Form 1040		ertment of the Treasury — Internal Revenue Service (99)  S. Individual Income Tax Return 2012	lisa ∩n	lv — Ma	not write or staple in this space.	
For the year Jan 1 - De		1012, or other tax year beginning , 2012, ending , 20	See separate instructions.			
Your first name and init		Last name	Your social security number			
RAYMOND A.	ROI	RIGUEZ				
If a joint return, spouse'			Spous	se's soc	ial security number	
MARIA D. RO	DRI	GUEZ				
Home address (number	and st	reet), If you have a P.O. box, see instructions. Apartment no.	A	Make	sure the SSN(s) above	
1711 RFD		*	-	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).	Pre	siden	tial Election Campaign	
LONG GROVE,	II	60047	freeze test		you, or your spouse if filing	
Foreign country name	Foreign province/state/country Foreign postal code				3 to go to this fund? Checking ill not change your tax or	
			refund		You Spouse	
Filing Status	1	Single 4 Head of household (v	vith qu	alifvir	ng persop) (See	
rilling Status	2	Washed filing in with forms if only one had income. If the que	ualifyi	ng per	son is a child	
- · · ·	3	Married filing separately, Enter spouse's SSN above & full name here.	iii, ei	nei un	S CHIO S	
Check only one box.	-	name here ► 5 Qualifying widow(er)	with r	leneno	dent child	
	6	17			Boxes checked	
Exemptions				-	on 6a and 6b 2	
		(2) Dependent's (2) Dependent's	1 78	57 16	No. of children on 6c who:	
		social security   relationship	chil	if d under ge 17	• lived	
		(1) First name Last name to you	quali	fying for d tax cr	with you	
		(1) First name Last name	(see	instrs)	live with you  due to divorce	
If more than four	-				or separation (see instrs)	
dependents, see			-		Dependents	
instructions and check here					on 6c notentered above	
Check here L	J _				Add numbers on lines	
		1 Total number of exemptions claimed.				
Income	/ Q	Wages, salaries, tips, etc. Attach Form(s) W-2a Taxable interest. Attach Schedule B if required		7	218, 266.	
	٥	Tax-exempt interest. Do not include on line 8a	1	8a	1,925.	
A11 1 P		a Ordinary dividends. Attach Schedule B if required.		9a		
Attach Form(s) W-2 here, Also	-	• Qualified dividends	331	3d		
attach Forms	10	Taxable refunds, credits, or offsets of state and local income taxes.	JJI.	10		
W-2G and 1099-R if tax was withheld.	11			11		
	12	Business income or (loss). Attach Schedule C or C-EZ		12		
If you did not get a W-2,	13	Capital gain or (loss). Att Sch D if reqd, If not reqd, ck here.		13	34,131.	
see instructions.	14	The game of Goodboy, Amadeir Orin Harrist Francisco, Control of the Control of th		14	10,936.	
DOLLOUDD	15	IRA distributions		156		
ROLLOVER		Pensions and annuities 16a 1,399, b Taxable amount		16b		
Forton Lands	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	ule E.	17	183,711.	
Enclose, but do not attach, any		Farm income or (loss). Attach Schedule F		18		
payment. Also,		Differential Social Security benefits 20 a b Taxable amount.		19 20b		
please use Form 1040-V.	21	Other income ALPACA FIBER COOP-PATRONGE DIVIDEND		21	38.	
I TAMES CONTROL TO	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	484,081.	
A 11 1 1	23	Educator expenses 23			101,001.	
Adjusted	24	Certain business expenses of reservists, performing artists, and fee-basis		-		
Gross Income	25	government officials. Attach Form 2106 or 2106-EZ		45.3		
	26	Moving expenses. Attach Form 3903		線槽		
	27	Deductible part of self-employment tax. Attach Schedule SE		1000		
	28	Self-employed SEP, SIMPLE, and qualified plans. 28				
	29	Self-employed health insurance deduction		*		
	30	Penalty on early withdrawal of savings		100		
	31 a	Alimony paid b Recipient's SSN > 31 a		1000		
	32	IRA deduction				
	33	Student loan interest deduction		100		
	34	Tuition and fees. Attach Form 8917				
	35		407.			
	36 37	Add lines 23 through 35.		36	14,407.	
BAA For Discheur		Subtract line 36 from line 22. This is your adjusted gross Income.  ivacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA		37	469,674.	
POP I VI PISCIUSU	, e e	FDIA	0112L	01/11/1	3 Form 1040 (2012)	

Form 1040 (2012)	R	AYMOND A. AND MARIA D. RODRIGUEZ	***-	**-*** Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	469,674.
Credits	39 a	Check You were born before January 2, 1948, Blind. Total boxes	25 M	
Greats	10.00	if: Spouse was born before January 2, 1948, Blind, checked. ► 39a		
Standard	1 ь	If your spouse itemizes on a separate return or you were a dual-status alien, check here	Test	in the second
Deduction		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	101,519.
for —	41	Subtract line 40 from line 38	41	368,155.
People who	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600.
check any box on line 39a or	43	Tayable income. Subtract line 42 from line 41	40	
39b or who can	1	If line 42 is more than line 41, enter -0-	43	360,555.
be claimed as a	44	Tax (see instrs), Check if any from: a Form(s) 8814 c 962 election		
dependent, see instructions.		b Form 4972	44	84,927.
• All others:	45	Alternative minimum tax (see instructions), Attach Form 6251	45	17,512.
Single or		Add lines 44 and 45	46	102,439.
Married filing	1000000	Foreign tax credit. Attach Form 1116 if required 47 94		
separately, \$5,950		Credit for child and dependent care expenses. Attach Form 2441		
	49	Education credits from Form 8863, line 19	-	5
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880 50	44.2.35	27
Qualifying	51	Child tax credit, Attach Schedule 8812, if required	<b>34.</b> 1	
widow(er),		Residential energy credits. Attach Form 5695 52	1.50	1
\$11,900	1	Other crs from Form: a   X   3800   b   8801   c   53   0	- 20.4	4
Head of household.		Add lines 47 through 53. These are your total credits.	54	94.
\$8,700		Subtract line 54 from line 46. If line 54 is more than line 46, enter -0		102,345.
			56	102,343.
Other	56	Self-employment tax. Attach Schedule SE.	57	<del></del>
Taxes		Unreported social security and Medicare tax from Form: a 4137 b 8919		<del>                                     </del>
		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		Household employment taxes from Schedule H	59 a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	59 b	1
		Other taxes, Enter code(s) from instructions	60	+
	61	Add lines 55-60. This is your total tax	61	102,345.
Payments		Federal income tax withheld from Forms W-2 and 1099 62 122, 037	· 6/2	t t
If you have a	63	2012 estimated tax payments and amount applied from 2011 return		£
qualifying		Earned income credit (EIC)		
child, attach Schedule EIC.	_ b	Nontaxable combat pay election 64b	8137.50	3
ochedule Lio.	65	Additional child tax credit. Attach Schedule 8812 65		
	66	American opportunity credit from Form 8863, line 8 66		
	67	Reserved	1	
	68	Amount paid with request for extension to file 68	1000	č
		Excess social security and tier 1 RRTA tax withheld 69 2,151	- 1975年 - 東越	
		Credit for federal tax on fuels. Attach Form 4136	12-44-5	
		Credits from Form: a 2439 b Reserved c 8801 d 8885. 71		
			72	125,905.
5 / 1		Add Ins 62, 63, 64a, & 65-71. These are your total pmts.  If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid.	73	23,560.
Refund	7/10	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	742	
		Ambuilt of line 73 you want replies to you. It Form 8000 is attached, check field.	21	23,300.
Direct deposit?		Routing number Savings	-	di di
See instructions.		Account number.	Mil	3
		Amount of line 73 you want applied to your 2013 estimated tax	127	ž.
Amount		Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
You Owe	77	Estimated tax penalty (see instructions)	100	<b>建位数据</b> 242-143
Third Party	Do you	want to allow another person to discuss this return with the IRS (see instructions)?	plete	below. No
Designee	Design	_	Persona	al identification
500191100	Designe name	WILLIAM N. MURRAY no847-670-7719	number	(PIN) - 07605
Sign	est of my	y knowledge and las any knowledge.		
Here		vtime phone number		
Joint return?				
See instructions.	San	SALES use's signature. If a joint return, both must sign.  Date Spouse's occupation	16.4	for IDC and a second to the first Day
Keep a copy for your records.	▶ Spot	00 00 00 00 00 00 00 00 00 00 00 00 00	tec	the IRS sent you an Identity Pro- tion PIN, enter nere (see instrs)
ioi your records.	Drint/T-	PUBLIC RELATIONS  ype preparer's name  Preparer's signature  Date  Check		the state of the s
	ALL PROPERTY OF		if	PTIN
Paid		LLIAM N. MURRAY self-emplo	yed	P00007605
Preparer	Firm's (			
Use Only	Firm's a		IN >	36-4124154
		ARLINGTON HEIGHTS, II, 60004	10. (	847) 670-7719

Form 1040 (2012)

Step 1: Personal Information

Do not write above this line.

	***-**-**	**	***-**						
	RAYMOND A. RODRIGUEZ								
	MARTA D	MARIA D. RODRIGUEZ							
	1711 RFD								
		79	** ****						
	LONG GROV	E,	LL 60047						
		(	Filing status (see instructions)						
			Single or head of household X Married filing jointly Married filing separat	alu	Widowed				
		E	Check if civil union return (see instructions)	Siy	[] widowed				
	Step 2:								
¥	Income		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)				
ì	meome	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A,	1	469,674.00				
T			Line 8b; or U.S. 1040EZ	_					
A		3	Other additions. Attach Schedule M.	2	00				
STAPLE		4		3	6,591.00				
	01 0			4	476,265.00				
2	Step 3:	5	Social Security benefits and certain retirement plan income						
A	Base		federal refused in Line 1. Attach page ] of	,					
N	Income	6		_					
7			Illinois Income Tax overpayment included in U.S. 1040, Line 10 6 00	í					
9		7	Other subtractions. Attach Schedule M. 7 6 356 00						
ğ			Check if Line / includes any amount from Schedule 1299-C	-					
F		8	Add Lines 5, 6, and 7. This is the total of your subtractions.	_					
R		9	Illinois base income, Subtract Line 8 from Line 4.	8	6,356.00				
S	Step 4:	10	Number of exemptions from the first transfer of the last	9	469,909.00				
	Exemptions		b If someone can claim you as a 4,100.00						
₹			Uedendent see instructions V 40 ACA .						
		1	C Check if 65 pr older	-					
l.			1 Check if legally blind: Your Sparse - X 61 000	**					
			Exemption allowance. Add Lines a through d.						
	Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	10	4,100.00				
	Net Income	12	Nonresidents and part-year residents:	11	465,809.00				
,			Chook the hauthet and the						
			base income from Schedule NR. Attack Schedule NR.	, and	enter the Illinois				
7	Cto- C.	70	no. 12						
	Step 6:	13	Residents. Multiply Line 11 by 5% (.05).						
	Тах	14	Nonresidents and part-year residents. Enter the tax from Schedule NR.	13	23,290.00				
			Tresument tax credits. Attach Schedule 4255	14	00				
-	3. W	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	23,290.00				
	Step 7:	16	Income tax paid to another state while an Illinois resident.		23,230.00				
	Tax After		Attach Schedule CR. 16 9 014 00						
-	Von-	17	rioperty tax and N-12 entication expense credit amount						
r	efundable	10	from Schedule ICR. Attach Schedule ICR. 17 790.00						
C	Credits	18	Steam amount from Schedule 1299-C. Attach Schedule 1299-C						
		19	And Ellies IV. IV. dill 18. This is the total of your gradity						
		20	Cannot exceed the tax amount on Line 15.	19	9,804.00				
		20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	13,486.00				
					10,400.00				

ILIA0112L 01/03/13

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.



RAYMOND A.	RODR	TGIR7							
	21		21	12 405 00					
Step 8:	22	Household employment tax. See instructions.	22	13,486.00 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	0.00	-				
	24	Total Tax. Add Lines 21, 22, and 23.		0.00	24	13,486.00			
Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	20,607.00	27	13,486.00			
Payments and Refundable	26		26	00					
Credit	27	Pass-through entity tax payments. Attach Schedule K-T-P or K-1-T.	27	00					
	28		28	00					
C1 10	29	Total payments and refundable credit. Add Lines 25 through	28.		29	20,607.00			
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Lin	e 24 from	Line 29.	30	7,121.00			
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Li	ne 29 froi	m Line 24.	31	00			
Step 11:	32	Late payment penalty for underpayment of estimated tax.	32	00	VIV.				
Underpayment of Estimated		Check if at least two-thirds of your federal gross income is from the Check if you or your spouse are 65 or older and permanently	om farmir	пП					
Tax Penalty and Donations	nursing name.								
		Voluntary charitable donations. Attach Schedule G.	33	0.0					
O1 10	34	Total penalty and donations, Add Lines 32 and 33.			34	00			
Step 12: Refund or	35	If you have an overpayment on Line 30 and this amount is greater Line 34 from Line 30. This is your remaining overpayment.	than Line	34, subtract		- 00			
Amount You	36	Amount from Line 35 you want refunded to you. If you want to di	_t t !:	35	7,121.00				
Owe		and your checking or savings account, complete the direct deposit information	on Line 37,	retund directly	36	00			
	37	Complete to direct deposit your refund Routing number							
		Account number	Savings						
	38	Subtract Line 36 from Line 35. This amount will be applied to	your 201	 3 estimated tay	38	7 101 00			
	39	If you have an underpayment on Line 31, add Lines 31 and 34 overpayment on Line 30 and this amount is less than Line 30	A 14			7,121.00			
		Line 34. This is the amount you owe, See instructions.			39	0.00			
Step 13: Sign and	Under	penalties of perjury, I state that I have examined this return, and, to the best of	my knowled	ge, it is true, correct, an	id complete.	0.00			
Date	Your sig								
Date		Date Daylime phone number		Your spouse's signature		Date			
		parer's signature Date (847) 670~77 Preparer's phone number		36-4124154 Preparer's FEIN, SSN, or	PTIN				
		R LLC 3365 N. ARLINGTON HEIGHTS #J ARLIN							
Third Party Designee		eck, and complete below, to allow another person to discuss this re	eturn with	the Illinois Departme	ent of Reven	ue.			
	Designe Name (p	ease print) WILLIAM N. MURRAY	Designee's	847-670	1_7710				

Form 1099-G Information

We are no longer automatically mailing 1099-G forms. Instead, we ask that you get this information from our website. Check the box if you still want us to mail you a paper Form 1099-G next year.

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

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

ILIA0112L 01/03/13

DR	AP		RR	DÇ	
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