trea	return. asury - Internal Revenue Service		

Principal Balance as of 12-31-2001

O.OO

N/A

Late Charges Paid in 2001

O.OO

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)

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

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.

Recipient's/Lender's Name, Address and ABN AMRO Mortgage 0 2600 West Big Beave Troy, Michigan 480 1-800/783-8900	iroup, Inc. er Road	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	1 Mortgage Interest Received from P	ayer(s)/Borrower(s)* 721.08	Copy B for Payer The information in boxes 1, 2
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip (See Box 2 on back.)	al Residence	and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are
PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050	en a communitarion de la communitario de la communi	3 Refund of Overpaid Interest (See B	O. 00 O. 00	required to file a return, a negligence penalty or other sanction may be imposed on
Mortgage Loan Number		4		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
	(Keep For Your Reco	rds)	Department of the Trea	return. sury - Internal Revenue Sen

Principal Balance as of 12-31-2001

166,232.00

Next Due Date

O2/O1/O2

Late Charges Paid in 2001

O.OO

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)

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

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. Combined Tax Statement for Year 2001 NAME, ADDRESS AND FEDERAL I.D. NO.

CUSTOMER NAME, ADDRESS

PAUL R DULBERG 4606 HAYDEN CT

MCHENRY IL 60050-7918

CUSTOMER SERVICE PHONE # 1-800-800-5626

ACCOUNT NUMBER

31-4148768

BANK ONE, NA P.O. BOX 260164

FEDERAL

D. NO.

BATON ROUGE, LA

3001 0000

70826-0164

IRS DESCRIPTION

IRS BOX #

AMOUNT

* * *

2001 - 1098, MORTGAGE INTEREST * *
HOME EQUITY LN MORTGAGE INTEREST

2599.20

FEDERAL INCOME TAX

TAXPAYER I.D. NO.

TOTAL MORTGAGE INT./POINTS PAID (IRS FORM #1098) .00

TOTAL CAPITAL GAINS DISTRIBUTION

TOTAL EARNINGS INT., DIV & OID'S

2599.20
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.

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 foreited because of early withdrawal of lime savings. You may deduct this on the "Penalty on early withdrawal of savings"

Box 2. A prows interest or principal tonead because or early windrawal or time savings, rou may decud this on the "Perilary on early windrawal or 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 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 Traxpayer Identification Number and Certification, or 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 torigin tax paid. You may be able to loal mits 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 1994 NiT or each of the other owners showing the income allocable to each. You must also furnish a Form 1994 NiT a value for of the other owners showing the income allocable to each. You must also furnish a Form 1994 NiT a value for file other owners. File Form 1994 NiT is yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

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), if required. This amount includes any

dividencis' line of Form 1040 or 1040A. Also report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), it required. This amount shown in box 5.

The substitution of the sinvestment income, for any other purpose.

Box 2a. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment than mounts shown in boxes 2b, 2c, 2d, and 2e are included in box 2a. Report the amount in box 2a on 5-bredule D (Form 1040), Part II. But, if no amount is shown in boxes 2b, 2c, 2d, and 2e are included in box 2a. Report the amount in box 2a on 5-bredule D (Form 1040, Part III. But, if no amount in box 2a on 5-bredule D (Form 1040) and 1040 A rather than on Schedule D (Form 1040). See the Form 1040 or 1040A rather than on Schedule D (Form 1040). See the Form 1040 or 1040A rather than on Schedule D (Form 1040). See the Form 1040 or 1040A rather than on Schedule D (Form 1040) in the substitutions of the substitution of the sub

Box 26. Shows qualified by year gain mat may be taxed at an off-capital gainst rate. Report this amount on Schedule U (From 1040), best the schedule (Jeffern 1040) instructions.

Jeffern 1040) instructions.

The property of the property of the property of the property of the property. Report this amount on the Unrecaptured Section 1250 gain from Worksheet in the Schedule D Instructions (From 1040). Box 3. Shows stee 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), and the property of the prop

in box 1,

Box 4. Shows the foreign lax 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.

Nomineas. 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 the anominee return to show amounts owned by the other. See the 2001 General Instructions for Forms 1099-0198, 1098, 4098, and W-2G.

1099 - OID - OMB # 1545-0117

Original issue discount (OID) is the access of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or outpon). 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 certificate of deposit (CIDs), time deposits, bonus asvings 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, your evenies Form 1099-OID showing amounts allocable to each. Furnish a Form 1099-OID to each of the other owners showing the amounts allocable to each. Furnish a Form 1099-OID to each owner, File Form(s) 1998-OID with price of the other owners showing the amounts allocable to each. Furnish a Form 1099-OID to each owner, File Form(s) 1998-OID with price of the other owners showing the amounts allocable to each. Furnish a Form 1099-OID to each owner, File Form(s) 1998-OID with price of the other owners as the Vicipant. On each Form 1099-OID with price of the other owners as the Vicipant. On each Form 1099-OID with price of the other owners as the Vicipant. On each Form 1099-OID with price of the other owners as the Vicipant OID or stated interest allocable to the selfent-duple of the obligation for the obligation or of stipped coupon, you must compute your proper oIDD, see Pub. 1212, List of Original Issue Discount Instruments, to figure the correct OID to report on your tax.

Testum.

Sox 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 aquired 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. Tressury obligation and is exempt from state and local income taxes.

Box 3. Shows interest or principal forfielded I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the month of the principal forfield I you withdrew the principal forfiel

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

BOX 3. NOWs the identification floring (Count Institute) of description of a transport of a tran

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 1049). 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. 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, report the taxable amounts shown on Form 1040, as explained below. For corporations, fiduciaries, or partnerships, report

In you are all inturvious, report use taxable anitorins shown or rothin how, as explained below. The comparison, our authorities, report the drop rule in drop under the proper line of your fax 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.

soxes 1 and Z. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, are rented personal property as a business, report on Schedule C or C-E/E (Form 1040). For regulates on timber, coal, and into no set business, and other Dispositions of Assets.

80x 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 doceased employee, prizes, awards, taxable damages, Indian gaming profits. Or the travable damages, Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you din 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 withhold.

80x 3. An amount in this box mass the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 983, Tax Highights for Commercial Fishermen.

80x 6. Report on Schedule C or C-EZ (Form 1040).

80x 7. An amount in this box mass the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040).

80x 7. An amount in this box mass the fishing boat operator considers you self-employed. Pub. 983, Tax Highights for Commercial Fishermen.

80x 6. Report on Schedule C or C-EZ (Form 1040).

80x 7. An amount in this box mass the fishing boat of person and the payer if you believe the fishing of the payer into the second of the form 1040 and the payer into the second of the form 1040 and the payer into the second of the form 1040 and complete Schedule SC (Form 1040). Because you received for the second of the form 1040 and the IRS for Information about how to report any social security and Medicare taxes.

80x 8. Shows

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, 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.

such trade or business, received interest of section or red during me year on a student loan used sourge up pay to spanning region exocuted in the most furnish this statement to you. You may be able to deduct student loan interest on your income tax return if 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 entity 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, often debt obligations, commodities, or floward contracts. Issues 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 [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 soric practited to your account by a barter exchange, See Pub. 525, Taxable and Montaxable income, for information on how, proport this income. Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 31% rate if you did not funish your taxpayer identification number to the payer.

(Continued on back of Statement)

Note: See back of tax statement for additional instructions

1	Informational Sta This is not a bill or a refund notice. Ke		records.
1099-G OMB NO. 1545-0120 Departm	Certain Government Payments ent of the Treasury - Internal Revenue Service	101 West	partment of Revenue Jefferson Street d, IL 62702 0# 37-600 2057W
Service (IRS). If you other sanction may	cipient information and was furnished to the Internal are required to file a return, a negligence pendibe imposed on you if this income is taxable and as not been reported.	alty or	Refund interest included in Box 2. \$0.00
or local income This amount was re if you deducted the	ported to the IRS and may be taxable to you tax paid as an itemized deduction on your eturn. Even if you did not receive the amount	Box 3 – Tax year Box 2 amount is for tax year	Box 2 amount of state income tax that was refunded to you. \$97.00
shown (e.g., credite	d to your estimated tax), it still may be taxable S. 1040 Instructions for more information. \$97.00	2000	Box 2 amount that was credited to estimated tax. \$0.00
j.			Box 2 amount that was applied to a prior year balance due.
Recipient PAC			\$0.00
460	JL R DULBERG 6 HAYDEN CT HENRY IL 60050-7918		Box 2 amount that was contributed to a state fund.
			\$0.00
			Box 2 amount that was paid to the IRS.
	th the above amounts as reported call 1 800 732-88 cations device for the deaf) 1 800 544-5304.	66, 217 782-3336,	\$0.00

600D00002084-1

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

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

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

TYPE OF ACCOUNT	REF	ACCOUNT ERENCE NUMBER	DEPOSIT ID/ DATE		DESCRIPTI	ON
1. INTEREST INCOME NOT INCLUDED IN NO. 3	ITHDRAWAL ALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL TAX WITH		5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID
7. FOREIGN COUNTRY OR U.S. POSSESSION						
NOW ACCOUNT 8.74	1 0.00	00001		0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1		618			
183.77						0.00
Totals 192.51	0.00	0.00		0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

- 1. 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.
- 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.
- 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 No. 1.
- 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.
- 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 No. 1.
- 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.

	CTED (if checked)	PRESORT	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	Payer's RTN (optional)	OMB No. 15451913-CLA	SS MAIL
OAK TRUST CREDIT UNION		U.S. POSTA	GE PAID
18450 SUMMIT AVENUE	2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2001 Tale	rest Income
OAKBROOK TERRACE IL 60181	multiplication of the state of	C-01.000 (100 to 100 to	
6307920100	When It salament	Form 1099-INT	
PAYER'S Federal identification number RECIPIENT'S identification number	1 Interest income not include	d in box 3	Copy B
366111536	\$ 21	.70	For Recipient
RECIPIENT'S name, address, ZIP code PAUL R DULBERG	2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treas. obligations	This is important tax information and is
4606 HAYDEN CT	\$	\$	being furnished to the Internal Revenue
	4 Federal income tax withheld	5 Investment expenses	Service. If you are required to file a return,
MCHENRY IL 60050-7918	\$	\$	a negligence penalty or
	6 Foreign tax paid	7 Foreign country or U.S. possession	other sanction may be imposed on you if this
Account number (entional)	\$	Description of the property of	income is taxable and the IRS determines that
Account number (optional)	\$	Electrical	it has not been reported.

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 and B (Form 1040).

OMB No. 1545-0074

2001

Attachment Sequence No. 07

Name(s) shown o	n Forn	n 1040				Your	social security nu	ımber
moone	- Northern	est is from a seller-financed mortnage and the	V/////	of payer If an	eme	//////	a Historia v sa	-
Medical		Caution. Do not include expenses reimbursed or paid by others.		the property	esm ;			1100.75
and	1	Medical and dental expenses (see page A-2)	1	Misc. show	BIT IS			mi
Dental	2	Enter amount from Form 1040, line 34. 2		r-have a questi	ring-i			(See pi
Expenses	3	Multiply line 2 above by 7.5% (.075)	3					of Torns
	4	Subtract line 3 from line 1. If line 3 is more than line 1, e				4	UTC (A SINK BRING	HILD S
Taxes You	5	State and local income taxes	5	1193	48			a8 enil
Paid	6	Real estate taxes (see page A-2)	6	2833	26	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		ippsy.
(See	7	Personal property taxes	7	0				
page A-2.)	8	Other taxes. List type and amount ▶		SSN) on the	2-3			
	•	Add lines 5 through 0	8	urn, we ma	1.000			9 19051
	9	Add lines 5 through 8	140		1000	9	4027	24
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	12657	89			1.0884
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid						netate
(See		to the person from whom you bought the home, see page A-3			1			alord s
page A-3.)		and show that person's name, identifying no., and address			100			idat ina
								payer
CHEY REVOTO								the tot
Note. Personal	0.00	0004 200 3	11	ana og smuci	US BO			SDSDS .
interest is	12	Points not reported to you on Form 1098. See page A-3	10		PIGSD			
not		for special rules	12	anii mori 8 ar	ili tem			
deductible.	13	Investment interest. Attach Form 4952 if required. (See	40		li on			
	14	page A-3.)	13	deal deal		14	10157	00
Citto to			VIIIII	4007:43		14	12651	181
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	2615	an men.			Ord
If you made a	16	Other than by cash or check. If any gift of \$250 or more,			-			IVISI
gift and got a benefit for it,		see page A-4. You must attach Form 8283 if over \$500	16		101-00			(868
see page A-4.	17	Carryover from prior year	17		1/4.6			1 bas
0	18	Add lines 15 through 17				18	2613	111101
Casualty and Theft Losses	40	Convolte on theft less(se) Attack Form ACOA (Con see	Λ.Γ.\					0 and
Illell F02262	19	Casualty or theft loss(es). Attach Form 4684. (See page A	4-5.)			19	l No.	-
Job Expenses	20	Unreimbursed employee expenses—job travel, union			776			
and Most		dues, job education, etc. You must attach Form 2106						Notes.
Other		or 2106-EZ if required. (See page A-5.) ▶						viscen.
Miscellaneous		· · · · · · · · · · · · · · · · · · ·	//////		-SAM			10891
Deductions			20	005-6-1-1-1-5-08	19731			picyrue.
	21	Tax preparation fees	21					did s
(See page A-5 for	22	Other expenses—investment, safe deposit box, etc. List						401 1801 0000000
expenses to		type and amount ▶	000					nevso
deduct here.)		A 1 1 1 2 00 11 2 1 00	22		17112			no arth
	23	Add lines 20 through 22	23		-			allyida alt de
	24	Enter amount from Form 1040, line 34. 24	25					110
	25 26	Multiply line 24 above by 2% (.02)		or O	26.60	26		
Other	U SUSSE	A WILL YOR TO BE THE COMPTENT OF THE PROOF PROPERTY AND A STREET OF THE PROOF OF TH	23, em	er -0	a eni	20	NM NM	-
Miscellaneous	27	Other—from list on page A-6. List type and amount ▶		Note and said attack				-
Deductions		notetion at our total and a contract of the man and a contract of		20//2021 (25:10)	- Line	27		Part
	20	lo Form 1040 line 24 ever \$100 050 (\$00 175 '	unda et et	United the second second second	10	27	and a second	noa
Total Itemized	28			1	/)?	78 1A		-
Deductions		No. Your deduction is not limited. Add the amounts in t			011 2111	28	19300	12
_044040113		for lines 4 through 27. Also, enter this amount on I				///////		
		Yes. Your deduction may be limited. See page A-6 for the	e amou	nt to enter.				////////

of Copy B.) a Control number	1 1 1	Vages tips oth	er compensation	quired to file a tition may be imported you fail to rep	ncome tax withheld	
		ragoo, apo, oan	39782.09	2 Todordi	6884.40	
SG/2/5087/034	3 8	Social security w	ages 40597.96	4 Social security tax withheld 2517.19		
36-1265490	5 N	Medicare wages		6 Medicare	tax withheld 588.58	
c Employer's name, address, and ZIP code	Intermati Intermati 7777 Wi Spring G	nn Road	ted	60081-9	698	
d Employee's social security number						
e Employee's name, address, and	PAUL 4606 HA	YDEN CT.	DULB	ERG		
ZIP code						
	MCHENI	RY	IL	60050		
		RY 8 Allocated tip			EIC payment	
7 Social security	tips		os		EIC payment	
7 Social security of 10 Dependent care 12a D	tips	8 Allocated tip	os			
7 Social security of 10 Dependent care 12a D 12b	tips	8 Allocated tip	ed plans	9 Advance Ret.plan	3rd-party sick pa	
7 Social security of 10 Dependent care 12a D 12b 12c 12d	tips re benefits	8 Allocated tip	ed plans 13 Stat. Emp. 14 Other SEC125	9 Advance Ret.plan	3rd-party sick pa	
7 Social security of 10 Dependent care 12a D 12b	tips re benefits	8 Allocated tip 11 Nonqualific 815.87	ed plans 13 Stat. Emp. 14 Other	9 Advance Ret.plan	3rd-party sick pa	



The May! Illinois Department of Revenue

2002 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____/0_3

Do not write above this line.

Step 1: Co		ete your personal information—	ow had wat emean aronal to income.)	sal one other 17
		Write your Social Security numbers in the orde	r they appear on your federal return.	
			9 FOOS 160 CH CH CH CO 16 CO CH	
		Your Social Security number		
		section of an instante	Your spouse's Social Secur	ity number
	В	Place your label or print your personal informat	ion below.	
Remove		Your first name and initial	Your last name	
label from the cover		Variable 1 to 1	Control of the second of the s	
and place		Your spouse's first name and initial	Your spouse's last name (if	different)
it here.		Mailing address		
		465 0		
		City	State	ZIP
	C	Check the same filing status you checked on yo	our federal return	Sail Acell Constitution
		Single or head of household Married		
	-			
Ston 2. Fig		Check the box in the barn if at least two-thirds of	of your federal gross income came from	farming. — —
Step 2: Fig		your income		A SELECT AND
	'	Write your federal adjusted gross income from y U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S.		1 33725
	2	Write your federally tax-exempt interest and divi		1 mm 3 mm
		U.S. 1040 or 1040A, Line 8b.	dend income nom you	2
	3	Write any other additions to your income that ar	e taxable in Illinois. See the	are poy if so
		instructions for details. Specify your additions	three epulses like notheads and arrolle	3
Ct 0. F:-	4	Add Lines 1 through 3. This is your income.		4 33725
	ure	your base income	<i>r</i>	AASE STATE OF THE
Federal Page 1	. 3	Write income received from Social Security bene plans if that income is included in Step 2, Line 1		CHESTER STATE
Form W-2 1099-I	6	Write the military pay you earned if it is included		
Military W-2	7	Write your Illinois Income Tax refund if it is inclu		B sent I bbA Add Lines a
		your U.S. 1040.	7 2 /97	28 Add Lin 27
See	8	Write the U.S. Treasury bonds, bills, notes, savin		
Instructions	0	agency interest from U.S. 1040, Schedule B, or U		an in the state of
See instructions	9	Write any other subtractions to your income. Se		
mstructions		and our Publication 101 for details. Do not subtrincome. Specify your subtractions.	act your out-or-state	entra como
	10	Add Lines 5 through 9. This is your total subtrac		10 197
	11	Subtract Line 10 from Line 4. This is your Illinois		11 33528
		your exemption allowance		
See	12	Write the number of exemptions from your fede	eral return. X \$2,000 a 200	0_
instructions before		of If someone else claimed you on their return, se		Lewis Land A. A. Commission
completing		instructions to figure the number to write here. Check if 65 or older: You + Spou	■ X \$2,000 b se = □ X \$1,000 c	equipy to Total
this step.			se =	THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAM
		Add Lines a through d. This is your total Illinois		12 2000
		our net income	int backmans even t lent state t vhisten k	sedena elinis
		Residents only: Subtract Line 12 from Line 11.		
Attach		Write your net income here and on Line 15. Skip	Line 14.	13 31528
Schedule NR	14	Nonresidents and part-year residents only:		
		Check the box that applies to you during the year		r resident
		Complete Illinois Schedule NR, and write your II Step 5, Line 47.	linois income from	gang a sati bay a sati basa babbasi
		his form is authorized as outlined by the Illinois Income Tax Ac		
040 front (R-12/02	2)	rovide information could result in a penalty. This form has beer	n approved by the Forms Management Center. IL-4	92-0065

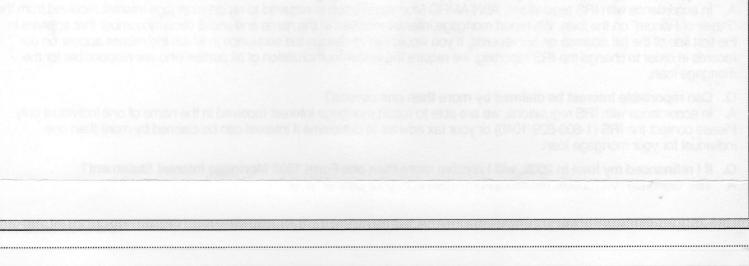
Step 6: Fig				21578	
		Residents: Write your net income from Line 13.	15	21220	
	16	Residents: Multiply Line 15 by 3% (.03). Write the result on Line 16. This is your tax.		alle	
		Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53.	16	440	_
Step 7: Fig		your payments and credits			
Attach	_17	Write the total amount of Illinois Income Tax that was withheld from	100		
W-2's (Attach to front)		your pay as shown on your W-2 forms, generally found in Box 17. 17	100	Sistema-	
lio monty	18		BOY W		
		and IL-505-I. Include any credit from your 2001 overpayment.	-	2	
Schedule CR	-19	If you paid income tax to another state while an Illinois resident, complete			
Other states' returns and		Schedule CR and write the amount from Line 8 of that schedule here. 19			
required	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions.			
schedules		Write PT Worksheet Line 3 amount here. → 20a 3084			
		Write PT Worksheet Line 8 amount here. 20b 20b	_		
Receipt or	-21	If you paid education expenses, see instructions. Write Schedule ED or			
Schedule ED		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.—) 22aI			
		Write EIC Worksheet Line 11 amount here.	_		
Schedule	-23				
1299-C		Step 4, Line 44. 23		1154	
Cton 0. Fi		Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits.	24	1137	
Step 8: Fig	gure	your overpayment or your tax due		200	
	25	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment	1. 25	S. C. D	_
Cton O. Ele		If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due .	26	LICELE CONSTRUCTO	1
Steb a: Life		your penalty—	March 10	HIER E	
4==1	21	Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28.			
Attach			_'		
Form IL-2210		- 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.			
	28	Write the amount you wish to donate to one or more of the following voluntary contribution Wildlife Preservation aI Breast Cancer Research cI Prostate Cancer Research fI Alzheimer's Research cI Multiple Sclerosis gI	n fund	ls.	
		Homeless Assistance dI			
		Add Lines a through g. This is your total voluntary contributions 28			
	29	Add Line 27 and Line 28. This is your total penalty and donations.	29		
Step 11: F	igur	e your refund or the amount you owe	101 B 10		
	30	If you have an overpayment on Line 25 and this amount is greater than		0	
		Line 29, subtract Line 29 from Line 25.	30	208	_
	31	Write the amount from Line 30 that you want applied to your			
		2003 estimated tax. 31		2 40	
	32	Subtract Line 31 from Line 30. This is your refund .	32	200	_
innet Danneit	, 33	Direct deposit your refund by completing the following information.			
irect Deposit ee instructions		Routing number Type of account Checking		Savings	
		Account number	erit 95		
	24	If you have tax due on Line 26, add Lines 26 and 29. Of			
yment Options	, 34				
e instructions		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		1
Step 12: S	ian :	and date your return	N. Xoe	10.5	
	_	der penalties of perjury, I state that I have examined this return and, to the best of my knowledg	e, it is	true, correct,	and comple
	You	ur signature Date Daytime phone number Your spouse's signature	ture	MW SEE	Date
	Pai	d preparer's signature Date Preparer's phone number Preparer's FEIN, SS	SN, or F	PTIN	
					to:
~		oklet next year, check the box. ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF REVENUE	DEPAR	closed, mail TMENT OF RI 62726-0001	
45				32.20 0007	
040 back (R-12)	11121 6	APDR ME ZZ SE WA RX NS DC ID	,		

	_	S. Individual Income Tax Re or the year Jan. 1–Dec. 31, 2002, or other tax year begi		2002, end	ding	ALCOHOLD STREET, ST. OR.	, 20	NAME OF TAXABLE PARTY AND POST OF	or staple in this space. OMB No. 1545-0074	1
Label		our first name and initial	Last name		9		, 20		social security nun	
See L									i i bu	
nstructions on page 21.)	lf lf	a joint return, spouse's first name and initial	Last name	C egypto	934.40			Spou	se's social security	number
Jse the IRS abel.	Н	ome address (number and street). If you have a	P.O. box, see page	21.		Apt. n	0.	A	and any of	00480 A
Otherwise, please print R			<u> </u>					_	Important! You must enter	A
or type.	Ci	ty, town or post office, state, and ZIP code. If y	ou have a foreign a	ddress,	see page	21.			your SSN(s) above	Э.
Presidential									ou Spou	
Election Campaig See page 21.)	n	Note. Checking "Yes" will not change you, or your spouse if filing a joint r	our tax or reducted turn, want \$3 to	your r	efund. his fund'	? .			es 🛮 No 🗌 Yes	
	1	Single		4 [nold (with		ng person). (See pag	
Filing Status	2	Married filing jointly (even if only one			the qua	lifying p	erson is a	a child bu	ut not your depende	
Check only	3	Married filing separately. Enter spous			this chi	ld's nam	e here.	- 3		000 03
one box.		and full name here. ▶		_ 5 _		ing wid	dow(er) v	vith dep	endent child (year	r
<u> </u>						e died			page 21.)	
Exemptions	6a		•			dent or	his or h	er tax	No. of boxes checked on	
Evellibrious		return, do not check box			•			}	6a and 6b	-
	b	Spouse			(2) De-	nde st	/.)	No. of children	
	С	Dependents:	(2) Dependent		(3) Depe		(4) ✓ if q		on 6c who: • lived with you	26.59
		(1) First name Last name	social security nu	miner,	yo		credit (see		did not live with	
f more than five				30000		43.0]	you due to divorce	
lependents,		<u> </u>	Sales of the sales of	1 7 7	e zana i	62.45]	or separation (see page 22)	
ee page 22.			Fant of the K]	Dependents on 6c	
]	not entered above	
									Add numbers on lines	1
	d						<u></u>		above ▶	
ncome	7	Wages, salaries, tips, etc. Attach Form(7	33391	80
grante, dang	8a			1 0	· ·		·	8a	145	63
ttach	b	Tax-exempt interest. Do not include or		8b	1.8.66					
orms W-2 and /-2G here.	9	Ordinary dividends. Attach Schedule B						9	\$19 Bro	No.C
lso attach	10	Taxable refunds, credits, or offsets of si	tate and local inc	ome tax	es (see	page 2	4)	10	197	00
orm(s) 1099-R	11	Alimony received						11	A CONTRACTOR OF STREET	ion II
tax was ithheld.	12	Business income or (loss). Attach Sched						12	200	Pagg
numeia.	13	Capital gain or (loss). Attach Schedule [o if required. If no	t requir	ed, chec	k here	▶ □	13		pdo2
	14	Other gains or (losses). Attach Form 479	97				19.47540	14	Company of the second	
you did not	15a	IRA distributions 15a		b Taxal	ole amour	nt (see p	age 25)	15b		
et a W-2, ee page 23.	16a	Pensions and annuities 16a	attrement lists		ole amour			16b	2 93	
o page 20.	17	Rental real estate, royalties, partnerships	S corporations,	trusts, e	etc. Attac	ch Sche	edule E	17	11 (17)	3.0
nclose, but do	18	Farm income or (loss). Attach Schedule						18	A 212	2121
ot attach, any	19	Unemployment compensation						19		THE STATE OF
ayment. Also, ease use	20a	Social security benefits . 20a	The second secon		ole amour	nt (see n	age 27)	20b	10 I land 1 m	in line
orm 1040-V.	21	Other income. List type and amount (se						21	2017 0	0 1011
	22	Add the amounts in the far right column for	or lines 7 through	21. This	is your to	otal inc	ome >	22	33723	80
	23	Educator expenses (see page 29) .		Maria Mariana	VIII.00 04	G VHe	19C Kerr	//////		14000
djusted	24	IRA deduction (see page 29)			- Charles	e decina				WW.
ross	25	Student loan interest deduction (see page				CG SQLC			Party stem	minT
ncome	26				100 000	1	Dolla		greet genp	ieaG
ra opheke et ren	27	Tuition and fees deduction (see page 32		The second second		A SHARE T	(m)		Constitution	
		Archer MSA deduction, Attach Form 888					A 142 (68)		Saled	FIG
	28	Moving expenses. Attach Form 3903							1 to 7	noH
	29	One-half of self-employment tax. Attach		29			-		Smude	mel
	30	Self-employed health insurance deduction		30			_			
	31	Self-employed SEP, SIMPLE, and qualifi			300d (Mill)	391 THO	0.11.833.0			divisi!
	32	Penalty on early withdrawal of savings .						- 1/////		nccei
	33a	Alimony paid b Recipient's SSN ▶		33a						A LOCAL
	34	Add lines 23 through 33a						34		
	35	Subtract line 34 from line 22. This is you								

2

Standard Deduction or— 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,	b 88 89 40	Amount from line 35 (adjusted gross income) Check if: You were 65 or older, Blind Add the number of boxes checked above and If you are married filing separately and your syou were a dual-status alien, see page 34 and Itemized deductions (from Schedule A) or you Subtract line 38 from line 36 If line 36 is \$103,000 or less, multiply \$3,000 by	d; Spouse d enter the to pouse itemized check here our standard	was 65 or tal here	older, □ l ► ns, or	37a L	36	33723	80
ax and credits Standard Deduction or— 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,	b 88 89 40	Check if: You were 65 or older, Blind Add the number of boxes checked above and If you are married filing separately and your sign you were a dual-status alien, see page 34 and Itemized deductions (from Schedule A) or you subtract line 38 from line 36	d; Spoused enter the topouse itemized check here our standard	was 65 or tal here	older, □ l ► ns, or	37a L			
Standard Deduction or— 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,	b 88 89 10 11	Add the number of boxes checked above and If you are married filing separately and your syou were a dual-status alien, see page 34 and Itemized deductions (from Schedule A) or you Subtract line 38 from line 36	d enter the to pouse itemize d check here our standard	tal here . es deduction	ns, or	37a L			
Deduction or— People who checked any pox on line 37a or 37b or who can be claimed as a dependent, see page 34. All others: Single, \$4,700 Head of household,	b 88 89 40 11	If you are married filing separately and your syou were a dual-status alien, see page 34 and Itemized deductions (from Schedule A) or you Subtract line 38 from line 36	pouse itemize d check here our standard	es deduction	ns, or				
People who checked any ochecked any ochecked any or who can be claimed as a dependent, see page 34. All others: Single, \$4,700 Head of household,	18 19 10 11	you were a dual-status alien, see page 34 and Itemized deductions (from Schedule A) or you Subtract line 38 from line 36	d check here our standard	3 deddollor	10, 01				
People who checked any pox on line 37a or 37b or who can be claimed as a dependent, see page 34. All others: Single, \$4,700 Head of household,	18 19 10 11	Itemized deductions (from Schedule A) or your Subtract line 38 from line 36	our standard			37b 🔲		A 44 - 444	100
checked any pox on line are are are are are are are are are ar	19 10 11 12	Subtract line 38 from line 36		deduction			38	18305	57
87a or 37b or who can be claimed as a dependent, see page 34. • All others: Single, \$4,700 Head of household,	10 11 12	Subtract line 38 Horn line 30					39	13918	12
claimed as a dependent, see page 34. All others: \$4,700 Head of household,	l1 l2		by the total n	umber of ex	emptions o	laimed on			
dependent, see page 34. All others: Single, 44,700 Head of household, 44	l1 l2	line 6d. If line 36 is over \$103,000, see the w	orksheet on r	page 35.			40	3000	00
All others: 4: Single, \$4,700 Head of household, 44	12	Taxable income. Subtract line 40 from line 3	9 If line 40 is	more than	line 39, en	ter -0	41	10918	21
Single, \$4,700 Head of household,	12	Tax (see page 36). Check if any tax is from: a	Form(s) 8814	b 🗆 1	Form 4972		42	1339	00
\$4,700 Head of household,	13	Alternative minimum tax (see page 37). Atta	ch Form 625	1			43	1 - 4	
household, 4		Add lines 42 and 43					44	1339	00
1 0000		Foreign tax credit. Attach Form 1116 if requir	red	45					
\$6,900	16	Credit for child and dependent care expenses. A	Attach Form 24	41 46					
Married filing	47	Credit for the elderly or the disabled. Attach S							
Official Offi	48			10					
widow(er),	1 0	Retirement savings contributions credit. Attack							
\$1,000	49 50	Child tax credit (see page 39)							
filing	50 51								
separately,	51 52		orm 8859	52					
ψο,σεσ	53	Other credits. Check applicable box(es): a							
	00								
	54	Add lines 45 through 53. These are your total	al credits .				54		-
	55	Subtract line 54 from line 44. If line 54 is mo	re than line 4	4, enter -0-		>	55	1339	00
	56	Self-employment tax. Attach Schedule SE .					56		-
Otner	57	Social security and Medicare tax on tip income n	not reported to	employer. A	ttach Form 4	1137	57		-
laxes	58	Tax on qualified plans, including IRAs, and other ta	ax-favored acco	ounts. Attach	Form 5329 if	réquired .	58		-
	59	Advance earned income credit payments fro	m Form(s) W-	-2			59		+
	60	Household employment taxes. Attach Sched	lule H				60	0	-
	61	Add lines 55 through 60. This is your total to	ax				61	1339	00
Payments 6	62	Federal income tax withheld from Forms W-	2 and 1099 .	. 62	586	9 80		has the	
	63	2002 estimated tax payments and amount applied from					-//////		
7	64	Earned income credit (EIC)		. 64			-{//////		
qualifying	65	Excess social security and tier 1 RRTA tax withh			1700	1000	-{//////		
child, attach	66	Additional child tax credit. Attach Form 8812					-{/////		
Samuel State and the second se	67	Amount paid with request for extension to f	file (see page	56) 67			-\\\\\\		
	68	Other payments from: a Form 2439 b Form 413	6 c Form 88	85 . 68			//////	-0,0	2 25
	69	Add lines 62 through 68. These are your total				>	69	5861	86
Refund	70	If line 69 is more than line 61, subtract line 61	1 from line 69	. This is the	amount yo	u overpaid	70	4530	A 488.4
	71a	Amount of line 70 you want refunded to you	u	<u>.</u>		<u>.</u> •	71a	4530	00
See page 56	b	Routing number	\	c Type:	Checking	Savings			
and fill in 71b, 71c, and 71d.	- d	Account number							
	72	Amount of line 70 you want applied to your 2003	estimated tax	▶ 72			770		
Amount	73	Amount you owe. Subtract line 69 from line			o pay, see	page 57	73		
You Owe	74	Louisiatoa tan partini, (1 3)		74	F9)2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Comp	lete the following	n No
Third Party	Do	you want to allow another person to discuss	this return wil	in the IRS (S				ete the lonewing	,
Designee		saignee a	Phone	1		Personal identi number (PIN)	fication		
			no. (accompanying	echodules an	d statements a	nd to the	best of my knowle	dge and
Sign	be	nder penalties of perjury, I declare that I have examined slief, they are true, correct, and complete. Declaration of p	preparer (other th	nan taxpayer) is	s based on all	information of	willon pri	oparor nas am, men	
Here	Yo	our signature	Date	Your occu	pation		Day	time phone numbe	r
Joint return? See page 21.							()	
Keep a copy	0.	pouse's signature. If a joint return, both must sign.	Date	Spouse's	occupation		111111		
for your		Soudo o digitaturo. Il a joint rotaini, both mass digit							
records.				Date		-1-16	Pre	parer's SSN or PTI	N
Paid	Pr	reparer's gnature			Che self-	ck if employed			
Preparer's	_	rm's name (or	10.0632040	A4 7 588		EIN			
Use Only	yo	ours if self-employed), ddress, and ZIP code		ent EAS		Phone no.	()	

Recipient's/Lender's Name, Address and T ABN AMRO Mortgage G 2600 West Big Beave Troy, Michigan 480 1-800-783-8900	Group, Inc. er Road	*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)/Borrower(s)* 9,917.28	Copy B for Payer The information in boxes 1, 2		
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip (See Box 2 on back.)	oal Residence	and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are		
PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050		3 Refund of Overpaid Interest (See 6	3 on back.)	required to file a return, a negligence penalty or other sanction may be imposed on		
Mortgage Loan Number		4		you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points of because you did not report this refund of interest on your return.		
orm 1098	(Keep For Your Re	ecords)	Department of the Trea	asury - Internal Revenue Servi		
			ate Charges Paid in 200			
Principal Balance as of 12-31-2002	Next Due Date	03/01/03		0.00		



OUR RECORDS CONTAIN THE FOLLOWING INFORMATION:

Aortoane Loan Number	SCHOOL HERY BRANCH O
Sorrower's Social Security Number	-e respical e per
DO-DOLLOWER & SOCIAL SECULITY MAILING	

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 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.

Certain 1099-G Government **Payments**

OMB. NO.

1545-0120 Department of the Treasury - Internal Revenue Service

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

PAUL R DULBERG

4606 HAYDEN CT

MCHENRY IL 60050-7918

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.

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.

\$0.00

600D00002164-1

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

2002 INTEREST INCOME. FORM 1099-INT. COPY B. FOR RECIPIENT

OMB No.

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

TYPE OF ACCOUNT	REF	ACCOUNT ERENCE NUMBER	DEPOSIT ID/ DATE		DESCRIPTION	ON
	VITHDRAWAL IALTY	3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	4. FEDERAL TAX WITH		5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID
7. FOREIGN COUNTRY OR U.S. POSSESSION						
NOW ACCOUNT 12.66	0.00	0001		0.00	0.00	0.00
CERTIFICATE OF DEPOSIT	1	0.00	618	0.00	0.00	0.00
Totals	0.00	<i>></i>			••••	
145.63	0.00	0.00		0.00	0.00	0.00

INSTRUCTIONS FOR RECIPIENT

- 1. 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.
- 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
- 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 No. 1.
- 4. 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.
- 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 No. 1.
- 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. 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.

2

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 and B (Form 1040).

OMB No. 1545-0074

2002 Attachment Sequence No. 07

Name(s) snown o	n For	n 1040			You	r social security nu	ımber
TUBECUES:	79.	rest to from a seller-tinadoed montasce and the	VIIII VALVAN IV	eins		78 Local 1803	Sy Sees
Medical		Caution. Do not include expenses reimbursed or paid by others.		useu'			136 4
and	1	Medical and dental expenses (see page A-2)	1 5583	96		10.0	ilatiti)
Dental	2	Enter amount from Form 1040, line 36 2 33723 80				1-49 (1904)	(8ec
Expenses	3	Multiply line 2 by 7.5% (.075)	3 2529	29			di bina
	4	Subtract line 3 from line 1. If line 3 is more than line 1, er	0.00		4	3054	67
Taxes You	5	State and local income taxes	5 999	35			e snar
Paid	6	Real estate taxes (see page A-2)	6 3083	72			31 Ap
(See	7	Personal property taxes	7				
page A-2.)	8	Other taxes. List type and amount ▶		i iliai			LIU'S
	9	Add lines 5 through 8	8	May	9	4083	604
Interest	10	Home mortgage interest and points reported to you on Form 1098	10 9917	128		400 -	0000
You Paid	11			6.0			A SUNTA
	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				resulting free	belale.
(See page A-3.)		and show that person's name, identifying no., and address		B-12-19-19			100.5
		and show that person's harne, identifying no., and address		1002 102			STAGE
						nems bas	19485
Note.			11	0 00		les totales la	1, 1, 1, 11
Personal	12	Points not reported to you on Form 1000, See A.O.	some a reparter	ALCO OF		2	mor
interest is	12	Points not reported to you on Form 1098. See page A-3 for special rules	12	Form			
not deductible.	13	Investment interest. Attach Form 4952 if required. (See	ed 3 from line 2. En	II los		A	
doddollolo.	10	page A-3.)	13 03, 18 nevo al	ine 4		el4	-
hitesory	14	Add lines 10 through 13	na estruturati navera fra	66363	14	9917	28
Gifts to	15			Intell		12	189
Charity		more, see page A-4	15 2750	00		YTER	mo
If you made a	16	Other than by cash or check. If any gift of \$250 or more,				dends	wid
gift and got a		see page A-4. You must attach Form 8283 if over \$500	16				
benefit for it, see page A-4.	17	Carryover from prior year	17				biline.
see page A-4.	18	Add lines 15 through 17	on the street a street on page 1999 (see	-	18	2750	00
Casualty and		di vela fami factore	Alexander of the second				U apil
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A	-5.)		19		B.
Job Expenses	20	Unreimbursed employee expenses—job travel, union					
and Most		dues, job education, etc. You must attach Form 2106					
Other		or 2106-EZ if required. (See page A-5.) ▶					Notes
Miscellaneous							1099
Deductions		- I - I - I - I - I - I - I - I - I - I	20				Section 50
	21	Tax preparation fees	21				
See	22	Other expenses—investment, safe deposit box, etc. List					11 121
page A-5 for expenses to		type and amount ▶					OFFISH.
deduct here.)			22				To you
	23	Add lines 20 through 22	23				siai vib-
	24					prospir to	สม คอ
	25	Multiply line 24 by 2% (.02)	25 674	46			
)ther	26	Subtract line 25 from line 23. If line 25 is more than line 2	3, enter -0		26	\$	
Other Miscellaneous	27	Other—from list on page A-6. List type and amount ▶	SOV JUCITE BYO 83			OM /	
Deductions		r i europa en 1000 de 1000 ben (ELUCY HANGE SHI STE			uct 1144	res Di
	00	In Farma 4040 III - 00		200	27	AND PROPERTY OF	
	28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if man)?	1A 1A	argm 7a	
temized Deductions		No. Your deduction is not limited. Add the amounts in the	e far right column	H TOLK	00	19405	59
-caactions		for lines 4 through 27. Also, enter this amount on Fo			28		
		☐ Yes. Your deduction may be limited. See page A-6 for the	amount to enter.				

a Control Number GC323764001		200	2	Sta	Wage and Tax atement b. 1545-0008	Fo	Copy C or Employee's Re (See Notice on ba	ecords ck.)
c Employer's name, PRINCIPAL LIFE 711 HIGH STREE	E INSURANCE				1 Wages, tips, other \$7	compensation 391.46	2 Federal incor	ne tax withheld \$1995.67
DES MOINES IA					3 Social security was	ages 391.46	4 Social secur	ity tax withheld \$458.29
familiary (1981 1970) and in his editions standard Augusta did					5 Medicare wages ar		6 Medicare tax	
b Employer's identification between be		d Employee's s	ocial se	curity number	10 Dependent care be	nefits	11 Nonqualified	d plans
e Employee's name, PAUL R DULBERG 4606 HAYDEN CT	To the first of th	ode	acue an N. F 88 y Verent you	use theory is set to be gitt not successful huses tolking bytos	12 See Instructions fo	r box 12	Statutory R employee p	letirement Third-par lan sick pay
MCHENRY IL 600	050				b. 	od ni torvojni 66) Supprio s Trans 1 26 noitoes (20nemi Secolo e (20)	14 Other	soli stele gmso
energie (Not included in box). You must in 6839, Oxalifica Adoption Topenses, to	d in-Adoption b complete Pern	eser sou, out (incident	economica e gituose em. ecotes	i group term me e l, 3 (up to spoul i e deberate to a se	d. of all states at the		nqualified or section of security and findles	
Account number (op) GC323764001	E 1000 1	Source - Product = 02010-01300	IL	ate - Employer's		4.	ges, tips, etc. 17	State income tax

Copy C For EN (See Notice to of Copy B.)	IPLOYE Employ	E'S RECO	ORDS back	This information is be Service. If you are re penalty or other sand income is taxable and	eing furnished to quired to file a ta tion may be imp d you fail to repo	the Internal Revenue ax return, a negligence osed on you if this ort it.			
a Control numbe		1 Wages,	tips, other	er compensation 25940.34	2 Federal in	ncome tax withheld 3874.13			
5086/03407/ b Employer ID nu		3 Social security wages 26477.04			4 Social security tax withheld 1641.55				
36-1265490	Carlo I	5 Medicare	e wages	and tips 26477.04	6 Medicare	tax withheld 383.94			
c Employer's name, address, and ZIP code	Interm 7777	natic Inconatic Plan Winn Ro	za		60081-9				
d Employee's social security number									
e Employee's name, address, and ZIP code	PAUL 4606 I	HAYDEN	N CT.	DULB					
7 Social security	tips	8 Allo	cated tip	os	9 Advance	EIC payment			
10 Dependent ca	re benefit	s 11 No	onqualific	ed plans					
12a D		536	.70	13 Stat. Emp.	13 Stat. Emp. Ret.plan 3				
12b				14 Other SEC125		522.18			
12c									
IL0186				25940.34 te wages, tips, etc.	17 State	778.18			
18 Local wages, 1	tips, etc.		19 Loc	al income tax	20 Local	lity name			
Form W-2 Wage	e & Tax S	tatement 2	2002	Dept. of the Trea	sury-IRS C	MB No. 1545-0008	1		



File Deposit Pay Illinois Department of Revenue

2003 Form IL-1040 Individual Income Tax Return

or for fiscal year ending _____/0_4_

	nal Information —			
	Write your Social Security number	ers in the order they appear	on your federal return.	
		ate the PT Were pure		
	- -	ere	In ums 1 or 3 ear show	PRINCE PROPERTY OF THE PRINCE
	Your Social Security number	.618	Your spouse's Social Security n	umber
В	Print or type your personal inform	nation below.		
_	, s,pe year percental lines.	218		
	Your first name and initial	and the one of the	Your last name	ISQ othW
	anoliout		Hamis Hamb	
	Your spouse's first name and initial	1888 19191	Your spouse's last name (if diff	erent)
				Wate you
	Mailing address	21 Jours Little (not true Blus)	d situs Budanab a acetesol	TOORING.
		i9-C, write the amount from	ripleted litinois Schedule 125	representation of the contraction of the contractio
	City		State	ZIP
C	Check your filing status.			
	☐ Single or head of household	☐ Married filing jointly	☐ Married filing separate	ly Widowed
Step 2: Incom		in Married Illing Jointly	iviamed ming separate	ly Widowed
1	Write your federal adjusted gross	income from your U.S. 104	0, Line 34;	or orea is to be
	U.S. 1040A, Line 21; U.S. 1040EZ			1 38/19
2	Write your federally tax-exempt in			no Folia Fon
	U.S. 1040 or 1040A, Line 8b; or L		ndoni suov besitsuona uov N	2
3	Write any other additions to your		llinois. See	
	instructions for details. Specify yo		Complete physics must be out to be	3
	Add Lines 1 through 3. This is you	ur income.		4 38119
Step 3: Base		The Drive State descendants by D. A.	r (excl. edminal and transporter at	se encellane a col qu
Attach 5	Write income received from Social			
Federal Page 1, Form W-2, 1099-R	plans if that income is included in			Lansw Sw
Military W-2	, , , ,			MA INO
/	Write any Illinois Income Tax refu		0. 10 10.	
See 8	Write the U.S. Treasury bonds, bill agency interest from U.S. 1040, S			assismo/i
1				
instructions	Write any other subtractions to vo	nur income See I ine 9 inetr	uctions	
See 9	,			
9	and Publication 101 for details. De	o not subtract your out-of-s		O etatani Berli DBA
See 9	and Publication 101 for details. De income. Specify your subtractions	o not subtract your out-of-s		Prostes C Add Line 29 - Add Line
See instructions	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo	o not subtract your out-of-s s unt from Schedule 1299-C.		10 208
See instructions	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the	o not subtract your out-of-se. bunt from Schedule 1299-C. total of your subtractions.	9	
See instructions 9	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This	o not subtract your out-of-se. bunt from Schedule 1299-C. total of your subtractions.	9	10 <u>208</u> 1 11 <u>379//</u> 1
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This	o not subtract your out-of-s s ount from Schedule 1299-C. e total of your subtractions. s is your Illinois base incom	9 ne.	
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions	o not subtract your out-of-s s unt from Schedule 1299-C. total of your subtractions. s is your Illinois base incom	9 ne.	
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe	o not subtract your out-of-sections. count from Schedule 1299-C. cototal of your subtractions. coins is your Illinois base income from your federal return. Their return, see Line 12 r to write here.	9	
See instructions 10 11 Step 4: Exem 12 See instructions before completing	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older:	o not subtract your out-of-sections. count from Schedule 1299-C. count from Schedule 1299-C. count from your subtractions. count from your federal return.	9	
See instructions 10 11 Step 4: Exem 12 See instructions before	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You	o not subtract your out-of-sets. bunt from Schedule 1299-C. total of your subtractions. Is is your Illinois base income from your federal return. Their return, see Line 12 Their return, see Line 12 Their return of their sets of the section of th	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step.	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you	o not subtract your out-of-sets. bunt from Schedule 1299-C. total of your subtractions. Is is your Illinois base income from your federal return. Their return, see Line 12 Their return, see Line 12 Their return of their sets of the section of th	9	
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come	o not subtract your out-of-sections. Solution of the subtract your out-of-sections of your subtractions. Solve total of your subtractions. From your federal return. If their return, see Line 12 If to write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. To write here. To your federal return. To write here.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12	o not subtract your out-of-sections. Solution of the subtract your out-of-sections of your subtractions. Solve total of your subtractions. From your federal return. If their return, see Line 12 If to write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. To write here. To your federal return. To write here.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14.	o not subtract your out-of-sections. In their return, see Line 12 rto write here. Spouse = Spouse = Court total Illinois exemption are considered as a court total Illinois exemption are court of their return.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residents	o not subtract your out-of-sections. In their return, see Line 12 our towrite here. Spouse = Spouse = Cour total Illinois exemption and course to write here.	9	11 379// 12 2000 13 359//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residence the box that applies to you	o not subtract your out-of-sets. unt from Schedule 1299-C. total of your subtractions. s is your Illinois base income from your federal return. their return, see Line 12 r to write here. +	9	11 379// 12 2000 13 359//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residents	o not subtract your out-of-sets. unt from Schedule 1299-C. total of your subtractions. s is your Illinois base income from your federal return. their return, see Line 12 r to write here. +	9	11 379// 12 2000 13 359//

stop i. i dy.		Write the amount of your tax from Page 1, Step 6, Line 15 here.	16 1077	
		Write the total amount of Illinois Income Tax withheld from your pay	nna A	
W-2s (Attach		as shown on your W-2 forms, generally found in Box 17. 17 1/34	uus eese	
to front)	18	Write any estimated payments you made with Forms IL-1040-ES	SAVIDAY TOURS	
	10			
and second out	10	and IL-505-I. Include any credit from your 2002 overpayment.		
Schedule CR	19	If you paid income tax to another state while an Illinois resident, complete		
Other states' returns and		Schedule CR and write the amount from Line 8 of that schedule here. 19	NY MINW A	
required	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions.		
schedules		Write PT Worksheet Line 3 amount here.— 20a _32/7		
		Write PT Worksheet Line 8 amount here. 20b 16	Inches of	
2	21	If you paid education expenses, see instructions. Write Schedule ED or	Asia kasa Di - Di	
Receipt or Schedule ED		ED Worksheet Line 1 amount here. 21a		
		Write Schedule ED or ED Worksheet Line 10 amount here. 21b	1	
	22	If you received a federal EIC, complete the EIC Worksheet in instructions.	Tasii tudV	
		Write EIC Worksheet Line 1 amount here. 22a		
		Write your EIC credit amount from the EIC Worksheet here. ——— 22b		
		Check if you have a qualifying child (living with you) born after 12/31/85.		
Schedule	23	If you completed Illinois Schedule 1299-C, write the amount from		
1299-C		Step 4, Line 51 here. 23	VEO	
	24	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.		1
Step 8: Ov	erpa	nyment or Tax Due	27 /2/3	
			05 218	
		If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment		O make
ton O. Do	26	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26	- Hate
Step 9: Per			and entropy of	
Attach	27	Write your late-payment penalty for underpayment of estimated tax		
		from Form IL-2210, Line 28. 27	2 Willeys	,
Form IL-2210	-	a Check if you annualized your income on Form IL-2210, Step 6,		
1011111L-2210		or if you are 65 or older and permanently living in a nursing home.		
		b Check if at least two-thirds of your federal gross income		
		is from farming.		
ten 10: D	onat	ions Any donation will reduce your refund or increase the amount you owe		
			selection to a	
	20	Write the amount you wish to donate to one or more of the following voluntary contribution	n funds.	
		Wildlife Preservation aI_ Multiple Sclerosis gI_		
		Child Abuse Prevention bI_ Military Family Relief hI		
		Alzheimer's Research cI Lou Gehrig's Disease iI_		
		Homeless Assistance dI_ WWII Veterans Memorial jI		
		Breast Cancer Research eI Asthma & Lung Research kI		
		Prostate Cancer Research f Leukemia Treatment I		
		Add Lines a through l . This is your voluntary contributions total.	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
	74	Addition 07 and the 00 This is a set of the set of		946 Netrocki
		Add Line 27 and Line 28. This is your total penalty and donations.	29 4	onii otto minet
tep 11: Re	efun	d or Amount You Owe-	29 4	odio miseri
	efun		29 4	into criteri
	efun 30	d or Amount You Owe-	29 <u>4</u> 30 2/8	ottornises
	efun 30	d or Amount You Owe————————————————————————————————————	Chack if 19 Add Ura	atemen
	efun 30 31	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your	Chack if 19 Add Ura	d get8
- 1	efun 30 31	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax.	Chack if 19 Add Ura	Step 4
	efun 30 31 32	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund.	Chack if 19 Add Ura	J get8
	efun 30 31 32	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax.	Chack if 19 Add Ura	discussed and a second
ect Deposit	efun 30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information.	Chack if 19 Add Ura	donner
	30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Checking or Savings	Chack if 19 Add Ura	discribed belongs as sun
ect Deposit instructions	30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number	Chack if 19 Add Ura	do noted belonger as out the
ect Deposit Instructions	30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. Or	Chack if 19 Add Ura	do nise
nct Deposit instructions	30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number 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.	Chack if 19 Add Ura	3 get 8 de
ect Deposit instructions	efun 30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	Chack if 19 Add Ura	otomber 3 get 8 de augusta metada totapusa sta utra
ect Deposit instructions	efun 30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	30 <u>2/8</u> 32 <u>2/8</u>	de qui de qui de que la companya
ect Deposit instructions	efun 30 31 32 33 34 gn a	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. 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. If you have an overpayment on Line 25 and this amount you owe.	30 <u>2/8</u> 32 <u>2/8</u> 34	de gelé
net Deposit instructions	efun 30 31 32 33 34 gn a	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	30 <u>2/8</u> 32 <u>2/8</u> 34	_l
ct Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Ier penalties of perjury, I state that I have examined this return, and, to the best of my knowledge,	302/8	
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. 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. If you have an overpayment on Line 25 and this amount you owe.	302/8	_ld complet
ect Deposit instructions	30 31 32 33 34 4 9n a Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number 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. Ind Date Date Date Daytime phone number Your spouse's signature	302/8	
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Date Date Daytime phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number	302/8	Date
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Ier penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, signature Date Daytime phone number Preparer's FEIN, SSN, or payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE III Payment e	302/8	Date OF REVEN



File Deposit Pay Illinois Department of Revenue

2003 Form IL-1040 Individual Income Tax Return

or for fiscal year ending _____/0_4_

	nal Information —			
	Write your Social Security number	ers in the order they appear	on your federal return.	
		ate the PT Were pure		
	- -	ere	In ums 1 or 3 ear show	PRINCE PROPERTY OF THE PRINCE
	Your Social Security number	.618	Your spouse's Social Security n	umber
В	Print or type your personal inform	nation below.		
_	, s,pe year percental lines.	218		
	Your first name and initial	and the one of the	Your last name	ISQ othW
	anoliout		Hamis Hamb	
	Your spouse's first name and initial	1888 19191	Your spouse's last name (if diff	erent)
				Wate you
	Mailing address	21 Jours Little (not true Bus)	d situs Budanab a acetesol	TOORING.
		i9-C, write the amount from	ripleted litinois Schedule 125	representation of the contraction of the contractio
	City		State	ZIP
C	Check your filing status.			
	☐ Single or head of household	☐ Married filing jointly	☐ Married filing separate	ly Widowed
Step 2: Incom		in Married Illing Jointly	iviamed ming separate	ly Widowed
1	Write your federal adjusted gross	income from your U.S. 104	0, Line 34;	or orea is to be
	U.S. 1040A, Line 21; U.S. 1040EZ			1 38/19
2	Write your federally tax-exempt in			no Folia Fon
	U.S. 1040 or 1040A, Line 8b; or L		ndoni suov besitsuona uov N	2
3	Write any other additions to your		llinois. See	
	instructions for details. Specify yo		Complete physics must be out to be	3
	Add Lines 1 through 3. This is you	ur income.		4 38119
Step 3: Base		The Drive State descendants by D. A.	r (excl. edminal and transporter at	se encellane a col qu
Attach 5	Write income received from Social			
Federal Page 1, Form W-2, 1099-R	plans if that income is included in			Lansw Sw
Military W-2	, , , ,			MA INO
/	Write any Illinois Income Tax refu		0. 10 10.	
See 8	Write the U.S. Treasury bonds, bill agency interest from U.S. 1040, S			assismo/i
1				
instructions	Write any other subtractions to vo	nur income See I ine 9 inetr	uctions	
See 9	,			
9	and Publication 101 for details. De	o not subtract your out-of-s		O etatani Berli DBA
See 9	and Publication 101 for details. De income. Specify your subtractions	o not subtract your out-of-s		Prostes C Add Line 29 - Add Line
See instructions	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo	o not subtract your out-of-s s unt from Schedule 1299-C.		10 208
See instructions	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the	o not subtract your out-of-se. bunt from Schedule 1299-C. total of your subtractions.	9	
See instructions 9	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This	o not subtract your out-of-se. bunt from Schedule 1299-C. total of your subtractions.	9	10 <u>208</u> 1 11 <u>379//</u> 1
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This	o not subtract your out-of-s s ount from Schedule 1299-C. e total of your subtractions. s is your Illinois base incom	9 ne.	
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions	o not subtract your out-of-s s unt from Schedule 1299-C. total of your subtractions. s is your Illinois base incom	9 ne.	
See instructions 10 11 Step 4: Exem	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe	o not subtract your out-of-sections. count from Schedule 1299-C. cototal of your subtractions. coins is your Illinois base income from your federal return. Their return, see Line 12 r to write here.	9	
See instructions 10 11 Step 4: Exem 12 See instructions before completing	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older:	o not subtract your out-of-sections. count from Schedule 1299-C. count from Schedule 1299-C. count from your subtractions. count from your federal return.	9	
See instructions 10 11 Step 4: Exem 12 See instructions before	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You	o not subtract your out-of-sets. bunt from Schedule 1299-C. total of your subtractions. Is is your Illinois base income from your federal return. Their return, see Line 12 Their return, see Line 12 Their return of their sets of the section of th	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step.	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you	o not subtract your out-of-sets. bunt from Schedule 1299-C. total of your subtractions. Is is your Illinois base income from your federal return. Their return, see Line 12 Their return, see Line 12 Their return of their sets of the section of th	9	
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. De income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come	o not subtract your out-of-sections. Solution of the subtract your out-of-sections of your subtractions. Solve total of your subtractions. From your federal return. If their return, see Line 12 If to write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. To write here. To your federal return. To write here.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12	o not subtract your out-of-sections. Solution of the subtract your out-of-sections of your subtractions. Solve total of your subtractions. From your federal return. If their return, see Line 12 If to write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. Solve of your federal return. Solve of your federal return. To write here. To write here. To your federal return. To write here.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14.	o not subtract your out-of-sections. In their return, see Line 12 rto write here. Spouse = Spouse = Court total Illinois exemption are considered as a court total Illinois exemption are court of their return.	9	11 379//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residents	o not subtract your out-of-sections. In their return, see Line 12 our towrite here. Spouse = Spouse = Cour total Illinois exemption and course to write here.	9	11 379// 12 2000 13 359//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residence the box that applies to you	o not subtract your out-of-sets. unt from Schedule 1299-C. total of your subtractions. s is your Illinois base income from your federal return. their return, see Line 12 r to write here. +	9	11 379// 12 2000 13 359//
See instructions 10 11 Step 4: Exem 12 See instructions before completing this step. Step 5: Net In 13	and Publication 101 for details. Do income. Specify your subtractions Check if Line 9 includes any amo Add Lines 5 through 9. This is the Subtract Line 10 from Line 4. This ptions a Write the number of exemptions b If someone else claimed you on instructions to figure the numbe c Check if 65 or older: You d Check if legally blind: You Add Lines a through d. This is you come Residents only: Subtract Line 12 Skip Line 14. Nonresidents and part-year residents	o not subtract your out-of-sets. unt from Schedule 1299-C. total of your subtractions. s is your Illinois base income from your federal return. their return, see Line 12 r to write here. +	9	11 379// 12 2000 13 359//

stop i. i dy.		Write the amount of your tax from Page 1, Step 6, Line 15 here.	16 1077	
		Write the total amount of Illinois Income Tax withheld from your pay	nna A	
W-2s (Attach		as shown on your W-2 forms, generally found in Box 17. 17 1/34	uus eese	
to front)	18	Write any estimated payments you made with Forms IL-1040-ES	SAVIDAY TOURS	
	10			
and second out	10	and IL-505-I. Include any credit from your 2002 overpayment.		
Schedule CR	19	If you paid income tax to another state while an Illinois resident, complete		
Other states' returns and		Schedule CR and write the amount from Line 8 of that schedule here. 19	NY MINW A	
required	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions.		
schedules		Write PT Worksheet Line 3 amount here.— 20a _32/7		
		Write PT Worksheet Line 8 amount here. 20b 16	Inches of	
2	21	If you paid education expenses, see instructions. Write Schedule ED or	Asia kasa Di - Di	
Receipt or Schedule ED		ED Worksheet Line 1 amount here. 21a		
		Write Schedule ED or ED Worksheet Line 10 amount here. 21b	1	
	22	If you received a federal EIC, complete the EIC Worksheet in instructions.	Tasii tudV	
		Write EIC Worksheet Line 1 amount here. 22a		
		Write your EIC credit amount from the EIC Worksheet here. ——— 22b		
		Check if you have a qualifying child (living with you) born after 12/31/85.		
Schedule	23	If you completed Illinois Schedule 1299-C, write the amount from		
1299-C		Step 4, Line 51 here. 23	VEO	
	24	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits.		1
Step 8: Ov	erpa	nyment or Tax Due	27 /2/3	
			05 218	
		If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment		O make
ton O. Do	26	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26	- Hate
Step 9: Per			and entropy of	
Attach	27	Write your late-payment penalty for underpayment of estimated tax		
		from Form IL-2210, Line 28. 27	2 Willeys	,
Form IL-2210	-	a Check if you annualized your income on Form IL-2210, Step 6,		
101111 IL-2210		or if you are 65 or older and permanently living in a nursing home.		
		b Check if at least two-thirds of your federal gross income		
		is from farming.		
ten 10: D	onat	ions Any donation will reduce your refund or increase the amount you owe		
			selection to a	
	20	Write the amount you wish to donate to one or more of the following voluntary contribution	n funds.	
		Wildlife Preservation aI_ Multiple Sclerosis gI_		
		Child Abuse Prevention bI_ Military Family Relief hI		
		Alzheimer's Research cI Lou Gehrig's Disease iI_		
		Homeless Assistance dI_ WWII Veterans Memorial jI		
		Breast Cancer Research eI Asthma & Lung Research kI		
		Prostate Cancer Research f Leukemia Treatment I		
		Add Lines a through l . This is your voluntary contributions total.	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
	74	Addition 07 and the 00 This is a set of the set of		946 Netrocki
		Add Line 27 and Line 28. This is your total penalty and donations.	29 4	onii otto minet
tep 11: Re	efun	d or Amount You Owe-	29 4	odio miseri
	efun		29 4	into criteri
	efun 30	d or Amount You Owe-	29 <u>4</u> 30 2/8	ottornises
	efun 30	d or Amount You Owe————————————————————————————————————	Chack if 19 Add Ura	atemen
	efun 30 31	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your	Chack if 19 Add Ura	d get8
- 1	efun 30 31	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax.	Chack if 19 Add Ura	Step 4
	efun 30 31 32	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund.	Chack if 19 Add Ura	J get8
	efun 30 31 32	d or Amount You Owe If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax.	Chack if 19 Add Ura	discussed and a second
ect Deposit	efun 30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information.	Chack if 19 Add Ura	donner
	30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Checking or Savings	Chack if 19 Add Ura	discribed belongs as sun
ect Deposit instructions	30 31 32 33	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number	Chack if 19 Add Ura	do noted belonger as out the
ect Deposit Instructions	30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. Or	Chack if 19 Add Ura	do nise
nct Deposit instructions	30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number 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.	Chack if 19 Add Ura	3 get 8 de
ect Deposit instructions	efun 30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	Chack if 19 Add Ura	otomber 3 get 8 de augusta metada totapusa sta utra
ect Deposit instructions	efun 30 31 32 33 34	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	30 <u>2/8</u> 32 <u>2/8</u>	de qui de qui de que la companya
ect Deposit instructions	efun 30 31 32 33 34 gn a	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. 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. If you have an overpayment on Line 25 and this amount you owe.	30 <u>2/8</u> 32 <u>2/8</u> 34	de gelé
net Deposit instructions	efun 30 31 32 33 34 gn a	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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.	30 <u>2/8</u> 32 <u>2/8</u> 34	_l
ct Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Ier penalties of perjury, I state that I have examined this return, and, to the best of my knowledge,	302/8	
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. 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. If you have an overpayment on Line 25 and this amount you owe.	302/8	_ld complet
ect Deposit instructions	30 31 32 33 34 4 9n a Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number 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. Ind Date Date Date Daytime phone number Your spouse's signature	302/8	
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Date Date Daytime phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's signature Preparer's FEIN, SSN, or preparer's phone number	302/8	Date
ect Deposit instructions	30 31 32 33 34 Unc	If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. Write the amount from Line 30 that you want applied to your 2004 estimated tax. Subtract Line 31 from Line 30. This is your refund. Direct deposit your refund by completing the following information. Routing number Account number If you have tax due on Line 26, add Lines 26 and 29. 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. Ind Date Ier penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, signature Date Daytime phone number Preparer's FEIN, SSN, or payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE III Payment e	302/8	Date OF REVEN

For the year Jack - 10-ce. 31, 2001, or owner tare year beginning. For the year Jack - 10-ce. 31, 2001, or owner tare year beginning. For the year Jack - 10-ce. 31, 2001, or owner tare year beginning. For the year Jack - 10-ce. 31, 2001, or owner tare year beginning. For the year Jack - 10-ce. 31, 2001, or owner tare year beginning. For the year Jack - 10-ce. 31, 2001, or owner Jack - 10-	1040		artment of the Treasury—Internal Re 5. Individual Income Ta		3 (1)	IRS Use	OnlyDo n	ot write	or staple in this space.	
See the IRS table. If the point return, spouse's first name and initial Last name Spouse's social security numbrish state. Spouse's social security numbrish state. If the point return, spouse's first name and initial Last name Spouse's social security numbrish state. If the point return is possible. If the possible is possible. If the possible. If the possible is possible. If the possible. If the possib		Fo	r the year Jan. 1-Dec. 31, 2003, or other tax			-			NAME OF THE OWNER OWNER.	
If a joint return, spouse's first name and initial base the IRS Last name page 18). If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base the IRS Last name page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and initial base page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 19. If a joint return, spouse's first name and page 29. If a joint return, spouse's first name and page 29. If a joint return, spouse's first name and page 29. If a joint return, spouse's first name and page 29. If a joint return, want 5 to go to this fund name and page 29. If a joint return, want 5 to go to this fund name and page 29. If a joint return, want 5 to go to this fund name and page 29. If a joint return, want 5 to go to this fund name and page 29. If a j	CONTRACTOR STREET	Yo	ur first name and initial	Last name	inao promove Nggasi maka		10-9	Name and Address of the Owner, where the Owner, which is the	THE RESERVE OF THE PARTY OF THE	THE RESERVE TO SHARE
Spouse	netructions A	-	a label vetime a service of					1	l bu	bnafe
Home address (number and street), if you have a foreign address, see page 19.	n page 19.)						Spouse's social security number			
to pre-trype. E City, lown or post office, state, and ZiP code if you have a foreign address, see page 19. 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? Married filing separately. Enter spouse's SSN above and full name here. ▶ Single	abel. Otherwise, E	Tinh	me address (number and street). If you	have a P.O. box, see page	19.	Apt. n	0.		Important!	A
Illing Status Poyou, or your spouse if filling a joint return, want \$3 to go to this fund? Vou Spouse been page 19.] Do you, or your spouse if filling a joint return, want \$3 to go to this fund? Ves No Ves	or type.	Cit	y, town or post office, state, and ZIP of	code. If you have a foreign a	ddress, see page	e 19.	26 pm			э.
See page 18. Do you, or your spouse if filling a joint return, want \$3 to go to this fund? Vers No Vers No Vers No			Note Checking "Vee" will not a	aanaa yaye tay ay wadisaa				Yo	ou Spou	se
theck only ne box. Amried filing jointly (even if only one had income) the qualifying pesson is a children ne box.	See page 19.)	7	Do you, or your spouse if filing a	a joint return, want \$3 to	go to this fund	d? .	>	Ye	s No Yes	□ No
theck only and full name here. ▶ and full name here. ▶ she box. An intervent of the properties of	Filing Status	1		aly one had income)						
Semptions Ga	Check only	3	Married filing separately. Enter		this ch	nild's nam	ne here. >			01.08
return, do not check box 6a	one box.	_							CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	age 20.
b Spouse C Dependents: (2) Dependent's (3) Dependent's relationship to clark (relationship	Exemptions	ба			ou as a deper	ndent or	his or he	er tax		
C Dependents: (1) First name Last name Social security number General Content of the pendents; Social security number General Content of the pendents, Social security number General Content of the pendents, Social security number General Content of the pendents, General Content of the pendents, Social security number General Content of the pendents		b	□ •		45 A A A	/**********************		}		12 1 27
(i) First name Last name social security number relationship to the playe 21 confeder playe 21 confeder playe 21 confederate playe 22 confederate playe 22 confederate players 21 confederate players 22 confederate players 23 confederate players 23 confederate players 24 confederate players 25 confederate players 25 confederate players 25 confederate playe		c			(3) Dep	endent's			on 6c who:	
more than five ependents, see page 21.					nber relation				 lived with you 	
more than five pendents, see page 21. Combination Co			Maria Barrana Alamana		1.6	Ou .	ordit (See)	ago 21)		
d Total number of exemptions claimed Total number of exemptions claimed Total number of exemptions claimed Total numbers on lines	more than five					1 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3 (3			or separation	
Total number of exemptions claimed	ee page 21.			The Later of the L						
Total number of exemptions claimed 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 15 Tax-exempt interest. Do not include on line 8a 16 Parable interest. Do not include on line 8a 17 Tax-exempt interest. Do not include on line 8a 18 D 19 Ordinary dividends. Attach Schedule B if required 10 Qualified dividends (see page 23) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13a Capital gain or (loss). Attach Schedule C or C-EZ 15a Capital gain or (loss). Attach Schedule D if required. If not required, check here □ 15a Capital gain or (loss). Attach Form 4797 15a IRA distributions 15a Pensions and annutites 15b D Taxable amount (see page 25) 15b D Taxable amount (see page 25) 15b D Taxable amount (see page 25) 15b D Taxable amount (see page 27) 15b D Taxable amount (see page 27) 20b D Totricome. List type and 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 23 Student loan interest deduction (see page 33) 24 Ilmony paid b Recipient's SSN P 25 Student loan interest deduction (see page 33) 26 Pensions and annutices 27 Moving expenses. Attach Form 3903 28 Add lines 23 through 32a 39 Add lines 23 through 32a				SH CLASS OF Law Ca	0 (Sp. #31 19).					
To tool to tool to tool to tool to tool to tool tool tool tool to tool										1
Taxable interest. Attach Schedule B if required Sa Sa Sa Sa Sa Sa Sa S		d	Total number of exemptions clair	med						
tatach orms W-2 and -2G here. Is a solution of the common with table of	ncome							7		551
9a Ordinary dividends. Attach Schedule B if required 9b Ualified dividends (see page 23) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 11 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 11 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 12 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 12 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 12 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offsets of state and local income taxes (see page 25) 15 Taxable refunds, credits, or offset	licome	8a	Taxable interest. Attach Schedu	le B if required	1			8a	110	-
b Qualified dividends (see page 23) 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 13a Capital gain or (loss). Attach Schedule D if required, fhock here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount (see page 25) 16a Pensions and annuities 16a b b Taxable amount (see page 25) 16b Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 Isa partnerships, S corporations, trusts, etc. Attach Schedule E 17 Isa partnerships, S corporations, trusts, etc. Attach Schedule E 18 Isa partnerships, S corporations, trusts, etc. Attach Schedule E 18 Isa partnerships, S corporations, trusts, etc. Attach Schedule E 19 Unemployment compensation 20 Social security benefits 20 Social security benefits 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 22 38 // 9 23 Educator expenses (see page 29) 24 IRA deduction (see page 29) 25 Student loan interest deduction (see page 32) 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 33 Add lines 23 through 32a 34 Alimony paid b Recipient's SSN ▶ 10 Tution and Fees deduction (see page 33) 34 Add lines 23 through 32a	ttach				8b					
Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10	orms w-2 and /-2G here.							7//////	simatered by	
tax was ithheld. 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 13a	lso attach								H IS STORY	1/69
tithheld. 12 Business income or (loss). Attach Schedule C or C-EZ 13a				ets of state and local inco	me taxes (see	page 2	3)		20 8	10-M
to tattach, any ayment. Also, agase use orm 1040-V. 20a Social security benefits 20a Social security benefits 22a Add the amounts in the far right column for lines 7 through 21. This is your total income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 Student loan interest deduction (see page 33) 30 Self-employed SEP, SIMPLE, and qualified plans 31 Penalty on early withdrawal of savings . 33 Add lines 23 through 32a Alimony paid b Recipient's SN ▶	rithheld.							-		100.00
b If box on 13a is checked, enter post-May 5 capital gain distributions at a W-2, see page 22. 15a IRA distributions 15a 15a b Taxable amount (see page 25) 16a Pensions and annuities 16a b Taxable amount (see page 25) 16b Taxable amount (see page 25) 16c Pensions and annuities 16a b Taxable amount (see page 25) 16b Taxable amount (see page 25) 16c Taxable amount (see page 27) 17c Taxable amount (see page 27) 18c Taxable amount (see page 27) 18c Taxable amount (see page 27) 20c Taxable amount (see page 27) 21c Taxable amount (see page 27) 22d Tax					required cho	ok boro	V 11	The second second	er var privatel	DAGS .
you did not at a W-2, lee page 22. 15a 18A distributions 15a 15b 15b 15b 16b 16b 16b 17c 18A distributions 16a 17c 18A distributions 16a 17c 18A distributions 17c 18A distributions 18c 1					1 1	ck liele		7//////	subble Chart	orius
are wv-2, see page 22. 15a IRA distributions 16a Pensions and annuities 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E to attach, any ayment. Also, ease use 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 ≥ 22 3 8 1/9 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 32 Alimony paid b Recipient's SSN ▶ 33 Add lines 23 through 32a 34 Add lines 23 through 32a 35 Norther this source for the far in the far right column for lines 7 through 21. This is your total income ▶ 26 Tuition and fees deduction (see page 31) 27 28 One-half of self-employment tax. Attach Schedule SE 28 29 Self-employed health insurance deduction (see page 33) 30 31 Penalty on early withdrawal of savings 31 32a Alimony paid b Recipient's SSN ▶ 32 Alimony paid b Recipient's SSN ▶ 33 Add lines 23 through 32a	you did not				The second second					
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 22 3 21 23 Educator expenses (see page 29) 23 24 IRA deduction (see page 29) 25 Student loan interest deduction (see page 31) 25 Student loan interest deduction (see page 32) 26 Income 26 Tuition and fees deduction (see page 32) 27 Moving expenses. Attach Form 3903 27 Moving expenses. Attach Form 3903 27 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 31 Penalty on early withdrawal of savings 32 Add lines 23 through 32a Add lines 23 through 32a .	et a W-2,							CONTRACTOR OF THE PARTY OF THE	1 519	
nclose, but do to attach, any ayment. Also, ease use part of the	ee page 22.	16a	Pensions and annuities 16a					16b	1 200	
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 ≥ 22 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 32 Alimony paid b Recipient's SSN ▶ 32 Substitute (100 Title) 100 Title) 18 decimal to 19 decim	inclose, but do	17	Rental real estate, royalties, partn	erships, S corporations, t	rusts, etc. Atta	ach Sche	edule E	17	500	
Pease use page 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 22 3 8 7 7 9 23 Educator expenses (see page 29) 23 24 18A deduction (see page 29) 24 18A deduction (see page 29) 25 18 18 18 18 18 18 18 18 18 18 18 18 18	ot attach, any	18						18	0 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	106 lich 405 5 5
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 22 38 // 9 23 Educator expenses (see page 29)	lease use	19	Unemployment compensation				· · · · · · · · · · · · · · · · · · ·	19	in 70b, age_a	i bris
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 3 8 11 9 23 Educator expenses (see page 29)	orm 1040-V.								box br	1 200
Educator expenses (see page 29) IRA deduction (see page 29) Student loan interest deduction (see page 31) Educator expenses (see page 29) IRA deduction (see page 29) Student loan interest deduction (see page 31) Educator expenses (see page 29) Student loan interest deduction (see page 31) Educator expenses (see page 29) Z4 Educator expenses (see page 29) Z4 Educator expenses (see page 29) Z4 Z5 Tuition and fees deduction (see page 32) Educator expenses (see page 29) Z4 Z5 Z6 Z7 Z8 One-half of self-employment tax. Attach Schedule SE Z9 Self-employed health insurance deduction (see page 33) Self-employed SEP, SIMPLE, and qualified plans 30 Self-employed SEP, SIMPLE, and qualified plans 31 Penalty on early withdrawal of savings 31 32a Alimony paid b Recipient's SSN 33a Add lines 23 through 32a 33 Add lines 23 through 32a 33 Add lines 23 through 32a			Other income. List type and amo	unt (see page 27)	7			100000000000000000000000000000000000000	00111	
IRA deduction (see page 29)						total inc	ome >	22	38/19	MOV
Student loan interest deduction (see page 31). 25 Come 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. 31 32a Alimony paid b Recipient's SSN 33 Add lines 23 through 32a. 33 Add lines 23 through 32a. 33 34 Subtract line 20 feet line 20. This is a feet line.	diusted					or Test	United to the		Will Subject to	mint T
Tuition and fees deduction (see page 32)									Periodo Sano	
27 Moving expenses. Attach Form 3903									Ministra 1997	
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 . 33	Spt-son moss					50 1/2 30	5 0 5U8		1989d	
29 Self-employed health insurance deduction (see page 33) 30 Self-employed SEP, SIMPLE, and qualified plans 31 Penalty on early withdrawal of savings									BLOY G	
30 Self-employed SEP, SIMPLE, and qualified plans 31 Penalty on early withdrawal of savings									Finisher 20 and	
31 Penalty on early withdrawal of savings						Marian Maria	a R course		Vgoo s	
32a Alimony paid b Recipient's SSN ▶						1			N N	
33 Add lines 23 through 32a					Control Section 1					
24 Culpture at line 00 from the 00 This is								33	Ď	
			Subtract line 33 from line 22. This	s is your adjusted gross	income		. •	34	38119	1014

Form 1040 (2003)					Р	age
Tax and	35	Amount from line 34 (adjusted gross income)		35	38119	
Credits	36a	Check ∫ ☐ You were born before January 2, 1939, ☐ Blind. ☐ Total boxes				
)	if: Spouse was born before January 2, 1939, ☐ Blind. checked ▶ 36a			130	
Standard Deduction	b	If you are married filing separately and your spouse itemizes deductions, or				
for—		you were a dual-status alien, see page 34 and check here ▶ 36b				200
People who	37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		37	18415	
checked any box on line	38	Subtract line 37 from line 35		38	19704	
36a or 36b or	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claime	d on		-	
who can be claimed as a		line 6d. If line 35 is over \$104,625, see the worksheet on page 35		39	3050	
dependent,	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0		40	16654	
see page 34.	41	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972 .		41	2151	123
All others:	42	Alternative minimum tax (see page 38). Attach Form 6251		42	197-19	
Single or Married filing	43	Add lines 41 and 42	. •	43	2157	
separately,	44	Foreign tax credit. Attach Form 1116 if required 44			e sulface g	
\$4,750	45	Credit for child and dependent care expenses. Attach Form 2441 45	1 19		seemy — gas	
Married filing jointly or	46	Credit for the elderly or the disabled. Attach Schedule R 46			.xo	
Qualifying	47	Education credits. Attach Form 8863	4000			
widow(er), \$9,500	48	Retirement savings contributions credit. Attach Form 8880 . 48			1500n du	
Head of	49	Child tax credit (see page 40)	1-236			
household,	50	Adoption credit. Attach Form 8839	1000			
\$7,000	51	Credits from: a Form 8396 b Form 8859 51	10			
	52	Other credits. Check applicable box(es): a Form 3800	- Land			
		b ☐ Form 8801 c ☐ Specify 52				
	53	Add lines 44 through 52. These are your total credits		53	Ø	
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0	. •	54	2151	
041	55	Self-employment tax. Attach Schedule SE		55		
Other	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		56		
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if require		57		
	58	Advance earned income credit payments from Form(s) W-2		58	286-56-597	
	59	Household employment taxes. Attach Schedule H		59		
	60	Add lines 54 through 59. This is your total tax	. •	60	2151	
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61 5508	21		(A.13)	
	62	2003 estimated tax payments and amount applied from 2002 return . 62	100		pi in near ta	
If you have a	63	Earned income credit (EIC)	f to ta		12 50	
qualifying	64	Excess social security and tier 1 RRTA tax withheld (see page 56) 64	12.40		.010	
child, attach Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65				
	66	Amount paid with request for extension to file (see page 56) 66	1 14			
	67	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 67			Mary toy old	
	68	Add lines 61 through 67. These are your total payments	. >	68	5508	25
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you over	oaid	69	3357	
Direct deposit?	70a	Amount of line 69 you want refunded to you	. •	70a	3357	100
See page 56	b	Routing number	inas		314 14 14	
and fill in 70b,	▶ d	Account number	3		(1) A 30	
70c, and 70d.	71	Amount of line 69 you want applied to your 2004 estimated tax > 71	1979		elle Village	
Amount	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 5	7 >	72		
You Owe	73	Estimated tax penalty (see page 58) 73				
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 58)?	Yes.	Comple	te the following. [] No
	Des	signee's Phone Personal	identific	eation		455
Designee	nar			D		
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statem	ents, an	d to the b	pest of my knowledge	and
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informat	ion of w			ge.
Joint return?	You	ur signature Date Your occupation		Daytir	me phone number	
See page 20.		The second secon		()	
Keep a copy for your	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	N tonto			
records.						
	Pre	parer's Date Check if	11898	Prepa	rer's SSN or PTIN	
Paid		Check if self-employe	d 🔲			
Preparer's		n's name (or EIN	1.203			
Use Only	you	rrs if self-employed), dress, and ZIP code Phone	e no.	() 100 400 400	1919
					Form 1040	(2003

Recipient's/Lender's Name, Address and ABN AMRO Mortgage 2600 West Big Beav Troy, Michigan 48 (800) 783-8900	Group, Inc. er Road	*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.	Payer's Social Security Number	1 Mortgage Interest Received from P	ayer(s)/Borrower(s)*	Copy B for Payer
36-3744610			The information in boxes 1, 2 and 3 is important tax	
Payer's/Borrower's Name and Address		(See Box 2 on back.)	information and is being furnished to the Interna Revenue Service. If you are	
PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050		3 Refund of Overpaid Interest (See B	required to file a return, negligence penalty or othe sanction may be imposed o	
MCHENKY, 11 60050		4		you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage
Mortgage Loan Number				interest or for these points or because you did not report this refund of interest on your return.
orm 1098	(Keep For Your Reco	rds)	Department of the Trea	sury - 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: | Mortoage Loan Number | Borrower's Social Security Number | 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 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

-	-	-	-	-	-	-	-	-	-	_
7	100	OF	mat	ION	2	C+	214	nm	Oni	
-1	ш	IOI	mat	IOI	all	OL	au	31111	CIII	L

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

1099-G

Certain Government

Payments OMB NO.

1545-0120 Department of the Treasury - Internal Revenue Service

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.

\$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 year Box 2 amount is

for tax year

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

Refund interest included in Box 2.

2002

\$208.00

Box 2 amount that was credited to estimated tax.

\$0.00

208.00

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

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.

600D00002700-1

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

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

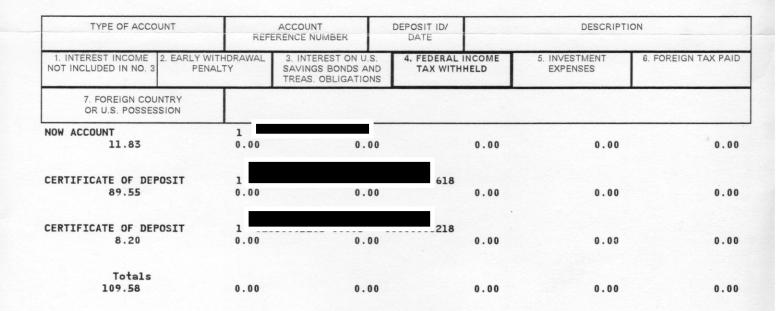
PAGE

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



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.
- 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.
- 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 No. 1.
- 4. 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.
- 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 No. 1.
- 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. 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)

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

OMB No. 1545-0074

2003

Attachment Sequence No. **07**

ply

not a

nths

hs.

is ore

0) 2003

Name(s) shown		The state of the s	,	Your social security nu	umb
- Tillion		ed has apsphore bendent reflex a month of translation or if you	eso to emen		
Medical		Caution. Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see page A-2)	25		4
Dental	2	Enter amount from Form 1040, line 35 2 38/19			
Expenses	3	Multiply line 2 by 7 50/ (075)	59		9
	4			1000	
Taxes You	5		2 14 1	1966	100
Paid	6	the state of the s			88 8
(See	7	Real estate taxes (see page A-2)	1		Pi
page A-2.)	8	resolution property taxes			
3-1-1,	0	and taxes. List type and amount			18
	9	Add lines 5 through 8			gh
nterest	10		9	4351	rec
ou Paid		To 198 100 100 100 100 100 100 100 100 100 10	8	10,010	80
The Hostier of a	11	Home mortgage interest not reported to you on Form 1098. If paid			100
See		to the person from whom you bought the home, see page A-3			ein
page A-3.)		and show that person's name, identifying no., and address			210
					em
				neme box	8//
lote.		11 01 00 2		100 101 101	1 8
ersonal nterest is	12	Points not reported to you on Form 1098. See page A-3			W.
ot		for special rules			
eductible.	13	Investment interest. Attach Form 4952 if required. (See			
Loranomi		page A-4.)			
quou at ata	14	Add lines 10 through 13		7	
ifts to	15	The state of the s	14	8978	
harity		Gifts by cash or check. If you made any gift of \$250 or more, see page A-4.			
you made a	16				
ft and got a	10	Other than by cash or check. If any gift of \$250 or more,		80.790	
enefit for it,	17	see page A-4. You must attach Form 8283 if over \$500			
ee page A-4.	18	Carryover from prior year			
asualty and	MO 1		18	3/20	nte:
heft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		, parco (19)	en
41 2003	6777		19	54	
b Expenses	20	Unreimbursed employee expenses—job travel, union			
d Most		dues, Job education, etc. Attach Form 2106 or 2106-F7			
her		if required. (See page A-5.) ▶		10 V 01	
iscellaneous				100000000000000000000000000000000000000	
ductions		20			
	21	Tax preparation fees			
ee	22	Other expenses—investment, safe deposit box, etc. List			
ge A-5.)		type and amount ▶		8 mm 8 u	
		22			
	23	Add lines 20 through 20		manib	
	24	Enter amount from Form 1040, line 35 24		ands shown	
	25	Multiply line O4 L O04 (00)		100000	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			
	27	Other, from list on near A.C. it line 25 is more than line 23, enter -0-	26	0 0	
scellaneous	d (d)	Other—from list on page A-6. List type and amount ▶	/////	NA NA	
ductions	UT IN	potor si or contentar and the remains a secure of the content of t		uoYmonth	
	28	would a Phase of their boundaries a paylage. (p)	27	101 8 12 111.11 15	
tol	-724	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filling)		0.000	3 24
	20		ately)?	14210	
mized	1501	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separation No. Your deduction is not limited. Add the amounts in the far right column	- 10 00000	areign 7s	
	LEGIT	No. Your deduction is not limited. Add the amounts in the far right colum for lines 4 through 27. Also, enter this amount on Form 1040, line 37. Yes. Your deduction may be limited. See page A-6 for the amount to enter.	n 28	18415	

See Notice to of Copy B.)	MPLOYEE'S Employee	on the back	Service. If you are negligible penalty or other san income is taxable ar	eeing furnished to equired to file a t ction may be imp nd you fail to repo	o the Internal Revenue ax return, a negligence cosed on you if this ort it.	
a Control numb WKLY/5086/	er 1	Wages, tips, other	er compensation 37801.28	_	ncome tax withheld 5508.25	
5 Employer ID r		Social security w	ages 38558.74	4 Social se	curity tax withheld 2390.60	
36-126549	00 5 1	Medicare wages	and tips 38558.74	6 Medicare	tax withheld 559.27	
c Employer's name, address, and ZIP code	Intermat	ic Incorporatic Plaza nn Road Grove	ted	60081-9	698	
1 Employee's social security number						
PAUL 4606 HAYDEN CT. and ZIP code MCHENRY			DULB			
' Social security	tips	8 Allocated tip	9 Advance EIC payment			
10 Dependent ca	are benefits	11 Nonqualifie	ed plans			
12a D		757.46	13 Stat. Emp.	Ret.plan	3rd-party sick pay	
12b 12c			14 Other SEC125		1354.27	
	.4769		37,801,28		1133.83	
State Emplo			e wages, tips, etc.		income tax ity name	
Form W-2 Wag	e & Tax State	ement 2003	Dept. of the Treas	surv-IRS O	MB No. 1545-0008	

Illinois Department of Revenue 2004 Form IL-1040

ELECTRONIC FILE ConfirMATION NUMBER 0511F000078822

Individual Income Tax Return

or for fiscal year ending _____/_0_5_

****		•••••		***************************************	Do not write above this line.
	Step 1: Per		nai Information —————————————————————	·	
		Δ	Your Social Security numbers in the order they appear on yo	ur federal return	
			Your Social Security number	Your spouse's Social Security number	r
		В	Print your personal information below		
		1	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	TT	COOEO 7010
			MCHENRY	IL State	60050-7918 ZIP
		N.	City	State	
		С	Filing status (check one)		
			Single or head of household	☐ Married filing separately	☐ Widowed
	Ot 0 - 3	ate treat		— Married ming departatory	
	Step 2: Inc				
•		1	Federal adjusted gross income from your U.S. 1040, Line 36;	U.S. 1040A, Line 21;	27 162.00
		_	U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I	1	<u>37,163 00</u>
32		2	Federally tax-exempt interest and dividend income from your		0100
£	- New -	_	or U.S. 1040EZ	2	0 0 0 0
2	Complete -	- 3	Other additions to your income. Attach Schedule M.	3	37,163 00
Š	£	4	Add Lines 1 through 3. This is your total income.	4	37,103 00
30	Step 3: Sas	80 (
Š		5	Income received from Social Security benefits and certain retir		
and 1099 forms here			if included in Step 2, Line 1. Attach federal page 1, Form W-		
2		6	Military pay earned if included in Step 2, Line 1. Attach military		
Staple W-2		7	Illinois Income Tax overpayment included in U.S. 1040, Line		-
22		8	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. age		
ã		_	interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule	1 80 00	
3	· New ·	· 9	Other subtractions to your income. Attach Schedule M.	90	-
~0	Complete Schedule M.	10	Check if Line 9 includes any amount from Schedule 1299-C	10	218 00
•		10 11	Add Lines 5 through 9. This is the total of your subtractions. Subtract Line 10 from Line 4. This is your Illinois base incom		36,945 00
				le.	30/313 00
	Step 4: Exe	,			
	(12		<u>1</u> X \$2,000 a <u>2,000 00</u>	
	See instructions		b If someone else claimed you or your spouse as a dependent on	0.00	
	before		their return, see instructions to figure the number to write here.		
	completing this step.			0 X \$1,000 c 0 00	
	·			0 X \$1,000 d 0 00	2,000 00
			Add Lines a through d. This is your total Illinois exemption a	llowance. 12	2,000 00
₩	Step 5: Net	ink	come 		
ck		13	Residents only: Subtract Line 12 from Line 11. This is your	net income. Skip Line 14. 13	34,945 00
he			Nonresidents and part-year residents only:		
C			Check the box that applies to you during the year 2004.	Nonresident 🔲 Part-year reside	nt
no			Illinois base income from Schedule NR. Attach Schedule NF	R. 14	-
ý	Step 6: Tax				
ple	-	15	Residents: Multiply Line 13 by 3% (.03). Write the result here	This is your tax	
Staple your check		13	Nonresidents and part-year residents: Write the tax from S		
			This amount may not be less than zero.		1,048 00
Mr.			This amount may not be less than zero.	10	

tep 7: Paymer	Tax amount from Page 1, Step 6, Line 15	16	1,048 00
	ts and Credits	105.00	
	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	103 00	
18	Estimated payments from Forms IL-505-I and IL-1040-ES, including		
	overpayment applied from 2003 return 18	0 00	
tonresidents 19	Income tax paid to another state while an Illinois resident. Attach		
ay not claim	Schedule CR and other states' returns.	1	
Lines 19, 20	Illinois Property Tax credit. You must complete PT Worksheet in instructions.	,	
20, or 21.	PT Worksheet Line 3 amount 20a 3,584 00		
The total of		179.00	
nes 19, 20b.			
nd 21b may 21	Education expense credit. You must complete ED Worksheet in instructions		
the tax	or Schedule ED. Attach receipt or Schedule ED.		
Line 16.	ED Worksheet of Schedule ED Line 1 amount 21a	0 00	
***************************************	ED Worksheet or Schedule ED Line 10 amount 21b	0 0 0	
22	Earned Income Credit. You must complete EIC Worksheet in instructions.		
	EIC Worksheet Line 1 amount 22a0 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.		
00		1	
	Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23		1,284 00
	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and cre	edits. 24	1,201 00
•	ryment or Tax Due		
25	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayn	nent. 25	236 00
	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.		0 00
ep 9: Penalt			
•		1	
21		_	
	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		
ep 10: Dona	Any donation will reduce your refund or increase the amount you owe		
•	Amount you wish to donate to one or more of the following voluntary contribution fund	ds	
	Wildlife Preservation a 0 0 Multiple Sclerosis f 0 0		
	Child Abuse Prevention b 0 0 00 Military Family Relief g 0 00		
	or mid Abuse Frevention b will any Family French		
	Tiomeless Assistance u immois veterans frome		
	Breast Cancer Research e000	0 00	
	Add Lines a through i. This is your donations total.	0 00	
29	Add Line 27 and Line 28. This is your total penalty and donations.	29	0 0 0
	d or Amount You Owe		
•			
30	If you have an overpayment on Line 25 and this amount is greater than		236,00
	Line 29, subtract Line 29 from Line 25.	30	230 100
31	Amount from Line 30 that you want applied to 2005 estimated tax	31	0 00
	Amount from Line 30 that you want applied to 2005 estimated tax		0 00 236 00
31 32	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund.	31	0 00 236 00
31 32 33	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund	31	236 00
31 32 33	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund	31	0 00 236 00
31 32 33	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number X Checking or Sav	31 32	0 00 236 00
31 32 33	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund	31 32	0 00 236 00
31 32 33 90t posit	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32	0 00 236 00
31 32 33 ect posit	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32	0 00
31 32 33 2Ct posit	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings	
31 32 33 2Ct posit See tructions payment aptions.	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32	0 00 236 00
31 32 33 2Ct posit See tructions payment aptions.	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings	
31 32 33 2Ct 2posit See structions payment pay	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 /ings 34	0 100
31 32 33 32 33 32 33 32 34 35 34 34 34 34 34 34 34 34 34 34 34 34 34	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 /ings 34	0 100
See Structions payment appliens. 20 12: Sign 6 Unc	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings 34	0 0 0 orrect, and complete
31 32 33 200 33 200 3	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings 34	0 100
See tructions payment appliens. 24 Unc	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings 34 dge, it is true, consture	0 0 0 orrect, and complete
See tructions payment appliens. 24 Unc	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 vings 34 dge, it is true, consture	0 0 0 orrect, and complete
See tructions payment patiens. 2	Amount from Line 30 that you want applied to 2005 estimated tax Subtract Line 31 from Line 30. This is your refund. Complete to direct deposit your refund Routing number	31 32 /ings 34 dge, it is true, consture SSN, or PTIN	orrect, and complete

		.S. Individual Income Tax I For the year Jan. 1–Dec. 31, 2004, or other tax year	heginning		(1) IRS	Use Unly—	Do not write	e or staple in this sp	ace.
Label		Your first name and initial	Last name	, 2004,	ending	, 20		OMB No. 1545-	-0074
(See instructions	L A B	lf a joint return, spouse's first name and initia	A LI JUNETES S	Wilst o	Siao History		You	r social security	number
on page 16.) Use the IRS	E	, special and initia	Last name		intilia dan makada	11 12 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Spo	use's social secu	urity num
label.	H	Home address (number and street). If you have	/e a P.O. box see n	200 16				Control of the Contro	
please print	R	City, town or post office, state, and ZIP code.			taliforn leneth	ot. no.	A	Importar	
Presidential		The world have been a first that the second state of the second st	you have a loreig	ii address	, see page 16.			You must enter	er
Election Campai	gn	Note. Checking "Yes" will not chang	16 VOLIT tax or rod				ノ 一、		
(See page 16.)		y a join spouse it thing a join	nt return, want \$3	to an to	retund.	Openstrace	_		ouse
Filing Status	1	Single		4				es No 🗆	Yes 🗌
a sona Villaga a L	2	Married filing jointly (even if only or	ne had income)	4 L	the qualifying	sehold (with	th qualifying	ng person). (See	page 17
Check only one box.	3	Married filing separately. Enter sporand full name here. ▶	use's SSN above		this child's r	g person is	a child be	ut not your depen	ident, en
Line 2 if you	6a	Yourself. If someone can claim	A FS	5	Qualifying v	vidow(er) w	ith deper	ndent child (see	page 17
Exemptions	b		ou as a depende	nt, do no	ot check box	6a .	}	Boxes checked on 6a and 6b	d
	С	Dependents.	(2) Depende	ent's	(3) Dependent	s (4) Vif	qualifying	No. of children on 6c who:	en e
		(1) First name Last name	social security		relationship to	child for	child tax	lived with your	ou
If more than four		Electric and adorese rystem is	1 - 1	ernal in	you	credit (see	page 18)	 did not live w you due to divor 	ith
dependents, see		The state office clearly that he		THE VIOLE	15 y C 2 15	+ +]	or separation	Ce
page 18.					77994-00	1 7	-	(see page 18) Dependents on	6c
	d	Total number of	A Andrea Server	rai Raia				not entered above	ve
	7	Total number of exemptions claimed						Add numbers of lines above ▶	n
ncome	8a	Wages, salaries, tips, etc. Attach Form	n(s) W-2	· construction			7	36852	192
attach Form(s)	b	Taxable interest. Attach Schedule B if	required				8a	93	15
V-2 here. Also	9a	Ordinary dividends Attack &	on line 8a	. 8b					r
ttach Forms	b	Ordinary dividends. Attach Schedule B	3 if required .				9a		allen e
/-2G and 099-R if tax	10	Qualified dividends (see page 20) .	No.	. 9b	F 100 7 143			100000000000000000000000000000000000000	
as withheld.	11	Taxable refunds, credits, or offsets of s Alimony received	state and local inc	ome tax	es (see page	20)	10	218	-
	12						11	8378	00
		Business income or (loss). Attach Sche	edule C or C-EZ				12	HAD BOND	TI GOT
you did not	14	Capital gain or (loss). Attach Schedule Other gains or (losses). Attach Schedule	D if required. If no	ot require	ed, check here	▶ □	13	SARSTA CES	79
et a W-2,		IDA di	'97				14	S 244 ASS	si bilido
ee page 19.		5		b Taxabl	e amount (see	page 22)	15b	A Penns	1000
nclose, but do	17	Pensions and annuities 16a		h Taurald			16b	San Tillian Transco	
t attach, any	18	Rental real estate, royalties, partnerships	s, S corporations,	trunta -4	- 111 1 - 1	edule E	17	100	
tyment. Also,		The or (1033). Attach Schedule	F	0 to e	e 60 mm 18	2 50 50	18	75°	1
4040	20a	Unemployment compensation		nii et a este			19		
	21 (Other income List type and		b Taxable	e amount (see p	page 24)	20b	1.8	DIST.
	22	Other income. List type and amount (see Add the amounts in the far right column for	e page 24)				21	otom jogo	1980
d:	23 E				your total inc	ome >	22	37163	mbs
djusted	24 (Certain business expanses of	You buildening a 800	23	Edition of the Control			5971	72C, BF
ross	fe	Certain business expenses of reservists, performed by the second of the	orming artists, and			Sept of Sept			Land A
come	25 1	RA deduction (see page 26)	2106 or 2106-EZ	24	morresol wis	100 000			L STORY
2	26 S	student loan interest deduction (see page		25	<u> </u>	100			
2	27 T	uition and fees deduction (see page 29)	(e 20)	26	Type are 1			WIS T	Duni
2	8 H	ealth savings account deduction. Attach		27				Section 1	159C
2	9 M	loving expenses. Attach Form 3903	1 Form 8889	28	Charle rise (To)	90.30			venical
3	0 0	ne-half of self-employment tax. Attach S	chodule CE	29					
3	1 S	elf-employed health insurance deduction	n (see === ee	30				ay - Young	
3	2 Se	elf-employed SEP, SIMPLE, and qualifie	(see page 30)	31	Est village			ge 17 _ Se	
	3 Pe	enalty on early withdrawal of savings .	u plans	32	joint exturn, bo	del Jaguro		ac Vij Vgan	
3:				4.4					
	4a Ali	mony paid b Recipient's SON							
	a Ali	mony paid b Recipient's SSN ▶		34a				100	

Form 1040 (2004))			Page 2
Tax and Credits	37 38a	Amount from line 36 (adjusted gross income)	37	37163
Standard) b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here > 38b \(\text{L} \)	3	22342
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	22222
for—	40	Subtract line 39 from line 37	40	14941
People who		If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		14821
checked any box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3100 1
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	H840 111
claimed as a	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814	43	1410 1401
dependent, see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251	44	The age grow Dan etcal
All others:	45	Add lines 43 and 44	45	1410 1401
Single or	46	Foreign tax credit. Attach Form 1116 if required		
Married filing	47	Credit for child and dependent care expenses. Attach Form 2441		
separately, \$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48		18 July 1795 038
Married filing	49	Education credits. Attach Form 8863		
jointly or	50	Retirement savings contributions credit. Attach Form 8880 50		ADD DETAILS
Qualifying widow(er),	51	Child tax credit (see page 37)		and photosterior
\$9,700	52	orini tax credit (see page or)		
Head of	53	Adoption credit. Attach Form 8839		
household,	54	Other credits. Check applicable box(es): a Form 3800		
\$7,150	34	b Form 8801 c Specify 54		
	55	Add lines 46 through 54. These are your total credits	55	D
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0	56	40/140/
	57		57	
Other	58	Self-employment tax. Attach Schedule SE	58	
Taxes			59	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	60	
	60	Advance earned income credit payments from Form(s) W-2	61	a -aa cadsi
	62	Household employment taxes. Attach Schedule H	62	14/10/101
_			02	19101101
Payments	63	redefail moothe tax withheld from total vice and record,		
	64	2004 estimated tax payments and amount applied from 2000 retain	1	
If you have a gualifying	_65a		-	
child, attach	b			
Schedule EIC.	66	Excess social security and tier i i i i i i i i i i i i i i i i i i	1	
	67	Additional child tax credit. Attach Form 5012		
	68	Amount paid with request for extension to file (see page 54) Other payments from: a Form 2439 b Form 4136 c Form 8885 . 69		
	69 70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	(377)
			71	3960 3976
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid Amount of line 71 you want refunded to you	72a	3961 2926
Direct deposit?	72a		120	3101 617
See page 54 and fill in 72b,	▶ b	Routing number		
72c, and 72d.	▶ d	Account number		
Amount	73	Amount of line 71 you want applied to your 2005 estimated tax > 73	74	here un
Amount You Owe	74 75	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ► Estimated tax penalty (see page 55)		
	Do		Comple	ete the following.
Third Party				
Designee		signee's Phone Personal identifine ▶ no. ▶ () number (PIN)	cation	
Sign	_	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	nd to the	best of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	vhich prep	parer has any knowledge.
Joint return?	Yo	ur signature Date Your occupation	Dayti	me phone number
See page 17.	1		1)
Кеер а сору	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		AND COURSE
for your records.				
	Des	pparer's Date Check if	Prepa	arer's SSN or PTIN
Paid		nature Check if self-employed		
Preparer's	Fin	m's name (or EIN	1.0	
Use Only	you	urs if self-employed), dress, and ZIP code	()

Recipient's/Lender's Name, Address and T ABN AMRO Mortgage G 2600 West Big Beave Troy, Michigan 480	Group, Inc. er Road	*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 pald by you, and not reimbursed by another person.	OMB No. 1545-0901 2004 Form 1098	Mortgage Interest Statement		
Recipient's Federal Identification No. 36-3744610	Payer's Social Security Number	1 Mortgage Interest Received from Payer(s)/Borrower(s)* 10,463.23 Copy B For Pa				
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip (See Box 2 on back.)	and 3 is important tag information and is being furnished to the Interna Revenue Service. If you are			
PAUL R DULBERG 4606 HAYDEN CT MCHENRY, IL 60050		3 Refund of Overpaid Interest (See E	required to file a return, negligence penalty or othe sanction may be imposed o			
MCHENRY, 12 80030		4	you if the IRS determines that an underpayment of tax result because you overstated deduction for this mortgage interest or for these points of the second s			
Mortgage Loan Number			because you did not report this refund of interest on you return.			
Form 1098	(Keep For Your Reco	rds)	Department of the Treat	sury - Internal Revenue Servic		

Principal Balance as of 12-31-2004
159,593.13

Next Due Date

O2/O1/O5

Late Charges Paid in 2004

O.OO

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	
(una il spissonosia al es
Borrower's Social Security Number	SHT JIAM CHA HOATI
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.



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.

Certain

OMB NO.

Payments

Illinois Department
101 West Jeffersor
Springfield, IL 6276

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

1545-	0120 Department of the Treasury - Internal Revenue Service	Federal I	ID# 37-600 2057W			
This is Service other s	B – For recipient important tax information and was furnished to the Internal Figure (IRS). If you are required to file a return, a negligence penal sanction may be imposed on you if this income is taxable and mines that it has not been reported.	lty or	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		Box 3 – Tax year Box 2 amount is for tax year	Box 2 amount of state income tax that was refunded to you. \$218.00			
shown	in (e.g., credited to your estimated tax), it still may be taxable in See Form U.S. 1040 Instructions for more information.		Box 2 amount that was credited to estimated tax.			
	218.00	2003	\$0.00			
ent			Box 2 amount that was applied to a prior year balance due.			
Recipient	PAUL R DULBERG		\$0.00			
Re	4606 HAYDEN CT MCHENRY IL 60050-7918		Box 2 amount that was contributed to a state fund.			
			\$0.00			

Box 2 amount that was paid to the

600D00002983-1

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.

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

TYPE OF ACCOUNT		COUNT CE NUMBER	DEPOSIT ID/ DATE		DESCRIPTION		
1. INTEREST INCOME NOT INCLUDED IN NO. 3	ALTY SA	INTEREST ON U.S. VINGS BONDS AND EAS. OBLIGATIONS	4. FEDERAL I TAX WITH		5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID	
7. FOREIGN COUNTRY OR U.S. POSSESSION							
NOW ACCOUNT 4.91	0.00	0.00		0.00	0.00	0.00	
CERTIFICATE OF DEPOSIT 68.98	1	0.00	618	0.00	0.00	0.00	
CERTIFICATE OF DEPOSIT 18.50	1	0.00	218	0.00	0.00	0.00	
SAVINGS ACCOUNT 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

- 1. 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.
- 2. 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.
- 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 No. 1.
- 4. 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.
- 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 No. 1.
- 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. 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

Department of the Treasury

Name(s) shown on Form 1040

Internal Revenue Service

(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

Attachment Sequence No. 07

Your social security number 625 Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see page A-2) 1 6139 **Dental** Enter amount from Form 1040, line 37 2 3716 **Expenses** 3 Multiply line 2 by 7.5% (.075). 3 2787 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 Taxes You State and local (check only one box): Paid a Income taxes, or 5 **b** General sales taxes (see page A-2) (See page A-2.) 6 Real estate taxes (see page A-3). Personal property taxes 7 7 8 Other taxes. List type and amount 8 Add lines 5 through 8 9 10 Interest 10 Home mortgage interest and points reported to you on Form 1098 You Paid 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 (See and show that person's name, identifying no., and address page A-3.) 11 Note. Personal Points not reported to you on Form 1098. See page A-4 interest is 12 not deductible. 13 Investment interest. Attach Form 4952 if required. (See page A-4.) 13 Add lines 10 through 13 14 14 Gifts to 15 Gifts by cash or check. If you made any gift of \$250 or Charity 15 3716 If you made a Other than by cash or check. If any gift of \$250 or more, gift and got a 16 see page A-4. You must attach Form 8283 if over \$500 benefit for it, 17 see page A-4. 18 Add lines 15 through 17 18 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-5.) 19 Unreimbursed employee expenses—job travel, union Job Expenses 20 dues, job education, etc. Attach Form 2106 or 2106-EZ and Most Other if required. (See page A-6.) ▶ Miscellaneous **Deductions** 20 21 21 (See Other expenses—investment, safe deposit box, etc. List page A-5.) type and amount ▶ 22 23 23 Add lines 20 through 22 . . 24 Enter amount from Form 1040, line 37 24 25 25 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-26 Other 27 Other—from list on page A-6. List type and amount ▶ Miscellaneous **Deductions** 27 Total Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)? 22342 Itemized Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 27. Also, enter this amount on Form 1040, line 39. 28 Yes. Your deduction may be limited. See page A-6 for the amount to enter.

opy 2 To Be Fitate, City, or L	iled With E ocal Incom	mployee's ne Tax Return				
Control number	1 W	lages, tips, other	compensation 36852.02	2 Federal income tax withheld 5376.66		
5086/ Employer ID nu		ocial security wa	ges 37613.27	4 Social se	curity tax withheld 2332.11	
36-1265490	5 M	Medicare wages and tips 37613.27		6 Medicare	tax withheld 545.43	
Employer's name, address, and ZIP code	Intermation Intermation 7777 Wir Spring G	n Road	ed	60081-9	698	
i Employee's social security number						
e Employee's name, address, and	PAUL 4606 HA	YDEN CT.	DULB	ERG		
ZIP code	MCHENE	RY		IL	60050	
7 Social security	tips	8 Allocated tips	3	9 Advance EIC payment		
10 Dependent ca	re benefits	11 Nonqualified	d plans			
12a			13 Stat. Emp.	3 Stat. Emp. Ret.plan 3rd-party sick p		
12b			14 Other			
12c						
12d						
. IL 01.86	-4769		36852.02		1105.50	
15 State Employ	yer's state I.D	. # 16 State	e wages, tips, etc	. 17 Stat	e income tax	
18 Local wages,	tips, etc.	19 Loca	al income tax	20 Loca	ality name	



Illinois Department of Revenue 2005 Form IL-1040

Individual Income Tax Return or for fiscal year ending ____/0_6

A	Your Social Security numbers in the order they appear on you	ir lederal return		
-223	3.4	36 20 _		
- 2.5			-1 11	
		Your spouse's Social Security		
_	A-12 (Chicanon expense credit, Comptete ED Worksheet in Inst	four spouse's Social Security	number	
В	Print your personal information below			
	PAUL R DULBERG	6.00		
	Your first name and initial	Your last name		
*	Commence of the Commence of th		,	
		Your spouse's last name (if d	fferent)	
		99%		
		123167.		COOFO 7010
				60050-7918 ZIP
N.	City	Siale		LII
C	Filing status (see instructions)			
		Married filing separat	elv	Widowed
26	The following than time 24 subtract time 24 from time 3	16 This is vous fay this	Oly	- *************************************
		uring 2005		
0199	Late-payment be way for a clarpayment of assembled as	27		
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 8	b;	
	or U.S. 1040EZ		2 .	0.00
3		and say also -	3 .	0.00
4	Add Lines 1 through 3. This is your total income.		4	38,938.00
80 }	acome	manually substitutions (Gricos		
5	Income received from Social Security benefits and certain retire	ement plans		
		5	0.00	
6		ry W-2. 6	0.00	
7			6.00	
8	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. age	ncy		
	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 12	99-C 🔲		
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	e.	11 .	38,702.00
emş	tions ————	MEG DIX	-	0.00
12	a Number of exemptions from your federal return	$1 \times \$2,000 \ a \ 2,00$	0.00	
	their return, see instructions to figure the number to write here	<u>0</u> X \$2,000 b		
	c Check if 65 or older: You + Spouse = _			
	d Check if legally blind: ☐ You + ☐ Spouse = _	<u>0</u> X \$1,000 d		
	Add Lines a through d. This is your total Illinois exemption a	llowance.	12	2,000.00
inc	ome			
13		net income. Skip Line 14.	13	36,702.00
14			34	
95		Ionresident Part-vear	resider	nt
			, it is to	us, correct, and compl
-	1885 257 867-437-43	250		
	Date Daytice plicie our	that Your spouse's eigner	ma .	
15	Management Multiply Line 12 by 20/ / 02\ \Multa the very lit be an	This is vour tour		
15	Residents: Multiply Line 13 by 3% (.03). Write the result here Nonresidents and part-year residents: Write the tax from Sc	The state of the s		
	D 1 2 3 4 5 5 6 7 8 9 10 11 12 12 13 14	D Check if you were a member of a professional athletic team of the comment of t	A606 HAYDEN CT Mailling address MCHENRY State	### Add Lines 1 through 3. This is your total income. ### Add Lines 1 through 3. Line 1. Attach military Pw-2. 6 ### Other Day Parment Included in U.S. 1040, Line 10 ### 1. Surgery Parment Included in U.S. 1040, Line 10 ### 1. Surgery Parment Included in U.S. 1040, Line 10 ### 1. Surgery Parment Included in U.S. 1040, Line 37; U.S. 1040A, Line 21; or ### 1. Surgery U.S. 1040A, Line 21; or ### 1. Sederally tax-exempt interest and dividend income from your U.S. 1040A, Line 21; or ### 1. Sederally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; ### 1. Or U.S. 1040EZ ### 2. Other additions to your income. Attach Schedule M. ### 3. Add Lines 1 through 3. This is your total income. ### 1. Surgery Parment Included in U.S. 1040, Line 10 ### 1. Surgery Parment Included in Step 2, Line 1. Attach military W-2. 6 ### 1. O. 00 ### 1. U.S. 1040B, Schedule B, or U.S. 1040A, Schedule 1 ### 2. O. 00 ### 3. O.

	Tax amount from Page 1, Step 6, Line 15	16	1,101.00
	ents and Credits		
	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	L,156.00	
18	Estimated payments from Forms IL-505-I and IL-1040-ES, including		
	overpayment applied from 2004 return 18	0.00	
onresidents 19			
ay not claim a credit on	Schedule CR and other states' returns.		
Lines 19, -20 20, or 21.	The real flowers have been a freezed freezed in the confidence of		
	PT Worksheet Line 3 amount 20a 3,686.00	184.00	
he total of nes 19, 20b,	PT Worksheet Line 8 amount 20b	104.00	
nd 21b may -21	K-12 education expense credit. Complete ED Worksheet in instructions		
the tax	or Schedule ED. Attach receipt or Schedule ED.		
mount on Line 16.	ED Worksheet or Schedule ED Line 1 amount 21a 21b	0.00	
~~~~~	Earned Income Credit. Complete EIC Worksheet in instructions.	0.00	
22	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		
	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and	credits 24	1,340.00
	Sayment or Tax Due		
	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your <b>overpay</b>	OF	239.00
	If Line 16 is greater than Line 24, subtract Line 24 from Line 24. This is your <b>tax du</b>		
		e. 20	
ep 9: Penal			
2/	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. <b>Attach</b> Form IL-2210.		
	b Check if at least two-thirds of your federal gross income		
10- 13	is from farming.		
	Any donation will reduce your refund or increase the amount you owe	. 4	38,938.00
	Amount you wish to donate to one or more of the following voluntary contribution fu	inds	
KE GIVING	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 $0.00$		
· • • • • • • • • • • • • • • • • • • •	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		
EASYI	Homeless d 0.00 Epilepsy j 0.00 Pet Population p 0.00		
	Breast Cancer e 0.00 Diabetes k 0.00 Brain Tumor a 0.00		
	Breast Cancer e $0.00$ Diabetes k $0.00$ Brain Tumor q $0.00$ Multiple Sclerosis f $0.00$ Colon Cancer I $0.00$		
	Multiple Sclerosis f0.00 Colon Cancer I0.00	0.00	
29	Multiple Sclerosis f0.00_ Colon Cancer I0.00_  Add Lines a through q. This is your donations total. 28		0.00
29 ep 11:	Multiple Sclerosis <b>f</b> 0.00 Colon Cancer I0.00 Add Lines <b>a</b> through <b>q</b> . This is your donations total.	0.00 <b>29</b>	0.00
ep 11: 🗟 🕯	Multiple Sclerosis f0.00_ Colon Cancer I0.00_ Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.		0.00
ep 11: 🗟 🕯	Multiple Sclerosis f0.00 _ Colon CancerI0.00 _ Add Lines a through q. This is your donations total	29	235.00
ep 11: ଲିଙ୍ଗ 30	Multiple Sclerosis f0.00_ Colon CancerI0.00_ Add Lines a through q. This is your donations total	30	239.00
ep 11: 🗟 🐧 30	Multiple Sclerosis f0.00 _ Colon CancerI0.00 _ Add Lines a through q. This is your donations total	30 31	239.00
ep 11: 30 31 32	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.	30	239.00
ep 11: 🗟 🐧 30	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.	30 31	239.00
ep 11: 30 31 32	Multiple Sclerosis f0.00_ Colon CancerI0.00_  Add Lines a through q. This is your donations total	30 31	239.00
ep 11: 30 31 32	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Checking or S	30 31 32	239.00
tep 11: 🗟 🕯 30 30 31 32	Multiple Sclerosis f0.00_ Colon CancerI0.00_  Add Lines a through q. This is your donations total	30 31 32	239.00
30 31 32 33 33 33 33	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.	30 31 32	239.00
30 31 32 33 33 33 35 36 36 37 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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,	30 31 32 avings	239.00 0.00 239.00
sep 11:	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.	30 31 32	239.00
sep 11:	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.	30 31 32 avings	239.00 0.00 239.00
see 11: 30 31 32 33 See structions options. 34 ep 12: See	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax. Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.	30	239.00 0.00 239.00
see structions options.	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund.  Routing number Account number 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.  Index penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined this return, and to the best of my known on the penalties of periury. I state that I have examined the return and to the best of my known on the penalties of periury. I state that I have examined the return and to the best of my known on the penalties of	30	239.00 0.00 239.00
see structions or payment options.	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  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.  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.  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.  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.  If you have an overpayment on Line 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 26, add Lines 26 and 29.  If you have tax due on Line 27, and this amount is greater than Line 28, and this amount is greater than Line 29, and this amount is greater than Line 29.  If you have tax due on Line 28, and this amount is greater than Line 29.  If you have tax due on Line 28, and Line 29.  If you have tax due on Line 28, and Line 29.  If you have tax due on Line 29, a	30	239.00 0.00 239.00
sep 11:	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund.  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 26, add Lines 26 and 29.  Subtract Line 26 and 29.  Subtract Line 27 from Line 28. This is your refund.	30	239.00 0.00 239.00
see 34 See structions or payment options.  sep 12: See	Add Lines a through q. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2006 estimated tax.  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund.  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 29. This is the amount you owe.  Subtract Line 25 from Line 26, add Lines 26 and 29.  Subtract Line 26 and 29.  Subtract Line 27 from Line 28. This is your refund.	30	239.00 0.00 239.00

E 1U4U	U.S	6. Individual Income Tax Re	eturn 200	5	(1) IRS Use	Only—Do r	not write o	or staple in this space.	
(	For	the year Jan. 1-Dec. 31, 2005, or other tax year be	ginning , 2	2005, endi	ing	, 20	. (	OMB No. 1545-0074	
Label		ur first name and initial	Last name	al englis	se was born b	uons L	Your	social security num	ber
(See L instructions A		CONTRACTOR AND AND ADDRESS OF THE AD	visita nudetu Jasets a tropa		ulim simphua e N.	antinal 6			
on page 16.) B						Spouse's social security number			
Use the IRS L		Home address (number and street). If you have a P.O. box, see page 16. Apt. no.							
Otherwise, E		me address (number and street). If you have	a P.O. box, see page	10.	Apt. n	0.		You <b>must</b> enter your SSN(s) above	e. 🛕
or type.		City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.						ing a box below wi	Il not
Presidential		88 CONTRACTOR			Curtary Water		The state of the s	your tax or refund	
Election Campaig	-	check here if you, or your spouse if filing	g jointly, want \$3 to	go to t	this fund (see p	age 16)	<u> </u>	You Spou	ise
Filing Status	• -	Single		4 📙				g person). (See pag	
	2 [	Married filing jointly (even if only on			the qualifying p			it not your depender	nt, enter
Check only one box.	3 [	Married filing separately. Enter spou and full name here. ▶	use's SSN above	5				ndent child (see page	ge 17)
	6a	Yourself. If someone can claim y	ou as a dependent.				)	Boxes checked	1
Exemptions	b	Spouse				/.	: :}	on 6a and 6b No. of children	
	С	Dependents:	(2) Dependent		(3) Dependent's relationship to	(4) v if que child for co		on 6c who:  • lived with you	
		(1) First name Last name	social security nu	mber	you	credit (see		• did not live with	
If more than four					SULE PROPERTY		1	you due to divorce or separation	TAX BE
dependents, see			ores and Da	-(ma)u-	s elden lengt de			(see page 20) Dependents on 6c	25.10
page 19.					mod Da			not entered above	
		Total number of exemptions element						Add numbers on	1
	- d		8. 7				· ·	lines above ▶	00
Income	7	Wages, salaries, tips, etc. Attach Form				• ( ) • ( ) •	7 8a	38519	50
	8a	Taxable interest. Attach Schedule B i		8b	· · · · ·		Od	100	O)Mile
Attach Form(s) W-2 here. Also	b 9a	Tax-exempt interest. Do not include Ordinary dividends. Attach Schedule I		00			9a		
attach Forms	b	Qualified dividends (see page 23) .	Billioquilou	9b	1				1
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of	state and local inco	ome tax	es (see page 2	(3)	10	236	00
was withheld.	11	Alimony received					11	ar and a subsequent	
	12	Business income or (loss). Attach Sch	nedule C or C-EZ .	00 11000			12	543101	
	13	Capital gain or (loss). Attach Schedule				▶ □	13	54 - ASS - ASS	
If you did not	14	Other gains or (losses). Attach Form 4	1797		Ø		14	60	(5),10
get a W-2, see page 22.	15a	IRA distributions 15a	27 2012 2012 12 12 12 12	<b>b</b> Taxal	ole amount (see	page 25)	15b	5 78 1 000 3	
	16a	Pensions and annuities 16a			ole amount (see p	0 /	16b		
Enclose, but do not attach, any	17	Rental real estate, royalties, partnershi		trusts, e	etc. Attach Sch	edule E	17	Prince of the Control	
payment. Also,	18	Farm income or (loss). Attach Schedu	le F			- 1	18		
please use Form 1040-V.	19	Unemployment compensation Social security benefits . 20a		h Taval			20b		
FOIII 1040-V.	20a 21	Other income. List type and amount (s	see page 20)	D Taxat	ole amount (see p	bage 27)	21		
	22	Add the amounts in the far right column		21. This	is your total inc	come >	22	38938	
	23	Educator expenses (see page 29) .						A 100 A 100 A	Fit bes
Adjusted	24	Certain business expenses of reservists, p				man (Cit as rel)		PSA P	
Gross		fee-basis government officials. Attach Fo				23.2		2 37 779	
Income	25	Health savings account deduction. Atta	ach Form 8889	25	280 000) 8/98	eo kaf t		3 185 pw(	
	26	Moving expenses. Attach Form 3903			coman Settem	wo is of		Wild Lutters	
	27	One-half of self-employment tax. Attack	h Schedule SE	27				District Control	
	28	Self-employed SEP, SIMPLE, and qua	alified plans	28				Birmin	
	29	Self-employed health insurance deduc			(3) IS(2) W(3)(25) +	THE PARTY			
	30	Penalty on early withdrawal of savings		30				DUCY	
	31a	Alimony paid <b>b</b> Recipient's SSN ▶		31a 32				A Smuly	Riol
	32	IRA deduction (see page 31)		33	Total market tells	a ti con		arena di vigos	dasa
	33 34	Student loan interest deduction (see p		34		10 10 10 10 10 10 10 10 10 10 10 10 10 1			00000
	35	Tuition and fees deduction (see page Domestic production activities deduction		35					
	36	Add lines 23 through 31a and 32 through					36	0	
	37	Subtract line 36 from line 22. This is y		s incom	ie	>	37	38938	

Form 1040 (2005)	)			Page Z
Tax and	38	Amount from line 37 (adjusted gross income)	38	38938
Credits	39a	Check ∫ ☐ You were born before January 2, 1941, ☐ Blind. ☐ Total boxes		
		if:		10/25.2
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶39b □		17159
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17456
	41	Subtract line 40 from line 38	41	21482
<ul> <li>People who checked any</li> </ul>	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina,		Hedsi
box on line		see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3200
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	18282
claimed as a	44	Tax (see page 37). Check if any tax is from: a  Form(s) 8814 b Form 4972	44	2376
dependent, see page 36.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	Electron Campaign (e. )
All others:	46	Add lines 44 and 45	46	2376
Single or	47	Foreign tax credit. Attach Form 1116 if required		Filant Status
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441		
separately, \$5,000	49	Credit for the elderly or the disabled. Attach Schedule R		
		Education credits. Attach Form 8863		
Married filing jointly or	50	Education credits. Attack from 6000		enoitanex3
Qualifying	51	Troubline dayings contributions droute / tradit / critical		
widow(er), \$10,000	52	orma tax ordan (doc page 41). Attach Form coot in required		
Head of	53	Adoption credit. Attach Form 6000		
household,	54	Credits from: a Form 8396 b Form 8859 54	+	of more than four system
\$7,300	55	Other credits. Check applicable box(es): a Form 3800		dependents, see
	)	b Form 8801 c Form 55		Q1 epag
	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
Other	58	Self-employment tax. Attach Schedule SE	58	
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	SHEET SHEET
laxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	Setted Edward Lines
	61	Advance earned income credit payments from Form(s) W-2	61	11-2 Jane, Aleo / 12-31
	62	Household employment taxes. Attach Schedule H	62	s amos toess
Sin Las	63	Add lines 57 through 62. This is your total tax	63	2376
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 57/0		grand a deleristing time.
ayments	65	2005 estimated tax payments and amount applied from 2004 return 65		
If you have a	66a	Earned income credit (EIC)		
qualifying	Ь	Nontaxable combat pay election   [66b]		
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67		5 Y 9 195
Ochleddie Elo.	68	Additional child tax credit. Attach Form 8812		
		Additional office tax ordate Attach Form Oo'le		
	69 70	Amount paid with request for extension to file (see page 59)  Payments from: a Form 2439 b Form 4136 c Form 8885 . 70	1	Visc. 100 to 100
	71	Add lines 64, 65, 66a, and 67 through 70. These are your <b>total payments</b>	71	5710
			72	3334
Refund	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you <b>overpaid</b>		3334
Direct deposit?	73a	Amount of line 72 you want <b>refunded to you</b>	73a	3337
and fill in 73h	b	Routing number		
73c, and 73d.	d	Account number		Partin Dağı
	74	Amount of line 72 you want applied to your 2006 estimated tax > 74		
Amount	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	
You Owe	76	Estimated tax penalty (see page 60)		
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS (see page 61)?   Yes.	Comple	ete the following.   No
Designee		signee's Phone Personal identified	cation	
	nar			
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an- lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	d to the hich prer	best of my knowledge and parer has any knowledge.
Here				
Joint return?	100	ur signature Date Your occupation	Dayti	me phone number
See page 17.	1	SE (18 epac pan) (bit rubs)	(	.)
Keep a copy for your	Spo	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
records.		on and feet deduction less point 3		
Paid	Pre	parer's Date Check if	Prepa	arer's SSN or PTIN
		nature self-employed	bo A	
Preparer's	Firr	n's name (or EIN		1000
Use Only	you	urs if self-employed), dress, and ZIP code Phone no.	(	a) 449 magasa 43 ma
				Form 1040 (2005)

Recipient's/Lender's Name, Address and Telephone Number  ABN AMRO Mortgage Group, Inc. 2600 West Big Beaver Road Troy, Michigan 48084		*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	
Recipient's Federal Identification No.	Payer's Social Security Number	1 Mortgage Interest Received from P	1 Mortgage Interest Received from Payer(s)/Borrower(s)*		
36-3744610	w I		8,721.22	Copy B For Payer The information in boxes 1, 2	
Payer's/Borrower's Name and Address		2 Points Paid on Purchase of Princip	and 3 is important ta		
		(See Box 2 on back.)	furnished to the Interna Revenue Service. If you ar required to file a return, negligence penalty or othe sanction may be imposed o		
PAUL R DULBERG		3 Refund of Overpaid Interest (See B			
4606 HAYDEN CT MCHENRY, IL 60050					
Mortgage Loan Number		4	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.	
orm 1098 (Keep For Your Rec					

Principal Balance as of 12-31-2005	Next Due Date		Late Charges Paid in 2005	
157,314.35	Market size set plant of	01/01/06	en entropies instrument of the	0.00

If the servicing of your loan was transferred in 2005 you may also receive a Form 1098 from your prior service. 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

Borrower's Social Security Number

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 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.

Certain Government Payments OMB NO.

2005

Illinois Department of Revenue 101 West Jefferson Street Springfield, IL 62702

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.		D# 37-600 2057W
		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	Box 3 – Tax year Box 2 amount is for tax year	Box 2 amount of state income tax that was refunded to you. \$236.00
shown (e.g., credited to your estimated tax), it still may be taxable to you. See Form U.S. 1040 Instructions for more information.	2004	Box 2 amount that was credited to estimated tax. \$0.00
lent		Box 2 amount that was applied to a prior year balance due.

Recipie

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050-7918 \$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

600D00003506-1

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

2005 INTEREST INCOME. FORM 1099-INT. COPY B, FOR RECIPIENT

OMB No.

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

TYPE OF ACCOUNT	ACCOUNT REFERENCE NUMBER			DESCRIPTION				
1. INTEREST INCOME NOT INCLUDED IN NO. 3 PENALT		S AND TAX WITHH		5. INVESTMENT EXPENSES	6. FOREIGN TAX PAID			
7. FOREIGN COUNTRY OR U.S. POSSESSION								
NOW ACCOUNT 13.07	1 02600005528 000 0.00	01 0.00	0.00	0.00	0.00			
CERTIFICATE OF DEPOSIT 129.30	1 02630005208 000 0.00	02 00000001618 0.00	0.00	0.00	0.00			
CERTIFICATE OF DEPOSIT 25.24	1 02630005208 000 0.00	03 00000006218 0.00	0.00	0.00	0.00			
SAVINGS ACCOUNT 14.91	1 02640012320 0000 0.00	04 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.
- 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 No. 1.
- 4. 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.
- 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 No. 1.
- 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(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)

► Attach to Form 1040.

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

OMB No. 1545-0074

2005

Attachment Sequence No. 07

Name(s) shown or	n Form	1040			You	r social security number
Medical and Dental Expenses	1 2 3 4	Caution. Do not include expenses reimbursed or paid by others.  Medical and dental expenses (see page A-2).  Enter amount from Form 1040, line 38 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 3	2920 35	4	jeer oin
Taxes You Paid	5	State and local (check only one box):  a Income taxes, or	5	1156	4	corm (040, corm (040, ine 8a.)
(See page A-2.)	6	b General sales taxes (see page A-3)  Real estate taxes (see page A-5)  Personal property taxes	6	310860		C un il atal
	8	Other taxes. List type and amount ▶	8			110142
	9	Add lines 5 through 8			9	9676
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098 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 ▶	10	8721		t brollerer richt to be being firm at the firm's arrive as the betoel interest be total interest
Note.			11	as satiounts on line		novin on that / 2
Personal interest is not	12	Points not reported to you on Form 1098. See page A-6 for special rules	12	Form 8815 , I line 3 from line		
deductible.	13	Investment interest. Attach Form 4952 if required. (See page A-6.)	13	e 4 is over \$1,500	14	8721
Gifts to				Bas \$5,550.X	14	100000000000000000000000000000000000000
Charity	15a	Total gifts by cash or check. If you made any gift of \$250 or more, see page A-7	15a	3893		shaphini
If you made a gift and got a benefit for it, 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)				See page S-1 / and all a native stores for
	16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You <b>must</b> attach Form 8283 if over \$500 Carryover from prior year	16 17	le on		3899
Casualty and	18	Add lines 15a, 16, and 17			18	How II setol-
	19	Casualty or theft loss(es). Attach Form 4684. (See page A	A-8.) .		19	mo? s bevisoe
Job Expenses and Certain Miscellaneous		Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶	20	Surg 2004. 2		ather story rights and from a professee firm, set the firm's
Deductions	21	Tax preparation fees	21			ramin de tre pued una
(See page A-8.)	22	Other expenses—investment, safe deposit box, etc. List type and amount ▶	22	r s		eritary and selectivity and se
	23	Add lines 20 through 22	23			1044
	24	Enter amount from Form 1040, line 38 24		e arrodota on line		13
	25 26	Multiply line 24 by 2% (.02)	25	or -0-	26	IoM
Other Miscellaneous	27	Other—from list on page A-9. List type and amount	ab a i		20	Part III a tone Formign 78
Deductions		and the second s		inion rejeto) a ri Iri	27	ctaurant
Total Itemized Deductions	28	Is Form 1040, line 38, over \$145,950 (over \$72,975 if max Your deduction is not limited. Add the amounts in the for lines 4 through 27. Also, enter this amount on Figure 4.9 Your deduction may be limited. See page A-9 for the	he far i	right column 040, line 40.	28	17456
	29	If you elect to itemize deductions even though they are less than your standar		,		

#### Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return a Control number 1 Wages, tips, other compensation 38519.06 2 Federal income tax withheld 5709.78 SG/1/5086/ 3 Social security wages 4 Social security tax withheld 2437.58 39313.92 5 Medicare wages and tips D EMPROYER ID MUMBER 6 Medicare tax withheld 570.03 36-1265490 39313.92

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	S	9 Advance	EIC payment
10 Dependent care benefits	11 Nonqualifie	d plans		
12a		13 Stat. Emp.	Ret.plan	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	e wages, tips, etc.	e income tax	
18 Local wages, tips, etc.		al income tax 20 Locality name		
			.	

c Employer's name, address, and ZIP code



# Illinois Department of Revenue 2006 Form IL-1040

ax.illinois.gov	10	Individual Income Tax Return or for fiscal year ending/0_7	00
Step 1: Per	rso	nal Information	Do not write above this
a bradit on	A	Your Social Security numbers in the order they appear on your federal return	
			00
		Your Social Security number Your spouse's Social Security number	nber
	В	Print your personal information below	
	6	PAUL R DULBERG	
KE "GIVIN		Your first name and initial Your last name	22
- C		Earned Thomas Credit Complete EIC Worksbeet in Instructions.	
EASY!		Your spouse's first name and initial Your spouse's last name (if differ	ent)
Use Line 28.		4606 HAYDEN CT	(10)
		Mailing address	
		MCHENRY IL	60050-7918
		City State	ZIP
	C	Filing status (see instructions)	
	25		□ W(dawed
			☐ Widowed
Step 2: Inc	om		
	1	3	20.000.00
	_	U.S. 1040EZ, Line 4	138,808.00
	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;	0.00
	•	or U.S. 1040EZ	2 0.00
	3	Other additions to your income. Attach Schedule M.	38,808.00
oten tut os	4	, , , , , , , , , , , , , , , , , , , ,	4
Step 3: Bas	se l	ncome	
	5	, and a second s	
	10%	plans if included in Step 2, Line 1. Attach federal page 1. 5	
	6	Military pay earned if included in Step 2, Line 1. Attach military W-2. 60.	
	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	00
	•	interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1	
	9	Other subtractions to your income. Attach Schedule M. 9 0.	00
	40	Check if Line 9 includes any amount from Schedule 1299-C	220 00
			239.00
	11		1138,569.00
Step 4: Exe	emp	N. P. 17 (17 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (17 ) 1 (	248 80
	12	a Number of exemptions from your federal return <b>x</b> \$2,000 a2,000.	00
See		b If someone else claimed you or your spouse as a dependent on	
before		their return, see instructions to figure the number to write here. $\frac{0}{2}$ <b>x</b> \$2,000 <b>b</b> $\frac{0}{2}$	
completing Line 12.		<b>c</b> Check if 65 or older: You + Spouse =0 <b>x</b> \$1,000 <b>c</b> 0.	
		d Check if legally blind: You + Spouse = -0 x \$1,000 d0.	
		Add Lines a through d. This is your total Illinois exemption allowance.	2,000.00
Step 5: Net	Inc	come	
•			36,569.00
		Nonresidents and part-year residents only:	
		Check the box that applies to you during 2006 Nonresident Part-year resident, and	
		write the Illinois base income from Schedule NR. Attach Schedule NR. 14	
Ston 6: Tow	101	r algranus Dalle Derama proge number Your spaces algrative	Dps
Step 6: Tax		D-14-4-M-N-1 42 b- 20/ / 20\ M/3 11	
	15	,	
		Nonresidents and part-year residents: Write the tax from Schedule NR.	1 007 00
		This amount may not be less than zero.	5 1,097.00

This amount may not be less than zero.

tep 7. Pa		Tax amount from Page 1, Step 6, Line 15	16	1,097.00
		nts and Credits		
	17	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	1,148.00	
	18	Estimated payments from Forms IL-505-I and IL-1040-ES, including		
		overpayment applied from 2005 return 18	0.00	
Nonresidents	-19	Income tax paid to another state while an Illinois resident. Attach		
nay not claim		Schedule CR and other states' returns.		
a credit on Lines 19,	-20	Illinois Property Tax credit. Complete PT Worksheet in instructions.		
20, or 21.		PT Worksheet Line 3 amount <b>20a</b> 3,873.00		
The total of		PT Worksheet Line 8 amount 20b	194.00	
ines 19, 20b, and 21b may	-21	K-12 education expense credit. Complete ED Worksheet in instructions	Security number	
not exceed	- 50	or Schedule ED. Attach receipt or Schedule ED.		
the tax amount on		ED Worksheet or Schedule ED Line 1 amount 21a0.00		
Line 16.		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		
			0.00	
		EIC credit amount from the EIC Worksheet 22b	0.00	
	22	Check if you have a qualifying child (living with you) born after 12/31/88.		
		Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23		
		Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments an	d credits.24	1,342.00
tep 8: 0v		ayment or Tax Due		
	25	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overp	ayment. 25	245.00
	26	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax of	due. 26	0.00
tep 9: Pe	nalt	/		
	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. <b>Attach</b> Form IL-2210.		
		b Check if at least two-thirds of your federal gross income		
		is from farming.		
Inn 40. D		tions Any donation will reduce your refund or increase the amount you owe		
EASY!	NG.	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 i         0.00         0.00           Breast Cancer         e         0.00         Diabetes         j         0.00		
		Breast Cancer e0.00 Diabetes j0.00		
		Addition of the Table 1 of the Control of the Contr		
		Add Lines a through m. This is your donations total.	0.00	
	29	Add Lines a through m. This is your donations total.  Add Line 27 and Line 28. This is your total penalty and donations.	0.00 <b>29</b>	0.00
ep 11: R				0.00
ep 11: R	efun	Add Line 27 and Line 28. This is your total penalty and donations.		0.00
ep 11: R	efun	Add Line 27 and Line 28. This is your total penalty and donations.  Id or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than	29	239.00
ep 11: R	efun 30	Add Line 27 and Line 28. This is your total penalty and donations.  Id or Amount You Owe  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
ep 11: R	30 31	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax	30 31	245.00
top 4: E	30 31 32	Add Line 27 and Line 28. This is your total penalty and donations.  Id or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.	30	245.00
ep 11: R	30 31	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax	30 31	245.00
tep 4: E	30 31 32	Add Line 27 and Line 28. This is your total penalty and donations.  d or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund	30 31 32	245.00
tep 4: E	30 31 32	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Checking or	30 31	245.00
tep 4: E	30 31 32	Add Line 27 and Line 28. This is your total penalty and donations.  d or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund	30 31 32	245.00
irect Deposit	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  d or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  Checking or	30 31 32 Savings	245.00
irect Deposit	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.	30	245.00
irect Deposit	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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,	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  10 8852571	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33 33	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  10 8852571  Date  Daytime phone number  Your spouse	30	245.00 0.00 245.00
See structions r payment options.	30 31 32 33 33 34	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  Ind Date  Date  Daytime phone number  Your spouse on firmation Number: 07IIF000222370	30	245.00 0.00 245.00
See structions options.	30 31 32 33 33 34	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  If you have tax due on Line 26, add Lines 26 and 29.  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.  Ind Date  Date  Daytime phone number  Your spouse on firmation Number: 07IIF000222370	30	245.00 0.00 245.00
Direct Deposit	30 31 32 33 33 34	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  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.  Ind Date  Date  Date  Date  Date  Preparer's phone number  Preparer's Figure 25 and Preparer's phone number  Preparer's Figure 25 and Preparer's Preparer's Figure 26 and Preparer's Figure 27 and Preparer's Figure 28 and Preparer's Figure 28 and Preparer's Figure 28 and Preparer's Preparer's Figure 28 and Preparer's Figure 28 and Preparer's Preparer's Preparer's Figure 28 and Preparer's Preparer's Figure 28 and Preparer's Fig	30	245.00 0.00 245.00
See structions options.	30 31 32 33 33 34	Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2007 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  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.  Ind Date  O8852571  Date  Date  Daytime phone number  Preparer's Figure 20 and Preparer's phone number  Preparer's Figure 20 and Preparer's Preparer's Figure 20 and Preparer's	30	245.00 0.00 245.00 0.00 correct, and comp

<u>1040</u>	-	6. Individual Income Tax Ret	uiii 🗀 🖰 🔾	) (1	IRS Use	Only—Do r	not write o	or staple in this space.	
labal (		r the year Jan. 1-Dec. 31, 2006, or other tax year begin	ning , 20	06, ending	manentine) is	20	STATE OF THE OWNER, WHEN	OMB No. 1545-0074	
Label	Yo	our first name and initial	Last name				Your	social security num	ber
See L nstructions A		☐ d00 q are a set to	the second secon	CO TO THUM	With the second second	- construction			
on page 16.) B	1	a joint return, spouse's first name and initial	Last name				Spou	se's social security n	numbe
Use the IRS Label.	Но	ome address (number and street). If you have a	P.O. box, see page 1	6.	Apt. no	D.	A	You must enter	os ^c <b>k</b> s
please print R	8	on displaced by Humcane Katrina,	d housing to a pers	u provide	12,875, pr yo	Over \$1		your SSN(s) above	. A
or type.  Presidential	Cit	ty, town or post office, state, and ZIP code. If you	ou have a foreign add	iress, see	page 16.	emoor		ing a box below will e your tax or refund	
	n D C	Check here if you, or your spouse if filing jo	ointly, want \$3 to	o to this	fund (see p	age 16)	and the last the last terms	You Spou	
1400	1	Control of the Contro	COOK STRUCT PROBERTY OF				William Cont.	ng person). (See page	
Filing Status	2	Married filing jointly (even if only one h	nad income)					it not your dependen	
Check only	3 [	Married filing separately. Enter spouse			is child's nam			O'E 18 10	elgnit ahvali
one box.		and full name here. ▶		5 🗌 Q	ualifying wide	w(er) wit	th deper	ndent child (see pag	ge 17)
	6a	Yourself. If someone can claim you	as a dependent,	do not ch	eck box 6a		]	Boxes checked on 6a and 6b	1
Exemptions	b	Spouse		GONAIO S		/ .		No. of children	
	С	Dependents:	(2) Dependent's	1	Dependent's lationship to	(4)√ if que child for c		on 6c who:  • lived with you	Qualify
		(1) First name Last name	social security num	oer	you	credit (see		• did not live with	
If more than four		Na 1						you due to divorce or separation	
dependents, see			mon D a lose					(see page 20)  Dependents on 6c	neund 188 til
page 19.			esilens le et e	00000	<del></del>			not entered above	
		Table with a set of a second second second	Lasti out even d	83.6601	31		1-1-1-1-1	Add numbers on	1
	d	Total number of exemptions claimed		-		in the street	<del>: :</del>	lines above	1145
ncome	7	Wages, salaries, tips, etc. Attach Form(s		on do inc	sat encolocid	box whi	7	38265	1101
licome	8a	Taxable interest. Attach Schedule B if re		i	pisato in		8a	304	Ass
Attach Form(s)	Ь	Tax-exempt interest. Do not include on		8b	iller and and	T LOUIS CONTRACTOR	-	A 18	
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B i	f required	101	edynd menny		9a	H 60	
W-2G and	ь	Qualified dividends (see page 23)	· · · xed fede	9b	BKB OS Ba	March U.S.	-	4 83	
1099-R if tax	10	Taxable refunds, credits, or offsets of sta	ate and local incor	ne taxes	(see page 2	4)	10	239	IVE
was withheld.	11	Alimony received	or \$100 ment disligance	troddist)	as a terreso	xul bots	11	10 VV /	
	12	Business income or (loss). Attach Sched		1 : :	(OS) (0)	in a la	13	S 800 B SYDE	out p
f you did not	13	Capital gain or (loss). Attach Schedule D		required,	check here	<b>-</b> L	14	affach b P	.blirto
get a W-2,	14 15a	Other gains or (losses). Attach Form 479 IRA distributions		Touchla			15b	00 stol	rantaë
see page 23.	16a	Pensions and annuities 16a			amount (see pamount (see p		16b	4 00	
Enclose, but do	17	Rental real estate, royalties, partnerships					17	A 90	
not attach, any	18	Farm income or (loss). Attach Schedule		usis, eic.	Allacii Scrie	edule E	18		
payment. Also,	19	Unemployment compensation					19	A ne	
olease use Form 1040-V.	20a	Social security benefits . 20a	111	Tayable :	amount (see p	age 27)	20b		
	21	Other income. List type and amount (see			amount (000 p	ugo zij	21	P PI DR	uter
	22	Add the amounts in the far right column for			our total inc	ome >	22	38,808	SO SO
	23	Archer MSA deduction. Attach Form 885	53	23				in 74b,	III bn
Adjusted Gross	24	Certain business expenses of reservists, perfe	orming artists, and	04	aligas Inew u	ione i 3 yo		d 74d, P G AV	do, ar e Fon
ncome		fee-basis government officials. Attach Form		24	il toppout,	DESTRUCTION STATE		A ST INL	om/
noome	25	Health savings account deduction. Attack		26	SO SEE VIEW	Maria Maria		TT SWC	110)
	26 27	Moving expenses. Attach Form 3903 .  One-half of self-employment tax. Attach S		27		7		Party Doys	rief
	28			28				gnee Design	Jesi
	29	Self-employed SEP, SIMPLE, and qualification Self-employed health insurance deduction		29	Code invalores I			name	
	30	Penalty on early withdrawal of savings.		30	talamaa bna ,t	130 CD (180		felia	16k
	31a	Alimony paid <b>b</b> Recipient's SSN ▶		31a				S TUDY	ner
	32	IRA deduction (see page 31)		32				atum?	n Inio
	33	Student loan interest deduction (see page		33	ad equation failed	n 31 min		(III	nee
	34	Jury duty pay you gave to your employe		34		A STATE OF THE PARTY OF THE PAR		Spous	or you
	35	Domestic production activities deduction. A		35					
	36	Add lines 23 through 31a and 32 through					36	6	
		3	r adjusted gross					38 808	

Form 1040 (2006)		of the House, where House Service Service	99415370		age 2
Tax	38	Amount from line 37 (adjusted gross income)	38	38808	N .
and	39a	Check [ You were born before January 2, 1942, Blind. ] Total boxes		- 1	
Credits		if: Spouse was born before January 2, 1942, ☐ Blind. checked ▶ 39a ☐			
Standard	b			A S VIO	
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19038	paq r
or—	41	Subtract line 40 from line 38	41	19770	11 88
People who	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,		M salv	nent
checked any box on line	72	see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3300	6836
39a or 39b <b>or</b> who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	(16470	dA.
claimed as a	44	Tax (see page 36). Check if any tax is from: a  Form(s) 8814 b Form 4972	44	2094	resid
dependent, see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	0	1000
• All others:	46	Add lines 44 and 45.	46	2094	
	47	Foreign tax credit. Attach Form 1116 if required 47		g Status g	Hill
Single or Married filing		10		s yino	heck
separately,	48	Oredit for Child and dependent care expenses. Attach 1 of 12441		.300	d en
\$5,150	49	Credit for the elderly of the disabled. Attach Schedule H.		9.3	
Married filing jointly or	50	Education credits. Attach Form 6665		nptions a	Xer
Qualifying	51	Nethernest Savings Contributions Credit. Attach Form 5000.		G .	
widow(er), \$10,300	52	nesidential energy credits. Attach Form 5095	1 (1)		
dinovio d	53	Clilid tax credit (see page 42). Attach Form 0901 if required			
Head of household,	54	Credits from: a Point 6590 b Tom 6659 c		e than four	30(1)
\$7,550	55	Other credits. a Profit 3000 b Profit 0001 c Profit	F.C.	dents, see	nege
	56	Add lines 47 through 55. These are your <b>total credits</b>	56	2094	ogn
1 no med	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	2011	
Other	58	Self-employment tax. Attach Schedule SE	58	9	
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	- DIII	200
unco	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	Form(s)	lost!
	62	Household employment taxes. Attach Schedule H	62	01/	11.70
	63	Add lines 57 through 62. This is your total tax	63	2094	00.1
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 5584	-	OF Kest 11 F	-860
	65	2006 estimated tax payments and amount applied from 2005 return	-	.blerirth	W BB1
If you have a	_66a	Earned income credit (EIC)		12	
qualifying child, attach	b	Nontaxable combat pay election ▶ 66b		13	
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)		did not	you.
	68	Additional child tax credit. Attach Form 8812 68		rge 23.	1G 86
	69	Amount paid with request for extension to file (see page 60) 69		168	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		e, but do 17	nolos
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 30		acn, any 18	MIN TO
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	5614	assal
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	73	3520	rmo
Direct deposit?	74a		74a	72 - 21	
See page 61	▶ b	Routing number		22	
and fill in 74b,	▶ d	Account number		23	.55
74c, and 74d, or Form 8888.		Amount of line 73 you want applied to your 2007 estimated tax ▶ 75		se peasi	o first
Amount	75 76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	88	OH
You Owe	77	Estimated tax penalty (see page 62)			
	D	<u>—</u>	Compl	lete the following.	□ N
Third Party		THE RESIDENCE OF THE PROPERTY		33	
Designee		esignee's Phone Personal identification no. ► ( ) number (PIN)	cation		
Sian	Ur	nder penalties of periury. I declare that I have examined this return and accompanying schedules and statements, an	d to the	e best of my knowledg	e and
Sign	be	slief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	hich pre	eparer has any knowled	dge.
Here	Y	our signature   Date   Your occupation	Day	time phone number	
loint return? See page 17.	N	38 /ffE apart and anthurhab	1	)	
Keep a copy	0	pouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	1		
or your	3	bouse's signature. If a joint return, both must sign.			
ecords.	_	Valgate tuby of every upy year yillo	Dros	parer's SSN or PTIN	
Paid		reparer's Date Check if	Frep	Jaier S SON OF PIN	
Preparer's	_	gnature self-employed		7.5	
Jse Only	Fi	rm's name (or EIN purs if self-employed),	- 1		127
Jae Offiny	ac	ddress, and ZIP code Phone no.	(	(a) all all sinsolos	14, 10

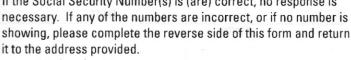
Please see the reverse side for questions and answers regarding your statement.

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 Borrower's Social Security Number Co-borrower's Social Security Number

If the Social Security Number(s) is (are) correct, no response is





# 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®

14,631 / eti03302i1.out.non.grp

#### Informational Statement

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

Certain Government **Payments** 

2006

1545-0120 Department of the Treasury - Internal Revenue Service

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.

Box 3 -Tax year

Box 2 amount is for tax year

\$239.00

2005

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050-7918 Remove this label.

600D00003857-1

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

PAUL R DULBERG 4606 HAYDEN CT MCHENRY 60050

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

- Copy B - For Payer - 0MB # 1545-0901 1099 - DIV - Copy B - For Recipient - **0MB** # 1545-0110 1099 - INT - Copy B - For Recipient - **0MB** # 1545-0112 1098 - E - Copy B - For Borrower - 0MB # 1545-1576 1099 - A - Copy B - For Borrower - 0MB # 1545-0877 1099 - MISC - Copy B - For Recipient - 0MB # 1545-0115 1099 - B - Copy B - For Recipient - 0MB # 1545-0715 1099 - OID - Copy B - For Recipient - 0MB # 1545-0117 1099 - S - Copy B - For Transferor - 0MB # 1545-0997 1099 - C - Copy B - For Debtor - 0MB # 1545-1424 1099 - Q - Copy B - For Recipient - 0MB # 1545-1760 1099 - SA - Copy B - For Recipient - 0MB # 1545-1517 - Copy B - For Participant - 0MB # 1545-0747 5498

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.'

> Payer's Federal ID# 36-4196863 Questions? (815) 479-5200

> > TAXPAYER ID#

						PAGE 1 OF 1
		2006	6 FORM 1099-INT:	INTEREST INCOME		
Account Type	Account N	umber	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account	T	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 incom	ne .		1	302.08
		Interest on U.S	val penalty S. Savings Bonds and	d Treasury obligations	2 3	0.00
		Federal incor	ne tax withheld	rreadary congations	4	0.00
		Investment ex Foreign tax pa	penses		5	0.00
		Tax-exempt in	nterest		8	0.00
		Specified priva	ate activity bond inter	est	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.

#### **SCHEDULES A&B**

Department of the Treasury Internal Revenue Service (1)

(Form 1040)

## **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

Attachment Sequence No. 07

Name(s) shown o	n Forn	n 1040	Your	r social security nur	mber
Amount	-	amo of payer. If a paint well is from a solice financed managers and the		1 1	400
Medical and	4	Caution. Do not include expenses reimbursed or paid by others.  Medical and dental expenses (see page A-1)		1000	nio 1
Dental	1	Medical and dental expenses (see page A-1)		- 4	00110
Expenses	3	Multiply line 2 by 7.5% (.075)		page B-1	See !
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	4	Ø	instru
Taxes You	5	State and local income taxes		,040,	mno-
Paid	6	Real estate taxes (see page A-3) 6 3873		(48)	o sm
(See	7	Personal property taxes			
page A-3.)	8	Other taxes. List type and amount ▶			130
		8		C021	Note
	9	Add lines 5 through 8	9	5021	recen
Interest	10	Home mortgage interest and points reported to you on Form 1098 10 10 117		10 ,OIO	1099
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid		ftute	tedus
(See		to the person from whom you bought the home, see page A-3		cerage firm.	a bro
page A-3.)		and show that person's name, identifying no., and address		s'mit e	ilst th
				as the	PATTE
Note.		11		teareini tati	tine to
Personal interest is	12	Points not reported to you on Form 1098. See page A-4		n on that 2	worls
not		for special rules		6	AFFICE
deductible.	13	Investment interest. Attach Form 4952 if required. (See	Single and		
	14	page A-4.)	14	10117	
Gifts to				10,11	
Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-5		9 11.1	Par
If you made a	16	nois, see page 11 o		vanni	niO
gift and got a	10	Other than by cash or check. If any gift of \$250 or more, see page A-5. You <b>must</b> attach Form 8283 if over \$500		phach	Jin.
benefit for it,	17	Carryover from prior year		10101110101	
see page A-4.	18	Add lines 15 through 17	18	3900	(See 1
Casualty and				otions for	instru
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	19	\$	Form
Job Expenses	20	Unreimbursed employee expenses—job travel, union			
and Certain		dues, job education, etc. Attach Form 2106 or 2106-EZ			
Miscellaneous		if required. (See page A-6.) ▶			
Deductions	21	Tax preparation fees		If you ad a Form	rianal
(See	22	Other expenses—investment, safe deposit box, etc. List		no ViG	1099
page A-6.)		type and amount ▶		eluñ	tedue
		22		rient noint	a bro
	23	Add lines 20 through 22		e frm's	ilst th
	24	Enter amount from Form 1040, line 38 24		as the	name
	25 26	Multiply line 24 by 2% (.02)	26	6	o enti
Other			20		dhisib da saa
Miscellaneous	27	Other—from list on page A-7. List type and amount ▶		ATTENDED	110 110
Deductions		ne amounts on line 5; Ettler the total here and on Form 1040, line 9a, ▶ 6	27	8	
Total	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?	11 11 . 61	03/4	
Itemized	ed (t	No. Your deduction is not limited. Add the amounts in the far right column	in in	uoY	7.
Deductions		for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	28	19038	Par
		☐ 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			

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

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 Alle	ocated tips	3	9 Advance	EIC payment		
10 Dependent care bene	efits 11 N	onqualifie	d plans				
12a D	793	.01	13 Stat. Emp.	Ret.plan	3rd-party sick pay		
12b			14 Other		700.04		
12c			401K SEC125		793.01 586.56		
12d			020120	300.3			
IL0186-4769			38265.80		1148.04		
15 State Employer's sta	ate I.D. #	16 State	te wages, tips, etc. 17		7 State income tax		
			al income tax 20 Locality name				
					• • • • • • • • • • • • • • • • • • • •		



# Illinois Department of Revenue 2007 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____/0_8_

••••	Ctop 1: Bo		and Information		Do not write above this	s line.
	Step 1: Pe		nal Information ————————————————————————————————————			
		Î				
		В	Your spouse's Social Sec Print your personal information below	curity number		
			PAUL R DULBERG			
	AKE "GIVING		Your first name and initial  Your last name			-
	WAL	٠.				_
	EASY! Use Line 28	-	Your spouse's first name and initial Your spouse's last name 4606 HAYDEN CT	e (if different)		_
			Mailing address MCHENRY IL		60051	
			City State	,	ZIP	_
		С	Filing status (see instructions)			
				parately	Widowed	
ı	Step 2: In	com	e <u> </u>			
•		1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; 0 U.S. 1040EZ, Line 4	or <b>1</b>	37,272.00	
33		2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, L	_ine 8b;	0.00	
2		_	or U.S. 1040EZ	2 .	0.00	
200		3	Other additions to your income. Attach Schedule M.	3.	37,272.00	
202	0. 0.5		Add Lines 1 through 3. This is your total income.	4 .		
25	Step 3: Ba	_				
sape w- and the min tere		5	Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. <b>Attach</b> federal page 1. 5	,140.00		
32.35		6	plane il moladod il clop 2, 2.110 il malado il castal pago il	0.00		
36		7	Illinois Income Tax overpayment included in U.S. 1040, Line 10 <b>7</b>	245.00		
ii ii		8	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency	0.00		
35		120	interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1	0.00		
ñ		9	Other subtractions to your income. Attach Schedule M. 9	0.00		
		10	Check if Line 9 includes any amount from Schedule 1299-C  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: Ex		ntions —			
	Otop 4		a Number of exemptions from your federal return1 <b>x</b> \$2,000 a2	,000.00		
	See		b If someone else claimed or could have claimed you			
	instructions   before		or your spouse as a dependent on their return, see	0 00		
	completing Line 12.		instructions to figure the number to write here0 <b>X</b> \$2,000 <b>b</b>	0.00		
			c Check if 65 or older: You + Spouse = X \$1,000 c	0.00		
			d Check if legally blind: You + Spouse = 0 X \$1,000 d	12	2,000.00	
₩r.	C4 5. 83.		Add Lines a through d. This is your total Illinois exemption allowance.	12		
je	Step 5: Ne			14 12	16,887.00	
J L		14	Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line Nonresidents and part-year residents only:	14. 13		
eck		14	Check the box that applies to you during 2007 Nonresident Part-year resi	ident. and		
5			write the Illinois base income from Schedule NR. Attach Schedule NR. 14			
oni	Step 6: Ta	x —				
e y		15	Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.			
abi			Nonresidents and part-year residents: Write the tax from Schedule NR.		507.00	
Staple your check here			This amount may not be less than zero.	15	507.00	
₩.						

	Tax amount from Page 1, Step 6, Line 15	16 _	507.00
Step 7: Paym	ents and Credits —————————————————————		
	initiols free flax with feet. Attach W-2 and 1099 forms.	700	
18	Estimated payments from Forms IL-505-I and IL-1040-ES, including	0 00	
	overpayment applied from time of or your 2000 feturn	0.00	
Nonresidents - 19			
may not claim a credit on	Schedule CR and other states' returns.		
Lines 19, -20	2 077 00		
20. or 21.	PT Worksheet Line 3 amount <b>20a</b> 3,977.00	2 00	
The total of Lines 19, 20b.	PT Worksheet Line 8 amount 20b19	9.00	
and 21b may -21	K-12 education expense credit. Complete ED Worksheet in instructions.		
the tax	or Schedule ED. Attach receipt or Schedule ED.		
amount on Line 16.	ED Worksheet of Schedule ED Line 1 amount 21a	0.00	
	ED Worksheet of Schedule ED Line to amount	3.00	
22	0 00		
	ElC Worksheet Line Tamount 22a	0.00	
••	EIC WORKSheet Line 4 amount	0.00	
23	Income tax credit amount from Schedule 1299-C. Attach		
	Schedule 1299-C. 23		766.00
	Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your payments and credits total.	24 _	700.00
	ayment or Tax Due ———————————————————————————————————		259.00
	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment		
	If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.	26	0.00
Step 9: Penal	•		· · · · · · · · · · · · · · · · · · ·
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: Dona	ations 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:		
MAKE "GIVING.	Wildlife a 0.00 Breast Cancer e 0.00 Diabetes i 0.00		
41.00	Child Abuse <b>b</b> 0.00 Multiple Sclerosis <b>f</b> 0.00 Autoimmune <b>j</b> 0.00		
EASY!	Alzheimer's <b>c</b> 0.0 Military Family <b>g</b> 0.0 Lung Cancer <b>k</b> 0.00		
LAGII	Homeless $\mathbf{d} = 0 \cdot 0$ IL Veterans' Home $\mathbf{h} = 0 \cdot 0$		
	Add Lines a through k. This is your donations total.	0.00	
29	Add Line 27 and Line 28. This is your penalty and donations total.	29	0.00
Step 11: Refu	nd or Amount You Owe —		
•	If you have an overpayment on Line 25 and this amount is greater than		
	Line 29, subtract Line 29 from Line 25.	30 _	259.00
31	Amount from Line 30 that you want applied to 2008 estimated tax	31 _	0.00
32		32 _	259.00
		\	
33	Complete to direct deposit your refund		
Direct Denosit	Routing number Checking or Saving	s	
**************************************	Account number		
		ノ	
See - 34	If you have tax due on Line 26, add Lines 26 and 29. Or		
for payment options.	If you have an overpayment on Line 25 and this amount is less than Line 29,		0.00
	subtract Line 25 from Line 29. This is the amount you owe.	34	0.00
Step 12: Sign	and Date		
11	nder 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	z, it is true	, correct, and complete.
		ro	Data
	Date Daytime phone number Your spouse's signate Confirmation Number: 08IIF000288930	ii e	Date
		or DTIN	
Pa	aid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN	I, OF PTIN	
K	If no payment enclosed, mail to:		
	ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001  ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 6272		ENUE
		2 - 2 45 46 4 5 T	

<b>1040</b>	U	partment of the Treasury—Internal Revenue Servi S. Individual Income Tax Retur	n 2007	(1)	IRS Use	Only—Do r	not write	or staple in this space.	X8
(	F	or the year Jan. 1-Dec. 31, 2007, or other tax year beginning	, 2007,	ending	UU 519	, 20	iot wiito	OMB No. 1545-007	
Label (See instructions	LA	our first name and initial Las	t name	noted imag no multipletes	ав 97ав 10 д зара	a itemizes	Your	social security nu	
on page 12.) Use the IRS	B E L	+16	t name	38	on) an enii m	secucion ne 40 fro	Spou	se's social security	y numbe
places print	H F	dome address (number and street). If you have a P.O	. box, see page 12.	, multiply a OC, see the	Apt. r	10.	<b>A</b>	You must enter	ve. 🛕
or type.  Presidential	E	Check here if you, or your spouse if filing joint		tex is from:			Check	ing a box below ve your tax or refur	will not
	1	Single	ly, want \$3 to go t		A Comment of the Comm		200 100 100 100	You Spong person). (See pa	ouse
Check only one box.	3	Married filing jointly (even if only one had Married filing separately. Enter spouse's sand full name here. ▶	income)	the qua	lifying p d's nan	erson is a ne here.	child bu	ut not your dependendendent child (see pa	ent, ente
	68			not check	box 6a	ow(er) with	)	Boxes checked	age 14)
Exemptions	t	Spouse	bertupen file	ItTL amor	(fostile	Moero re	: :}	on 6a and 6b No. of children	e Vitalia eviteuo
		Dependents:	(2) Dependent's social security number	(3) Depe	ship to	(4) if quality if qual	ild tax	on 6c who:  lived with you  did not live with	
If more than four		1,500 6018 0	101 LJ & 1508 mo	1 2 000	a la la		OH AND	you due to divorc	
dependents, see page 15.		4	107 LUI D 1000 JINO	1	anos.		OB10 199	(see page 16)	\$7,850
				1 1 1 11	COUNTY OF			Dependents on 60 not entered above	
	c	Total number of a second second	: :					Add numbers on	
			11.3 8 3000 000			A COLUMN		lines above ▶	artic
Income	7 8a	Wages, salaries, tips, etc. Attach Form(s) W		efficus with	io sas	t no set i	7	18887	Taxe
Attack Forms(s)		Tedal	POLYTER STATE OF THE PROPERTY		· micar		8a		
Attach Form(s) W-2 here. Also	9a	and the interest. Be not include on line		3b		with the co	-	H £å	
attach Forms	b			) de	: NO * NO	one to	9a	2.00	
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state a	The second second second second		Editor s	N districts	10	245ths	nived
was withheld.	11	Alimony received	and local income t	axes (see p	page 20	))	10	243	11500
	12	Business income or (loss). Attach Schedule	C or C-F7	: : : :	018):36	esc emos	12	SEL SOO SOVE	II YOU I
	13	Capital gain or (loss). Attach Schedule D if re		· · ·	k horo	- 1	13	ettach be te	a bliffo
If you did not	14	Other gains or (losses). Attach Form 4797 .	equired. If flot foqt	unea, criec	N Here	and the	14	TO JUST OF	30106
get a W-2, see page 19.	15a	IRA distributions 15a		kable amoun	t (see n	ane 21)	15b	5 00	
see page 19.	16a	Pensions and annuities 16a		cable amoun			16b	18140	
Enclose, but do	17	Rental real estate, royalties, partnerships, S o	corporations, trusts	etc. Attac	h Sche	dule F	17		
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedule F .	ner sensit et en				18		
olease use	19	Unemployment compensation					19		
Form 1040-V.	20a	Social security benefits . 20a	<b>b</b> Tax	able amoun	t (see p	age 24)	20b	E CI DI	Wier!
	21	Other income. List type and amount (see page	ge 24)				21	A Property of the	Dan age
		Add the amounts in the far right column for line			tal inc	ome ▶	22	37272	lift bad
Adjusted	23	Educator expenses (see page 26)	2	3	Many In	2 2 2 2 2 2 2 2		2888 PK A	FAC, BE
Gross	24	Certain business expenses of reservists, performing	ng artists, and	. Y and sas		ING UOV			oma
ncome	25	fee-basis government officials. Attach Form 210			el velo-	ed tot is			Hon.
	26	Health savings account deduction. Attach Form Moving expenses. Attach Form 3903	Control of the second s	SECTION 1	Home	10 O	DEW 1		hole!
	27	One-half of self-employment tax. Attach Scher					8/8/8		inath
	28	Self-employed SEP, SIMPLE, and qualified p		10000					IGUU
	29	Self-employed health insurance deduction (se			o bne to	erido euet			Bign
	30	Penalty on early withdrawal of savings							Hen
	31a	Alimony paid <b>b</b> Recipient's SSN ▶							n mioti
	32	IRA deduction (see page 27)		2	ns Inini	11 00 50			See pa
	33	Student loan interest deduction (see page 30)	33	3					lorryos
	34	Tuition and fees deduction. Attach Form 8917		1			4		proces
	35	Domestic production activities deduction. Attach	Form 8903 35					Props	Paid
	36	Add lines 23 through 31a and 32 through 35					36	Parista	gerq
	37	Subtract line 36 from line 22. This is your adi	usted aross incor	me		Name and	07	7777	2.3

orm 1040 (2007)				Page	2
Гах	38	Amount from line 37 (adjusted gross income)	38	37272	
nd	39a	Check ∫ ☐ You were born before January 2, 1943, ☐ Blind. ☐ Total boxes			
redits		if:		7 1986	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b ☐		2514	
Deduction or—	_40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5200	-
People who	41	Subtract line 40 from line 38	41	29008	
checked any	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line		7/100	
oox on line 19a or 39b or		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	3400	-
vho can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	20600	_ 2
claimed as a dependent,	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	0423	- 1
ee page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45	205	-
All others:	46	Add lines 44 and 45	46	3453	_
single or	47	Credit for child and dependent care expenses. Attach Form 2441		and Status	
farried filing eparately,	48	Credit for the elderly or the disabled. Attach Schedule R 48			
5,350	49	Education credits. Attach Form 8863		axid si	
farried filing	50	Residential energy credits. Attach Form 5695			
ointly or Qualifying	51	Foreign tax credit. Attach Form 1116 if required 51		a engitoria	
vidow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 f			
10,700	53	Retirement savings contributions credit, Attach Form 8880 53			
lead of ousehold,	54	Credits from: a Form 8396 b Form 8859 c Form 8839			
7,850	55	Other credits: a Form 3800 b Form 8801 c Form 55		Not ment hom	
	56	Add lines 47 through 55. These are your total credits	56	ers afox reis	
September 19	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	3453	
ther	58	Self-employment tax. Attach Schedule SE	58		_
axes	59	Unreported social security and Medicare tax from: a  Form 4137 b Form 8919	59		
uve2	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	1814	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	ED STREET	
	62	Household employment taxes. Attach Schedule H	62	(a) (a) (a) (b) (b) (b) (c) (d)	
	63	Add lines 57 through 62. This is your total tax	63	5267	4
ayments	64	Federal income tax withheld from Forms W-2 and 1099 64 6287		bna 633	
	65	2007 estimated tax payments and amount applied from 2006 return 65		VI X53 N (1-0)	
you have a	66a	Earned income credit (EIC)		FF Denth F 48	
ualifying hild, attach	b	Nontaxable combat pay election   66b		N	
chedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59)		DI .	
	68	Additional child tax credit. Attach Form 8812 68		you did not 14	
	69	Amount paid with request for extension to file (see page 59)		97 epige	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		601	
	71	Refundable credit for prior year minimum tax from Form 8801, line 27		ob tud a IV	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	6289	
efund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	1020	1
rect deposit?	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □	74a	out / .V-CVOS mit	
e page 59	b	Routing number		13	
d fill in 74b, c, and 74d,	- d	Account number		0.05	
Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax ▶   75		djusted a	
mount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	Was noneith	
ou Owe	77	Estimated tax penalty (see page 61)   77			
hird Party	Do	you want to allow another person to discuss this return with the IRS (see page 61)?   Yes. C	ompl	ete the following.	10
		ignee's Phone Personal identification			_
esignee	nar				
ign		er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and			ī
ere	beli	of, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh			
nt return?	You	r signature Date Your occupation	Dayt	ime phone number	
e page 13.		ny caid b Panipient's 65% In	(		
ер а сору	Spe	use's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			
your ords.	7	ant loan interest deduction (see pare 30)			
Julus.		Date Date Date Date	Prep	parer's SSN or PTIN	
	D	Check if			
aid					
	sig	ature self-employed self-emplo	noG b‡A	38 86	

PAUL R DULBERG

4606 HAYDEN CT

MCHENRY IL 60051-7918

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.

CORRECTED (if checked)

* Caution: The amount shown may not be fully deductible by you.

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 relimbursed by another person.

2007

OMB No. 1545-0901

Form 1098

Mortgage Interest Statement

RECIPIENT'S federal identification no. PAYER'S social security number Mortgage interest received from payer(s)/borrower(s)* Copy B 13-3222578 8.346.03 For Paver The information in boxes 1, PAYER'S/BORROWER'S name 2 Points paid on purchase of principal residence 2, 3 and 4 is important tax information and is being furnished to the Internal PAUL R DULBERG 0.00 tevenue Service. If you are required to file a return, a \$ 4606 HAYDEN CT igence penalty or other 3 MCHENRY IL 60051-7918 Refund of overpaid interest 0.00 \$ 4 Mortgage insurance premiums \$ 0.00 Account number (see instructions) **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.

# Informational Statement

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

1099-G

Certain Government Payments

2007

OMB NO. Payments
1545-0120 Department of the Treasury - Internal Revenue Service

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.

Box 3 – Tax year

Box 2 amount is for tax year

\$245.00

2006

Recipient

XXX-XX-4001 PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050-7918

Remove this label.

600D00003464-0

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

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60050

# Tax Statement for Forms 1098, 1099, 5498 for Tax Year 2007

 1098
 - Copy B - For Payer
 - 0MB # 1545-0901
 1099 - D - Copy B - For Recipient
 - 0MB # 1545-0110
 1099 - D - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - NINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - NINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - NINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0112
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 1099 - MINT - Copy B - For Recipient
 - 0MB # 1545-0172
 10MB # 1545-0172
 1099 - MINT - Copy B - For Reci

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."

Payer's Federal ID# 36-4196863 Questions? (815) 479-5200

TAXPAYER ID#

PAGE 1 OF 1

		2007	7 FORM 1099-INT:	INTEREST INCOME		
Account Type	Account N	umber	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account		00001	The state of the s	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 incom			1 2	
	TOTALS:	Early withdray Interest on U.S	val penalty S. Savings Bonds and	d Treasury obligations	1 2 3	321.02 0.00 0.00
	TOTALS:	Early withdray Interest on U.S Federal incor	val penalty S. Savings Bonds and ne tax withheld	d Treasury obligations	1 2 3 4	0.00 0.00 <b>0.00</b>
	TOTALS:	Early withdraw Interest on U.S Federal incor Investment ex	val penalty S. Savings Bonds and ne tax withheld penses	d Treasury obligations	1 2 3 4 5	0.00 0.00 <b>0.00</b> 0.00
	TOTALS:	Early withdray Interest on U.S Federal incor	val penalty S. Savings Bonds and ne tax withheld penses iid	d Treasury obligations	1 2 3 4 5	0.00 0.00 <b>0.00</b>

*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 be to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

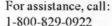
Form 1098 - The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated 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.

Pensions, Annuitie Retirement Profit-Sharing Plar	OMB No. 1545-0119		39.54	1 Gross distribution \$18,1	PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 82 DEVONSHIRE STREET KW1C BOSTON, MA 02109 78340		
IRAs, Insuran Contracts, e	toltase rebris	Form <b>1099-R</b>		2a Taxable amount \$18,13			
Copy File this copy w	ed plan, a 40	Total X	die Intra	2b Taxable amount not determined	INTERMATIC INC CASH		
your state, city, local income t return, when require	withheld	4 Federal income tax	in box 2a)	a Capital gain (included	RECIPIENT'S identification number	AYER'S Federal identification number 4 - 6568107	
olig emiljalliginas produkti tigal produdente fastilleri tigalga galestas kal		6 Net unrealized appre- in employer's securities		5 Employee contrib/des contrib or insurance p	ing apt. no.), city, state, and ZIP code	ECIPIENT'S name, street address (includ	
1st year of desig Roth contribution	%	8 Other	IRA/SEP/ SIMPLE	7 Distribution code(s)	destruction for Small Business (SEP, 5) hollared Aninsky Plans (COTO) Plans  on and Anauliu Ingerora  0	PAUL DULBERG 4606 HAYDEN CT. MCHENRY, IL 600	
IRA/SEP/SD/PLE box	ributions	9b Total employee con	%	9a Your percentage of total distribution			
12 State distribution		11 State/Payer's state   IL 0465681	\$0.00	10 State tax withheld		wed Health Plans	
15 Local distribution	receive pen in the distribu	14 Name of locality	than one po	13 Local tax withheld			

60050

12



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		Amount of Refund
4606 HAYDEN CT MCHENRY IL 600!	50-7918068	\$2,273.00

000901

# 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

Department of the Treasury

Internal Revenue Service

Kansas City, MO 64999-0025

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	\$4,014.00		
Total Payments	\$6,287.00-		
Amount of Overpayment	\$2,273.00-		
Less: Penalties (computed below, if a	\$.00		
Less: Interest computed through May	\$.00		
Less: Amount applied to next year's	\$.00		
Total Amount of Refund Per This No	\$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 <u>www.irs.gov</u>. 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)

Attach to Form 1040.

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

OMB No. 1545-0074

2007

Sequence No. 07

Attachment

Name(s) shown on Form 1040 Your social security number Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see page A-1) . . . 1 **Dental** 2 Enter amount from Form 1040, line 38 2 Multiply line 2 by 7.5% (.075). . . . . **Expenses** 3 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 **Taxes You** State and local (check only one box): Paid a Income taxes, or 5 b General sales taxes (See page A-2.) 77 Real estate taxes (see page A-5) 6 7 7 Personal property taxes . . . . . Other taxes. List type and amount ▶ 8 Add lines 5 through 8 9 Interest 10 Home mortgage interest and points reported to you on Form 1098 10 You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid (See to the person from whom you bought the home, see page A-6 page A-5.) and show that person's name, identifying no., and address Note. 11 Personal Points not reported to you on Form 1098. See page A-6 interest is 12 deductible. Qualified mortgage insurance premiums (See page A-7). 13 13 Investment interest. Attach Form 4952 if required. (See 14 Add lines 10 through 14 . . . 15 15 Gifts to Gifts by cash or check. If you made any gift of \$250 or Charity more, see page A-8 . . . . . . . . . . . . . . . . 16 Other than by cash or check. If any gift of \$250 or more, If you made a gift and got a see page A-8. You must attach Form 8283 if over \$500 17 benefit for it, 18 18 see page A-8. 19 Add lines 16 through 18 19 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-9.) 20 Unreimbursed employee expenses—job travel, union Job Expenses 21 and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ Miscellaneous 21 if required. (See page A-9.) ▶ ..... **Deductions** 22 (See Other expenses—investment, safe deposit box, etc. List page A-9.) tvpe and amount ▶.... 23 24 Add lines 21 through 23 . . . 24 Enter amount from Form 1040, line 38 25 25 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other—from list on page A-10. List type and amount ▶ Miscellaneous **Deductions** 28 Total Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? **Itemized** No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 Yes. Your deduction may be limited. See page A-10 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

Copy C For	EM	PLC	YEE	SR	ECC	ORDS
Copy C For (See Notice	to F	Emp	loye	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.

OI OODY D./		-
a Employee's SSN	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 tip	os	9 Advance EIC payment		
10 Deper	ndent care benefits	11 Nonqualifi	ed plans			
12a	D	386.10	13 Stat. Emp.	Ret.plan 3rd-party sick pay		
12b			14 Other	000.10		
12c			401K	386.10		
12d			SEC125	186.84		
IĻ	0186-4769		1,8887,03			
15 State Employer's state I.D. # 16 Sta			te wages, tips, etc.	. 17 State income tax		
18 Local wages, tips, etc. 19 Local			cal income tax	20 Locality name		
	241					
				100 011011 4040		

IL-1040 front (R-12/08)

# Illinois Department of Revenue

# 2008 Form IL-1040 Individual Income Tax Return

10 9 or for fiscal year ending

[tax.iiiinois.	30A 4				
Step 1: F	erso	nal Information —			Do not write above this line
	Δ	Social Security numbers in the order they appear on your fede	eral return		
			Spouse's Social	Security number	
	В	Print your personal information below			
	Ь	Fillit your personal illiormation below			
		PAUL R	DULBERG		
		Your first name and initial	Your last name		
		Spouse's first name and initial	Spouse's last na	ame - only if different	
		4606 HAYDEN CT			
		Mailing address	TT	6000	1 7010
		MCHENRY City	State	ZIP	51-7918
		Oily	Olulo	2	
	C	Filing status (see instructions)			
		Single or head of household	☐ Married	filing separately	Widowed
Ct 0 - 5				, , ,	
Step 2:					
	1	Federal adjusted gross income from your U.S. 1040, Line 37;	J.S. 1040A,	Line 21; or	489.00
	•	U.S. 1040EZ, Line 4	10 1010 0*	10404 Line Oh:	403.00
	2	Federally tax-exempt interest and dividend income from your to U.S. 1040EZ	J.S. 1040 of	1040A, Line 8b;	0.00
	3	Other additions to your income. <b>Attach</b> Schedule M.		3	0.00
		Total income. Add Lines 1 through 3.		4	489.00
Step 3: E					
	5	Income received from Social Security benefits and certain reti	rement	0.00	
	6	plans if included in Line 1. <b>Attach</b> federal page 1.  Illinois Income Tax overpayment included in U.S. 1040, Line 19	0 6	259.00	
	7		7	0.00	
		Check if Line 7 includes any amount from Schedule 1299-0			
	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: 8	yem	ntions —			
Otop II w			<b>x</b> \$2,000	2,000.00	
See	10	b If someone else claimed or could have claimed you	Α ΨΖ,000	и —	
instructions before		or your spouse as a dependent on their return, see			
figuring			<b>x</b> \$2,000	b 0.00	
exemptions	]		<b>X</b> \$1,000	c 0.00	
		d Check if legally blind: ☐ You + ☐ Spouse = ☐	X \$1,000	d0.00	
		Exemption allowance. Add Lines a through d.		10	2,000.00
Step 5: N	let Inc	come —			
otop ot .		Residents Only: Net income. Subtract Line 10 from Line 9. 8	Skin Line 12	11	0.00
•		Nonresidents and part-year residents Only:	JAIP LINE 12.		
	12	Check the box that applies to you during 2008 Nonreside	nt Part	vear resident, and	
		write the <b>Illinois base income</b> from Schedule NR. <b>Attach</b> Sched			
Ston 6. T		White the miniots base mostle from constant with placement of	2010 11111 12		
Step 6: T		Paridonte: Multiply Line 11 by 20/ / 20\ Write the second have			
	13	Residents: Multiply Line 11 by 3% (.03). Write the result here Nonresidents and part-year residents: Write the tax before		investment	
		credits from Schedule NR.	recapture or		0.00
	14	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.			
,		Total <b>tax</b> . Add Lines 13 and 14. This amount may not be less	than zero		0.00
	15	Total Lax. Add Lines 13 and 14. This amount may not be less	man zero.	13	

		Total tax amount from Page 1, Line 15	16	0.00
		undable Credits ————————————————————————————————————		
1	17	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR and other states' returns.		
. New 1	18	Property tax and K-12 education expense credit amount from	0.00	
Complete		Schedule ICR. Attach Schedule ICR.	0.00	
Schedule ICR ]	19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19———		
2	20	Add Lines 17, 18, and 19. This is the total of your credits. This amount		0.00
		may not exceed the tax amount on Line 16.	20 ——	
2	21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.	21 ——	0.00
Step 8: Payr	me	nts and Refundable Credit ————————————————————————————————————	0.00	
2	22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	0.00	
2	23	Estimated payments from Forms IL-505-I and IL-1040-ES,	0.00	
		including overpayment applied from 2007 return 23 ———	0.00	
See Instructions 2	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	
Complete Schedule ICR 2	26	Total payments and refundable credit. Add Lines 22 through 25.	26 ——	0.00
Step 9: Ove	rpa	syment or Underpayment ————————————————————————————————————		
2	27	Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26.	27 ——	0.00
2	28	Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21.	28 ——	0.00
Step 10: Un	de	rpayment of Estimated Tax Penalty and Donations		
2	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.		
		<b>b</b> Check if you or your spouse are 65 or older and permanently		
		living in a nursing home.		
		c Check if your income was not received evenly during the year and		
		you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. <b>Attach</b> Form IL-2210.		
9	30	You can make voluntary charitable donations to many worthy causes		
AKE "GIVING		using this form. It's easy - just complete Schedule G and enter		
		the donation amount here. <b>Attach</b> Schedule G.	0.00	
EASYI	31	Total penalty and donations. Add Lines 29 and 30.	31 ——	0.00
Step 11: Re	fur	nd or Amount You Owe		
	32	If you have an overpayment on Line 27 and this amount is greater than		0.00
		Line 31, subtract Line 31 from Line 27. This is your remaining overpayment.	32 ——	0.00
3	33	Amount from Line 32 you want refunded to you	33 ——	0.00
3	34	Complete to direct deposit your refund		
Direct Depos	.24	Routing number Checking or Sa	vings	
Marie Control	***	Account number		
				0.00
3	35	Subtract Line 33 from Line 32. This amount will be applied to your 2009 estimated	tax. 35 ———	0.00
instructions	36	If you have an underpayment on Line 28, add Lines 28 and 31. Or		
for payment options.		If you have an overpayment on Line 27 and this amount is less than Line 31,		0.00
		subtract Line 27 from Line 31. This is the <b>amount you owe</b> .	36 ——	
Step 12: Sig				
	Hn	der penalties of periury I state that I have examined this return, and, to the best of my know	vledge, it is true, co	orrect, and complete.
Sign		08852571  Date Daytime phone number Your spouse's si	gnature	Date
here			gnature	Date
	_	onfirmation Number: 09IIF000407720  d preparer's signature Date Preparer's phone number Preparer's FEIN	, SSN, or PTIN	
	r al	If no payment enclosed, mail to:		
	E.	ILLINOIS DEPARTMENT OF REVENUE LLINOIS DEPARTMENT OF RE	VENUE	
	2000	PO BOX 1040 SPRINGFIELD IL 62726-0001 GALESBURG IL 61402-1040		
IL-1040 back (R-12/08)	DF			AIII EAIIE IIEE IIEE IIEE EAII EAII EA

# **Illinois Credits**

Tax year ending

# 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

10	ur name as shown on your Form IL-1040 You	Social Securi	ty number		
S	tep 2: Figure your nonrefundable credi	t			
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
Se	ection 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>b</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		
	<b>d</b> Multiply Line 4c by 5% (.05).	4d	199.00		
5				5	0.00
6	Subtract Line 5 from Line 3.	6	0.00		
S	ection B - K-12 Education Expense Credit				
	lote You must attach the receipt you received from your students' school				
or	complete the <i>K-12 Education Expense Credit Worksheet</i> on the back 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>b</b> You may not take a credit for the first \$250 paid.	7b	250.00		
	<b>c</b> 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	7.1	0.00		
8	write the lesser amount here.  Compare Lines 6 and 7d, and write the lesser amount here.	7d	0.00	8	0.00
	Compare Emer o and 74, and while the local amount here.				
S	ection C - Total nonrefundable credit				
9	Add Lines 5 and 8. This is your nonrefundable credit amount. Write this a	mount on		•	0.00
	Form IL-1040, Line 18.		-	9	0.00





# Step 3: Figure your refundable credit

**Earned Income Credit** 

- 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.
  - **b** Multiply the amount on Line 10a by 5% (.05).
  - c Illinois residents: Write 1.0.

**Nonresidents and part-year residents:** Write the decimal from Schedule-NR, Line 48.

- **d** Multiply Line 10b by the decimal on Line 10c.
- 11 Write the amount from Line 10d here. This is your Illinois

  Earned Income Credit. Write this amount on Form IL-1040, Line 25.

10a	0.00
10h	0.00

10c 1 • 0

		0 0

# 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	D School name	E School city	F Total tuition
otacit s name	Occidi Occidity Italiisei	(K-12 only)	(IL K-12 schools only or write "home school," if applicable)	(IL cities only)	book/lab fees
a					_
b					
c					_
d					
e				-	
1					
g	··				_
h	··				
1					
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 ______



		of the Treasury - Internal Revenue Service	DANG				
		dividual Income Tax Return	49 <b>00</b>	(99) IRS Use Only -	Do not v	vrite or sta	ple in this space.
Label A	or the ye	ar Jan. 1- Dec. 31, 2008, or other tax year beginning	, 2008, ending	, 20			No. 1545-0074
В	D 3 TTT	D DIII DEDG			Y	receist	contribt number
IDO Labora I	PAUL				-		
н,	4606				Spo	use's so	ocial security number
Otherwise, E please print R	MCHE	NRY, IL 60051			-	You	MUST enter
or type.					-		MUST enter SSN(s) above. a box below will not
Presidential L				1/ 1/ 1/ 1		_change y	our tax or refund.
Election Campa		Check here if you, or your spouse if filing jointly, wan			عاد ما	You	Spouse
Filing Status		Single		Head of household (wi			
	2  -	Married filing jointly (even if only one had income)		the qualitying person is	child but	not your	dependent, enter this
Check only one box.	3 _	Married filing separatelyEnter spouse's SSN above & f	00 200000	h3ld's name here. ▶	محمله ملفت	andont of	aild (agg page 16)
One box.	C- V	N N N	*****	Sualifying widow(er) v	ntn depe	endent cr	Boxes checked 1
Exemptions	6a X	Yourself. If someone can claim you as a depend	ent, do not check t	0 <b>0x</b> 1ba			on 6a and 6b No. of children
	b D	Spouse	(2) December	it's (3) Depende	nt'o		on 6c who:
		ependents: ) First name Last name	(2) Dependent social security n	umber relationshi		child for	
	- 1	Thistianic Last name		you		child tax c	due to divorce
If more than four							or separation
dependents,							Dependents on 6c not
see page 17.					1		entered above
	4 1	otal number of exemptions claimed					Add numbers on lines above
		Wages, salaries, tips, etc. Affach Form(s) W 2		. ///	•	////	. above
Income		vvages, salaries, tips, etc. attaciri disi(3,44- 4		****		7	
moome	82	Taxable interest. Attach Schedule 8 Frequired	****	***		8a	230.
Attach Form(s)		Tax-exempt interest. Do not make de on time 8a		8b		11111	
W-2 here. Also		Ordinary dividends. Attach Schedule B if required				9a	
attach Forms		Qualified dividends (see page 21)	i i i i	9b		/////	
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local	lincome taxes (see			10	259.
was withheld.	11	Alimony received	micomo taxoo (occ	, pago 22,		11	
	12	Business income or (loss). Attach Schedule C or C-	FZ			12	
	13	Capital gain/(loss). Attach Sch Dif not required, check			• 🗍	13	
	14	Other gains or (tosses): Attach Form 4797	WM . WM . W			14	
If you did not get a W-2,		IRA distributions	bi⊤axat	ole amt		15b	
see page 21.		Pensions and annuities 16a	<b>b</b> Taxab	ole amt		16b	
7-3-	17	Rental real estate, royalties, partnerships, S corpora	<del>**** ******</del> ***** *****	000000 000000		17	
Enclose, but do	18	Farm income or (loss). Attach Schedule F				18	
not attach, any	19					19	
payment. Also, please use	20a	Social security benefits 20a	<b>b</b> Taxab	ole amt		20b	
Form 1040- V.	21	Other income. List type and amount (see page 28)					
						21	
	22	Add the amounts in the far right column for lines 7 th	rough 21. This is yo	our total income	. >	22	489.
	23	Educator expenses (see page 28)		23			
Adjusted	24	Certain business expenses of reservists, performing	g artists, and				
Gross		fee-basis government officials. Attach Form 2106	ør 2106-EZ .	24			
Income	25	Health savings account deduction. Attach Form 8	<b>88</b> 9 ,	25			
	26	Moving expenses. Attach Form 3903		26			
	27	One-half of self-employment lax. Attach Schedule		27			
	28	Self-employed SEP, SIMPLE, and qualified plans		28			
	29	Self-employed health insurance deduction (see pa		29			
	30	Penalty on early withdrawal of savings		30			
		Alimony paid <b>b</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 I		35		////	
	36	Add lines 23 through 31a and 32 through 35			. :	36	489.
	37	Subtract line 36 from line 22. This is your adjusted g	ross income		. •	37	409.

Form 1040 (200	(8)	AUL R DULBERG			Page 2
Tax	38	Amount from line 37 (adjusted gross income).		38	489.
and	39a	Check You were born before January 2, 1944, Blind. Total boxe	s	11111	
Credits		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			
Standard	)	, your spould not made on a department of the money of a data of the definition, does pg of a different note.			
Deduction		Check if standard deduction includes real estate taxes or disaster loss (see page 34)	▶ 39c ☐		
for -	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).		40	9,917.
People who		Subtract line 40 from line 38		41	(9,428.
box on line		If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individua		77777	(3/120.
39a, 39b, or	42			11111	3,500.
39c <b>or</b> who can be	40	page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line		42	0.
claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-		43	0.
dependent, see page 34.	44	Tax. (see page 36) Check if any tax is from:a Form(s) 8814 b Form 4972		44	0.
	45	Alternative minimum tax (see page 39). Attach Form 6251		45	0.
All others:	46	Add lines 44 and 45	•	46	<u> </u>
Single or Married filing	47	Foreign tax credit. Attach Form +116 if required			
separately, \$5,450	48	Credit for child and dependent care expenses. Attach Form 2441 48		-////	
Married filing	49	Credit for the elderly or the disabled. Attach Schedule R		<b>-</b> /////	
jointly or	50	Education credits. Attach Form 8863		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
Qualifying widow(er),	51	Retirement savings contributions credit. Attach Form 8880 51		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
\$10,900 Head of	52	Child tax credit (see page 42). Attach Form 8901 if required 52		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
household,	53	Credits from Form: a 8396 b 8839 c 5695		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
\$8,000	54	Other credits from Form: a 3800 b 8801 c 54		1////	
	55	Add lines 47 through 54. These are your TOTAL CREDITS		55	
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter - 0	>	56	0.
Other	57	Self-employment tax. Attach Schedule SE		57	
Taxes	58	Unreported social security and Medicare tax from Form <b>a</b> 4137 <b>b</b> 8919 .		58	
Tuxos	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	1	59	
	60	Additional taxes: aAEIC payments bHousehold employment taxes. Attach \$	Schedule H	60	
	61	Add lines 56 through 60. This is your total tax	>	61	0.
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62			
	63	2008 estimated tax payments and amount applied from 2007 return 63			
If you have a qualifying	_ 64a	Earned income credit (EIC)			
child, attach	b	Nontaxable combat pay election 64b		<b>Y</b> ////	
Schedule EIC	65	Excess social security and tier #RRTA tax withheld (see page 61) 65	******		
	66	Additional child tax credit Attach Form 8812			
	67	Amount paid with request for extension to file (see page 6*) 67			
	68	Credits from Form: 2439 b 4136 c 8801 d 8885 68			
	69	First-time homebuyer credit. Attach Form 5405 69			
	70	Recovery rebate credit (see worksheet on pages 62 and 63) 70			
	71	Add lines 62 through 70. These are your total payments	>	71	0.
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpa	id	72	0.
Direct deposit?	73a	Amount of line 72 you want <b>refunded to you.</b> If Form 8888 is attached, check here		73a	
See page 63		Routing number			
and fill in 73b, 73c, and 73d.		Account number			
or Form 8888.	74	Amount of line 72 you want applied to your 2009 estimated tax ► 74			
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	>	75	
You Owe	76	Estimated tax penalty (see page 65)			
	Do you	want to allow another person to discuss this return with the IRS (see page 66)?	Yes. Comp	lete the	following. X No
Third Party		nee's name Phone no.			Personal ID number
Designee	•				(PIN)▶
Sign	Underp	enalties of perjury, I declare that I have examined this return and accompanying schedules and statem	ents, and to th	e best of	my knowledge and
Here		hey are truè, córréct, and complete. Declaration of preparer (other than taxpayer) is based on all inform ir signature   Date   Your occupation	ation of which	1 -	me phone number
Joint return?		UNEMPLOYE	EED	1	
See page 15.	Spo	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupa	tion	1/////	
Keep a copy for your records.	/				
	Prepare	pr's Date Check	:¢	Prena	rer's SSN or PTIN
Paid	signatu	Crieck	ployed	, lopa	
Preparer's	Firm's r	name (or	EIN		
Use Only	yours if	self-employed),	Phone	no	
	uuui 638	), and £11 0000 F	II HOHE	.10.	Form <b>1040</b> (2008)

## SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Schedule A - Itemized Deductions

OMB No. 1545-0074

Attachment Sequence No. 07

Name(s) showr				Your	social security number
PAUL R I	נטכ	LBERG			
Medical		Caution. Do not include expenses reimbursed or paid by others.		1//	
and	1	Medical and dental expenses (see page A-1) 1			
Dental					
Expenses					
	2	Enter amount from Form 1040, line 38 2			
		Multiply line 2 by 7.5% (.075)			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0		4	
Taxes You		State and local a X Income taxes, or b General sales taxes 5	259	. 1///	
		Real estate taxes (see page A-5)			
Paid	٠	6			
(See	7			-///	
page A-2.)		Personal property taxes		-///	
	8	Other taxes. List type and amoun▶			
		8		-///	250
		Add lines 5 through 8	0 CEO	9	259.
Interest		Home mortgage interest and points reported to you on Form 1098 10	9,658	•///	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the			
(See		person from whom you bought the home, see page A-6 and			
page A-5.)		show that person's name, identifying no., and address			
Note.				_///	
Personal		Points not reported to you on Form 1098. See page A-8 for special rules 12			
interest is not	13	Qualified mortgage insurance premiums (See page A-6)			
deductible.	14	Investment interest. Attach Form 4952 if required. (See page A- 6.) 14			
	15	Add lines 10 through 14		15	9,658.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or			
Charity		more, see page A-7			
If you made a gift and got a	17	Other than by cash or check. If any gift of \$250 or more,			
benefit for it,		see page A- 8. You must attach Form 8283 if over \$500			
see page A-7.	18	Carryover from prior year	********		
		Add lines 16 through 18		19	
Casualty and					
Theft Losses	20	Casualty or theft loss(es). Attach Form 4584. (See page A- 8.)		20	
	24	Unreimbursed employee expenses -job travel, union dues,		1///	
Job Expenses and Certain	-	job education, etc. Attach Form 2106 or 2106-EZ			
Miscellaneous		if required. (See page A-9.) ▶			
Deductions					
(See		21			
page A-9.)	22	Tax preparation fees			
		Other expenses - investment, safe deposit box; etc. List type and amount		1///	
		Carlot expenses investment, sale approximation and annual			
		23			
	24	Add lines 21 through 23		<b>-</b> ////	
		Enter amount from Form 1040, line 38 25		-///	
		MALISTAL Fire OF Inc. 201/ (202)			
		Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-		27	
Other				1///	
Other Miscellaneous		Other - from list on page A-10. List type and amour  ■			
Deductions				///	
	-	In Form 1040 line 29 over \$450 050 (200-\$70 075 if 200-\$150)		28	
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?			
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right column		-	0 017
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	>	29	9,917.
		Yes. Your deduction may be limited. See page A- 10 for the amount to enter.			
WDA = =		If you elect to itemize deductions even though they are less than your standard deduction, check here		1//	
KBA For Pap	erw	ork Reduction Act Notice, see Form 1040 instructions.		Sched	dule A (Form 1040) 2008

PAUL R DULBERG 323-76-4001

# Recovery Rebate Credit Worksheet - Line 70

Keep for Your Records

Bef	ore 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?  X 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 filling a joint return, your spouse?  X 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
6.	Enter the amount from Form 1040, line 52
7.	Add lines 5 and 6
8.	Enter \$600 (\$1, 200 if married filing jointly)
9.	Enter the smaller of line 7 or line 8

# 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.		
	X 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 fling 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
12.			
13.	Enter the amount of any nontaxable veterans' disability or death benefits you received in 2008	13	
14.	Are you filing Form 8812?		
	Yes. Skip line 15. Enter on line 16 the amount from Form 8812, line 4a.		
	X 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, <b>or</b> 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	of	
	that worksheet.		
	X 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 no 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.	<u>Is line 17 at least \$3,000?</u>		
	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	-	^
	Enter the amount from Form 1040, line 38	_	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?		
20.	X   No. Skip line 26. Enter the amount from line 22 on line 27 below.		
	T	25	
26	Multiply line 25 by 59/ (05)	26	
26.	Multiply line 25 by 5% (.05).  Subtract line 26 from line 22. If zero or less, enter - 0-	27	0
27.	Enter the amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1378	21.	
28.	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		600
	payment, you and your spouse are each treated as having received half of the payment	28	000
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		0
	more than line 27, you do not have to pay back the difference	29	
* A va	alid 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 process.	U.S A	rmed Forces at any time
** Yo	ur 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), 15	b, 16b, 19, 20b, and 21
(exclu	uding 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; S B and C; Schedule K-1 (Form 1065-B) hox 9 code K-2; Schedule K-1 (Form 1120S) hox 14, code B, But do not include on this line any a	chedu	tor 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.



PAUL R DULBERG

4606 HAYDEN CT

MCHENRY IL 60051-7918

# IMPORTANT TAX RETURN INFORMATION BELOW

Account Number:

**Property Address: 4606 HAYDEN CT** MCHENRY IL 60050

CITIMORTGAGE IS THE SERVICING AGEN 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) OMB No. 1545-0901 RECIPIENT'S/LENDER'S name, address, and telephone number * Caution: The amount shown may not be fully deductible by you. Limits based on the loan CITIMORTGAGE, INC. amount and the cost and value of Interest the secured property may apply. P.O. BOX 9438 Also, you may only deduct interest GAITHERSBURG, MD 20898-9438 to the extent it was incurred by you, actually paid by you, and not CUSTOMER SERVICE: 1-800-283-7918 Form 1098 reimbursed by another person. RECIPIENT'S federal identification no. PAYER'S social security number Mortgage interest received from payer(s)/borrower(s)* Copy B 9,657.52 13-3222578 For Payer The information in boxes 1 PAYER'S/BORROWER'S name Points paid on purchase of principal residence 2,3 and 4 is important tax information and is being furnished to the Internal PAUL R DULBERG 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 3 Refund of overpaid interest Street address (including apt. no.)

Form 1098

4606 HAYDEN CT City, State and ZIP code

MCHENRY , IL 60051-7918

Account number (see instructions)

(keep for your records)

5

Mortgage insurance premiums

Department of the Treasury - Internal Revenue Service

overstated a deduction for this mortgage interest or for

these points or because you did not report this refund of

interest on your return.

## 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

### **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.

# Informational Statement

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

1099-G Certain Govern

OMB NO.

Government Payments

2008

1545-0120 Department of the Treasury - Internal Revenue Service

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.

Box 3 – Tax year

Box 2 amount is for tax year

\$2!

2007

ecipient

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.

CUSTOMER NAME, ADDRESS

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

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

Payer's Federal ID# 36-4196863 Questions? (815) 479-5200

600D00003459-01

FORM 1 OF 1

		2008 FOF	RM 1099-INT: INTE	REST INCOME		
Account Type	Account Nu	mber	Deposit ID	IRS Description	IRS Box#	Amount
NOW Account		00001	Control Contro	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 ind	frawal penalty		1 2	227.79
		Interest on	U.S. Savings Bonds come tax withheld	and Treasury obligations	3	0.00 <b>0.00</b>
			expenses		5	0.00
		Foreign tax			6	0.00
		Tax-exemp	ot interest private activity bond in	nterest	8	0.00

TAXPAYER I.D. NO.

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE e a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and

(keep for your records)

(Form 1099-DI)(, 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



# Illinois Department of Revenue 2010 Form IL-1040

Individual Income Tax Return

or for fiscal	vear	ending	/	

or	for	fiscal	year	endin	g	 /	 	

Stan	1.	Personal	inform	ation
Siep	Ι.	reisonai	1111101111	auvii

Do not write above this line.



PAUL R DULBERG

4606 HAYDEN CT MCHENRY IL 60051



		C	Filing status (see instructions)		
₹			X Single or head of household Married filing jointly Married filing separate	ly	Widowed
S	Step 2: Inco	me -			(Whole dollars only)
A		1	Federal adjusted gross income from your U.S. 1040, Line 37, U.S. 1040A, Line 21; or		`
P			U.S. 1040EZ, Line 4	1	15,225.00
Ε		2	Federally tax- exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;		
W 2			or U.S. 1040EZ	2	.00
2		3	Other additions to your income. Attach Schedule M.	3	.00
1		4	Total income. Add Lines 1 through 3.	4	15,225.00
0	Step 3: Base	e Inc	ome		
9		5	Income received from Social Security benefits and certain retirement		
F			plans if included in Line 1. Attach federal Page 1. 5	.00	
R		6	Illinois Income Tax overpayment included in U.S. 1040, Line 10 6	.00	
S		7	Other subtractions to your income Attach Schedule M7	.00	
H			Check if Line 7 includes any amount from Schedule 1299- C		
R		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
Ť	Step 4: Exer	nptio	ons —		
•		10	a Number of exemptions from your federal return1 X \$2,000 a2,000	.00	
	See instructions		b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see		
	before		instructions to figure the number to write here. X \$2,000 b	.00	
	figuring		c Checkif 65 or older: You + Spouse = X \$1,000 c	.00	
	exemptions.		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	Inco	me ————————————————————————————————————		
A		11	Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	13,225.00
S		12	Nonresidents and part- year residents Only:		
A P			Check the box that applies to you during 2010 Nonresident Part- year resident, and w	rite the	
E			Illinois base income from Schedule NR. Attach Schedule NR. 12	.00	
Y	Step 6: Tax				
U		13	Residents: Multiply Line 11 by 3% (.03). Write the result here.		
C			Nonresidents and part-year residents: Write the tax before recapture of investment		
H			credits from Schedule NR.	13	397.00
C K		14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
V		15	Total tax. Add Lines 13 and 14. This amount may not be less than zero.	15	397.00

IL - 1040 page 1 (R - 12/10)

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



ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG IL 61402-1040

AP ____

IL-1040 page 2 (R-12/10)

RR DC

ID: 2BU



## 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

V	
Your Social Security number	

## Step 2: Figure your nonrefundable credit

- Write the amount of tax from your IL- 1040, Line 16.
- Write the amount of credit for tax paid to other states from your IL- 1040, Line 17.
- Subtract Line 2 from Line 1.

- 397.00
  - 0.00 397.00

## Section A - Illinois Property Tax Credit (See separate instructions for directions on how to obtain your property number)

a Write the total amount of Illinois Property Tax paid during the

tax year for the real estate that includes your principal residence

6

7b

- **b** Write the property number
  - 4b 10-08-155-001 for the property listed above.
- c Write the property number for an
  - adjoining lot, included in Line 4a. 4c
- d Write the property number for any another
  - adjoining lot, if included in Line 4a.
- e Write the portion of your tax bill that is deductible as a business expense on U.S. income tax forms of schedules, even if you did not take the federal deduction.
- f Subtract Line 4e from Line 4a.
- g Multiply Line 4f by 5% (.05).
- Compare Lines 3 and 4g, and write the lesser amount here
- Subtract Line 5 from Line 3.

- 0 00 ,192.00
- 210 00
  - 187.00

210.00

### 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.

- a Write the total amount of K-12 education expenses from Line 13 of the worksheet on page two of this schedule.
  - b You may not take a credit for the first \$250 paid
  - c Subtract Line 7b from Line 7a. If the result is negative, enter "zero d Multiply Line 7c by 25% (.25). Compare the result and \$500, and
  - write the lesser amount here. Compare Lines 6 and 7d, and write the lesser amount here.
- 0.00 250.00
- 0.00

0.00

### Section C - Total Nonrefundable Credit

Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount on Form IL- 1040, Line 18.



210.00





Continued on Page 2 →



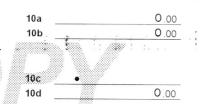
# Schedule ICR — Page 2

# Step 3: Figure your refundable credit

Earned Income Credit

- 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.
  - b Multiply the amount on Line 10a by 5% (.05).
  - c Illinois residents: Write 1.0.

    Nonresidents and part- year residents: Write the decimal from Schedule NR, Line 48.
  - d Multiply Line 10b by the decimal on Line ‡0c
- 11 Write the amount from Line 10d here. This is your fflinois
  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 Socia <del>l Security</del> number		D School name LK-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 _			A			
, _		<del> </del>				
9 h						
i			7= #			
j _						

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.

**3** _____O.00



1010		t of the Treasury - Internal Revenue Service ndividual Income Tax Return	10	IRS Use Only - D	o not write	or staple in this space.
Name,			2010, ending	, 20		MB No. 1545- 0074
Address,					Your so	cial security number
and SSN	PAUI	R DULBERG				
C	4606	HAYDEN CT			Spouse	's social security number
See separate L instructions. E	MCHE	NRY, IL 60051				
R		<u>x</u>		L		ake sure the SSN(s) above nd on line 6c are correct.
Į.					Checking	a box below will not change your tax or <u>ref</u> und.
Presidential Election Campaigr	, •	Check here if you, or your spouse if filing jointly, want \$3 to	go to this fund			You Spouse
Filing Statu	s 1 2	Single	4 Head of	household (with qual	lifying pers	on). (See instructions.)
i iiiig Otata	2	Married filing jointly (even if only one had income)	lf the q	u <b>alify</b> ing person is a ch	ild but not	your dependent, enter this
Check only	3	Married filing separately. Enter spouse's SSN above & full name		ame here. 🕨		
one box.		<b>•</b>	33333	ring widow(er) with	depende	nt child  Boxes checked  1
Exemptions	6a 🔀		not check box 6a	1		on 6a and 6b
Lxemptions		Spouse	(2) -	(2) -	(4)	No. of children on 6c who: if qual.
			(2) Dependent's ocial security number	(3) Dependent's relationship to you	child	tax cr. • did not live with you
f more		I) First name Last name	-	-	(see	due to divorce or separation
than four dependents,				+		(see inst)
see inst						Dependents on 6c not
and check here ▶	-	****	<del>- : ! : :</del> ;	12: 1		entered above
		Total number of evernations distinct	***			Add numbers on lines
		Total number of exemptions claimed.  Wages, salaries, tips, etc. Attach Form(s) W-2			1///	above
Income	7	vvages, salaries, tips, etc. Attach rum(s) **** 2	···	¥	////	
meome	Q a	Taxable interest. Attach Schedule Bifrequired	*		8a	41.
Attach Form(s)		Tax-exempt interest. Do not include on line 8a	8b		7///	
W-2 here. Also		Ordinary dividends. Attach Schedule B if required			9a	1
attach Forms		Qualified dividends	9b		1///	
W-2G and 1099-Riftax	10	Taxable refunds, credits, or offsets of state and local incom			. 10	
was withheld.	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 (tosses): Attach Form 4797			. 14	
f you did not get a W- 2,	15a	IRA distributions . 15a	<b>b</b> Taxable ami		. 151	)
see page 20.	16a	Pensions and annuities 16a	<b>b</b> Taxable ami		161	)
	17	Rental real estate, royalties, partnerships, S corporations, t	trusts, etc. Attach	Schedule E	. 17	
Enclose, but do	18	Farm income or (loss). Attach Schedule F			. 18	
not attach, any	19	Unemployment compensation			. 19	
payment. Also, please use	20a	Social security benefits 20a	<b>b</b> Taxable am	ount	. 20h	)
Form 1040 - V.	21	Other income. List type and amount			\///	7
					21	
	22	Combine the amounts in the far right column for lines 7 thro		ur total income	.▶ 22	16,379.
Adjusted	23	Educator expenses	23	10 1 1		
Gross	24	Certain business expenses of reservists, performing artists	3333333333333333333			
Income		fee- basis government officials. Attach Form 2106 or 2106	.83838			
meome	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses. Attach Form 3903	. 26	1 1 5	1	
	27	One-half of self- employment tax. Attach Schedule SE	27	1,15	04.	
	28	Self- employed SEP, SIMPLE, and qualified plans				
	29	Self- employed health insurance deduction				
	30	Alimony paid <b>b</b> Recipient's SSN ▶				
	32 33	IRA deduction Student loan interest deduction	-			
	34	Student loan interest deduction Tuition and fees. Attach Form 8917.				
	35	Domestic production activities deduction. Attach Form 890				
	36				36	1,154.
	37	Subtract line 36 from line 22. This is your <b>adjusted</b> gross in			▶ 37	
	01	Car a de la monta mo Ez. Tillo lo jour dajusted giossii				

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)

Form 1040 (201	U) F2	AUL R DULBERG		
Tax and	38	Amount from line 37 (adjusted gross income)	38	15,225.
Credits		Check You were born before January 2, 1946, Blind. Total boxes	11111	
Ciedits	-	if: Spouse was born before January 2, 1946, Blind. checked ▶ 39a		
	h	If your spouse itemizes on a separate return or you were a dual- status alien, check here > 39b		
	Ь	n your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 390		
	40		/////	10 070
	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	<b>Taxable income.</b> 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 Form(s) 8814 b Form 4972	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	0.
			/////	<u> </u>
	47	Foreign tax credit. Attach Form 1116 if required		
	48	Credit for child and dependent care expenses. Attach Form 2441		
	49	Education credits from Form 8863, line 23 49		
	50	Retirement savings contributions credit. Attach Form 8880		
	51	Child tax credit (see instructions)		
	52	Residential energy credits. Attach Form 5695		
	53	Other credits from Form: a 3800 b 8801 c 53		
	54	Add In 47 through 53. These are your <b>total credits</b>	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	55	0.
	56	Self- employment tax. Attach Schedule SE	56	2,308.
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	2,000.
Taxes				
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a Form(s) W-2, box9 b Schedule H c Form 5405, line 16	59	
*	60	Add lines 55 through 59. This is your total tax	60	2,308.
Payments	61	Federal income tax withheld from Forms W- 2 and 1099		
	62	2010 estimated tax payments and amount applied from 2009 return 62		
If h a a	63	Making work pay credit. Attach Schedule M		
lf you have a qualifying	64a	Earned income credit (EIC) 64a		
child, attach	b	Nontaxable combat pay election . 64b		
Schedule EIC		Additional child tax credit. Attach Form 8812		
	66	American opportunity credit from Form 8863, line 14		
	67	First- time homebuyer credit from Form \$405, line 10 67		
	68	Amount paid with request for extension to file		
		· · · · · · · · · · · · · · · · · · ·		
	69	Excess social security and tier 1 RRTA tax withheld 69		
	70	Credit for federal tax on fuels. Attach Form 4136		
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71	/////	2.00
	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 <b>overpaid</b>	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
	▶ b	Routing number		
Direct deposit? See instructions	▶ d	Account number		
see mstructions	75	Amount of line 73 you want applied to your 2011 estimated tax > 75		
Amount	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	1,949.
You Owe	77	Estimated tax penalty (see instructions)	111111	
		want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comple	ta hala	w. No
Third Party	,	nee's name Phone no.	ite belo	Personal ID number
Designee		BLOCK ► (847) 587-93	22	(PIN) ► 12871
Sign				
Here		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Joint return?		ur signature Date Your occupation	Dayti	me phone number
See page 12.		or Info Only-Do not file GRAPHIC DESIGNE	777777	
Keep a copy for		ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
our records.	' Fo	or Info Only-Do not file		
Paid	Print/Ty	pe preparer's signature Date Check if	PTIN	
	KARE	N URQUIZA 04/15/2011 self-employed	POC	557512
Preparer	Firm's n	ame ► H AND R BLOCK Firm's EIN►	36-	3581711
Jse Only		ddress ► FOX LAKE, IL 60020 Phone no.		7) 587-9333

Form **1040** (2010)

Form 2210

Department of the Treasury

## **DO NOT FILE** Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

► Attach to Form 1040, 1040A, 1040NR, 1040NR- EZ, or 1041.

OMB No. 1545-0140

Internal Revenue Service Name(s) shown on tax return Identifying number PAUL R DULBERG Do You Have To File Form 2210? Yes Complete lines 1 through 7 below. Is line 7 less than \$1,000? 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 Yes You do not give a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210). than line 9? No Yes You must file Form 2210. Does box B, C, or D in Part II apply? You may owe a penalty. Does any box in Part II below apply? No Yes You must figure your penalty. No Do not file Form 2210. You are not required to figure You are not required to figure your penalty because the IRS your penalty because the IRS will figure it and send will figure it and send you a bill for any unpaid amount. If you a bill for any unpaid amount. If you want to figure you want to figure it, you may use Part III or Part IV as it, you may use Part III or Part IV as a worksheet and. a worksheet and enter your penalty amount on your tax return, enter your penalty amount on your tax return, but do but file only page 1 of Form 2210. not file Form 2210. Part I **Required Annual Payment** Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040) Other taxes, including self-employment tax (see page 2 of the instructions) 2,308. 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 400.) 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 1,908. 717 Multiply line 4 by 90% (.90) Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions) 1,908. Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210 7 Maximum required annual payment based on prior year's tax (see page 3 of the instructions) 8 Required annual payment. Enter the smaller of line 5 or line 8 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. X 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 tof 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. 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. 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. Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was

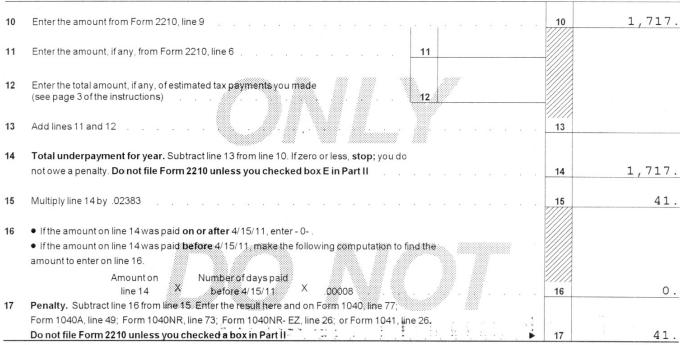
actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

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)

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

### 323-76-4001 Part III Short Method Can You Use the You may use the short method if: Short Method? 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 You must use the regular method (Part IV) instead of the short method if: • You made any estimated tax payments late, Regular Method? • 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.



Form 2210 (2010)

## SCHEDULE A (Form 1040)

Itemized Deductions

OMB:No. 1545-0074

2010

Attachment Sequence No. **07** 

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040.

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

Name(s) showr				You	social security number
PAUL R I	UU	LBERG		_	
Medical		Caution. Do not include expenses reimbursed or paid by others.		1///	1
and	1	Medical and dental expenses (see instructions)1			
Dental					
Expenses		·			
	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+		4	
Taxes You		State and local (check only one box):		///	
Paid		a Income taxes, or 1	397	. ///	
r alu		b X General sales taxes			
	6	Real estate taxes (see instructions)	4,192	. ///	
		MCHENRY COUNTY 4,192.			
	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			
	ρ			-///	
	Ü	Other taxes. List type and amount ▶	4	-///	
	۵	Add lines 5 through 8		9	4,589.
			8,484	1111	4,569.
Interest		Home mortgage interest and points reported to you on Form 1098	0,404	-///	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the			
Nata		person from whom you bought the home, see instructions and show that			
<b>Note.</b> Your mortgage		person's name, identifying no., and address ▶	.1		
interest		1		-///	
deduction may		Points not reported to you on Form 1098. See instructions for special rules 12		-///	
be limited (see		Mortgage insurance premiums (see instructions)		-///	
instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.)	1	////	
		Add lines 10 through 14	<del></del>	15	8,484.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see inst <u>16</u>	6		
Charity					
lf you made a	17	Other than by cash of check. If any gift of \$250 or more, see			
gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500 .	7		
benefit for it, see instructions	18	Carryover from prior year	1		
see man denome.	19	Add lines 16 through 18		19	
Casualty and					
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education,			
and Certain		etc. Attach Form 2106 or 2106- EZ if required.			
Miscellaneous		(See inst.) ▶			
Deductions		·///			
	22	Tax preparation fees	,		
	23	Other expenses - investment, safe deposit box, etc. List type and amount			
		23			
	24	Add lines 21 through 23			
		Enter amount from Form 1040, line 38			
		Multiply line 25 by 2% (.02)	S		
		Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-		27	
Other		Other - from list in instructions. List type and amount ▶		11//	
Miscellaneous		and all of the second s			
Deductions				28	
Total	20	Add the amounts in the far right column for lines 4 through 28. Also, enter this amo	ount	20	
Total Itemized	23		Juin	20	12 072
	20	on Form 1040, line 40		29	13,073.
Deddellolls	30				
		deduction, check here		1///	

### 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

Attach ment 0

Social security number (SSN) Name of proprietor PAUL R DULBERG Principal business or profession, including product or service (see instructions) B Enter code from pages C-9, 10, & 11 GRAPHIC DESIGN : DIGITAL ART ▶ 519100 D Employer ID number (EIN), if any E Business address (including suite or room no.) ightharpoonup 4606 HAYDEN CT MCHENRY, IL 60051 City, town or post office, state, and ZIP code Other (specify) > (1) X Cash (2) Accrual (3) Accounting method: Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses X Yes No X If you started or acquired this business during 2010, check here 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 SEE ATTACHMENT on that form was checked, or 16,638. 1 • 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. Returns and allowances Subtract line 2 from line 1 16,638. 3 Cost of goods sold (from line 42 on page 2) 4 16,638. Gross profit. Subtract line 4 from line 3 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 16,638. 7 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 18 Office expense 18 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment . a 20a Other business property Contract labor (see instructions) 11 11 b 20b 21 Repairs and maintenance 12 21 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 Travel, meals, and entertainment: instructions) . Travel 24a Employee benefit programs Deductible meals and (other than on line 19) 14 entertainment (see instructions) 24b Insurance (other than health). 15 15 25 Utilities 25 16 Interest 26 Wages (less employment credits) 26 Mortgage (paid to banks, etc.) 16<u>a</u> Other expenses (from line 48 on b Other 16b page 2) 27 17 Legal and professional 17 300 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. 31 16,338. • 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, and Schedule SE, line 2, or on All investment is at risk Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). 32b Some investment is not at risk Estates and trusts, enter on Form 1041, line 3.

## SCHEDULE SE (Form 1040)

## Self-Employment Tax

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule SE (Form 1040).

Sequence No. 17

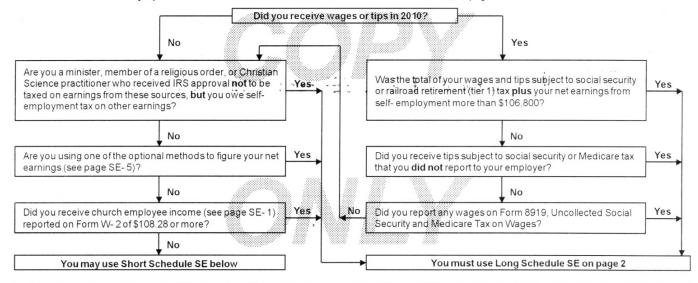
Name of person with **self-employment** income (as shown on Form 1040) PAUL R DULBERG

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions 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 1040 NR, 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:		
	<ul> <li>\$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</li> </ul>		
	<ul> <li>More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result.</li> </ul>		
	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.		
KRA	For Panerwork Reduction Act Notice see your tax return instructions	`abadı	In CE (Farmer 40.40) 20.40

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

Schedule SE (Form 1040) 2010

## SCHEDULE M (Form 1040A or 1040)

# Making Work Pay Credit

OMB No. 1545-0074

Attachment Sequence No. **166** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

PAUL R DULBERG

► Attach to Form 1040A or 1040.

► See separate instructions.

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

Impo	cortant: 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 nongovermental section 457 plan, or  (e) You are filing Form 2555 or 2555- EZ.			
1a b	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 (\$600 if married filing jointly) on line 4 and go to line 5.  X No. Enter your earned income (see instructions)  15,184  Nontaxable combat pay included on line 1a (see instructions)  1b			
2	Multiply line 1a by 6.2% (.062)       2       941         Enter \$400 (\$800 if married filing jointly)       3       400			
4	Enter the <b>smaller</b> of line 2 or line 3.{unlessyou checked:"Yes" on line 1a}	4		400
5 6 7	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22  Enter \$75,000 (\$150,000 if married filing jointly)  Is the amount on line 5 more than the amount on line 6?  X No. Skip line 8. Enter the amount from line 4 on line 9 below.  Yes. Subtract line 6 from line 5			
8	Multiply line 7 by 2% (.02)	8		
9	Subtract line 8 from line 4. If zero or less, enter-0-	9	3 9 3	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).  X  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.  * If you are filing Form 2555, 2555- FZ, or 4563 or you are excluding income from Puerto Rico, see instructions.	11		400

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

Schedule M (Form 1040A or 1040) 2010

4040		nt of the Treasury - Internal Revenue Service	010	inovi la :		
		Individual Income Tax Return	(99)	IRS Use Only - Do not		
Name,	P Fort	he year Jan. 1- Dec. 31, 2010, or other tax year beginning	, 2010, ending	, 20 <b>Yo</b>		lo. 1545- 0074 security number
Address,	NDATI	I D DIII DEDC		100	ai sociai.	security number
and SSN		L R DULBERG 6 HAYDEN CT		Sne	ouse's so	cial security number
See separate		ENRY, IL 60051		"		oral ocourty framion
instructions.	R MCH	ENRI, IL 00031				ire the SSN(s) above
1	Y	,		Chi	ecking a bo	k below will not change
Presidential	•	Check here if you, or your spouse if filing jointly, want \$3	to go to this fund	<b>•</b>	You	Spouse
Election Campaid	1	X Single		household (with qualifying		
Filing Statu	us 2	Married filing jointly (even if only one had income)	55666566666600 300000.	alitying person is a child b		
Check only	3	Married filing separately Enter spouse's SSN above & full n		ame here. ▶		
one box.		<b>-</b>	**************************************	ing widow(er) with dep	endent ch	ild
	6a	X Yourself. If someone can claim you as a dependent,	do not check box 6a			Boxes checked 1
Exemption	s _b	Spouse				No. of children — on 6c who:
	С	Dependents:	(2) Dependent's	(3) Dependent's	(4) vif qua child<17 f child tax c	
fmore	1	(1) First name Last name	social security number	relationship to you	(see pg 15	did not live with you due to divorce
than four						or separation — (see inst)
dependents, see inst						Dependents
and check						on 6c not entered above
nere ▶				•• • • • • • • • • • • • • • • • • • • •		Add numbers on lines
	(	Total number of exemptions claimed		<u> </u>	viiii .	above ▶ 1
	7	Wages, salaries, tips, etc. Attach Form(s) W-2			/////	
Income					7	
		Taxable interest. Attach Schedule Bifrequired			8a	41.
Attach Form(s	_	Tax-exempt interest. Do not include on line 8a	8b			
W - 2 here. Als attach Forms	0.0	Ordinary dividends. Attach Schedule B if required .			9a	
W-2G and	k	Qualified dividends	9b		/////	
1099-Riftax	10	Taxable refunds, credits, or offsets of state and local inc	ome taxes		10	
was withheld.		Alimony received			11	16 220
	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	
fyou did not	14	Other gains or (losses). Attach Form 4797	Letter		14	
get a W- 2,		IRA distributions . 15a	b Taxable amt		15b 16b	
see page 20.		Pensions and annuities 16a	<b>b</b> Taxable amt	ehadula F	17	
Englace but de	17 o 18	Rental real estate, royalties, partnerships, S corporation Farm income or (loss). Attach Schedule F.	s, trusts, etc. Attacirs	ionedub	18	
Enclose, but do not attach, any		Unemployment compensation			19	
payment. Also,	10	Social security benefits .   20a	<b>b</b> Taxable amo	unt	20b	
olease use F <b>orm 1040- V.</b>					7////	
01111 1040- 0.		other moonie. Electype and amount			21	
	22	Combine the amounts in the far right column for lines 7 t	hrough 21. This is you	r total income	22	16,379.
	23	Educator expenses	23			5
Adjusted	24	Certain business expenses of reservists, performing arti				
Gross		fee- basis government officials. Attach Form 2106 or 21	06- EZ			
Income	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			
	318	Alimony paid <b>b</b> Recipient's SSN ▶	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Tuition and fees. Attach Form 8917				
	35	Domestic production activities deduction. Attach Form	35		1////	21021
	36				36	1,154.
	37	Subtract line 36 from line 22. This is your adjusted gross	s income	<u> </u>	37	15,225.

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)

Form 1040 (201	0) PA	AUL R DULBERG		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	15,225.
Credits	39a	Check You were born before January 2, 1946, Blind. Total boxes		
Ordano		if: Spouse was born before January 2, 1946, Blind. checked ▶ 39a		
	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.
		(constitution)	-10	
	41	Subtract line 40 from line 38	41	2,152.
	42	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d	42	3,650.
	43	<b>Taxable income.</b> 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 Form(s) 8814 b Form 4972	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
			46	0.
	46 47	Add lines 44 and 45  Foreign tax credit. Attach Form 1116 if required	/////	<u> </u>
	48			
	49	Credit for child and dependent care expenses. Attach Form 2441  Education credits from Form 8863, line 23. 49		
	50	Retirement savings contributions credit. Attach Form 8880		
	51			
	52	Child tax credit (see instructions)		
	53	Other credits 2 3900 b 9901 c		
	54	from Form: a 3800 b 8801 c 53 Add In 47 through 53. These are your <b>total credits</b>	/////	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	54	0.
	56	Self-employment tax. Attach: Schedule SE	56	2,308.
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	2,300.
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a Form(s) W- 2, box 9 b Schedule H c Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	2,308.
Daywaaaata	61	Federal income tax withheld from Forms W- 2 and 1099	7////	2,300.
Payments	62	2010 estimated tax payments and amount applied from 2009 return 62		
	63	Making work pay credit. Attach Schedule M 63 400.		
If you have a		Earned income credit (EIC)		
qualifying child, attach		Nontaxable combat pay election 64b		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65		
	66	American opportunity credit from Form 8863, line 14		
	67	First- time homebuyer credit from Form \$405, line 10 67		
	68	Amount paid with request for extension to file		
	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 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 <b>overpaid</b>	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here •	74a	
	▶ b	Routing number		
Direct deposit? See instructions.	▶ d	Account number		
	75	Amount of line 73 you want applied to your 2011 estimated tax 🕨 75		
Amount	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions ▶	76	1,949.
You Owe	77	Estimated tax penalty (see instructions)		<u> </u>
Third Party	Do you	, want to allow another person to discuss this return with the IRS (see instructions)? $[X]$ Yes. Comple	te belo	w. No
Designee	_	nee's name Phone no.		Personal ID number
Cian		enalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the		(PIN) ▶ 12871
Sign Here		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Joint return?		rr signature Date Your occupation CRARUIC DESTANE	Dayti	me phone number
See page 12.		or Info Only-Do not file GRAPHIC DESIGNE buse's signature. If a joint return, both must sign. Date Spouse's occupation	7////	
Keep a copy for your records.		or Info Only-Do not file		
		pe preparer's name Preparer's signature Date Check if	PTIN	<u> </u>
Pald	,	IN URQUIZA 04/15/2011 self-employed		0557512
Preparer	Firm's n	or organia		-3581711
use Univ		ddress ► FOX LAKE, IL 60020 Phone no.		17) 587-9333

Form 1040 (2010)

Form 2210

## **DO NOT FILE** Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

OMB No. 1545-0140

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

► Attach to Form 1040, 1040A, 1040NR, 1040NR- EZ, or 1041.

Identifying number

PAUL R DULBERG Do You Have To File Form 2210? Yes Complete lines 1 through 7 below. Is line 7 less than \$1,000? 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 Yes You do not give a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210). than line 9? No Yes You must file Form 2210. Does box B, C, or D in Part II apply? You may owe a penalty. Does any box in Part II below apply? No Yes You must figure your penalty. No Do not file Form 2210. You are not required to figure You are not required to figure your penalty because the IRS your penalty because the IRS will figure it and send will figure it and send you a bill for any unpaid amount. If you a bill for any unpaid amount. If you want to figure you want to figure it, you may use Part III or Part IV as it, you may use Part III or Part IV as a worksheet and. a worksheet and enter your penalty amount on your tax return, enter your penalty amount on your tax return, but do but file only page 1 of Form 2210. not file Form 2210. Part I **Required Annual Payment** Enter your 2010 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040) Other taxes, including self-employment tax (see page 2 of the instructions) 2,308. 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 400.) 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 1,908. 717 Multiply line 4 by 90% (.90) Withholding taxes. Do not include estimated tax payments (see page 3 of the instructions) 1,908. Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210 7 Maximum required annual payment based on prior year's tax (see page 3 of the instructions) 8 Required annual payment. Enter the smaller of line 5 or line 8 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. X 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 tof 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. 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. 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. 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. 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)

#### Form 2210 (2010) PAUL R DULBERG Page 2 Part III Short Method Can You Use the You may use the short method if: • You made no estimated tax payments (or your only payments were Short Method? 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 You must use the regular method (Part IV) instead of the short method if: • You made any estimated tax payments late, Regular Method? • 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			
12	Enter the total amount, if any, of estimated tax payments you made (see page 3 of the instructions)			
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	• If the amount on line 14 was paid <b>on or after</b> 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.			
	Amount on Number of days paid   X   before 4/15/11   X   00008	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.			90
	Do not file Form 2210 unless you checked a box in Part II	17	1	41.

Form 2210 (2010)

## SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545- 0074

2010

Attachment Sequence No. **07** 

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040 Your social security number PAUL R DULBERG Caution. Do not include expenses reimbursed or paid by others. Medical 1 Medical and dental expenses (see instructions)_ and 1 Dental Expenses 2 Enter amount from Form 1040, line 38 . 2 3 Multiply line 2 by 7.5% (.075). 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-5 State and local (check only one box): Taxes You a Income taxes, or 5 397. Paid b X General sales taxes 6 Real estate taxes (see instructions) 4,192. 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 7 8 Other taxes. List type and amount ▶_____ 8 4,589. 9 Add lines 5 through 8 10 Home mortgage interest and points reported to you on Form 1098 8,484 Interest 10 11 Home mortgage interest not reported to you on Form 1098. If paid to the You Paid person from whom you bought the home, see instructions and show that Note. person's name, identifying no., and address > ___ Your mortgage 11 interest 12 Points not reported to you on Form 1098. See instructions for special rules 12 deduction may 13 Mortgage insurance premiums (see instructions) 13 be limited (see instructions). 14 Investment interest. Attach Form 4952 if required. (See instructions.) 14 15 Add lines 10 through 14 8,484. 15 16 Gifts by cash or check. If you made any gift of \$250 or more, see inst 16 Gifts to Charity 17 Other than by cash or check, If any gift of \$250 or more, see If you made a instructions. You must attach Form 8283 if over \$500 gift and got a 17 benefit for it. 18 Carryover from prior year 18 see instructions. 19 Add lines 16 through 18 19 Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 Unreimbursed employee expenses - job travel, union dues, job education, Job Expenses etc. Attach Form 2106 or 2106- EZ if required. and Certain Miscellaneous (See inst.) ▶ **Deductions** 21 22 Tax preparation fees . . . 22 23 Other expenses - investment, safe deposit box, etc.:List type and amount > 23 24 Add lines 21 through 23 . 24 25 Enter amount from Form 1040, line 38 25 **26** Multiply line 25 by 2% (.02) 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-27 Other 28 Other - from list in instructions. List type and amount ▶ Miscellaneous **Deductions** 28 29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount Total 13,073 Itemized **Deductions** 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

### 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

Attachment Sequence No. 09

Social security number (SSN) Name of proprietor PAUL R DULBERG Principal business or profession, including product or service (see instructions) B Enter code from pages C-9, 10, & 11 GRAPHIC DESIGN : DIGITAL ART ▶ 519100 D Employer ID number (EIN), if any E Business address (including suite or room no.)  $\blacktriangleright$  4606 HAYDEN CT MCHENRY, IL 60051 City, town or post office, state, and ZIP code Other (specify) > (1) X Cash (2) Accrual (3) Accounting method: Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses X Yes No X If you started or acquired this business during 2010, check here 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 SEE ATTACHMENT on that form was checked, or 16,638. 1 • 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. Returns and allowances Subtract line 2 from line 1 16,638. 3 Cost of goods sold (from line 42 on page 2) 4 16,638. Gross profit. Subtract line 4 from line 3 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 16,638. 7 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 18 Office expense 18 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment . a 20a Other business property 11 11 Contract labor (see instructions) b 20b 21 Repairs and maintenance 12 21 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 Travel, meals, and entertainment: instructions) . Travel 24a Employee benefit programs Deductible meals and (other than on line 19) 14 entertainment (see instructions) 24b Insurance (other than health). 15 15 25 Utilities 25 16 Interest 26 Wages (less employment credits) 26 Mortgage (paid to banks, etc.) 16<u>a</u> Other expenses (from line 48 on b Other 16b page 2) 27 17 Legal and professional 17 300 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. 31 16,338. • 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, and Schedule SE, line 2, or on All investment is at risk Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). 32b Some investment is not at risk Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.

## SCHEDULE SE (Form 1040)

## Self-Employment Tax

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule SE (Form 1040).

Sequence No. 17

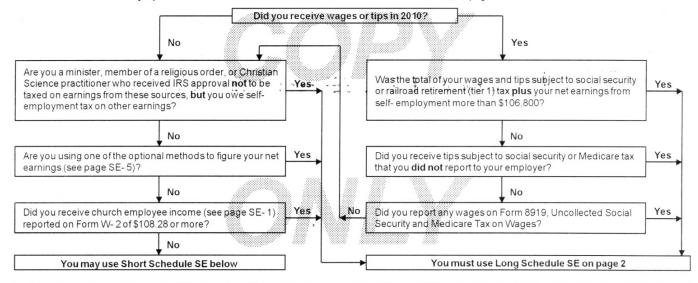
Name of person with **self-employment** income (as shown on Form 1040) PAUL R DULBERG

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions 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 1040 NR, 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:		
	<ul> <li>\$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</li> </ul>		
	<ul> <li>More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result.</li> </ul>		
	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.		
KRA	For Paperwork Reduction Act Notice see your tay return instructions	`abadu	La CE (Farme 4040) 2040

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

Schedule SE (Form 1040) 2010

### SCHEDULE M (Form 1040A or 1040)

# Making Work Pay Credit

OMB:No. 1545-0074

2010

Attachment Sequence No. 166

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040.

► See separate instructions.

Your social security number

Name(s) shown on return PAUL R DULBERG

A

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

Impo	cortant: 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 nongovermental section 457 plan, or  (e) You are filing Form 2555 or 2555- EZ.			
1a b	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 (\$600 if married filing jointly) on line 4 and go to line 5.  X No. Enter your earned income (see instructions)  15,184  Nontaxable combat pay included on line 1a (see instructions)  1b			
2	Multiply line 1a by 6.2% (.062)       2       941         Enter \$400 (\$800 if married filing jointly)       3       400			
4	Enter the <b>smaller</b> of line 2 or line 3.{unless.you checked:"Yes" on line 1a}	4		400
5 6 7	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22  Enter \$75,000 (\$150,000 if married filing jointly)  Is the amount on line 5 more than the amount on line 6?  X No. Skip line 8. Enter the amount from line 4 on line 9 below.  Yes. Subtract line 6 from line 5			
8	Multiply line 7 by 2% (.02)	8		
9	Subtract line 8 from line 4. If zero or less, enter-0.	9	2 1 - 2 X 1 - 2 X	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).  X  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
4.	Making and the control of the state of the s			
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.  * If you are filing Form 2555, 2555- FZ, or 4563 or you are excluding income from Puerto Rico, see instructions.	11		400

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

Schedule M (Form 1040A or 1040) 2010



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)

	LI CORRECT	LD (II CHECKEU)		
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.	Mortgage Interest Statement	
RECIPIENT'S federal identification no. 13-3222578	PAYER'S social security number XXX-XX-4001	1 Mortgage interest received \$ 8,483		For Payer/Borrower
PAYER'S/BORROWER'S name PAUL R DULBERG		2 Points paid on purchase of	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	
Street address (including apt. no.) 4606 HAYDEN CT		3 Refund of overpaid interes \$	required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines	
City, State and ZIP code  MCHENRY . IL 60051-7918		4 Mortgage insurance premi	that an underpayment of tax results because you overstated a deduction for this mortage, interest or for	
Account number (see instructions)		5		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

## Annual Tax and Interest Statement

#### SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

ENDING

\$ 4192.14

\$139,472.09

INTEREST INFORMATION **GROSS INTEREST APPLIED** 

NET INTEREST PAID(SEE BOX 1)

\$8,483.64 \$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.



CMI-1098-0111

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 * Caution: The amount shown OMB No. 1545-0901 may not be fully deductible by Mortgage you. Limits based on the loan CITIMORTGAGE INC amount and the cost and value of Interest PO BOX 660065 the secured property may apply. Statement Also, you may only deduct interest DALLAS TX 75266-0065 to the extent it was incurred by vou. actually paid by you, and not CUSTOMER SERVICE: 1-800-283-7918** Form 1098 reimbursed by another person. RECIPIENT'S federal identification no. PAYER'S social security number Mortgage interest received from payer(s)/borrower(s)* 13-3222578 XXX-XX-4001 8,483.64 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 PAYER'S/BORROWER'S name 2 Points paid on purchase of principal residence PAUL R DULBERG \$ 3 Refund of overpaid interest negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of Street address (including apt. no.) \$ 4606 HAYDEN CT City, State and ZIP code 4 Mortgage insurance premiums 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. \$ MCHENRY . IL 60051-7918 5 Account number (see instructions)

(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

Form 1098

\$ 4192.14

INTEREST INFORMATION

\$139,472.09

GROSS INTEREST APPLIED NET INTEREST PAID(SEE BOX 1)

\$8,483.64 \$8,483.64

Copy B

#### **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.

Tax Statement for Forms 1098, 1099, 5498 for Year 2010

1938. Copy B, For Payer, OMB #1545-9901 1938-E. Copy B, For Borrower, OMB #1545-1576 1939-DIV, Copy B, For Recipient, OMB #1545-0110 1939-INT, Copy B, For Recipient, OMB #1545-0115 1939-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 Barliciant, OMB #1545-1815

NAME, ADDRESS AND FEDERAL I.D. NO.

CUSTOMER NAME, ADDRESS

CRYSTAL LAKE BANK AND TRUST COMPANY 70 N. WILLIAMS STREET CRYSTAL LAKE IL 60014-4444 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

Account Type	Account Number	Deposit ID	IRS Description	!RS Box#	Amoun
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

998-E - 3MB #1545-1576
s is impossing tax information and a being furnished to the internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed. In Students for the understanding a financial institution, a govern

(ou may it able to deduct student ioun interest that you schally paid in 2010 or your income tax return. However, you may not be able to deduct the full amount of interest sporting in the address. The form of contact the exceptionised for interplacence of the requirements of just do use for giving any allowable described for the described. On the interest is full found to figure any allowable described for the described fo

bes. 5 flows the interest received by the lender during the year on one or most student foats made to you. For loads made on or after September 1, 2004, but it must notice load properties from control position feet and control position for an origination of the control position for a first position feet and control position for a first positio

1098 - OMB #1545 - 090 The information in boxes 1

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the internal Revinue Service. If you are required to the a naturn, a regigance pressly or greated to the second on you fine the Sedemines that an underspanient of lax restricts because you overstated a deduction for this mortgage interest or for these points for because you do not report this refund of interest on your return.

A person (including a financial institution, or governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and in the course of such trade or business.

neceived from you at least \$50.0f mortgage interest (including certain portist) or any one mortgage in the clientary sea must furnish this statement is by the paper of record on a mortgage on which there are often browners, furnish each of the other bornovers with information about the proj distribution of amounts reported on this form. Each bornover is entitled to deduct only the amount he or the paid and points gaid by the seller that represent his or her share of I amount allowable as a deduction. Each province with palves to reclude in records a state of any mount reported in thos 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 / C., or E for how In open the mortgage interest. Also, for more information, see Pu.S. §58 and Plbs. 535.

**Payer**Demover's identification number. For your protection, this form may show only the last four digits of your SSN, (TIN, or ATIN. However, the issuer has reported your complet identification number to the PSD and, where applicable, to state and root loss government.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

00001048

CRYSTAL LAKE BANK AND TRUST COMPANY 70 N. WILLIAMS STREET CRYSTAL LAKE IL 60014-4444 FIRST-CLASS MAIL PRESORTED U.S. POSTAGE PAID FIS Output Solutions

#### IMPORTANT TAX RETURN DOCUMENT ENCLOSED

600D0100000851-1 000

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918 Tax Statement for Forms 1098, 1099, 5498 for Year 2010

1998, Copy B, For Payer, OMB #1545-0901
 1998-E, Copy B, For Borrower, OMB #1545-1576
 1999-DIV, Copy B, For Recipient, OMB #1545-0110
 1999-INT, Copy B, For Recipient, OMB #1545-0112
 1999-MISC, Copy B, For Recipient, OMB #1545-011

1099-OID, Copy B, For Recipient, OMB #1545-0117 1099-Q, Copy B, For Recipient, OMB #1545-1780 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 #1545-181

NAME, ADDRESS AND FEDERAL I.D. NO.

CUSTOMER NAME, ADDRESS

CRYSTAL LAKE BANK AND TRUST COMPANY 70 N. WILLIAMS STREET CRYSTAL LAKE IL 60014-4444

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 FOR	M 1099-INT: IN	TEREST INCOME		
Account Type	Account Nu	mber	Deposit ID	IRS Description	IRS Box#	Amount
Savings		00004		Interest income Tax-exempt bond CUSIP	no. 10	5.08
	TOTALS:	Interest on Federal inc Investment Foreign tax Tax-exemp	rawal penalty U.S. Savings Bon come tax withhel expenses paid		1 2 3 4 5 6 8	40.83 0.00 0.00 0.00 0.00 0.00 0.00
TAXPAYER I.D. NO.			(keep for your records)	DEPARTMEN	T OF THE TREASURY - INTERN	AL REVENUE SERV
***-**-4001	*Form 1099-OID: Thi *Form 1098 - Cautio	is may not be the correct figure in: The amount shown may not	e to report on your income tax return. See t be fully deductible by you. Limits based o	nished to the Internal Revenue Service. If you are required to file a return instructions on the back, on the loan amount and the cost and value of the secured property may a		
OMB #1545-1578  ordinat tax information and is being furnished to the inter- contant tax information and one of the resigns because contained institution) that recovers interest resigns because contained institution) that recovers interest that you actually contained to deduct student ion interest that you actually not see Yu. 970. Tax Benefits for Education, and this Si on see Yu. 970. Tax Benefits for Education, and this Si on see Yu. 970. Tax Benefits for Education, and this Si on on number to the IEEE and, where applicable, to state is number. May show an account or other unique number sets the retirent recovered by the lender during the year sets the retirent recovered by the indend enough the year the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent received in 2010. It you in the contained to the retirent retirent received in 2010. It you in the contained to the retirent received interest.	mai Revenue Service, if you are required to you overstand a deduction for student selection for selection governments. In the selection governments when selection for selection for selection for selection for more student forms made to or one or more student forms selection form was made before September 1, 2004.	It laan interest. A person (including a none qualified subdent loans must fu However, you may not be able to o w to figurel) any allowable deduction in your Form 1040 or 1040A instru your SSN, ITIN, or ATIN. However iccount.	or other sanction may be imposed on you in francial institution, a governmental unit, and the statement the statement to you used to the statement of interest reported to the control of the statement of the sta	IN COMB #1558 +0905 Information in boxes 1, 2, 3, and 4 is important tax information and is being furnish reformation in boxes 1, 2, 3, and 4 is important tax indemplayment of tax result did not report this result in the IRS determines that an underpayment of tax result did not report this result of interest on your vature.  In the IRS of the IRS of	because you overstated a deduction for the mortgat opporation) who is engaged in a trade or business and mortgage in the calendar year must furnish this state are other borrowers. Furnish each of the other borns as amount to or the paid and poton good by the set when the paid and poton good by the set will be to deduct the amount of the subsidy. See the and Pub. 353. the last four digits of your SSN, (TIN, or ATIN, However	ge interest or for these points or be- i, in the course of such trade or bus interest to you.  were with information about the pe- ler that represent his or her share- instructions for Form 1040, Sched
			10710110			
E REVERSE SIDE	FOR OPENI	NG INSTRU	JCTIONS			

CRYSTAL LAKE BANK AND TRUST COMPANY 70 N. WILLIAMS STREET CRYSTAL LAKE IL 60014-4444 FIRST-CLASS MAIL PRESORTED U.S. POSTAGE PAID FIS Output Solutions

# IMPORTANT TAX RETURN DOCUMENT ENCLOSED

600D0100000851-2 000

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

PAYER'S name, street address, city, state, ZIP code, and telephone no. INTERMATIC PLAZA SPRING GROVE ILLINOIS 60081-9698		\$ 2	Rents			Miscellaneous Income
(815-675-7491)		\$	Other income	For	rm 1099-MISC Federal income tax withheld	Copy B
(01370/37/471/		\$	bu must like a voturn and the Blue Buts 33k for more	\$	self employment is \$400 of no SE are on Sehedule SE iForm	For Recipient
PAYER'S federal identification number	RECIPIENT'S identification	5	Fishing boat proceeds	6	Medical and health care payments	ricitarmolps 789 ANY 1578 Freque taorn of Enterpriso 3
of high year strunged segments to a	NAME OF THE PARTY	\$		\$	The law polyment as I shart	o acil regero
RECIPIENT'S name, address, city and ZIP code		\$	Nonemployee compensation	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
4606 HAYDEN CTs as at busy coercion, across are seen as a seed as			Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10	Crop insurance proceeds	required to file a return, a negligence penalty or other sanction may be
MCHENRY IL 60051  Account number (see instructions)		11		12		imposed on you if this income is taxable and the IRS
		13	Excess golden parachute payments	14	Gross proceeds paid to an attorney	determines that it has not been reported.
5a Section 409A deferrals	15b Section 409A income	16 \$	State tax withheld	17	State/Payer's state no.	18 State income

PAYER'S name, street address, city, state, ZIP code, and telephone no. INTERMATIC INCORPORATED INTERMATIC PLAZA SPRING GROVE ILLINOIS 40081-9498		\$ 2	Rents	ing company of the co		Miscellaneous Income
(815-675-7491)		3	Other income	0	Federal income tax withheld	Copy B For Recipient
PAYER'S federal identification number	RECIPIENT'S identification	5	Fishing boat proceeds	6	Medical and health care payments	rodnmolis rig advidig itogas seun updesperod o adi redoro
RECIPIENT'S name, address, city a	and ZIP code	7	Nonemployee compensation	8	Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue
4606 HAYDEN CT  MCHENRY IL 60051  Account number (see instructions)		9	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10	Crop insurance proceeds	Service. If you are required to file a return, a negligence penalty or other sanction may be
		11		12		imposed on you if this income is
		13	Excess golden parachute payments	14	Gross proceeds paid to an attorney	taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals	15b Section 409A income	16 \$ \$	State tax withheld	17	State/Payer's state no.	18 State income \$



# Illinois Department of Revenue

WebFile 2011 Form IL- 1040 Individual Income Tax Return

Step 1: Personal information

or for fiscal year ending



Do not write above this line.

PAUL R DULBERG

4606 HAYDEN CT MCHENRY IL 60051

W

1000 HOREW IMRM

STAPLE YOUR OTHOK

	C	Filing status (see instructions)  X Single or head of household		Widowed
	0			vwdowed
Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37, U.S. 1040A, Line 21; or		(Whole dollars only)
Income	_	U.S. 1040EZ, Line 4	1	8,026.00
	2	to a start tax exemptime estand disperis meeting from your 0.5. 1040 or 1040A, Line 8b;	_	7 - 200
		or U.S. 1040EZ	2	.00
	3	The addition Attach Congggie IV.	3	.00
Step 3:	<u> 4</u>	Total Modern Co. Mad Elifeb T through C.	4	8,026.00
Step 3:	5	2 3 3 4 5 5 5 6 1 6 1 6 6 6 6 1 6 1 6 1 6 1 6 1		
Base	•	received if included in Line 1. Attach Page 1 of federal return. 5	00	
Income	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10 6	00	
	7	Carlet Subtractions. Attach Schedule W.	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	.00
Cton 4:	9	Illinois base income. Subtract Line 8 from Line 4.	9	8,026.00
Step 4:	10		00	
Exemptions		x \$2,000 b	00	
		c Checkif65 or older: You + Spouse = X \$1,000 c0	00	
		d Checkiflegally blind: You + Spouse = X \$1,000 d	00	
	44	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	12	Nonresidents and part- year residents:		
Income		Check the box that applies to you during 2011 Nonresident Part- year resident, and write	į	
	40	the Illinois base income from Schedule NR. Attach Schedule NR. 12	0	
Step 6:	13	Residents: Multiply Line 11 by 5% ( 05)		
Tax	14	Nonresidents and part- year residents: Write the tax from Schedule NR.	13 _	301.00
	15	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
		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.		
Tax After	17	Attach Schedule CR. 16	.0	0
Non-	.,	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 17		
refundable	18		19.0	0
Credits	19	Credit amount from Schedule 1299- C. Attach Schedule 1299- C.	.0	0
	13	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		
	20	Town the same of t	19	219.00
	•	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	82.00

IL-1040 page 1 (R-12/11)

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

ID: 2BU

1040 (2011) IL1040- 1V 1.13 Form Software Copyright 1996 - 2012 HRB Tax Group, Inc.



DOLBERG	•					
	21	Tax after nonrefundable credits from Page 1, Line 20	21 _		82 .00	
Step 8:	22	The production of the state of	22		.00	
Other	23	Use tax on internet, mail order, or other out- of- state purchases from				
Taxes	24	UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	23			
		Total tax. Add Lines 21, 22, and 23.			24	82 .00
Step 9:	25	The state of the s	25		108.00	
Payments	26	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
and	27		26		.00	
Refundable	28		27 28		.00	
Credit	29	Total payments and refundable credit. Add Lines 25 through 28.	20	·	22 .00 <b>29</b>	130 .00
		. , , , , , , , , , , , , , , , , , , ,			23	130.00
Step 10:	30	Outropyment If I is a 20				
Result	31	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line			30	48.00
		Sinder payment. In cine 24 is greater than Line 29, subtract Line 29 from Lin	ne 24.		31	.00
Step 11:	22					
Undownstand	32				.00	
Underpayment of Estimated Tax		<ul> <li>a Check if at least two-thirds of your federal gross income is from farming</li> <li>b Check if you or your spouse are 65 or older and permanently</li> </ul>	g.			
Penalty and		living in a nursing home.	/////			
Donations		c Check if your income was not received evenly during the year and				
	22	you annualized your income on Form IL- 2210. Attach Form IL- 2210.				
	33 34	Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 32 and 33.	33		.00	
		Total perialty and donations, April Lines 32 and 33.			34	0 .00
Step 12:	25	K				
Refund or	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 <b>overpayment</b>			0.5	
Amount You	36	Amount from Line 35 you want <b>refunded to you</b>	it.		35 36	48.00 48.00
Owe	37	Complete to direct deposit your refund			J0	46.00
		Routing number Checking Account number	gor	Savings		
	20					
	39	Subtract Line 36 from Line 35. This amount will be applied to your 2012 est If you have an underpayment on Line 31, add Lines 31 and 34. Of	timated	i tax.	38	.00
	•	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 <b>amount you owe</b> .	ĭ		39	.00
	Llm	down and the control of the control				
Step 13:	F	der penalties of perjury, I state that I have examined this return, and, to the be or Information Only (847) 497–4250			, it is true, correct, ar formation	
Sign and	You	ur signature Date Daytime phone number		Your spouse's s		Date
Date	7	04/13/12 (847) 587-9333	3	36-358	1711	
	Pai	d preparer's signature Date Preparer's phone number		Preparer's FEIN	N, SSN, or PTIN	
Third Party	2	Check, and complete below, if you want to allow another person to discus	oo thio r	atura with the	III:	
Designee		of Revenue.	SSIMST	eturn with the	illinois Department	
	D	esignee's		Designee's		
	Ν	ame (please print) PREPARER			847587933	3
Form 1099- G	2	Next year (in January 2013), we are no longer automatically mailing 1099-	Cform	o Instand		
nformation		information from our website. Check the box if you still want us to mail you	a pape	is. Instead, w er Form 1099-	'e ask that you get th - G next vear	IS
			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	_			nt enclosed,		
	1	ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040	LINOIS	DEPARTMI	ENT OF REVENUE	
	_	GALESBURG IL 61402-1040	· KING	1 1 L 0 1 L 0 2 /	20-0001	

IL-1040 page 2 (R-12/11) **ID: 2BU** 

DR_____ AP____

RR DC





#### 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.

4,382.00

Step	1:	Provide	the	fol	lowin	g info	rmation

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 15.
- 2 Write the amount of credit for tax paid to other states from your IL- 1040, Line 16.
- 3 Subtract Line 2 from Line 1.

- 301.00
- <u>0.00</u> 301.00

#### 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.
  - **b** Write the property number
    - for the property listed above. 4b 1008155001
  - c Write the property number for an
    - adjoining lot, included in Line 4a. 4c
  - d Write the property number for another adjoining lot, if included in Line 4a. 4d
  - e Write the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction.
  - f Subtract Line 4e from Line 4a.
  - g Multiply Line 4f by 5% (.05).
- 5 Compare Lines 3 and 4g, and write the lesser amount here.
- 6 Subtract Line 5 from Line 3.

	######################################	
4e	******	0.00
4f	4	,382.00
4g		219.00

82.00

219.00

#### 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.
  - b You may not take a credit for the first \$250 paid.
  - c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."
  - d Multiply Line 7c by 25% (.25). Compare the result and \$500, and write the lesser amount here.
- 8 Compare Lines 6 and 7d, and write the lesser amount here.
- 7a 0.00 7b 250.00
- 7c 0.00
  - 0.00

0.00

#### Section C - Total Nonrefundable Credit

9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount on Form IL- 1040, Line 17.



9 219.00

IL-1040 Schedule ICR (R-12/11) ID: 2BU



7d

Continued on Page 2 →

Schedule ICR (2011)
Form Software Copyright 1996 - 2012 HRB Tax Group, Inc.

Schodula ICD



## Schedule ICR — Page 2

## Step 3: Figure your refundable credit

**Earned Income Credit** 

- 4 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.
  - **b** Multiply the amount on Line 10a by 5% (.05).

c Illinois residents: Write 1.0.

Nonresidents and part- year residents: Write the decimal from Schedule - NR, Line 48.

d Multiply Line 10b by the decimal on Line 10c.

Write the amount from Line 10d here. This is your flinois Earned Income Credit. Write this amount on Form IL- 1040, Line 28.

10a	431.00
10h	22.00

1.000

10c • 1.000 10d 22.00

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 C Socia <del>l Security</del> Grad number (K-12 o	D School name only) (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					
. —					

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

Form 1040

Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return

OMB No. 1545- 0074

IRS Use Only - Do not write or staple in this sp

		31, 2011, or other tax year beginning	, 2011, ending	, 20					structions. urity numbe	ar
PAUL R 4606 HA	YDE	EN CT				Spou	se's	socia	l security nu	ımber
MCHENRY	, I	L 60051				<u> </u>	▲ N	1ake su	re the SSN(s) a line 6c are corr	above
						Pres	side	ntial E	lection Cam	naign
Foreign country nam	ne		Foreign province/count	v Foreign	postal code	Check jointly,	n ere want	if you, o \$3 to g	or your spouse o to this fund.	if filing Checking
				, i oreign	postarcode	a box b refund.	elow	will not	change your t	ax or
Eiling Status	1	X Single	4	H and of	household (with				You	Spous
Filing Status	2	Married filing jointly (even if only one			antying person is					
Check only	3	Married filing separately, ≝nter spouse		0000000 (00	ame here.	a child bi	at no	youru	ependent, ente	erthis
one box.		•		Qualify	ing widow(er) w	ith dep	ende	ent chi	ld	
Exemptions	- 1	Yourself. If someone can claim yo	u <mark>as a dep<del>e</del>ndent, <b>do not</b> chec</mark>					. 1	Boxes check on 6a and 6b	
- Exemptions	b	Spouse		<u>. **** , </u>					No. of childr	
		Dependents:	(2) Depender		(3) Dependen			if qual. d<17 fo d tax cr	A 15	you
If more than four		(1) First name Last name	social security r	umber	relationship to	o you	ch il (see	d tax cr inst)	• did not live - due to divord	with you
dependents,							_		or separation (see inst)	
see inst _ and check									Dependents on 6c not	
here ▶							_	-	entered abov	ve
		Total number of exemptions claimed		L					Add numbers on lines	s
	7	Wages, salaries, tips, etc. Attach For			<del>/ · · · · · · · · · · · · · · · · · · ·</del>		<i>VIII</i>	<del></del>	above	
Income		3 - , , - , - , - , - , - , - ,					7	7	2	154.
	8a	Taxable interest. Attach Schedule Bif	required				88	,		18.
Attach Form(s)	b	Tax-exempt interest. Do not include	on line 8a	8b			777			
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule	Bifrequired				98			
W-2G and	b	Qualified dividends		9b						
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of s	state and local income taxes .				10			
was withheld.	11	Alimony received					11			
	12	Business income or (loss). Attach Sch Capital gain or (loss). Attach Schedule D	redule C or C- EZ			·—;	12		6,	300.
	13 14					▶ 📙	13	-		
If you did not	15a	Other gains or (losses). Attach Form 4 IRA distributions 15a	8888 - 1888 - 1888 - 18				14	_		
get a W- 2, see instructions.		Pensions and annuities 16a	*****	ble amt			151			
	17	Rental real estate, royalties, partnershi		ble amt	shodula ⊏		161	-		
Enclose, but do	18	Farm income or (loss). Attach Schedul		Allacing	şned <b>üle</b> ⊏ .		17 18	_		
not attach, any	19	Unemployment compensation		.00000000000000000000000000000000000000	. 71776		19			
payment. Also, please use	20a	Social security benefits   20a	<b>b</b> Taxa	ble amou	unt		20k	-		
Form 1040- V.	21	Other income. List type and amount .					////			
							21			
	22	Combine the amounts in the far right co	olumn for lines 7 through 21. Th	nis is your	total income	. •	22		8,4	472.
Adjusted	23			23						
Gross	24	Certain business expenses of reservisi	s, performing artists, and					3		
Income	25	fee- basis government officials. Attach		24						
	26	Health savings account deduction. Att Moving expenses. Attach Form 3903		25						
	27	Deductible part of self- employment tax		26		145				
	28	Self-employed SEP, SIMPLE, and qua		28	4	45.				
	29	Self- employed health insurance deduc		29						
	30	Penalty on early withdrawal of savings		30		1.				
	31a	Alimony paid <b>b</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	on. Attach Form 8903	35				4		
	36	Add lines 23 through 35					36		4	446.
	37	Cubtract line 26 from line 20 This is					37	1	_	026.

Form 1040 (20	)11) P	AUL R DULBERG		
Tax and	38	Amount from line 37 (adjusted gross income).	38	8,026
Credits	39	A Check You were born before January 2, 1947, Blind. Total boxes	11111	0,020
	_	if: Spouse was born before January 2, 1947, Blind. checked ▶ 39a		
Standard	l t	If your spouse itemizes on a separate return or you were a dual- status alien, check here > 39b	-////	
Deduction for -		, and a same state of the control of		
• People wh	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	11/1/	F 000
check any	40	remized deductions (norm schedule A) of your standard deduction (see leπ margin)	40	5,800
box on line		0.11		
39a or 39b	41	Subtract line 40 from line 38	41	2,226
or who can	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	3,700.
a dependent	13	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	43	0 .
see instr.	44	Tax Check if any from: a Form(s) 8814 b Form 4972 c 962 election	44	0.
All others:	45	Alternative minimum tax (see instructions) Attach Form 6251	45	
Single or	46	Add lines 44 and 45 .	46	0.
Married filing separately,	47	Foreign tax credit. Attach Form 1116 if required 47	11111	
\$5,800	48	Credit for child and dependent care expenses. Attach Form 2441 48		
Married filing jointly or	49	Education credits from Form 8863, line 23.	-////	
Qualifying	50			
widow(er), \$11,600		Retirement savings contributions credit. Attach Form 8880		
Head of	51	Child tax credit (see instructions)		
household, \$8,500	52	Residential energy credits. Attach Form 5695		
	53	from Form: 4 5000 b 8001 c 53		
	54	Add In 47 through 53. These are your <b>total credits</b>	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	55	0.
Other	56	Self- employment tax. Attach Schedule SE	56	774.
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	7/1.
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
		Household employment taxes from Schedule H	58	
		100000 0000 0000 00000 00000 00000 00000 0000	59a	
		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.		
If you have a	63	2011 estimated tax payments and amount applied from 2010 return 63		
qualifying	64a	Earned income credit (EIC) 431.		
child, attach	b	Nontaxable combat pay election 64b		
Schedule EIC	65	Additional child tax credit. Attach Form 8812		
	66	American opportunity credit from Form 8863, line 14 66		
	67			
	68			
		Amount paid with request for extension to file		
	69	Excess social security and tier 1 RRTA fax withheld		
	70	Credit for federal tax on fuels. Attach Form 4136		
	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 <b>overpaid</b>	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?	▶ b	Routing number	/////	
See	▶ d	Account number		
nstructions.	75			
Amount		Amount of line 73 you want applied to your 2012 estimated tax ▶ 75		
ou Owe	76	Amount you owe. Subtract line 72 from line 61 For details on how to pay see instructions	76	105.
ou Owe	77	Estimated tax penalty (see instructions)		<u> </u>
hird Party		want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comple	te belov	W. No
esignee	Design	ee's name Phone no.		Personal ID number
		BLOCK ► (847) 587-93.	33	(PIN) ▶ 12871
ign	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ney are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		<u> </u>
lere	You	r signature   Date   Your occupation		
oint return?	Fo	r Info Only-Do not file DISABLED	Daytiff	ne phone number
ee instructions.		use's signature. If a joint return, both must sign.  Date  Spouse's occupation	If the IPS	S sent you an ID Protection
eep a copy for our records.		r Info Only-Do not file	PIN, ente	er it here (see inst.)
ai iccolus.				
aid		pe preparer's name Preparer's signature Date Check if	PTIN	
reparer	K CO	OK URQUIZA 04/13/2012 self-employed	P00	557512
lse Only	Firm's na	TIMISENV	36-	3581711
	Firm's a	ddress ► FOX LAKE, IL 60020 Phone no.	(84	7) 587-9333

## SCHEDULE C (Form 1040)

**Profit or Loss From Business** 

(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec

OMB No. 1545-0074 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99) Name of proprietor

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

P	PAUL R DULBERG				
Α	Principal business or profession, including product or service (see instructions)	B Enter code	from ins	tructions	
_	GRAPHIC DESIGN : DIGITAL ART	▶ 51	9100		
С	Business name. If no separate business name, leave blank.	D Employer I	D numbe	r (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					
G		mit on losses .		X Yes	No
Н				▶	
ı	Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)			Yes	X No
J				Yes	No
	Part I Income		·	,	
1a	Merchant card and third party payments. For 2011, enter - 0				
b	Gross receipts or sales not entered on line 1a (see instructions)	6,600.	/// A	TTACHM	ENT
С	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				
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.
P	Part II Expenses Enter expenses for business use of your hon	ne only on lin	e 30.		
8	Advertising	ions)	18		
9	Car and truck expenses (see 19 Pension and profit- sharing	olans	19		
	instructions)	ns):			
10	Commissions and fees 10 a Vehicles, machinery, and eq	uipment 2	0a		
11	Contract labor (see instructions) 11 b Other business property	2	:0b		
12	Depletion		21		
13	Depreciation and section 179 22 Supplies (not included in Pa	it III) :	22	3	300.
	expense deduction (not 23 Taxes and licenses		23		
	included in Part III) (see inst) 13 24 Travel, meals, and entertain	ment:			
14	u naver	2	4a		
	(other than on line 19) 14 b Deductible meals and				
15	ontertainment (see instruction	ns) <u>2</u>	4b		
16	20 Stilles		25		
a	The state of the s	,	26		
b	Zia Giller expenses (non line 40	3)	27a		
17	D INCSCITEGIO INCIDENCE		27b		
	Total expenses before expenses for business use of home. Add lines 8 through 27a		28		<u>300.</u>
	Tentative profit or (loss). Subtract line 28 from line 7		29	6,3	300.
	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere		30		
37	Net profit or (loss). Subtract line 30 from line 29.	٦			
	• 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.	} 🚨	31	6,3	300.
	• If a loss, you <b>must</b> go to line 32.	7			
2	If you have a loss, check the box that describes your investment in this activity (see instructions).	٦			
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on	32a		vestment is a	
	Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates	> 32b		e investmen	tisnot
	and trusts, enter on Form 1041, line 3.		at ris	K.	
	<ul> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited</li> </ul>				

## SCHEDULE SE (Form 1040)

# Self-Employment Tax

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR. ► See separate instructions.

Sequence No. 17

PAUL R DULBERG

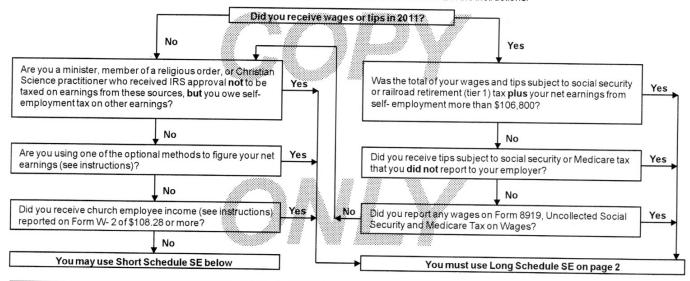
Name of person with self-employment income (as shown on Form 1040)

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.

		10 0	<b>L</b> .
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.
	<b>Note.</b> 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:		/2
	<ul> <li>\$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</li> </ul>		
	<ul> <li>More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result.</li> </ul>		
	Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	774.
	Deduction for employer- equivalent portion of self- employment tax.	7///	
	If the amount on line 5 is:		
	• \$14,204.40 or less, multiply line 5 by 57.51% (.5751)		
	<ul> <li>More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result.</li> </ul>		
	Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27		

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

Schedule SE (Form 1040) 2011

# Form **8867**

# 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.

OMB No. 1545- 1629

2011

Attachment
Sequence No. 177

Department of the Treasury
Internal Revenue Service

Taxpayer name(s) shown on return

PAUL R DULBERG

Taynavar's social socurity number

For	the definitions	of the follov	ring terms, see	Pub. 596.				
	• Investment	Income	<ul> <li>Qualifying</li> </ul>	g Child	• Earned Incom	me • Fι	ıll-time Studer	nt
Pi	art I All Taxpay	ers						
1	Enter preparer's nan	ne and PTIN 🕨	KAREN COO	K URQUIZA	A P00557512			
2	Is the taxpayer's filing	g status married	iling separately? .				Yes	X No
	► If you checked	l <b>"Yes"</b> on line 2,	stop; the taxpayer of	cannot take the E	IC. Otherwise, continue.			
3					ecurity number (SSN) ons before answering		X Yes	No
	► If you checked	"No" on line 3, s	top; the taxpayer ca	annot take the EIC	C. Otherwise, continue.			
4	Is the taxpayer filing F	Form 2555 or Fo	m 2555- EZ (relatinç	to the exclusion o	of foreign earned income	)?	Yes	X No
	► If you checked	"Yes" on line 4,	stop; the taxpayer o	cannot take the El	C. Otherwise, continue.			
5a	Was the taxpayer a n	onresident alien	for any part of 2011	?			Yes	X No
	► If you checked	<b>"Yes"</b> on line 5a	, go to line 5b. Othe	erwise, skip line 5b	and go to line 6.			
b	Is the taxpayer's filing	status married f	ling jointly?				Yes	No
	If you checked Otherwise, continu		and <b>"No"</b> on line 5b	o, <b>stop;</b> the taxpa	yer <b>cannot</b> take the EIC.			
6	Is the taxpayer's inve	stment income	more than \$3,150?	See Rule 6 in Pub	. 596 before answering			X No
	► If you checked	"Yes" on line 6,	stop; the taxpayer c	annot take the El	C. Otherwise, continue.		Yes	X No
7	Could the taxpayer, o	r the taxpayer's s	pouse if filing jointly	, be a qualifying o	child of another person fo see Rule 10 (Rule 13 if the	or 2011?		
	does not have a quali	fying child) in Pu	b. 596 before answe	ering			Yes	X No
	► If you checked go to Part II or Part I		stop; the taxpayer colles.	annot take the EIG	C. Otherwise,			

 $\label{eq:KBA} \textbf{KBA For Paperwork Reduction Act Notice, see page 4.}$ 

Form 8867 (2011)

Information provided by: PAUL R DULBERG Information provided in person.

00000	art III Taxpavers Without a Qualifying Child		
8.88	art III Taxpayers Without a Qualifying Child		
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.).  If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.	X Yes	No
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?	X Yes	No
	▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
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"	Yes	X No
	If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
19	Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit	X Yes	No
	▶ 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.		
Pa	rt IV Due Diligence Requirements	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
20	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?	X Yes	No
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)?	X Yes	No
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 inquires if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquires, you must document in your files the inquires you made and the responses you received.)		
23	Did you keep the following records?  • 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)	X Yes	No
	was obtained, and		
	<ul> <li>Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet</li> <li>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.</li> <li>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 peoply for each form.</li> </ul>	X Yes	No
	and may have to pay a \$500 penalty for each failure to comply.		

Name: PAUL R DULBERG	Supporting Schedules	SSN:	2011
SCHEDULE C - LINE 1B - GROSS RECEIPTS OR Description	SALES/EARNINGS NOT REPORTED ON	LINE 1A	Amount
JUSKIE PRINTING INC			6,600

6,600

TOTAL

# IMPORTANT TAX RETURN INFORMATION BELOW

CITIMORTGAGE, INC. PO BOX 6243 SIOUX FALLS SD 57117-6243

PAUL R DULBERG

4606 HAYDEN CT

CITIMORTGAGE, INC.

SIOUX FALLS SD 57117-6243

RECIPIENT'S federal identification no.

13-3222578

PAYER'S/BORROWER'S name

Street address (including apt. no.)

Account number (see instructions)

PAUL R DULBERG

4606 HAYDEN CT City, State and ZIP code

MCHENRY, IL 60051-7918

CUSTOMER SERVICE: 1-800-283-7918**

PO BOX 6243

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:

PAYER'S social security number

XXX-XX-4001

RECIPIENT'S/LENDER'S name, address, and telephone number

**Property Address: 4606 HAYDEN CT** MCHENRY IL 60050

CORRECTED (if checked)

* 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.

Refund of overpaid interest

Mortgage insurance premiums

Mortgage interest received from payer(s)/borrower(s)*

8.266.05

Points paid on purchase of principal residence

OMB No. 1545-0901

Form 1098

Mortgage Interest Statement

Copy B For Payer/Borrower

The information in boxes 1, 2, 3, and 4 is important tax 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.

Form 1098

(keep for your records)

\$ 3

\$

4

Department of the Treasury - Internal Revenue Service

#### Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION

INTEREST INFORMATION

ENDING

GROSS INTEREST APPLIED \$135,640.14

NET INTEREST PAID(SEE BOX 1)

\$8,266.05 \$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. 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

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

Payer's Federal ID# 36-4196863 Questions? (815) 344-6600

600D0100000809-1 000 FORM 1 OF 1 2011 FORM 1099-INT: INTEREST INCOME Account Number Account Type Deposit ID IRS Description IRS Box# Amount **NOW Account** 00001 Interest income 1.62 CD/Time Deposit 00002 218 Interest income 7.71 CD/Time Deposit 00003 061 Interest income 5.31 Withdrawal penalty 2 1.47 Savings 00004 Interest income 3.48 TOTALS: Interest income 18.12 Early withdrawal penalty 23 1.47 Interest on U.S. Savings Bonds and Treasury obligations 0.00 Federal income tax withheld 0.00 Investment expenses 5 0.00 Foreign tax paid 6 0.00 Tax-exempt interest 8 0.00 Specified private activity bond interest (keep for your records)
important tax information and is being furnished to the Inter

TAXPAYER I.D. NO.

***-**-4001

1098 - OMB #1545 - 0901

DAVERIOttt	the state ZID and and talanhara	1	Rents	T ,	OMB No. 1545-0115	
PAYER'S name, street address, c	ity, state, ZIP code, and telephone no.	1	Rents	1	JIVIB NO. 1545-0115	
JUSKIE PRINTING INC		\$			2011	Miscellaneous
2820 HITCHCOCK AVE	UNIT E	2	Royalties	7	2011	Income
DOWNERS GROVE, IL	60515					
(630) 663-8833		\$		F	orm 1099-MISC	
		3	Other income	4	Federal income tax withheld	
		\$		9		For Recipient
PAYER'S federal identification	RECIPIENT'S identification	5	Fishing boat proceeds	6	Medical and health care	
number	n				payments	
36-4320030		\$		\$		
RECIPIENT'S name, address, and	ZIP code	7	Nonemployee compensation	8	Substitute payments in lieu	This is important tax
					of dividends or interest	information and is being furnished to
			2222.22			the Internal
PAUL DULBERG		\$	6600.00  Payer made direct sales of	\$	<u> </u>	Revenue Service.  If you are required
5005 N WESTWOOD D	R	9	\$5,000 or more of consumer	10	Crop insurance proceeds	to file a return, a
MCHENRY, IL 60051			products to a buyer (recipient) for resale	\$		negligence penalty or other sanction
		11		12		may be imposed on
						you if this income is taxable and the IRS
Account number (see instructions		13	Excess golden parachute	14	Gross proceeds paid	determines that it
			payments		to an attorney	has not been reported.
		\$		\$		Toported.
15a Section 409A deferrals	15b Section 409A income	16	State tax withheld	17	State/Payer's state no.	18 State income
		\$				\$
\$	\$	\$				\$

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.

					Total Wages	Deferred	COMP OTHE	er Pretax	W-2 Wages
	our copies of your W-2 a			Federal Box 1	2,154.00		0.00	0.00	2,154.00
the b	rations. The white copie lue copy is for your rec forms, including an exp in box 12, are printed o	ords. General inst	Soc. Sec. Box 3	2,154.00		0.00	0.00	2,154.00	
page.				Medicare Box 5	2,154.00		0.00	0.00	2,154.00
W-2 b	e right is information we can the amount of any pretax deductions that to arrive at your W-2 w	deferred compensate were subtracted for	ation and /or	State Box 16 Local Box 18	2,154.00		0.00	0.00	2,154.00
	A Employee's social security num			1 Wages, tips, oth	ner compensation		2 Federal inco	me tax withheld	5
			B No.1545-0008	1 vvages, ups, ou	iei compensation	2,154.00	2 i ederar inco	IIIC (GA WIUIIICIG	237.72
B. Employ	er identification number	D. Control number		3 Social security	wages		4 Social secur	ty tax withheld	
22-21	59516	326 36				2,154.00			90.47
	er's name, address, and ZIP code		E844A 47 22436	5 Medicare wages	s and tips	2 154 00	6 Medicare tax	withheld	31.23
	ATERIALS SERVICE INC			7 Social security t		2,154.00	8 Allocated tip		31.23
	RUNSWICK, NJ 08901			7 Social Security I	ا عران		8 Allocated tip		
				9			10 Dependent	care benefits	
PAUL	ee's name, address, and ZIP code  DULBERG			11 Nonqualified p	lans		12 a-d See in:	structions for box 12	
	HAYDEN CT. RY, IL 60051			14 Other					
							13 Statu emplo		ent Third-party sick pay
15 State	Employer's state ID number 22-2159516 000	16 State wages, tips, etc. 2,154.0	17 State income tax	18 Lo	cal 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 INTEREST PAID TOTAL REFUND \$*****208.00 \$*****0.00 \$****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 INTEREST PAID TOTAL REFUND \$*****236.00 \$******0.00 \$****236.00

DETACH THIS STUB AND RETAIN FOR YOUR RECORDS

# DANIEL W. HYNES, COMPTROLLER

STATE OF ILLINOIS INCOME TAX REFUND

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 INTEREST PAID

TOTAL REFUND

\$*****218.00 \$******0.00

\$****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
TOTALS	6.3398	100.00	3217.08	3083.72
Con Filmation	2217,08	410000 14528281	121/03	
Totals	6.3398	100.00	3217.08	3083.72

You may be eli	** PLEASE gible for the	Senior Cit	tizens and	Fair Cas
Disabled Perso Pharmaceutica available from	ons Property Il Assistance	Tax Relie	f and plications are	S/A Valu
MCHENRY COUN				S/A Mul
	the only b			S/A Equ
LEGAL DESCRIP	TION:			Brd. of I
LT 491 DOC 2000R0	018285			Brd. of I
ASSESSED TO:	LR			Brd. of
MAIL TO:				State M
MAIL 10.				
DULBERG P	AULR			State Ed
DULBERG F 4606 HAYDE MCHENRY II	N CT			
4606 HAYDE MCHENRY II	N CT	001	35 83850930	Farmlan Total An
4606 HAYDE MCHENRY II	N CT L 60050	001 Tax Code	Property Class	Farmlan
4606 HAYDE MCHENRY II	N CT L 60050		Property Class 0040	Farmlan
4606 HAYDE MCHENRY II PIN 1	N CT L 60050	Tax Code 10005		Farmlan
4606 HAYDE MCHENRY II PIN 1 Township MCHENRY Sub Lot	0-08-155- Acres	Tax Code 10005	0040 d Taxes-Year Sold	Farmlan Total An Home In
4606 HAYDE MCHENRY II PIN 1 Township MCHENRY Sub Lot	0-08-155- Acres .00	Tax Code 10005 Forfeite	0040	Farmlan Total Ar
4606 HAYDE MCHENRY III PIN 1 Township MCHENRY Sub Lot 1st Install 1,6	0-08-155- Acres .00	Tax Code 10005 Forfeite 2nd Install	0040 d Taxes-Year Sold	Farmlan Total Ar Home In
4606 HAYDE MCHENRY II PIN 1 Township MCHENRY Sub Lot 1st Install 1,6 Interest	0-08-155- Acres .00	Tax Code 10005 Forfeite 2nd Install	0040 d Taxes-Year Sold	Farmian Total Ar Home in Annual Sr. Free

i un Ousii	Value 162,732
S/A Value	
-,	52,123
S/A Multip	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.0407
S/A Equal	ized Value
	54,244
Brd. of Re	eview Value
	54.244
Brd. of Re	eview Multiplier
	1.0000
Brd. of Re	eview EQ Value
	54,244
State Mul	tiplier
	1.0000
State Equ	alized Value
	54,244
Farmland	& Bldgs. Value
	0
Total Amt	. Prior to Exemptions
	54,244
Home Imp	orv./Vet. Exemptions
Annual He	omestead Exemptions
	3,500
Sr. Freeze	Abated Amt.
Elderly He	omestead Exemption
Net Taxab	le Amount
	50,744
Local Tax	
	6.3398
Total Curi	rent Year Tax due

3,217.08