a Employee's social security number: [redacted]

OMB No. 1545-0008

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS website at www.irs.gov/efile.

b Employer's identification number (EIN)	37-600 2057
c Employer's name, address, and ZIP code	STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871
	* SALARY * 01-15-14 09-010
d Control number	37386
e Employee's first name and initial	PATRICK J
Last name	QUINN
Suff.	
f Employee's address and ZIP code	[redacted]

1 Wages, tips, other compensation	161962.98	2 Federal income tax withheld	34885.96
3 Social security wages	.00	4 Social security tax withheld	.00
5 Medicare wages and tips	178817.10	6 Medicare tax withheld	2592.84
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	.00
11 Nonqualified plans	.00	12a See instructions for box 12	C 1009.80
13 Statutory employee ☐ Retirement plan ☒ Third party sick pay ☐		12b	DD 10572.60
14 Other	2173.84	12c	.00
		12d	.00

15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	37-600 2057	161962.98	7989.44			

Form W-2 Wage and Tax Statement 2013
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury-Internal Revenue Service

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2013

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 | See separate instructions.

Your first name and initial: PATRICK J.	Last name: QUINN	Your social security number: [redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [redacted]	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [redacted]		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☐ Spouse
Foreign country name —	Foreign province/state/county —	Foreign postal code —

Filing Status

Check only one box.

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

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 1
b ☐ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
				☐
				☐
				☐
				☐

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

No. of children on 6c who:
• lived with you: 0
• did not live with you due to divorce or separation (see instructions): 0
Dependents on 6c not entered above: 0

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	161,962 98
8a	**Taxable** interest. Attach Schedule B if required		8a	0
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	0
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	1508 00
11	Alimony received		11	0
12	Business income or (loss). Attach Schedule C or C-EZ		12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	0
14	Other gains or (losses). Attach Form 4797		14	0
15a	IRA distributions 15a	b Taxable amount	15b	0
16a	Pensions and annuities 16a	b Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	0
18	Farm income or (loss). Attach Schedule F		18	0
19	Unemployment compensation		19	0
20a	Social security benefits 20a	b Taxable amount	20b	0
21	Other income. List type and amount		21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	163,470 98

Adjusted Gross Income

23	Educator expenses	23	0		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0		
25	Health savings account deduction. Attach Form 8889	25	0		
26	Moving expenses. Attach Form 3903	26	0		
27	Deductible part of self-employment tax. Attach Schedule SE	27	0		
28	Self-employed SEP, SIMPLE, and qualified plans	28	0		
29	Self-employed health insurance deduction	29	0		
30	Penalty on early withdrawal of savings	30	0		
31a	Alimony paid b Recipient's SSN ▶	31a	0		
32	IRA deduction	32	0		
33	Student loan interest deduction	33	0		
34	Tuition and fees. Attach Form 8917	34	0		
35	Domestic production activities deduction. Attach Form 8903	35	0		
36	Add lines 23 through 35			36	0
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	163,470 98

Tax and Credits

Standard Deduction for—
• People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, $6,100
Married filing jointly or Qualifying widow(er), $12,200
Head of household, $8,950

38	Amount from line 37 (adjusted gross income)			38	163,470 98
39a	Check if: ☒ **You** were born before January 2, 1949, ☐ Blind. ☐ **Spouse** was born before January 2, 1949, ☐ Blind. **Total boxes checked ▶ 39a** 1				
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 left margin)			40	30,591 20
41	Subtract line 40 from line 38			41	132,879 78
42	**Exemptions.** If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions			42	3900 00
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	128,979 78
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	29,407 59
45	**Alternative minimum tax** (see instructions). Attach Form 6251			45	0
46	Add lines 44 and 45 ▶			46	29,407 59
47	Foreign tax credit. Attach Form 1116 if required	47	0		
48	Credit for child and dependent care expenses. Attach Form 2441	48	0		
49	Education credits from Form 8863, line 19	49	0		
50	Retirement savings contributions credit. Attach Form 8880	50	0		
51	Child tax credit. Attach Schedule 8812, if required	51	0		
52	Residential energy credits. Attach Form 5695	52	0		
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	0		
54	Add lines 47 through 53. These are your **total credits**			54	0
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	29,407 59

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	0
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	0
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0
59a	Household employment taxes from Schedule H	59a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	0
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	60	0
61	Add lines 55 through 60. This is your **total tax** ▶	61	29,407 59

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	34,885 96		
63	2013 estimated tax payments and amount applied from 2012 return	63	1,376 11		
64a	**Earned income credit (EIC)**	64a	0		
b	Nontaxable combat pay election 64b				
65	Additional child tax credit. Attach Schedule 8812	65	0		
66	American opportunity credit from Form 8863, line 8	66	0		
67	Reserved	67			
68	Amount paid with request for extension to file	68	0		
69	Excess social security and tier 1 RRTA tax withheld	69	0		
70	Credit for federal tax on fuels. Attach Form 4136	70	0		
71	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	71	0		
72	Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶			72	36,262 07

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**	73	6,854 48
74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	74a	5,000 00
▶ b	Routing number [redacted]		
▶ d	Account number [redacted]		
75	Amount of line 73 you want **applied to your 2014 estimated tax** ▶ 75: 1854 48		

Amount You Owe

76	**Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions) 77		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your sig[redacted]
Date 4/13/14
Your occupation GOVERNMENT/LAWYER
Daytime phone number [redacted]

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

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at *www.irs.gov/schedulea*.

▶ Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment Sequence No. **07**

Name(s) shown on Form 1040: PATRICK J. QUINN

Your social security number: [redacted]

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	1095 39		
	2	Enter amount from Form 1040, line 38 — 2: 163,470 98				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	12,260 32		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	5	State and local **(check only one box):** a ☒ Income taxes, or b ☐ General sales taxes	5	7989 44		
	6	Real estate taxes (see instructions)	6	3228 79		
	7	Personal property taxes	7	0		
	8	Other taxes. List type and amount ▶	8	0		
	9	Add lines 5 through 8			9	11,218 23
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	9887 97		
Note. Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	0		
	12	Points not reported to you on Form 1098. See instructions for special rules	12	0		
	13	Mortgage insurance premiums (see instructions)	13	0		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	0		
	15	Add lines 10 through 14			15	9,887 97
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	9485 00		
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	0		
	18	Carryover from prior year	18	0		
	19	Add lines 16 through 18			19	9,485 00
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	0		
	22	Tax preparation fees	22	0		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	0		
	24	Add lines 21 through 23	24	0		
	25	Enter amount from Form 1040, line 38 — 25: 163,470 98				
	26	Multiply line 25 by 2% (.02)	26	3269 42		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	0
Total Itemized Deductions	29	Is Form 1040, line 38, over $150,000? ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	30,591 20
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

Illinois Department of Revenue

2013 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.

Do not write above this line.

Step 1: Personal Information

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

[redacted]

Your Social Security number — ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Spouse's Social Security number

B Personal information

PATRICK J. — Your first name and initial

QUINN — Your last name

Spouse's first name and initial

Spouse's last name

[redacted]

Mailing address (See instructions if foreign address)

Apartment number

City

State

ZIP or Postal Code

Foreign Nation, if not United States (do not abbreviate)

C Filing status (see instructions)

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

D Check if you are in a civil union (see instructions). ☐

					(Whole dollars only)
Step 2: Income	1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4		1	163,471 .00
	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ		2	0 .00
	3	Other additions. **Attach** Schedule M.		3	0 .00
	4	**Total income.** Add Lines 1 through 3.		4	163,471 .00
Step 3: Base Income	5	Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return.	5 — 0 .00		
	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6 — 1508 .00		
	7	Other subtractions. **Attach** Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. ☐	7 — 0 .00		
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	1,508 .00
	9	**Illinois base income.** Subtract Line 8 from Line 4.		9	161,963 .00
Step 4: Exemptions	10	a Number of exemptions from your federal return 1 X $2,100	a 2,100 .00		
		b If someone can claim you as a dependent, see instructions. ___ X $2,100	b .00		
		c Check if 65 or older: ☒ You + ☐ Spouse = 1 X $1,000	c 1,000 .00		
		d Check if legally blind: ☐ You + ☐ Spouse = ___ X $1,000	d .00		
		Exemption allowance. Add Lines a through d.		10	3,100 .00
Step 5: Net Income	11	***Residents:*** **Net income.** Subtract Line 10 from Line 9. *Skip* Line 12.		11	158,863 .00
	12	***Nonresidents and part-year residents:*** Check the box that applies to you during 2013 ☐ Nonresident ☐ Part-year resident, and write the **Illinois base income** from Schedule NR. **Attach** Schedule NR.		12	.00
Step 6: Tax	13	***Residents:*** Multiply Line 11 by 5% (.05). Cannot be less than zero. ***Nonresidents and part-year residents:*** Write the tax from Schedule NR.		13	7,943 .00
	14	Recapture of investment tax credits. **Attach** Schedule 4255.		14	0 .00
	15	**Income tax.** Add Lines 13 and 14. Cannot be less than zero.		15	7,943 .00
Step 7: Tax After Non-refundable Credits	16	Income tax paid to another state while an Illinois resident. **Attach** Schedule CR.	16 — 0 .00		
	17	Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR.	17 — 161 .00		
	18	Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.	18 — 0 .00		
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		19	161 .00
	20	**Tax after nonrefundable credits.** Subtract Line 19 from Line 15.		20	7,782 .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

	21	Tax after nonrefundable credits from Page 1, Line 20	21 7782.00	
Step 8: Other Taxes	22	Household employment tax. See instructions.	22 0.00	
	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank.	23 0.00	
	24	**Total Tax.** Add Lines 21, 22, and 23.		24 7782.00
Step 9: Payments and Refundable Credit	25	Illinois Income Tax withheld. **Attach** all W-2 and 1099 forms.	25 7989.00	
	26	Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2012 return	26 1338.00	
	27	Pass-through entity tax payments. **Attach** Schedule K-1-P or K-1-T.	27 0.00	
	28	Earned Income Credit from Schedule ICR. **Attach** Schedule ICR.	28 0.00	
	29	**Total payments and refundable credit.** Add Lines 25 through 28.		29 9327.00
Step 10: Result	30	**Overpayment.** If Line 29 is greater than Line 24, subtract Line 24 from Line 29.		30 1545.00
	31	**Underpayment.** If Line 24 is greater than Line 29, subtract Line 29 from Line 24.		31 .00
Step 11: Underpayment of Estimated Tax Penalty and Donations	32	Late-payment penalty for underpayment of estimated tax.	32 0.00	
		a Check if at least two-thirds of your federal gross income is from farming. ☐		
		b Check if you or your spouse are 65 or older and permanently living in a nursing home. ☐		
		c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210. ☐		
		d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. ☐		
	33	Voluntary charitable donations. **Attach** Schedule G.	33 160.00	
	34	**Total penalty and donations.** Add Lines 32 and 33.		34 160.00
Step 12: Refund or Amount You Owe	35	If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining **overpayment**.		35 1385.00
	36	Amount from Line 35 you want **refunded to you**. Check one box on Line 37. See instructions.		36 0.00
	37	I choose to receive my refund by		
		☐ **direct deposit** - Complete the information below if you check this box.		
		Routing number ☐☐☐☐☐☐☐☐☐ ☐ Checking or ☐ Savings		
		Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		
		☐ **Illinois Individual Income Tax refund debit card**		
		☐ **paper check**		
	38	Subtract Line 36 from Line 35. This amount will be **applied to your 2014 estimated tax.**		38 1385.00
	39	If you have an underpayment on Line 31, add Lines 31 and 34. **or** If you have an overpayment on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions.		39 .00

Step 13: Sign and Date

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

[redacted] 4/13/14 [redacted]

Your signature | Date | Daytime phone number | Your spouse's signature | Date

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

Third Party Designee

☐ Check, and complete below, to allow another person to discuss this return with the Illinois Department of Revenue.

Designee's name (please print) | Designee's phone number

Form 1099-G Information

☒ We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website. Check the box to receive a paper Form 1099-G next year, if you meet the criteria requiring us to issue a Form 1099-G.

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040

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

DR______ AP______ RR DC IR

Illinois Department of Revenue

2013 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 Form IL-1040 through Line 15 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit may exceed tax.

Step 1: Provide the following information

PATRICK J. QUINN

Your name as shown on your Form IL-1040

[redacted]

Your Social Security number

Step 2: Figure your nonrefundable credit

1	Write the amount of tax from your Form IL-1040, Line 15.	1	7943 .00
2	Write the amount of credit for tax paid to other states from your Form IL-1040, Line 16.	2	0 .00
3	Subtract Line 2 from Line 1.	3	7943 .00

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

4 a Write the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. **4a** 3229 .00

b Write the county and property number for the property listed above.

4b [redacted] County [redacted] Property number

c Write the county and property number for an adjoining lot, if included in Line 4a.

4c ____ County ____ Property number

d Write the county and property number for another adjoining lot, if included in Line 4a.

4d ____ County ____ Property number

e Write the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction. **4e** 0 .00

f Subtract Line 4e from Line 4a. **4f** 3229 .00

g Multiply Line 4f by 5% (.05). **4g** 161 .00

5 Compare Lines 3 and 4g, and write the lesser amount here. **5** 161 .00

6 Subtract Line 5 from Line 3. **6** 7782 .00

Section B - K-12 Education Expense Credit

Note You must complete the ***K-12 Education Expense Credit Worksheet*** on the back 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 the back of this schedule. **7a** .00

b You may not take a credit for the first $250 paid. **7b** 250.00

c Subtract Line 7b from Line 7a. If the result is negative, enter "zero." **7c** .00

d Multiply Line 7c by 25% (.25). Compare the result and $500, and write the lesser amount here. **7d** .00

8 Compare Lines 6 and 7d, and write the lesser amount here. **8** 0 .00

Section C - Total Nonrefundable Credit

9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount on Form IL-1040, Line 17. → **9** 161 .00

Continued on Page 2

Illinois Department of Revenue

2013 Schedule G Voluntary Charitable Donations

Attach to your Form IL-1040 IL Attachment No. 24

MAKE "GIVING" EASY!

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

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

Step 1: Provide the following information

PATRICK J. QUINN
Your name as shown on Form IL-1040

[redacted]
Your Social Security number

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

1 Write the amount you wish to donate to each of the following voluntary charitable donation funds. You may contribute any whole-dollar amount of $1 or more. Note: A description of each fund is on the back of this schedule.

			(Whole dollars only)
a	Wildlife Preservation Fund	a	10.00
b	Child Abuse Prevention Fund	b	10.00
c	Alzheimer's Disease Research Fund	c	10.00
d	Assistance to the Homeless Fund	d	10.00
e	Penny Severns Breast, Cervical, and Ovarian Cancer Research Fund	e	10.00
f	Military Family Relief Fund	f	100.00
g	Diabetes Research Fund	g	10.00

2 Add Lines a through g. This is your donations total. Write this amount on Line 33 of your Form IL-1040. → 2 160.00

IL-1040 Schedule G front (R-12/13)