

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 20

Your first name and initial: **KIRK W** Last name: **DILLARD** Your social security number: _____

If a joint return, spouse's first name and initial: **STEPHANIE H** Last name: **DILLARD** Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **501 WEDGEWOOD COURT** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **HINSDALE, IL 60521**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

You Spouse

Filing Status

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). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

6b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit
EMMA G	DILLARD		DAUGHTER	<input checked="" type="checkbox"/>
AVA C	DILLARD		DAUGHTER	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: **2**

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

Dependents on 6c not entered above: _____

Add numbers on lines above: **4**

Income

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	62,179.
8a	Taxable interest. Attach Schedule B if required	14.
b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	201.
b	Qualified dividends	9b 201.
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 1 STMT 2 0.
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15a
b	Taxable amount	15b
16a	Pensions and annuities	16a
b	Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	291,339.
18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
b	Taxable amount	20b
21	Other income. List type and amount LOTTERY 52.	52.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	353,785.

Adjusted Gross Income

Line	Description	Amount
23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	10,763.
28	Self-employed SEP, SIMPLE, and qualified plans	63,350.
29	Self-employed health insurance deduction	19,765.
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN ▶ _____	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	93,878.
37	Subtract line 36 from line 22. This is your adjusted gross income	259,907.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits, with amounts ranging from 259,907 to 45,066.

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent. All others: Single or Married filing separately, \$5,950. Married filing jointly or Qualifying widow(er), \$11,900. Head of household, \$8,700.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes, with amounts ranging from 19,326 to 64,392.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments, with amounts ranging from 10,088 to 72,648.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund, with amounts ranging from 8,256 to 8,256.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes line 76 for Amount You Owe, with amount 8,256.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: JOSEPH A. LEO. Phone no.: 630-990-1110. 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. Your signature: [Signature], Date: 10/10/13, Your occupation: ATTORNEY/STATE SEN. Spouse's signature: [Signature], Date: 10-10-13, Spouse's occupation: HOMEMAKER.

Paid Preparer Use Only

Print preparer's name: JOSEPH A. LEO. Preparer's signature: [Signature], Date: 10-7-13. Check [] if self-employed. Firm's name: SCANLAN & LEO, LTD. Firm's address: 1110 JORIE BOULEVARD, SUITE 204 OAK BROOK, IL 60523. Firm's EIN: [] Phone no.: (630) []

Step 1: Personal Information

KIRK W DILLARD
STEPHANIE H DILLARD
501 WEDGEWOOD COURT
HINSDALE, IL 60521

- C** Filing status (see instructions)
 Single or head of household Married filing jointly Married filing separately Widowed
- D** Check if same-sex civil union return (see instructions)

Step 2:	1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.	(Whole dollars only)	1	<u>259,907</u>	.00
Income	2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.		2		.00
	3 Other additions. Attach Schedule M.		3		.00
	4 Total income. Add Lines 1 through 3.		4	<u>259,907</u>	.00

↓ **Step 3:**

Base	5 Social Security benefits and certain retirement plan income 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 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>6,600</u>	.00
	8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8		6,600 .00
	9 Illinois base income. Subtract Line 8 from Line 4.	9		253,307 .00

↓ **Step 4:**

Exemptions	10 a Number of exemptions from your federal return. <u>4</u> x \$2,050	a	<u>8,200</u>	.00
	b If someone can claim you as a dependent, see instructions. _____ x \$2,050	b		.00
	c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000	c		.00
	d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000	d		.00
	Exemption allowance. Add Lines a through d.	10		8,200 .00

↑ **Step 5:**

Net	11 <i>Residents:</i> Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11		245,107 .00
Income	12 <i>Nonresidents and part-year residents:</i> Check the box that applies to you during 2012 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Sch. NR. Attach Sch. NR.	12		.00

▲ **Step 6:**

Tax	13 <i>Residents:</i> Multiply Line 11 by 5% (.05). <i>Nonresidents and part-year residents:</i> Write the tax from Schedule NR.	13		12,255 .00
	14 Recapture of investment tax credits. Attach Schedule 4255.	14		.00
	15 Income tax. Add Lines 13 and 14. Cannot be less than zero.	15		12,255 .00

▲ **Step 7:**

Tax After	16 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	<u>1,879</u>	.00
Non-	17 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	<u>633</u>	.00
refundable	18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18		.00
Credits	19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19		2,512 .00
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20		9,743 .00



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	<u>9,743</u>	.00
Step 8:	22	Household employment tax. See instructions.	22		.00
Other Taxes	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	<u>0</u>	.00
	24	Total Tax. Add Lines 21, 22, and 23.	24		9,743 .00
Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	<u>3,009</u>	.00
Payments and Refundable Credit	26	Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2011 return.	26	<u>9,318</u>	.00
	27	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	27		.00
	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28		.00
	29	Total payments and refundable credit. Add Lines 25 through 28.	29		12,327 .00
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	<u>2,584</u>	.00
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31		.00
Step 11:	32	Late-payment penalty for underpayment of estimated tax.	32		.00
Underpayment of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>		
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>		
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>		
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>		
	33	Voluntary charitable donations. Attach Schedule G.	33		.00
	34	Total penalty and donations. Add Lines 32 and 33.	34		.00
Step 12:	35	If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining overpayment .	35	<u>2,584</u>	.00
Refund or Amount You Owe	36	Amount from Line 35 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information on Line 37.	36	<u>0</u>	.00
	37	Complete to direct deposit your refund Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number _____			
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2013 estimated tax .	38	<u>2,584</u>	.00
	39	If you have an underpayment on Line 31, add Lines 31 and 34. or If you have an overpayment on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe .	39		.00

Step 13: Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign and Date

Your signature _____	Date _____	Daytime phone number _____	Your spouse's signature _____	Date _____
		(630) 990-1110	36-2758343	
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) JOSEPH A. LEO Designee's Phone number 630-990-1110

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 if you still want us to mail you a paper Form 1099-G next year.

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

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

249002
01-03-13

ID: 2BX

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DR _____ AP _____ RR _____ DC _____

