Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

u.	0.5.	muriuuai meei	HIC LAN	Wermin -	· • •	OMPIN	10. 1545-00	74 INS USE	UniyU	o not write or staple in thi	s space.
For the year Jan, 1-De	ec. 31, 201	6, or other tax year beginning			2016, ending	3		, 20	Se	e separate instructi	ons.
Your first name and	initial		Last name	•					Yo	ur social security nu	mber
Daniel K			Biss								
If a joint return, spo	use's first	name and initial	Last name	•					Spo	ouse's social security n	umber
Karin				brueck					- 5		
Home address (nun	nber and :	street). If you have a P.O. b	ox, see inst	ructions.				Apt. no.		Make sure the SSN(s	
3255 Centr		and ZIP code. If you have a for	eign address	, also complete spaces t	pelow (see ins	structions).				and on line 6c are c residential Election Car	
Evanston 1	EL 60:	201							Chec	ck here if you, or your spous	e if filing
Foreign country nar				Foreign province/s	state/county	f	Forei	gn postal cod		y, want \$3 to go to this fund x below will not change your nd. You You	tax or
	1	Single			4			. 1.1 6 . 146			<u> </u>
Filing Status	-	Married filing jointly	loven if or	one had income	_					person). (See instruction not your dependent, er	
Check only one	3	Married filing jointy Married filing separa					d's name he		no but i	not your dependent, er	HE LINS
box.	J	and full name here.	-	spouse's oon abo	5			ow(er) with	depen	dent child	
	6a	X Yourself. If some	one can cl	aim vou as a denen	dent do r)	Boxes checked	
Exemptions	b	Spouse							}	on 6a and 6b	2
		Dependents:		(2) Dependent's	(3) Depe	ndent's		ild under age		No. of children on 6c who:	
	(1) First	•		social security number	relationshi			or child tax cre nstructions)	dit	 lived with you did not live with 	2
		lot A Biss	20		Son			×		you due to divorce or separation	
If more than four	Theo	dore F Biss	1,03		Son			X		(see instructions)	
dependents, see instructions and				3.47						Dependents on 6c not entered above	
check here ▶ □										Add numbers on	
	d	Total number of exem	ptions clai	med						lines above	4
Income	7	Wages, salaries, tips,	etc. Attacl	n Form(s) W-2 .					7	26,	733.
	8a	Taxable interest. Atta	ch Schedi	lle B if required .					8a	2,	610.
A44 In #" (-)	b	Tax-exempt interest.	Do not inc	olude on line 8a .	8	b					
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. A	ttach Sche	dule B if required					9a		0.
attach Forms	b	Qualified dividends				b		~			
W-2G and	10	Taxable refunds, cred	its, or offs	ets of state and loca	al income	taxes .			10		194.
1099-R if tax was withheld.	11	•							11		
	12	Business income or (to							12		
If you did not	13	Capital gain or (loss).		•	,	•		▶ ∐	13	1	
get a W-2,	14	Other gains or (losses		orm 4/9/	1				14		
see instructions.	15a	IRA distributions .	15a			Taxable a Taxable a			15b		
	16a 17	Pensions and annuities Rental real estate, roy	·	norobina C nornare				· ·	16b	2	031.
	18	Farm income or (loss).			-			ledule E	18	3,	031.
	19	Unemployment comp							19		
	20a	Social security benefits	1 1		1	· · · · · · · · · · · · · · · · · · ·			20b		
	21	Other income. List typ	•	ount					21		
	22	Combine the amounts in			hrough 21.	This is you	ur total inc	ome 🕨	22	32,	568.
	23	Educator expenses			2	:3					
Adjusted	24	Certain business expens	es of reserv	ists, performing artist	s, and						
Gross		fee-basis government of	ficials. Attac	h Form 2106 or 2106-	EZ 2	4] :		
Income	25	Health savings accour	nt deductio	on. Attach Form 888	89 . 2	25					
	26	Moving expenses. Att	ach Form	3903	2	26					
	27	Deductible part of self-e	mployment	tax. Attach Schedule	SE . 2	7					
	28	Self-employed SEP, S				8					
	29	Self-employed health				9					
	30	Penalty on early withd				80					
	31a	Alimony paid b Recip				1a					
	32	IRA deduction				2			1		
	33	Student loan interest of				3			-		
	34	Tuition and fees. Attac				34			1		
	35 26	Domestic production ac				35			26	:	
	36 37	Add lines 23 through 3		ie ie vour adiustad				 b -	36	32	568

		38	Amount from line 37 (adjusted	gross income	e)		<u>.</u>	38	32,568.
	Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	before January	y 2, 1952,	Blind.	Total boxes		
	Credits		if: Spouse was bo	orn before Janu	uary 2, 1952,	Blind.	checked ▶ 39a]	
		b	If your spouse itemizes on a se	parate return or	r you were a du	al-status alier	n, check here ▶ 39b		
	Standard	40	Itemized deductions (from S	chedule A) or y	your standard	deduction (s	see left margin)	40	13,410.
ŀ	Deduction for—	41	Subtract line 40 from line 38	, , , ,				41	19,158.
	• People who	42	Exemptions. If line 38 is \$155,65	0 or less, multiply	\$4,050 by the nu	mber on line 6d	. Otherwise, see instructions	42	16,200.
	check any box on line	43	Taxable income. Subtract lin	ne 42 from line	41. If line 42 is	more than li	ne 41, enter -0	43	2,958.
	39a or 39b or who can be	44	Tax (see instructions). Check if a	any from: a 🔲	Form(s) 8814	b Form	4972 c □	44	296.
	claimed as a	45	Alternative minimum tax (se	ee instructions).	. Attach Form (6251		45	
	dependent, see	46	Excess advance premium tax	credit repayme	ent. Attach For	m 8962 .		46	
	instructions.	47	Add lines 44, 45, and 46 .					47	296.
	 All others: Single or 	48	Foreign tax credit. Attach Foreign tax credit.	m 1116 if requi	red	. 48			
	Married filing	49	Credit for child and dependent of	care expenses.	Attach Form 24	41 49			
	separately, \$6,300	50	Education credits from Form 8	8863, line 19		. 50	100.		
-	Married filing	51	Retirement savings contribute	tions credit. Af	ttach Form 88	80 51			
*	jointly or Qualifying	52	Child tax credit. Attach Sche	dule 8812, if re	equired	. 52	196.		
	widow(er), \$12,600	53	Residential energy credits. Att	tach Form 5698	5	. 53			
	Head of	54	Other credits from Form: a 38	800 b 🗌 880 [.]	1 с 🗌	54			
	household, \$9,300	55	Add lines 48 through 54. Thes					55	296.
		56	Subtract line 55 from line 47.					56	0.
	-	57	Self-employment tax. Attach S					57	
	Other	58	Unreported social security and	d Medicare tax	from Form:	a 🗌 4137	b 🗌 8919	58	
	Taxes	59	Additional tax on IRAs, other qu	ualified retireme	ent plans, etc. A	Attach Form 5	329 if required	59	
	Idaes	60a	Household employment taxes t	from Schedule I	н			60a	
		b	First-time homebuyer credit rep	oayment. Attach	h Form 5405 if :	required .		60b	
		61	Health care: individual respons					61	0.
		62	Taxes from: a Form 8959					62	
		63	Add lines 56 through 62. This					63	0.
	Payments	64	Federal income tax withheld for				2,076.	_	
(If you have a	65	2016 estimated tax payments ar		ed from 2015 re	turn 65			
	qualifying	66a	Earned income credit (EIC)	1 1					
	child, attach	þ	Nontaxable combat pay election				<u>gazta kanantata ya ta</u>		
ĺ	Schedule EIC.	67	Additional child tax credit. Attac				1,804.		
		68	American opportunity credit		•	1 1			
		6 9	Net premium tax credit. Attac			1 1-		-	
		70	Amount paid with request for					_	
		71 72	Excess social security and tier			71		-	
			Credit for federal tax on fuels.			72		-	
		73 74	Credits from Form: a 2439 b Add lines 64, 65, 66a, and 67			73	rs .	74	3,880.
	Refund	75						74 75	3,880.
	neiuna	76a	If line 74 is more than line 63, Amount of line 75 you want re				<u> </u>		3,880.
	Direct deposit?	> b	Routing number	nanded to you	. 11 1 01111 0000		Checking Savings	76a	3,000.
	See	► d	Account number	Commence of the second of the second		C Type.	Onecking Davings		
	instructions.	77	Amount of line 75 you want app	lied to your 20	17 estimated to	ax ▶ 77	<u> </u>	7.04	
	Amount	78	Amount you owe. Subtract lin				av. see instructions	78	
	You Owe	79	Estimated tax penalty (see ins			ı i	,,		4.34469646988988
	Third Party	Do	you want to allow another pers	son to discuss	this return with	the IRS (see	instructions)? Ye	s. Complet	te below. 🗵 No
	Designee		ignee's		Phone		Personal ide		
	Cian		ne mailties of perjury, I declare that I have examinated the state of perjury.	mined this return and	no. Saccompanyion sche	edules and statem	number (PIN	····	f they are true correct and
	Sign Here	accurate	ly list all amounts and sources of income I r	received during the ta	ax year. Declaration	of preparer (other	than taxpayer) is based on all info	rmation of whi	ch preparer has any knowledge
	Joint return? See	You	ır signature		Date	Your occupat	ion	Daytime p	phone number
	instructions.					State S	Senator		
	Keep a copy for your records.	Spo	ouse's signature. If a joint return, bo	ith must sign.	Date	Spouse's occ	·	If the IRS se PIN, enter i	ent you an Identity Protection
	your records.					PhD Car		here (see in	ist.)
	Paid	Prin	t/Type preparer's name P₁	reparer's signatui	re		Date	Check [
	Preparer							self-empl	oyed
	Use Only			repared				Firm's Ell	
	-	Firn	n's address >					Phone no	

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. ▶ Attach to Form 1040.

Attachment Sequence No. 07

Name(s) shown or	Forn	n 1040		Yo	ur social security number
Daniel K	Bis	s & Karin Steinbrueck			
		Caution: Do not include expenses reimbursed or paid by others.		12.14	
Medical	1	Medical and dental expenses (see instructions)	1		
and		Enter amount from Form 1040, line 38 2 32,568.		1	
Dental	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was			
Expenses		born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3,257.		-
•	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You	5	State and local (check only one box):		200	
Paid		a 🗵 Income taxes, or 🚶	5 867.		
		b ☐ General sales taxes ∫			
		Real estate taxes (see instructions)	6 5,943.		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount			
			8		
		Add lines 5 through 8	 	9	6,810.
Interest		Home mortgage interest and points reported to you on Form 1098	6,403.		
You Paid	77	Home mortgage interest not reported to you on Form 1098. If paid			
Note:		to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶			
Your mortgage		and show that person's harrie, identifying no., and address			
interest					
deduction may be limited (see		D. I.	11	- 137	
instructions).	12	Points not reported to you on Form 1098. See instructions for	40		
,	40	special rules	12	- :	
		Mortgage insurance premiums (see instructions)	13	\dashv	
		Add lines 10 through 14	14	4.5	C 403
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,		15	6,403.
Charity	10	see instructions	16 26.	12.27	
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see	10 20.	+	
gift and got a	••	instructions. You must attach Form 8283 if over \$500	171.		
benefit for it,	18	Carryover from prior year	18		
see instructions.		Add lines 16 through 18		19	197.
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,	通	13.0	
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous		(See instructions.) ▶ Employee business expenses	21 92.		
Deductions	22	Tax preparation fees	22 98.		
	23	Other expenses-investment, safe deposit box, etc. List type			
		and amount ▶			
			23	4	
		Add lines 21 through 23	24 190.		
		Enter amount from Form 1040, line 38 25 32,568.			
		Multiply line 25 by 2% (0.02)	<u>26</u> 651.		_
Other		Subtract line 26 from line 24. If line 26 is more than line 24, enter	r-U	27	0.
Miscellaneous	28	Other—from list in instructions. List type and amount ▶	*		
Deductions				-	
Total	20	Is Form 1040, line 38, over \$155,650?		28	
Itemized	29		v vialot a ali man		
Deductions		No. Your deduction is not limited. Add the amounts in the fall for lines 4 through 28. Also, enter this amount on Form 1040		29	13,410.
		☐ Yes. Your deduction may be limited. See the Itemized Deduction		10	13,210.
		Worksheet in the instructions to figure the amount to enter.)		
	30	If you elect to itemize deductions even though they are less the	han vour standard	100	
		deduction, check here			

SCHEDULE B

(Form 1040A or 1040)

(Rev. January 2017) Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040. ► Information about Schedule B and its instructions is at www.irs.gov/scheduleb. OMB No. 1545-0074

2016 Attachment Sequence No. 08

Name(s) shown on return Your social security number Daniel K Biss & Karin Steinbrueck Part I Amount List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list Interest this interest first. Also, show that buyer's social security number and address US Treasury Bonds E/EE/I 2,610.40 (See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the 2 2,610.40 2 payer and enter 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. the total interest 3 shown on that form. 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 2,610.40 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer > Merrill Lynch 0. **Ordinary Dividends** (See instructions on back and the instructions for Form 1040A, or Form 1040. 5 line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown 0. on that form. Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2016, did you have a financial interest in or signature authority over a financial Part III account (such as a bank account, securities account, or brokerage account) located in a foreign Foreign Accounts If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial and Trusts Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 (See and its instructions for filing requirements and exceptions to those requirements instructions on If you are required to file FinCEN Form 114, enter the name of the foreign country where the back.) financial account is located ▶ During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

2016 Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee. Name(s) shown on return

Sequence No. 13 Your social security number

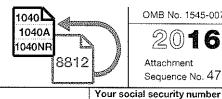
Dani	el K Biss & Kar	in Steinbrueck										
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Not	e: If you	are in th	e business	of ren	ting per	sonal p	roperty,	use
		EZ (see instructions). If you are an indivi										
A Dic	l you make any paymer	nts in 2016 that would require you to	file F	orm(s)	1099? (see inst	ructions)				Yes X	No
B If "	Yes," did you or will yo	ou file required Forms 1099?				,	·				Yes 🗀] No
1a	Physical address of e	each property (street, city, state, ZIF	, code	∍)								
Α	712 W. Vine St	reet Champaign IL 61820						***************************************				
В												
C												
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	r rent	al and		i	Rental ays	Per	sonal l Days	Use	QJ	JV
Α	1	personal use days. Check the only if you meet the requirement	ม บง อ nts to	file as	Α		366			0		j
В		a qualified joint venture. See in	struct	ions.	В]
С					С]
Туре	of Property:											
1 Sing	ile Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental					
2 Mult	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	er (describe	e)				
Incom	e:	Properties:			Α			В			С	
3	Rents received		3		8,	,400.						
4	Royalties received .		4									
Expen	ses:											
5	Advertising		5									
6	Auto and travel (see in	nstructions)	6									
7		ance	7			910.						
8	Commissions		8									
9	Insurance		9			549.						
10	Legal and other profes	ssional fees	10									
11	Management fees .		11									
12	Mortgage interest paid	d to banks, etc. (see instructions)	12		1,	,271.						
13	Other interest		13									
14			14									
15			15									
16			16		2,	,496.						
17			17			143.						
18		or depletion	18			0.						
19	Other (list)	••••	19									
20	Total expenses. Add I	ines 5 through 19	20		5,	,369.						
21		line 3 (rents) and/or 4 (royalties). If nstructions to find out if you must										
	file Form 6198		21		3,	,031.						
22	Deductible rental real on Form 8582 (see ins	estate loss after limitation, if any, structions)	22	()	()(
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			23a		8,4	100.			
b	Total of all amounts re	eported on line 4 for all royalty prope	erties			23b						
С	Total of all amounts re	eported on line 12 for all properties				23c		1,2	271.			en de Rivos Rouges Anton
d		eported on line 18 for all properties				23d			0.			
е		eported on line 20 for all properties				23e		5,3	69.			
24	-	e amounts shown on line 21. Do no t							24		3,	031.
25	Losses. Add royalty lo	sses from line 21 and rental real estat	e loss	es from	line 22	. Enter t	otal losses	here	25 (
26	If Parts II, III, IV, and lin	e and royalty income or (loss). Conne 40 on page 2 do not apply to you ne 18. Otherwise, include this amoun	, also	enter th	nis amo	ount on I	orm 1040,	line	26		3,	031.

17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR. Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.



OMB No. 1545-0074

Sequence No. 47

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Daniel K Biss & Karin Steinbrueck

Part I	Filers Who Have Certain C	A T A PS	1991 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Fliere Wind Have Cartain C	iniid Hanandantiel with an	LID GRANAGUAL LAVRAVARI	dontitiontion Number
	The 3 will have be tall b	Allia Debeliaeliksi Willi ali	TELIN MUNICIPALITANDAVEL I	uenuncauon vumben



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c: Form 1040A, line 6c: or Form 1040NR, line 7c, who has an ITIN

(Indi		entification Number) and that you indicated is a qualifying child for the child tax credit by chec	
A		dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this chi separate instructions.	ld meet the substantial
	☐ Yes	□ No	
В		endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this esparate instructions.	child meet the substantial
	☐ Yes	□ No	
C		ident identified with an ITIN and listed as a qualifying child for the child tax credit, did this ch separate instructions.	ild meet the substantial
	☐ Yes	□ No	
D		endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this c separate instructions.	hild meet the substantial
	☐ Yes	□ No	
	and check here .	than four dependents identified with an ITIN and listed as a qualifying child for the child tax or	redit, see separate instructions
Par		al Child Tax Credit Filers 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.	
•	If you are requir	red to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax et in the publication. Otherwise:	1 2,000.
	1040 mers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	2,000.
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).	
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).	
2	Enter the amoun	t from Form 1040, line 52: Form 1040A, line 35: or Form 1040NR, line 49	2 196.
3		om line 1. If zero, stop here; you cannot claim this credit	3 1,804.
4a		see separate instructions)	
b		bat pay (see separate	
5		line 4a more than \$3,000?	
	☐ No. Leave	line 5 blank and enter -0- on line 6.	
		ct \$3.000 from the amount on line 4a. Enter the result	
6		ount on line 5 by 15% (0.15) and enter the result	6 3,560.
	No. If line	we three or more qualifying children? 6 is zero, stop here: you cannot claim this credit. Otherwise, skip Part III and enter the r of line 3 or line 6 on line 13.	
	☐ Yes. If line	6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. vise, go to line 7.	

Part	III Certain	Filers Who Have Three or More Qualifying Childre	n			
7	Form(s) W-2, be amounts with y	security, Medicare, and Additional Medicare taxes from oxes 4 and 6. If married filing jointly, include your spouse's rours. If your employer withheld or you paid Additional tier I RRTA taxes, see separate instructions	7			
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.				
	1040A filers:	Enter -0	8	37	44	
	1040NR filers:	Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.			경 호 타	
9	Add lines 7 and	8	9			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 71.				
	1040A filers:	Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).	10			
	1040NR filers:	Enter the amount from Form 1040NR, line 67.				
11	Subtract line 10	from line 9. If zero or less, enter -0		1	I	
12	Enter the larger	of line 6 or line 11		1	2	
		maller of line 3 or line 12 on line 13.		3		
Part	V Addition	al Child Tax Credit				
13	This is your add	litional child tax credit		1	3	1,804.
				1040 1040A 1040NR	Form 1 Form 1	his amount on 1040, line 67, 1040A, line 43, or 1040NR, line 64,

REV 01/25/17 intuit.cg.dp.sp

Schedule 8812 (Form 1040A or 1040) 2016

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040A.

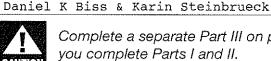
▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

Attachment Sequence No. **50**

Your social security number

OMB No. 1545-0074

Name(s) shown on return



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from	all P	arts III, line 30 .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:		,		
	• Equal to or more than line 5, enter 1.000 on line 6		1	100	
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (i	6	
	at least three places)			1 2 2	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the you the conditions described in the instructions, you can't take the refundable Ar				
	credit; skip line 8, enter the amount from line 7 on line 9, and check this box		> [7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). En		******		
	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Works			9	
10	After completing Part III for each student, enter the total of all amounts from				500
44	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Enter the smaller of line 10 or \$10,000			10	500. 500.
11 12	Multiply line 11 by 20% (0.20)			12	100.
13	Enter: \$131,000 if married filing jointly; \$65,000 if single, head of			**	100.
	household, or qualifying widow(er)	13	131,000.		
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from				
	Puerto Rico, see Pub. 970 for the amount to enter	14	32,568.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-		•		
	on line 18, and go to line 19	15	98,432.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,				
	or qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (replaces)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksh			18	100.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credits restrictions have and an Entry 1040 line 50, or Form 1040 line 33				100
	instructions) here and on Form 1040, line 50, or Form 1040A, line 33			19	100.

REV 01/25/17 Intuit.og.dp.sp

Name(s) shown on return

Daniel K Biss & Karin Steinbrueck

Your social security number



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

CAUL	on cach stadent.		
Par	See instructions.	ו	
20	Student name (as shown on page 1 of your tax return) Karin Steinbrueck	21 Student social security number (as shown on	page 1 of your tax return)
22	Educational institution information (see instructions)		
а	Name of first educational institution	b. Name of second educational institution	on (if any)
	Northwestern University		
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 555 Clark Street 	(1) Address. Number and street (or P.C post office, state, and ZIP code. If a instructions.	
	Evanston IL 602081221		
10	7) Diddto at dart	(8) 5/11/	
	2) Did the student receive Form 1098-T Yes No from this institution for 2016?	(2) Did the student receive Form 1098- from this institution for 2016?	☐ Yes ☐ No
	3) Did the student receive Form 1098-T from this institution for 2015 with box ☐ Yes ☒ No 2 filled in and box 7 checked?	(3) Did the student receive Form 1098- from this institution for 2015 with be 2 filled in and box 7 checked?	
	u checked "No" in both (2) and (3) , skip (4) .	If you checked "No" in both (2) and (3), ski	
(4	If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3), federal identification number (from I	
	36-2167817		
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2016?	Yes — Stop! Go to line 31 for this student. No —	- Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2016 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		· Stop! Go to line 31 is student.
25	Did the student complete the first 4 years of postsecondary education before 2016? See instructions.	Yes — Stop! Go to line 31 for this No — student.	Go to line 26.
26	Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance?		Complete lines 27 gh 30 for this student.
CAUT	You can't take the American opportunity credit and the lin you complete lines 27 through 30 for this student, don't c	fetime learning credit for the same student i complete line 31.	n the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Don		27
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28
29	1 7		29
30	If line 28 is zero, enter the amount from line 27. Otherwise,	add \$2,000 to the amount on line 29 and	
	enter the result. Skip line 31. Include the total of all amounts fr	om all Parts III, line 30, on Part I, line 1.	30
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl. III, line 31, on Part II, line 10	lude the total of all amounts from all Parts	31 500.



Illinois Department of Revenue

2016 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____/____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.



Daniel K

Biss

Karin

Steinbrueck

3255 Central St.

Evanston

IL

60201

		С	Filing status (see instructions) Single or head of household Married filing jointly Married filing separate	rately [] Widowed
	Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4	or (\ 1	Vhole dollars only) 32,568.00
€/ (1)		2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 10 Line 8b; or federal Form 1040EZ		.00
s her		3 4	Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	3 4	.00 32,568 _{.00}
9 form	Step 3: Base	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.		
109.	Income	6 7	Illinois Income Tax overpayment included in federal Form 1040, Line 10 6 Other subtractions. Attach Schedule M. 7 Check if Line 7 includes any amount from Schedule 1299-C.		
Staple W-2 and 1099 forms here		8 9	Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	8 9	194 <u>00</u> 32,374 <u>00</u>
Staple	Step 4: Exemptions	10	a Number of exemptions from your federal return b If someone can claim you as a dependent, see instructions. C Check if 65 or older: You + Spouse = X \$1,000 c Check if legally blind: You + Spouse = X \$1,000 d Exemption allowance. Add Lines a through d.	.00.	8,700.00
40-V ₩ "	Step 5: Net Income		Residents: Net income. Subtract Line 10 from Line 9, Skip Line 12. Nonresidents and part-year residents: Check the box that applies to you during 2016 ☐ Nonresident ☐ Part-year resident enter the Illinois base income from Schedule NR. Attach Schedule NR. 12	11 t, and 	23,674,00
Staple your check and IL-1040-V	Step 6: Tax		Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 13 and 14. Cannot be less than zero.	14	00, 888 00, 00, 888
r checi	Step 7: Tax After		Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16	00	
ole you	Non- refundable Credits	17 18	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 17		
▲ Stap		19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from Line 15	19 20	297,00 591,00
•		20	tax after nomerungable credits. Subtract line 19 from line 15.	20	227.00



	21	Tax after nonrefundable credits from Page 1, Line 20	21	591,00	
Step 8:	22	Household employment tax. See instructions.	22	00	***************************************
Other	23	Use tax on internet, mail order, or other out-of-state purchases from		······································	
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23	21.00	
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00.	
THE PERSON NOW & AND A MAKE THE PERSON NAMED IN A STREET OF THE PERSON NAMED IN	25	Total Tax . Add Lines 21, 22, 23, and 24.		25	612,00
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	867 .00	
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,			
and		including any overpayment applied from a prior year return	27	.00	
Refundable Credit	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00	
O. Gait	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00.	
	30	Total payments and refundable credit. Add Lines 26 through 29.		30	867 <u>.00</u>
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from	a Line 3	31	255 _{.00}
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 fm	om Line	e 25. 32	.00,
Step 11:	33	Late-payment penalty for underpayment of estimated tax	33	.00	
Underpayment	t	a Check if at least two-thirds of your federal gross income is from farm			
of Estimated Ta		b Check if you or your spouse are 65 or older and permanently			
Penalty and Donations		living in a nursing home.			
Donations		c Check if your income was not received evenly during the year and			
		you annualized your income on Form IL-2210. Attach Form IL-2210			
		d Check if you were not required to file an Illinois Individual Income Ta	ìΧ		
	24	return in the previous tax year.			
	35	Voluntary charitable donations. Attach Schedule G.	34		0.0
04 40-		Total penalty and donations. Add Lines 33 and 34.		35	.00
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater that		00	255.00
Refund or Amount You	27	Line 35, subtract Line 35 from Line 31. This is your remaining overpa			255,00
Owe	37 38	Amount from Line 36 you want refunded to you . Check one box on Lin I choose to receive my refund by	ie 38. S	See instructions. 37	255 _{.00}
	••	☑ direct deposit - Complete the information below if you check this is	20Y		
			ecking	ar Covings	
			ecking	or Savings	
		Account number			
		Illinois Individual Income Tax refund debit card			
		paper check			
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 36	. See ir	nstructions. 39	0 .00
	40	, , , , , , , , , , , , , , , , , , , ,		·	
		If you have an overpayment on Line 31 and this amount is less than L subtract Line 31 from Line 35. This is the amount you owe . See instr	-		00
Step 13:	 }r	nder penalties of perjury, I state that I have examined this return, and, to	~~~	······································	.00
•		mplete.	the be	st of thy knowledge, it is true, t	orrect, and
Sign and Date					
	You	ur signature Date Daytime phone number	Your s	pouse's signature	Date
	_	lf-Prepared			
	Pai	d preparer's signature Date Preparer's phone number	Paid p	reparer's PTIN	
Third Party Designee		Check, and complete the designee's name and phone number below and any previous return that affects the liability reported on this ret	, to allo urn wi	ow another person to discuss th the Illinois Department of F	this return Revenue.
CONTROL CONTROL OF A STATE OF THE STATE OF T	**************************************	Designee's name (please print) Designee's	phone no	umber	
ILLIN	IOIS	nent enclosed, mail to: DEPARTMENT OF REVENUE ILLINOIS DEPARTM	ENT O	F REVENUE	THE STATE OF THE S
SPRI	NGF	IELD IL 62719-0001 SPRINGFIELD IL 62	726-00	01	

ID: 3WM IL-1040 back (R-12/16) REV 01/25/17 Intuiting clp.sp

DR.....

AP....

IR

DC

RR

hedule ICF	₹ — Page 2	2					
en 3: Fid	aure voi	ur refundable o	radit				
ned Income		ai icidildabic (Jiedit				
		ral EIC as shown on your					
		66a; federal Form 1040A, Li	ne 42a; or				
	m 1040EZ, Lir			10a	···	.00	
		ine 10a by 10% (.10).		10b		.00	
	sidents: Enter	1.0. year residents: Enter the c	docimal from				
	NR, Line 48.	year residents. Enter the t	aeciniai irom	10c			
d Multiply Lin	ne 10b by the o	decimal on Line 10c.				<u>.00</u>	
Enter the amou	int from Line 1	0d here. This is your Illinois					
Earned Income	Credit, Enter	this amount on Form IL-104	10, Line 29.		-	11	
te You must Complete the fo	complete th	ued - K-12 Education his section and attach a nation for each of your qualif arately. If you need more sp.	ny receipt y ying students. ace, attach a s	ou received to the student attered separate piece	from your stuc	lent's school. I one qualifying sch g this format.	ool during the
te You must	complete the compl	nis section and attach a	ny receipt y ying students. ace, attach a s C	ou received to If a student att separate piece D School (IL K-12 school	from your studended more than of paper following I name ols only or enter	ient's school.	ool during the F Total tuitio
te You must Complete the focalendar year, p	complete the compl	nis section and attach a nation for each of your qualif arately. If you need more sp	ny receipt y ying students. ace, attach a s C Grade	ou received to If a student att separate piece D School (IL K-12 school	from your studended more than of paper following	lent's school. one qualifying sch g this format. E School city	ool during the F Total tuitio
te You must Complete the focalendar year, p	complete the compl	nis section and attach a nation for each of your qualif arately. If you need more sp	ny receipt y ying students. ace, attach a s C Grade	ou received to If a student att separate piece D School (IL K-12 school	from your studended more than of paper following I name ols only or enter	lent's school. one qualifying sch g this format. E School city	ool during the F Total tuitio
te You must Complete the focalendar year, p	complete the compl	nis section and attach a nation for each of your qualif arately. If you need more sp	ny receipt y ying students. ace, attach a s C Grade	ou received to If a student att separate piece D School (IL K-12 school	from your studended more than of paper following I name ols only or enter	lent's school. one qualifying sch g this format. E School city	ool during the F Total tuitio
te You must Complete the focalendar year, p A Student's n	complete the compl	nis section and attach a pation for each of your qualification for each of your qualificately. If you need more sport B Social Security number	ying students. ace, attach a s C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school	from your studended more than of paper following I name ols only or enter," if applicable)	lent's school. one qualifying sch g this format. E School city (IL cities only)	F Total tuitio book/lab fee
te You must Complete the focalendar year, p A Student's n	complete the compl	nation for each of your qualification for each of your qualificately. If you need more sponsored by Social Security number	ny receipt y ying students. ace, attach a s C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school	from your studended more than of paper following I name ols only or enter," if applicable)	lent's school. one qualifying sch g this format. E School city (IL cities only)	F Total tuitio book/lab fee
Complete the focalendar year, p A Student's n	complete the compl	nis section and attach a pation for each of your qualiful arately. If you need more sports B Social Security number	ny receipt y ying students. ace, attach a s C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school	from your studended more than of paper following iname ols only or enter," if applicable)	lent's school. one qualifying sch g this format. E School city (IL cities only)	F Total tuition book/lab fee
Complete the focalendar year, p A Student's n	complete the complete the complex of	nation for each of your qualifarately. If you need more sport B Social Security number	ry receipt y ying students. ace, attach a s C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school	ended more than of paper following I name ols only or enter ," if applicable)	lent's school. I one qualifying sch g this format. E School city (IL cities only)	F Total tuition book/lab fee
Complete the focalendar year, p A Student's n	complete the compl	nation for each of your qualifarately. If you need more sponsored by the s	ying students. ace, attach a s C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school	ended more than of paper following I name ols only or enter ," if applicable)	lent's school. one qualifying sch g this format. E School city (IL cities only)	F Total tuition book/lab fee
Complete the focalendar year, p A Student's n	complete the billowing information please list separate in the billowing in the billowing information please list separate in the billowing in the	nation for each of your qualifarately. If you need more sport B Social Security number	ying students. ace, attach as C Grade (K-12 only)	ou received to the separate piece D School (IL K-12 school "home school")	ended more than of paper following i name ols only or enter ," if applicable)	lent's school. one qualifying sch g this format. E School city (IL cities only)	F Total tuition book/lab fee



additional pages you attached). This is the total amount of your qualified education expenses for

this year. Enter this amount here and on Step 2, Line 7a of this schedule.