

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment

Last Name	First Name and Middle Initial	Annual Report	
Durbin	Richard J.	Calendar Year Covered by Report	Senate Office / Agency in Which Employed
		2018	Office of Senator Richard J. Durbin
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report	
U.S. Capitol, S-321, Washington, D.C. 20510	(202) 224-2152	Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed

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SENATE  
2019 AUG - 2 AM  
AMERICAN  
RECORDS  
DIVISION

**AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART**

	YES	NO	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, complete and attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, complete and attach PART X.

**Each question must be answered and the appropriate PART attached for each “YES” response.**

	FOR OFFICIAL USE ONLY Do Not Write Below this Line
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Reporting Individual's Name

 Amendment

Richard J. Durbin

Page Number

3

**PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA**

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

**Note:** Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/1X Association of American Associations	Wash., DC <b>EXAMPLE</b>	Speech	\$1,000
	7/23/1X XYZ Magazine	NY, NY <b>EXAMPLE</b>	Article	\$500
1	None			
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

[Click...to create an additional page for this part.](#)

## PART II. EARNED AND NON-INVESTMENT INCOME

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	Salary \$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary Over \$1,000
1	U.S. Senate	Washington, D.C.	Salary	\$174,000
2	Social Security	Washington, D.C.	Benefits	\$33,302
3	Social Security (Spouse)	Washington, D.C.	Benefits	\$23,244
4	J and J Legislative, LLC (Spouse)	Springfield, IL	Non-employee comp.	\$2,322
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Richard J. Durbin

5

## PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

## BLOCK A

Identity of Publicly Traded Assets  
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B  
Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C  
Type and Amount of Income

## Type of Income

## Amount of Income

None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	Over \$5,000,000	Actual Amount Required if "Other" Specified
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S, Example: DC, or J	IBM Corp. (stock)		X																Example
	(S) Keystone Fund			X															Example
1	Manulife Financial Corp. (approx. \$10,000)		X																\$397
2	Credit Union One, Lombard (\$33,900)			X															\$292
3	Congressional Federal Credit Union (\$18,024)			X															\$52
4	Pfizer (123 sh, \$5368)		X																\$167
5	TSP - G Fund (\$975,216)				X														
6	J Fidelity - Cash (\$97,026)				X														\$292
7	J Fidelity - IVV (\$0)		X																
8	J Fidelity - FTEC (\$0)		X																
9	J Fidelity - ARK (\$0)		X																
10	S Fidelity IRA - Cash (\$357,092)					X													

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Richard J. Durbin

## **PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

6

**BLOCK A**

**Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
  - (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

Example: DC, pr. I	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 30%;">S.</td><td style="text-align: center; width: 30%;">IBM Corp. (stock)</td></tr> <tr> <td style="text-align: center;">(S)</td><td style="text-align: center;">Keystone Fund</td></tr> </table>	S.	IBM Corp. (stock)	(S)	Keystone Fund
S.	IBM Corp. (stock)				
(S)	Keystone Fund				

1 S Fidelity IRA - FASIX (\$0)

2 S Fidelity IRA - ARKK (\$0)

3 S Fidelity IRA - FTEC (\$0)

4 S Fidelity IRA - IVV (\$0)

5 S Fidelity IRA - BOTZ (\$0)

6 S Fidelity IRA - ARKW (\$0)

7 S Fidelity IRA - IWM (\$0)

8 S Fidelity IRA - IJR (\$0)

9 S Fidelity IRA - SPY (\$0)

10 S Fidelity IRA - ARKG (\$0)

## BLOCK B

# Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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## BLOCK C

### Type of Income

### **Amount of Income**

Actual Amount	Required if “Other” Specified
Over \$5,000,000	\$10,000

	S. Example: DC, or J	IBM Corp. (stock)	X		X	Example	X	Example	Example
1	S	Fidelity IRA - FASIX (\$0)	X			X	X		
2	S	Fidelity IRA - ARKK (\$0)	X			X	X		
3	S	Fidelity IRA - FTEC (\$0)	X			X	X		
4	S	Fidelity IRA - IVV (\$0)	X			X	X		
5	S	Fidelity IRA - BOTZ (\$0)	X			X	X		
6	S	Fidelity IRA - ARKW (\$0)	X			X	X		
7	S	Fidelity IRA - IWM (\$0)	X			X	X		
8	S	Fidelity IRA - IJR (\$0)	X			X	X		
9	S	Fidelity IRA - SPY (\$0)	X			X	X		
10	S	Fidelity IRA - ARKG (\$0)	X			X	X		

**EXEMPTION TEST** (*see instructions before marking box*): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Richard J. Durbin

## **PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

7

**BLOCK A**  
**Identity of Publicly Traded Assets**  
**And Unearned Income Sources**

**Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:**

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
  - (2) generated over \$200 in "unearned" income during the reporting period.

**Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.**

**Example:** DC, S, or I      IBM Corp. (stock)      (S) Keystone Fund

1 S Fidelity IRA - EVR (\$0)

2 S Fidelity IRA - IJS (\$0)

3 S Fidelity IRA - PSCH (\$0)

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At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

<b>None (or less than \$1,001)</b>	
<b>\$1,001 - \$15,000</b>	
<b>\$15,001 - \$50,000</b>	
<b>\$50,001 - \$100,000</b>	
<b>\$100,001 - \$250,000</b>	
<b>\$250,001 - \$500,000</b>	
<b>\$500,001 - \$1,000,000</b>	
<b>Over \$1,000,000***</b>	
<b>\$1,000,001 - \$5,000,000</b>	
<b>\$5,000,001 - \$25,000,000</b>	
<b>\$25,000,001 - \$50,000,000</b>	
<b>Over \$50,000,000</b>	

**BLOCK C**  
**Type and Amount of Income**

**EXEMPTION TEST** (see *instructions before marking box*): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.



Richard J. Durbin

8

## PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

## BLOCK A

## Identity of Non-Publicly Traded Assets and Unearned Income Sources

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

BLOCK B  
Valuation of Assets

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000**	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C  
Type and Amount of Income

Type of Income								Amount of Income				Actual Amount Required if "Other" Specified						
None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000**	Over \$5,000,000
x									x	x								Example
x									x	x								Example
x									x	x								Example
x									x	x								Example

S, Example: DC, or J JP Computer, Software Design, Wash DC  
Undeveloped land, Dubuque, Iowa

1 Springfield Residence (\$275,000 est) x

2 Chicago Condo (\$300,000 est) x

3 2015 Buick (\$16,000 est) x

4 2010 Ford F-150 (\$9,400 est) x

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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

				Amount of Transaction (x)														
				Transaction Type (x)														
	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
<b>Identification of Assets</b>																		
Example: DC, or J	S,	IBM Corp. (stock) NYSE			X		2 / 1 / 1X			X		E	X	A	M	P	L	E
	(DC)	(DC) Microsoft (stock) NASDAQ/OTC				X	1 / 27 / 1X				X	E	X	A	M	P	L	E
1	J	IVV (200 shares) (\$55,978)				X	2/6/18				X							
2	J	FTEC (400 shares) (\$21,715)			X		5/9/18				X							
3	J	ARK (500 shares) (\$26,374)			X		5/17/18				X							
4	J	ARK (500 shares) (\$26,314)				X	5/18/18				X							
5	J	FTEC (400 shares) (\$22,541)				X	6/21/18				X							
6	S	ARKK (1250 shares) (\$50,004)			X		1/18/18				X							
7	S	FTEC (1000 shares) (\$52,970)			X		1/18/18				X							
8	S	IVV (150 shares) (\$42,210)			X		1/18/18				X							
9	S	FASIX (7,773 shares) (\$105,411)				X	1/24/18					X						
10	S	BOTZ (150 shares) (\$4,087)			X		1/24/18			X								
11	S	ARKK (1250 shares) (\$52,429)			X		1/26/18				X							
12	S	BOTZ (1600 shares) (\$43,748)			X		1/26/18				X							

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

S, Example: DC, or J IBM Corp. (stock) NYSE  
(DC) Microsoft (stock) NASDAQ/OTC

1 S BOTZ (1750 shares) (\$46,368)

2 S ARKK (4600 shares) (\$185,053)

3 S ARKK (400 shares) (\$16,150)

4 S FTEC (2000 shares) (\$105,414)

5 S IVV (150 shares) (\$42,001)

6 S ARKK (2500 shares) (\$103,554)

7 S FTEC (920 shares) (\$50,103)

8 S FTEC (1080 shares) (\$58,826)

9 S ARKW (2000 shares) (\$107,884)

10 S FTEC (1000 shares) (\$54,793)

11 S ARKK (1488 shares) (\$63,164)

12 S ARKK (1012 shares) (\$42,993)

Transaction Type (x)			Amount of Transaction (x)										
Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			2/1/1X	X					E X A M P L E				
			1/27/1X						X E X A M P L E				
1 S	BOTZ (1750 shares) (\$46,368)	X	2/1/18	X									
2 S	ARKK (4600 shares) (\$185,053)	X	2/5/18						X				
3 S	ARKK (400 shares) (\$16,150)	X	2/5/18						X				
4 S	FTEC (2000 shares) (\$105,414)	X	2/6/18						X				
5 S	IVV (150 shares) (\$42,001)	X	2/6/18						X				
6 S	ARKK (2500 shares) (\$103,554)	X	2/26/18						X				
7 S	FTEC (920 shares) (\$50,103)	X	2/28/18						X				
8 S	FTEC (1080 shares) (\$58,826)	X	2/28/18						X				
9 S	ARKW (2000 shares) (\$107,884)	X	3/12/18						X				
10 S	FTEC (1000 shares) (\$54,793)	X	3/12/18						X				
11 S	ARKK (1488 shares) (\$63,164)	X	3/21/18						X				
12 S	ARKK (1012 shares) (\$42,993)	X	3/21/18						X				

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

			Amount of Transaction (x)																			
			Transaction Type (x)			Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			Purchase	Sale	Exchange																	
Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.																						
Identification of Assets																						
S, Example: DC, or J	IBM Corp. (stock) NYSE			X					2/1/1X		X		E	X	A	M	P	L	E			
	(DC) Microsoft (stock) NASDAQ/OTC				X				1/27/1X			X	E	X	A	M	P	L	E			
1	S	ARKW (2000 shares) (\$106,854)			X				3/21/18			X										
2	S	FTEC (1000 shares) (\$53,213)			X				3/26/18			X										
3	S	ARKK (3000 shares) (\$116,734)			X				4/11/18			X										
4	S	IVV (250 shares) (\$65,807)			X				4/11/18			X										
5	S	ARKK (3000 shares) (\$122,106)			X				4/24/18			X										
6	S	IVV (250 shares) (\$66,911)			X				4/24/18			X										
7	S	FTEC (100 shares) (\$5,430)			X				5/9/18		X											
8	S	FTEC (200 shares) (\$10,859)			X				5/9/18		X											
9	S	FTEC (1700 shares) (\$92,302)			X				5/9/18		X											
10	S	IWM (500 shares) (\$78,650)			X				5/9/18		X											
11	S	ARKK (2500 shares) (\$105,726)			X				5/11/18			X										
12	S	ARKW (1000 shares) (\$54,914)			X				6/6/18			X										

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

			Amount of Transaction (x)																														
			Transaction Type (x)			Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000			\$15,001 - \$50,000			\$50,001 - \$100,000			\$100,001 - \$250,000			\$250,001 - \$500,000			\$500,001 - \$1,000,000			Over \$1,000,000***			\$1,000,001 - \$5,000,000			\$5,000,001 - \$25,000,000		
	Purchase	Sale	Exchange																														
Identification of Assets																																	
Example: DC, or J		IBM Corp. (stock) NYSE			X	2/1/1X			X	E			X			A			M			P			L			E					
		(DC) Microsoft (stock) NASDAQ/OTC			X	1/27/1X			X	X			E			X			A			M			P			L			E		
1	S	ARKK (800 shares) (\$37,708)			X	6/18/18			X																								
2	S	IWM (300 shares) (\$50,193)			X	6/18/18			X																								
3	S	IWM (200 shares) (\$33,457)			X	6/18/18			X																								
4	S	ARKK (700 shares) (\$32,939)			X	6/19/18			X																								
5	S	ARKK (990 shares) (\$46,762)			X	6/21/18			X																								
6	S	FTEC (1869 shares) (\$105,354)			X	6/21/18			X																								
7	S	FTEC (100 shares) (\$5,637)			X	6/21/18			X																								
8	S	FTEC (31 shares) (\$1,746)			X	6/21/18			X																								
9	S	ARKK (100 shares) (\$4,815)			X	6/22/18			X																								
10	S	ARKK (810 shares) (\$38,956)			X	6/22/18			X																								
11	S	ARKK (2337 shares) (\$107,243)			X	6/27/18			X																								
12	S	ARKK (1853 shares) (\$85,236)			X	6/27/18			X																								

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Richard J. Durbin

13

## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

Example: DC, S, or J      IBM Corp. (stock) NYSE  
                          (DC) Microsoft (stock) NASDAQ/OTC

1 S ARKK (400 shares) (\$18,391)

2 S ARKK (200 shares) (\$9,197)

3 S ARKK (200 shares) (\$9,196)

4 S ARKW (900 shares) (\$50,723)

5 S ARKW (100 shares) (\$5,629)

6 S ARKK (910 shares) (\$41,190)

7 S IWM (600 shares) (\$98,256)

8 S IJR (1200 shares) (\$101,868)

9 S ARKK (1000 shares) (\$47,354)

10 S ARKW (850 shares) (\$49,177)

11 S IJR (600 shares) (\$51,840)

12 S ARKK (700 shares) (\$33,237)

							Amount of Transaction (x)														
							Transaction Type (x)														
							Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
							X			2/1/1X	X			E	X	A	M	P	L	E	
								X		1/27/1X				X	E	X	A	M	P	L	E
1	S	ARKK (400 shares) (\$18,391)					X			6/27/18	X										
2	S	ARKK (200 shares) (\$9,197)					X			6/27/18	X										
3	S	ARKK (200 shares) (\$9,196)					X			6/27/18	X										
4	S	ARKW (900 shares) (\$50,723)					X			6/27/18			X								
5	S	ARKW (100 shares) (\$5,629)					X			6/27/18	X										
6	S	ARKK (910 shares) (\$41,190)					X			6/29/18		X									
7	S	IWM (600 shares) (\$98,256)					X			7/5/18			X								
8	S	IJR (1200 shares) (\$101,868)					X			7/6/18			X								
9	S	ARKK (1000 shares) (\$47,354)					X			7/12/18		X									
10	S	ARKW (850 shares) (\$49,177)					X			7/12/18		X									
11	S	IJR (600 shares) (\$51,840)					X			7/23/18			X								
12	S	ARKK (700 shares) (\$33,237)					X			7/24/18		X									

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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14

## PART IV. TRANSACTIONS

			Amount of Transaction (x)																			
			Transaction Type (x)			Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
			Purchase	Sale	Exchange																	
Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.																						
Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.																						
Identification of Assets																						
Example: DC, or J		IBM Corp. (stock) NYSE				X			2/1/1X			X			E	X	A	M	P	L	E	
		(DC) Microsoft (stock) NASDAQ/OTC					X		1/27/1X					X	E	X	A	M	P	L	E	
1	S	ARKK (300 shares) (\$14,252)					X		7/24/18			X										
2	S	ARKW (850 shares) (\$49,812)					X		7/24/18					X								
3	S	IJR (1800 shares) (\$156,557)					X		7/24/18						X							
4	S	IWM (600 shares) (\$101,418)					X		7/24/18							X						
5	S	ARKW (500 shares) (\$28,352)					X		8/8/18					X								
6	S	ARKK (400 shares) (\$18,384)					X		8/8/18					X								
7	S	ARKK (1800 shares) (\$82,692)					X		8/8/18						X							
8	S	IJR (100 shares) (\$8,716)					X		8/8/18					X								
9	S	IJR (900 shares) (\$78,435)					X		8/8/18						X							
10	S	SPY (80 shares) (\$22,787)					X		8/8/18					X								
11	S	SPY (350 shares) (\$99,676)					X		8/8/18						X							
12	S	IJR (1000 shares) (\$87,038)					X		8/16/18						X							

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

Example: DC, S, or J      IBM Corp. (stock) NYSE  
                               (DC) Microsoft (stock) NASDAQ/OTC

1 S SPY (430 shares) (\$121,657)

2 S ARKW (500 shares) (\$27,944)

3 S ARKK (1100 shares) (\$51,067)

4 S ARKG (1650 shares) (\$51,583)

5 S ARKG (1650 shares) (\$54,238)

6 S ARKK (800 shares) (\$38,367)

7 S ARKK (300 shares) (\$14,385)

8 S ARKG (1700 shares) (\$57,294)

9 S ARKG (3197 shares) (\$105,334)

10 S ARKG (100 shares) (\$3,295)

11 S ARKG (3 shares) (\$98.99)

12 S ARKG (1500 shares) (\$49,448)

			Amount of Transaction (x)														
			Transaction Type (x)														
	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
X				2 / 1 / 1X			X			E	X	A	M	P	L	E	
	X			1 / 27 / 1X						X	E	X	A	M	P	L	E
1 S SPY (430 shares) (\$121,657)	X			8 / 16 / 18						X							
2 S ARKW (500 shares) (\$27,944)	X			8 / 21 / 18						X							
3 S ARKK (1100 shares) (\$51,067)	X			8 / 23 / 18						X							
4 S ARKG (1650 shares) (\$51,583)	X			8 / 23 / 18						X							
5 S ARKG (1650 shares) (\$54,238)	X			8 / 29 / 18						X							
6 S ARKK (800 shares) (\$38,367)	X			9 / 7 / 18						X							
7 S ARKK (300 shares) (\$14,385)	X			9 / 7 / 18						X							
8 S ARKG (1700 shares) (\$57,294)	X			9 / 10 / 18						X							
9 S ARKG (3197 shares) (\$105,334)	X			9 / 10 / 18						X							
10 S ARKG (100 shares) (\$3,295)	X			9 / 10 / 18						X							
11 S ARKG (3 shares) (\$98.99)	X			9 / 10 / 18						X							
12 S ARKG (1500 shares) (\$49,448)	X			9 / 14 / 18						X							

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Richard J. Durbin

16

**PART IV. TRANSACTIONS**

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

**Identification of Assets**

S, Example: DC, or J		Transaction Type (x)			Amount of Transaction (x)												
		Purchase	Sale	Exchange	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000**	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000			
	IBM Corp. (stock) NYSE	X			2/1/1X	X				E	X	A	M	P	L	E	
	(DC) Microsoft (stock) NASDAQ/OTC		X		1/27/1X		X			X	E	X	A	M	P	L	E
1	S IJR (100 shares) (\$8859)	X			9/14/18	X											
2	S IJR (400 shares) (\$35,436)	X			9/14/18		X										
3	S IWM (300 shares) (\$51,232)	X			9/14/18			X									
4	S IJR (500 shares) (\$43,994)		X		9/21/18			X									
5	S IVV (100 shares) (\$29,582)	X			9/24/18			X									
6	S IVV (100 shares) (\$29,582)	X			9/24/18			X									
7	S IWM (300 shares) (\$51,080)	X			9/24/18			X			X						
8	S ARKG (2100 shares) (\$69,301)	X			9/25/18			X			X						
9	S ARKG (1100 shares) (\$36,294)	X			9/25/18			X									
10	S IVV (200 shares) (\$59,338)	X			9/25/18			X			X						
11	S EVR (500 shares) (\$51,186)	X			9/26/18			X			X						
12	S EVR (500 shares) (\$48,994)		X		10/4/18			X									

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

	S, Example: DC, or J	IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC	Transaction Type (x)			Amount of Transaction (x)											
			Purchase	Sale	Exchange	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000		
1	S	IVV (400 shares) (\$117,198)		X		2/1/1X		X			E	X	A	M	P	L	E
2	S	IJR (1300 shares) (\$204,633)		X		1/27/1X				X	E	X	A	M	P	L	E
3	S	IJS (600 shares) (\$93,990)		X		10/22/18				X							
4	S	ARKG (3500 shares) (\$104,269)		X		11/6/18				X							
5	S	IJR (650 shares) (\$100,124)		X		11/7/18				X							
6	S	ARKK (2000 shares) (\$89,644)		X		11/8/18				X							
7	S	PSCH (70 shares) (\$9,065)		X		11/13/18		X									
8	S	ARKG (3500 shares) (\$97,993)		X		11/16/18				X							
9	S	IJR (650 shares) (\$97,498)		X		11/16/18				X							
10	S	IJS (600 shares) (\$89,278)		X		11/19/18				X							
11	S	ARKK (1964 shares) (\$82,364)		X		11/21/18				X							
12	S	ARKK (36 shares) (\$1,511)		X		11/21/18		X									

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

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## PART IV. TRANSACTIONS

			Amount of Transaction (x)																			
			Transaction Type (x)			Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.																						
Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.																						
<b>Identification of Assets</b>			X	X					2/1/1X	X		E	X	A	M	P	L	E				
Example: DC, or J	IBM Corp. (stock) NYSE								1/27/1X			X	E	X	A	M	P	L	E			
	(DC) Microsoft (stock) NASDAQ/OTC																					
1	S	ARKK (2500 shares) (\$109,571)	X						12/3/18			X										
2	S	ARKG (1800 shares) (\$53,227)	X						12/3/18			X										
3	S	IJR (300 shares) (\$48,399)	X						12/3/18			X										
4	S	IJR (1000 shares) (\$161,320)	X						12/3/18			X										
5	S	IJR (1300 shares) (\$201,432)	X						12/10/18			X										
6	S	ARKK (1148 shares) (\$48,210)	X						12/11/18			X										
7	S	ARKK (500 shares) (\$20,979)	X						12/11/18			X										
8	S	ARKK (452 shares) (\$18,979)	X						12/11/18			X										
9	S	ARKK (400 shares) (\$16,800)	X						12/11/18			X										
10	S	ARKG (890 shares) (\$24,875)	X						12/11/18			X										
11	S	ARKG (510 shares) (\$14,264)	X						12/11/18			X										
12	S	ARKG (400 shares) (\$11,183)	X						12/11/18			X										

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000.

Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

S.  
Example: DC,  
or J IBM Corp. (stock) NYSE  
(DC) Microsoft (stock) NASDAQ/OTC

1 S PSCH (70 shares) (\$8,394)

2 S ARKK (1200 shares) (\$50,380)

3 S IVV (175 shares) (\$46,350)

4 S IJR (650 shares) (\$100,516)

5 S ARKK (1200 shares) (\$47,994)

6 S IVV (175 shares) (\$44,099)

7 S IJR (350 shares) (\$51,435)

8 S IJR (300 shares) (\$44,087)

9

10

11

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			Transaction Type (x)			Amount of Transaction (x)													
	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
	x			2/1/1X	x							e	x	a	m	p	l	e	
		x		1/27/1X								x	e	x	a	m	p	l	e
1 S PSCH (70 shares) (\$8,394)		x		12/12/18	x														
2 S ARKK (1200 shares) (\$50,380)	x			12/18/18						x									
3 S IVV (175 shares) (\$46,350)	x			12/18/18			x												
4 S IJR (650 shares) (\$100,516)	x			12/18/18					x			x							
5 S ARKK (1200 shares) (\$47,994)	x			12/19/18			x												
6 S IVV (175 shares) (\$44,099)	x			12/21/18			x												
7 S IJR (350 shares) (\$51,435)	x			12/21/18					x			x							
8 S IJR (300 shares) (\$44,087)	x			12/21/18			x												
9																			
10																			
11																			
12																			

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

**PART V. GIFTS**

Report the source, brief description and value of all gifts aggregating more than \$350 in value received by you, your spouse, or your dependent child, (See p.3 CONTENTS OF REPORTS Part B of Instructions), from each source. Gifts with a value of \$140 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.

**Exclude:** (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages unless consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.

Name of Income Source		Address of Source	Dates and Brief Description	Gift Value
Example:	Mr. John Q. Smith	Anytown, VA	<b>EXAMPLE</b>	August 12, 201X, Silver platter - Ethics Committee wedding waiver granted
1	None			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Note: The Senate Gift Rule prohibits most gifts from lobbyists and foreign agents and most gifts from other sources in excess of \$49.99.

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21

## PART VI. REIMBURSEMENTS

Report necessary travel related expenses from each source aggregating more than \$350 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$350), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$350. Report Gifts of travel in Part V

**Exclude:** Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Income Source		Address of Source		Dates and Brief Description
Example:	All States Company	Maintown, TX	EXAMPLE	<i>Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X</i> EXAMPLE
1	None			
2				
3				
4				
5				
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7				
8				
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10				
11				
12				
13				

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## PART VII. LIABILITIES

22

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (except for Senators); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

										Category of Amount of Value (x)								
										Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable					
Example: DC, or J	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs	X		\$10,001 - \$15,000		E	X	A	M	P	
	(J)	John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd	X		\$15,001 - \$50,000		E	X	A	M	P	
1	J	Fifth-Third Mortgage (\$160,211.79)	Cincinnati, Ohio	Mortgage - Chicago, IL	2010	4.375	0	30 yrs	X		\$50,001 - \$100,000						L	E
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Richard J. Durbin

23

## PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)		Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY	EXAMPLE	Non-profit education	President	6/91	Present
	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/96	11/1X
1	None						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Compensation in excess of \$200 from any position must be reported in Part II.

Richard J. Durbin

**PART IX. AGREEMENTS OR ARRANGEMENTS**

24

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

Status and Terms of any Agreement or Arrangement		Parties	Date
Example:	<i>Pursuant to partnership agreement, will receive lump sum payment of capital account &amp; partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)</i>	Jones & Smith, Hometown, USA	<b>EXAMPLE</b> 1 / 94
	<i>Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options</i>	XYZ Co., Bethesda, MD	<b>EXAMPLE</b> 1 / 1X
1	None		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

[Click...](#) to create an additional page for this part.

Richard J. Durbin

25

**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE****FIRST TIME FILERS ONLY (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties	
Example:	Jones & Smith	Hometown, TX	Legal Services	EXAMPLE
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction	EXAMPLE
1	None			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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Richard J. & Loretta M. Durbin

Tax Returns  
2018

# Two-Year Comparison Worksheet

**2018**

Line(s) as shown on return

**ICHARD J. & LORETTA M. DURBIN**

117 Filing Status **MARRIED FILING JOINT**

2018 Filing Status **MARRIED FILING JOINT**

2018 Tax Bracket **24.0%**

Social security number **[REDACTED]**

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
AGES, SALARIES, AND TIPS	142,553.	134,911.	-7,642.
SCHEDULE B - TAXABLE INTEREST	266.	580.	314.
SCHEDULE B - QUALIFIED DIVIDENDS	982.	621.	-361.
SCHEDULE B - ORDINARY DIVIDENDS	982.	621.	-361.
AXABLE IRAS, PENSIONS, & ANNUITIES	13,966.	30,015.	16,049.
AXABLE SOCIAL SECURITY BENEFITS	46,904.	48,064.	1,160.
AXABLE REFUNDS OF STATE/LOCAL TAX	242.	0.	-242.
CH. C/C-EZ (BUSINESS INCOME/LOSS)	4,342.	1,549.	-2,793.
SCHEDULE D (CAPITAL GAIN/LOSS)	-3,000.	-3,000.	0.
<b>TOTAL INCOME</b>	<b>206,255.</b>	<b>212,740.</b>	<b>6,485.</b>
 <b>DEDUCTIBLE PART OF SE TAX</b>			
<b>TOTAL ADJUSTMENTS</b>	<b>307.</b>	<b>110.</b>	<b>-197.</b>
 <b>ADJUSTED GROSS INCOME</b>			
 <b>AXES</b>			
INTEREST (DEDUCTIBLE)	15,421.	0.	-15,421.
CONTRIBUTIONS	6,108.	0.	-6,108.
JOB EXPENSES AND 2% MISC. DEDUCT.	10,432.	0.	-10,432.
TOTAL ITEMIZED DEDUCTIONS	3,000.	0.	-3,000.
 <b>STANDARD DEDUCTION</b>			
INCOME AFTER DEDUCTIONS	34,961.	0.	-34,961.
 <b>PERSONAL EXEMPTIONS</b>			
QUALIFIED BUSINESS INCOME DEDUCTION	0.	0.	0.
 <b>TAXABLE INCOME</b>			
 <b>TAX</b>			
 <b>TAX BEFORE CREDITS</b>			
 <b>FORM 1116 (FOREIGN TAX CREDIT)</b>			
<b>TAX AFTER NON-REFUNDABLE CREDITS</b>	<b>54.</b>	<b>60.</b>	<b>6.</b>
 <b>SCHEDULE SE (SELF-EMPLOYMENT TAX)</b>			
 <b>TOTAL TAX</b>	<b>32,925.</b>	<b>33,260.</b>	<b>-395.</b>
 <b>FEDERAL INCOME TAX WITHHELD</b>			
 <b>ESTIMATED TAX PAYMENTS</b>			
 <b>TOTAL PAYMENTS</b>	<b>33,421.</b>	<b>29,893.</b>	<b>-3,528.</b>
 <b>TAX OVERPAID</b>			
 <b>OVERPAYMENT APPLIED TO ESTIMATE</b>			
 <b>BALANCE DUE</b>	<b>496.</b>	<b>0.</b>	<b>-496.</b>
 <b>ILLINOIS STATE RETURN</b>			
 <b>TAXABLE INCOME</b>	<b>138,486.</b>	<b>128,101.</b>	<b>-10,385.</b>
 <b>TAX</b>	<b>6,031.</b>	<b>6,341.</b>	<b>310.</b>
 <b>NON-REFUNDABLE CREDITS</b>	<b>277.</b>	<b>256.</b>	<b>-21.</b>
 <b>OTHER TAXES</b>	<b>124.</b>	<b>106.</b>	<b>-18.</b>

## Two-Year Comparison Worksheet

Social security number



		Page 2
		1040 (2018) RICHARD J. & LORETTA M. DURBIN
1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 134,911.
2a Tax-exempt interest		2b 580.
3a Qualified dividends		3b 621.
4a IRAs, pensions, and annuities		4b 30,015.
5a Social security benefits		5b 48,064.
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6 -1,451.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7 212,630.
8 Standard deduction or itemized deductions (from Schedule A)		8 26,600.
9 Qualified business income deduction (see instructions)		9 288.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- (check if Form(s) 8814 1 Form 4972 3 )		10 185,742.
11 a Tax (see inst) 33,101. b Add any amount from Schedule 2 and check here		11 33,101.
12 a Child tax credit for other dependents _____ b Add any amount from Sch. 3 and check here		12 60.
13 Subtract line 12 from line 11. If zero or less, enter -0-		13 33,041.
14 Other taxes. Attach Schedule 4		14 219.
15 Total tax. Add lines 13 and 14		15 33,260.
16 Federal income tax withheld from Forms W-2 and 1099		16 23,613.
17 Refundable credits: a EIC (see inst) b Sch 8812 c Form 8863		17 6,280.
Add any amount from Schedule 5		18 6,280.
18 Add lines 16 and 17. These are your total payments		19 29,893.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		20a
20 a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		19
b Routing number		20a
c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		18
d Account number		21
21 Amount of line 19 you want applied to your 2019 estimated tax		22 3,367.
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		23 0.

**SCHEDULE 1** Additional Income and Adjustments to Income  
Form 1040

OMB No. 1545-0074  
2018  
Attachment  
Sequence No. 01

Amount of the Treasury  
or Revenue Service  
e(s) shown on Form 1040

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Your social security number  
[REDACTED]

<b>CHARD J. &amp; LORETTA M. DURBIN</b>			
1-9b	Reserved	1-9b	[REDACTED]
10	Taxable refunds, credits, or offsets of state and local income taxes	10	[REDACTED]
11	Alimony received	11	[REDACTED]
12	Business income or (loss). Attach Schedule C or C-EZ	12	1,549.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	- 3,000.
14	Other gains or (losses). Attach Form 4797	14	[REDACTED]
15a	Reserved	15b	[REDACTED]
16a	Reserved	16b	[REDACTED]
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	[REDACTED]
18	Farm income or (loss). Attach Schedule F	18	[REDACTED]
19	Unemployment compensation	19	[REDACTED]
20a	Reserved	20b	[REDACTED]
21	Other income. List type and amount	21	[REDACTED]
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	- 1,451.
23	Educator expenses	23	[REDACTED]
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	[REDACTED]
25	Health savings account deduction. Attach Form 8889	25	[REDACTED]
26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	110.
27	Deductible part of self-employment tax. Attach Schedule SE	27	[REDACTED]
28	Self-employed SEP, SIMPLE, and qualified plans	28	[REDACTED]
29	Self-employed health insurance deduction	29	[REDACTED]
30	Penalty on early withdrawal of savings	30	[REDACTED]
31a	Alimony paid b Recipient's SSN	31a	[REDACTED]
32	IRA deduction	32	[REDACTED]
33	Student loan interest deduction	33	[REDACTED]
34	Reserved	34	[REDACTED]
35	Reserved	35	[REDACTED]
36	Add lines 23 through 35	36	110.

1A For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

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co

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury

Internal Revenue Service

OMB No. 1545-0074  
**2018**  
Attachment  
Sequence No. 03**Nonrefundable Credits**

► Attach to Form 1040.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040	Your social security number	
RICHARD J. & LORETTA M. DURBIN	[REDACTED]	[REDACTED]
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required
Credits	49	Credit for child and dependent care expenses. Attach Form 2441
	50	Education credits from Form 8863, line 19
	51	Retirement savings contributions credit. Attach Form 8880
	52	Reserved
	53	Residential energy credit. Attach Form 5695
	54	Other credits from Form
	a	<input type="checkbox"/> 3800
	b	<input type="checkbox"/> 8801
	c	<input type="checkbox"/>
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12 .....	
	55	60.

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

Schedule 3 (Form 1040) 2018

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## SCHEDULE 5 (Form 1040)

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### Other Payments and Refundable Credits

OMB NO. 1545-0074

2018

Attachment One

Department of the Treasury  
Internal Revenue Service

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► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

► Attach to Form 1040.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

► Attach to Form 1040.

SING NO. 10492

Sequence No. 04

**RICHARD J. & LORETTA M. DURBIN**

Other	65	Reserved
Payments	66	2018 estimated tax payments and amount applied from 2017 return
	SMT	6
		6,280.

		67a	Reserved
	b	67b	Reserved
Credits	68-69	68-69	Reserved
	70	70	Net premium tax credit. Attach Form 8962
	71	71	Amount paid with request for extension to file (see instructions)
	72	72	Excess social security and tier 1 RRTA tax withheld
	73	73	Credit for federal tax on fuels. Attach Form 4136
Credits from Form:	a <input type="checkbox"/>	2439	b <input checked="" type="checkbox"/> Reserved
	c <input type="checkbox"/>	8885	d <input type="checkbox"/>
	74	74	Add the amounts in the far right column. These are your total other payments
and refundable credits. Enter here and include on Form 1040, line 17		75	6 280.

6,280.

**Form 2210****Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts****2018**  
OMB No. 1545-0074Department of the Treasury  
Internal Revenue Service

Name(s) shown on tax return

Attachment  
Sequence No. 06Identifying number  
[REDACTED]► Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

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

**RICHARD J. & LORETTA M. DURBIN****Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

No

You may owe a penalty. Does any box in Part II below apply?

Yes

Don't file Form 2210. You don't owe a penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.

**Part I Required Annual Payment**

- 1 Enter your 2018 tax after credits from Form 1040, line 13 (see instructions if not filing Form 1040)
- 2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)
- 3 Refundable credits, including the premium tax credit (see instructions)
- 4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210
- 5 Multiply line 4 by 90% (0.90)
- 6 Withholding taxes. Don't include estimated tax payments (see instructions)
- 7 Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210
- 8 Maximum required annual payment based on prior year's tax (see instructions)
- 9 Required annual payment. Enter the smaller of line 5 or line 8

1	33,041.
2	219.
3	( )
4	33,260.
5	29,934.
6	23,613.
7	9,647.
8	36,218.
9	29,934.

Next: Is line 9 more than line 6?

 No. You don't owe a penalty. Don't file Form 2210 unless box E below applies. Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies.

- If box B, C, or D applies, you must figure your penalty and file Form 2210.

If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

**Part II Reasons for Filing.** Check applicable boxes. If none apply, don't file Form 2210.

- You request a waiver (see instructions) of your entire penalty due to tax reform or other reasons. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty. **80¢ WAIVER**
- You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule A1 and file Form 2210.
- Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- You filed or are filing a joint return for either 2017 or 2018, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box B, C, or D applies).
- LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Short Method**

**Can You Use the Short Method?**

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

**Must You Use the Regular Method?**

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you didn't receive wages as an employee subject to U.S. income tax withholding.

**Note:** If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	29,934.
11	Enter the amount, if any, from Form 2210, line 6	11	23,613.
12	Enter the total amount, if any, of estimated tax payments you made	12	6,280.
13	Add lines 11 and 12	13	29,893.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop; you don't owe a penalty. Don't file Form 2210 unless you checked box E in Part II	14	41.
15	Multiply line 14 by 0.03603	15	1.
16	<ul style="list-style-type: none"> <li>• If the amount on line 14 was paid on or after 4/15/19, enter -0.</li> <li>• If the amount on line 14 was paid before 4/15/19, make the following computation to find the amount to enter on line 16.</li> </ul>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 23; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	17	0.

AMOUNT WAIVED - \$

1.

**SCHEDULE B**

(Form 1040)

Department of the Treasury

Internal Revenue Service (IRS)

Name(s) shown on return

**2018**  
Attachment  
Sequence No. 08

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

► Attach to Form 1040.

OMB No. 1545-0074

Your social security number

**RICHARD J. & LORETTA M. DURBIN****Part I**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

**CONGRESSIONAL FEDERAL CREDIT UNION****CREDIT UNION 1****NATIONAL FINANCIAL SERVICES LLC****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 payer and enter the total interest shown on that form.**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 dividends shown on that form.**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 dividends shown on that form.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►
- 5 List name of payer ►
- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►

1 Note: If line 4 is over \$1,500, you must complete Part III.

2 Note: If line 4 is over \$1,500, you must complete Part III.

3 **MANULIFE FINANCIAL CORPORATION**  
**Pfizer**  
**NATIONAL FINANCIAL SERVICES LLC**

4 **PFIZER**  
**NATIONAL FINANCIAL SERVICES LLC**

**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 dividends shown on that form.**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 dividends shown on that form.**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 dividends shown on that form.

- 5 **PFIZER**  
**NATIONAL FINANCIAL SERVICES LLC**
- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►

7 Note: If line 6 is over \$1,500, you must complete Part III.

8 You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions if "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- c During 2018, 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

	Yes	No
7a	X	
c	X	

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

# Interest and Dividend Summary

Name: RICHARD J. & LORETTA M. DURBIN  
SSN: 000-00-0000

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A CONGRESSIONAL FEDERAL CREDIT UNION	52.							
B CREDIT UNION 1	292.							
C MANULIFE FINANCIAL CORPORATION							397.	397.
D PFIZER							167.	167.
E NATIONAL FINANCIAL SERVICES LLC	236.							
F NATIONAL FINANCIAL SERVICES LLC							57.	57.
G								
H								
I								
J								
K								
Totals	580.						621.	621.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C						99.	60.	
D								
E								
F								
G								
H								
I								
J								
K								
Totals						99.	60.	

**SCHEDULE C**

(Form 1040)

Department of the Treasury  
Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.OMB No. 1545-0074  
Attachment Sequence No. 09

Name of proprietor

**LORETTA M. DURBIN**

A Principal business or profession, including product or service (see instructions)

B Business name. If no separate business name, leave blank.

C Business address (including suite or room no.) ▶

D City, town or post office, state, and ZIP code

E Social security number (SSN)

F Employer ID number (EIN) (see instr.)

G Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

H Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses

I If you started or acquired this business during 2018, check here

J Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)

K If "Yes," did you or will you file required Forms 1099?

**Part I. Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2

STATEMENT 8

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

7 Gross income. Add lines 5 and 6

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

8 Advertising

9 Car and truck expenses (see instructions)

10 Commissions and fees

11 Contract labor (see instructions)

12 Depletion

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

14 Employee benefit programs (other than on line 19)

15 Insurance (other than health)

16 Interest (see instructions):

a Mortgage (paid to banks, etc.)

b Other

17 Legal and professional services

18 Total expenses before expenses for business use of home. Add lines 8 through 27a

19 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

b Other business property

20 Repairs and maintenance

21 Supplies (not included in Part III)

22 Taxes and licenses

23 Travel and meals:

a Travel

b Deductible meals (see instructions).

8		18	Office expense	18	
9		19	Pension and profit-sharing plans	19	
	9	20	Rent or lease (see instructions):	20	
		a	Vehicles, machinery, and equipment	20a	
		b	Other business property	20b	
10		21	Repairs and maintenance	21	
11		22	Supplies (not included in Part III)	22	
12		23	Taxes and licenses	23	
13		24	Travel and meals:	24	
		a	Travel	24a	
		b	Deductible meals (see instructions).	24b	
14		25	Utilities	25	
15		26	Wages (less employment credits)	26	
	15	27 a	Other expenses (from line 48)	27a	
		b	Reserved for future use	27b	
16		28		28	774.
16a		29		29	1,549.
16b	774.				
17					

1	2,323.
2	
3	2,323.
4	
5	2,323.
6	
7	2,323.

<input type="checkbox"/>	X Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> X No	

- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).  
 • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you must attach Form 6198. Your loss may be limited.

- LHA For Paperwork Reduction Act Notice, see the separate instructions.

**Profit or Loss From Business**

{Sole Proprietorship} 2018

Attachment Sequence No. 09

OMB No. 1545-0074

Social security number (SSN)

B Enter code from instructions

D Employer ID number (EIN) (see instr.)

E City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses

H If you started or acquired this business during 2018, check here

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)

J If "Yes," did you or will you file required Forms 1099?

K If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

L Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

M Net profit or (loss). Subtract line 30 from line 29.

N Total profit or (loss). Subtract line 28 from line 7

O Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829

P Rentless using the simplified method (see instructions).

Q Simplified method filers only: enter the total square footage of: (a) your home:

R And (b) the part of your home used for business:

S Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

T Net profit or (loss). Subtract line 30 from line 29.

U If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

V If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

W If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on

Form 1041, line 3.

X If you checked 32b, you must attach Form 6198. Your loss may be limited.

Y If a loss, you must go to line 32.

Z If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on

Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on

Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

**SCHEDULE D**

(Form 1040)

Department of the Treasury

Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2018**  
OMB No. 1545-0074  
Attachment  
Sequence No. 12

Name(s) shown on return

Your social security number

**RICHARD J. & LORETTA M. DURBIN****Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  
 This form may be easier to complete if you round off cents to whole dollars.

**1a** Totals for all short-term transactions reported on Form 1099-B (or which basis was reported to the IRS and for which you have no adjustments [see instructions]). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line **1b**.

**1b** Totals for all transactions reported on Form(s) 8949 with Box A checked ..... **104,835.**      **100,027.**      **4,808.**

**2** Totals for all transactions reported on Form(s) 8949 with Box B checked ..... **3** Totals for all transactions reported on Form(s) 8949 with Box C checked ..... **4** **5** **6** **7** **4,808.**

**4** Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824

**5** Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

**6** Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions

**7** Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  
 This form may be easier to complete if you round off cents to whole dollars.

**8a** Totals for all long-term transactions reported on Form 1099-B (or which basis was reported to the IRS and for which you have no adjustments [see instructions]). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line **8b**.

**8b** Totals for all transactions reported on Form(s) 8949 with Box D checked ..... **9** Totals for all transactions reported on Form(s) 8949 with Box E checked ..... **10** Totals for all transactions reported on Form(s) 8949 with Box F checked ..... **11** **12** **13** **14** **15** **16**

**11** **12** Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824

**12** **13** Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

**13** Capital gain distributions **14** Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions

**15** Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2

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

**Part III Summary**

**16** Combine lines 7 and 15 and enter the result

**16** **<3,838.->**

- If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.

**17** Are lines 15 and 16 both gains?

- Yes. Go to line 18.

- No. Skip lines 18 through 21, and go to line 22.

**18** If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet

**18** **3,000**

**19** If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet

**19** **3,000**

**20** Are lines 18 and 19 both zero or blank?

- Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.

- No. Complete the **Schedule D Tax Worksheet** in the instructions. Don't complete lines 21 and 22 below.

**21** If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:

- The loss on line 16; or
- (\$3,000), or if married filing separately, (\$1,500)

**SEE STATEMENT 9.**

**21** **3,000**

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

**22** Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?

- Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).

- No. Complete the rest of Form 1040 or Form 1040NR.

Name(s) shown on return

► FILE NUMBER SCENE NUMBER DATE OF SHOOTING

Social security number or

**RICHARD J. & LORETTA M. DURBIN**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I: Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see Instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments were made to the basis of these transactions on Form 8949 (see Instructions).

Note: You may report these transactions on Form 8949 if short-term capital gain or loss codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 if long-term capital gain or loss codes are required.

You must check Box A, B, or C below. Check only one box. If more than one box applies, see instructions for additional forms.

[A] Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(B) Short-term transactions reported on Form 1099-B

1 Description of property (Example: 100 sh. XYZ Co.)	(a)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in Code(s)	(f) Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (h). See instructions.	(g) Amount of gain or loss with column (f)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
--	-----	---	---	----------------------------------	--	--	---	--

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract

negative amounts). Enter each total here and include all your  
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B  
101 835 100 027 - 4,808

**Note:** If you checked Box C above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Qualified Dividends and Capital Gain Tax Worksheet - Line 11a**

Keep for Your Records

Name(s) shown on return

**RICHARD J. & LORETTA M. DURBIN**

Before you begin:

See the instructions for line 11a to see if you can use this worksheet to figure your tax.

Before completing this worksheet, complete Form 1040 through line 10.  
If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.

1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet
2. Enter the amount from Form 1040, line 3a\*
3. Are you filing Schedule D?
 

Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0.

No. Enter the amount from Schedule 1, line 13.
4. Add lines 2 and 3
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0.
6. Subtract line 5 from line 4. If zero or less, enter 0.
7. Subtract line 6 from line 1. If zero or less, enter 0.
8. Enter:
 

\$ 38,600 if single or married filing separately,

\$ 77,200 if married filing jointly or qualifying widow(er),

\$ 51,700 if head of household.
9. Enter the smaller of line 1 or line 8
10. Enter the smaller of line 7 or line 9
11. Subtract line 10 from line 9. This amount is taxed at 0%
12. Enter the smaller of line 1 or line 6
13. Enter the amount from line 11
14. Subtract line 13 from line 12
15. Enter:
 

\$ 425,800 if single,

\$ 239,500 if married filing separately,

\$ 479,000 if married filing jointly or qualifying widow(er),

\$ 452,400 if head of household.
16. Enter the smaller of line 1 or line 15
17. Add lines 7 and 11
18. Subtract line 17 from line 16. If zero or less, enter -0.
19. Multiply line 19 by 15% (0.15)
20. Add lines 11 and 19
21. Subtract line 20 from line 12
22. Multiply line 21 by 20% (0.20)
23. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet
24. Add lines 20, 23, and 24
25. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet
26. Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet
27. If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

**2018**

OMB No. 1545-0074  
Attachment Sequence No. 17

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

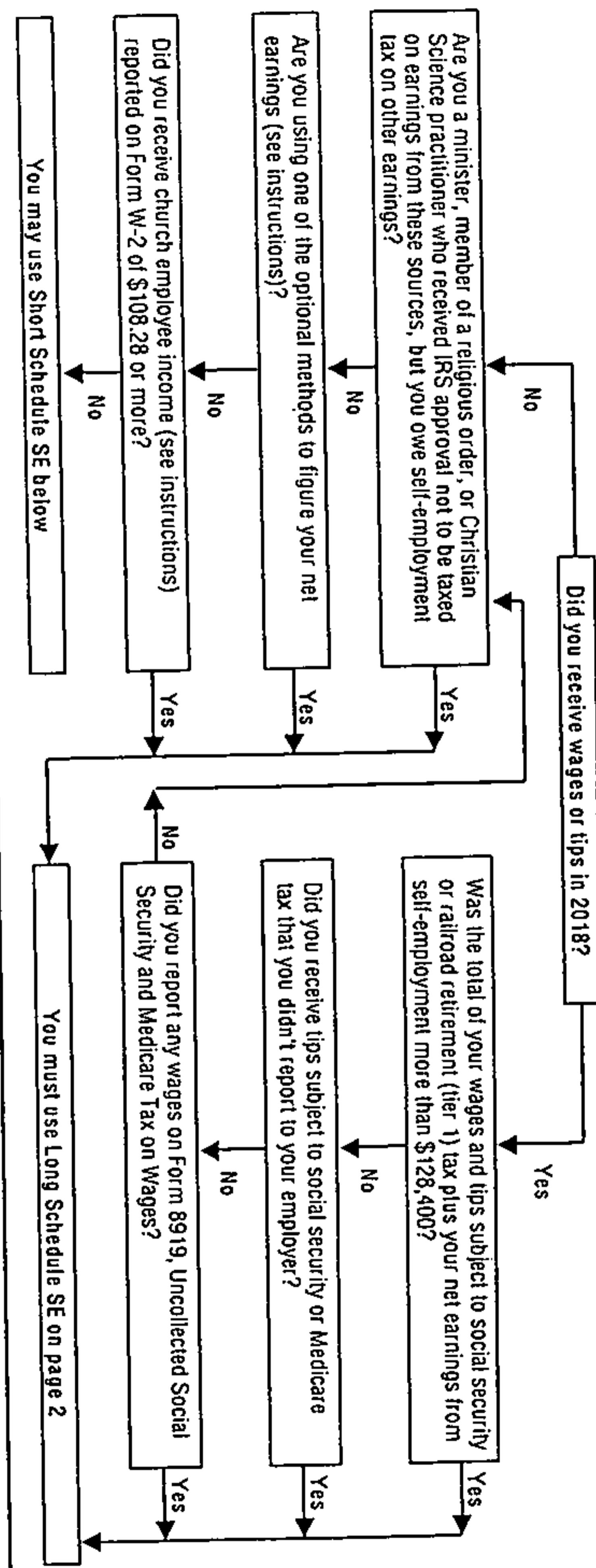
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of person with self-employment income ..... [REDACTED]

**LORETTA M. DURBIN**

Before you begin: To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



**Section A-Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

- 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
    - b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH
  - 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report **STMNT 10**
  - 3 Combine lines 1a, 1b, and 2
  - 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this **STMNT 10**
- Note:** If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5b Self-employment tax.** If the amount on line 4 is:
- 5b • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55
  - 5b • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result.
- 6b Deduction for one-half of self-employment tax.**
- 7b Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27**
- 8b For Paperwork Reduction Act Notice, see your tax return instructions.**

DOES NOT APPLY

## Alternative Minimum Tax - Individuals

**2018**

Attachment  
Sequence No. 32

OMB No. 1545-0074

Form 6251  
Department of the Treasury (99)  
Internal Revenue Service

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

RICHARD J. & LORETTA M. DURBIN

### Part I: Alternative Minimum Taxable Income

- 1 Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)

2 a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8

b Tax refund from Schedule 1 (Form 1040), line 10 or line 21

c Investment interest expense (difference between regular tax and AMT)

d Depletion (difference between regular tax and AMT)

e Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount

f Alternative tax net operating loss deduction

g Interest from specified private activity bonds exempt from the regular tax

h Qualified small business stock, see instructions

i Exercise of incentive stock options (excess of AMT income over regular tax income)

j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)

k Disposition of property (difference between AMT and regular tax gain or loss)

l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)

m Passive activities (difference between AMT and regular tax income or loss)

n Loss limitations (difference between AMT and regular tax income or loss)

o Circumlocution costs (difference between regular tax and AMT)

p Long-term contracts (difference between AMT and regular tax income)

q Mining costs (difference between regular tax and AMT)

r Research and experimental costs (difference between regular tax and AMT)

s Income from certain installment sales before January 1, 1987

t Intangible drilling costs preference

u Other adjustments, including income-based related adjustments

v Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)

### Part II: Alternative Minimum Tax (AMT)

- 5 Exemption. (If you were under age 24 at the end of 2018, see instructions.)

IF your filing status is

AND line 4 is not over

THEN enter on line 5

Single or head of household \$500,000

\$70,300

5 109,400

Married filing jointly or qualifying widow(er)

1,000,000

500,000

Married filing separately

54,700

54,700

If line 4 is over the amount shown above for your filing status, see instructions.

6

Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, 10 and 11, and go to line 10

7

• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.

8 • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.

9 • All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.

10 Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)

11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45 ...

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

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

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

- 12 Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7
- 13 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter
- 14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter
- 15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter
- 16 Enter the smaller of line 12 or line 15
- 17 Subtract line 16 from line 12
- 18 If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 28% (0.28). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result
- 19 Enter:
- \$77,200 if married filing jointly or qualifying widow(er),
  - \$38,600 if single or married filing separately, or
  - \$51,700 if head of household.
- 20 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter
- 21 Subtract line 20 from line 19. If zero or less, enter -0.
- 22 Enter the smaller of line 12 or line 13
- 23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%
- 24 Subtract line 23 from line 22
- 25 Enter:
  - \$425,800 if single
  - \$239,500 if married filing separately
  - \$479,000 if married filing jointly or qualifying widow(er)
  - \$452,400 if head of household
- 26 Enter the amount from line 21
- 27 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter
- 28 Add line 26 and line 27
- 29 Subtract line 28 from line 25. If zero or less, enter -0.
- 30 Enter the smaller of line 24 or line 29
- 31 Multiply line 30 by 15% (0.15)
- 32 Add lines 23 and 30
- 33 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.
- 34 Subtract line 32 from line 22
- 35 Multiply line 33 by 20% (0.20)
- 36 If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.
- 37 Add lines 17, 32, and 33
- 38 Subtract line 35 from line 12
- 39 Multiply line 36 by 25% (0.25)
- 40 Add lines 18, 31, 34, and 37
- 41 If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 28% (0.28). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result
- 42 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7

12	102,942.
13	621.
14	
15	621.
16	621.
17	102,321.
18	26,603.
19	77,200.
20	185,121.
21	0.
22	621.
23	0.
24	621.
25	479,000.
26	0.
27	185,121.
28	293,879.
29	621.
30	93.
31	621.
32	621.
33	0.
34	
35	
36	
37	
38	26,696.
39	26,765.
40	26,696.

## Shared Responsibility Payment

### • Figure Your Shared Responsibility Payment

• Follow Steps 1 through 5 next.

• Complete Worksheet A and Worksheet B if you are directed to them as you complete Steps 1 through 5 or Worksheets A and B.

#### Step 1 All Filers

Can someone claim you as a dependent?

Yes. Stop. You don't owe a shared responsibility payment. Check the Someone can claim you as a dependent box on the Your standard deduction line of Form 1040.

No. Continue to line 2

1. Did you, and everyone else in your tax household (see Taxhousehold under Definitions, earlier) have qualifying health coverage for every month of 2018, or have a coverage exemption that covered all of 2018 or a combination of qualifying health care coverage and coverage exemption(s) for every month of 2018?

X Yes. Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040.

No. Continue to line 3

You can check the "Full-year health care coverage or exempt" box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage or a coverage exemption for every month he or she was a member of your tax household and everyone else in your tax household had health care coverage or coverage exemptions for each month of the year.

3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2018?

Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.

No. Continue to line 4

1. Did you, or anyone else in your tax household turn 18 during 2018?

Yes. Go to Worksheet A

No. Go to Step 2

#### Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old.

\*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$347.50 by the number of people in your tax household who were under age 18

3. Add lines 1 and 2

4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3

#### Step 3 Household Income

1. Enter the amount from Form 1040, line 7

2. Did you receive any tax-exempt interest?

C Yes. Enter the amount from Form 1040, line 2a

C No. Continue to line 3

3. Did you attach Form 2555 or Form 2555-EZ?

C Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18

C No. Continue to line 4

4. Did you claim any dependents?

C Yes. Continue to line 5

C No. Stop. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1

5. Were any of the dependents you claimed required to file a return?

C Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here

C No. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1

6. Did you attach Form 8814?

C Yes. Continue to line 7

C No. Stop. Add lines 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1

7. Is Form 8814, line 4, more than \$1,050?

C Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5

C No. Enter -0-. Continue to line 8

8. Add lines 1, 2, 3, 5, and 7. This is your household income. Enter the result on Step 4, line 1

## Shared Responsibility Payment continued

### Step 4 Percentage Income Amount

1. Enter your household income from Step 3

1 \_\_\_\_\_

2. Were you or your spouse (if filing jointly) born before January 2, 1954?

Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here

2 \_\_\_\_\_

and on line 4

No. Go to question 3.

3. Enter the amount listed below for your filing status

- Single \$12,000
- Head of household \$18,000
- Married filing jointly \$24,000
- Married filing separately \$0
- Qualifying widow(er) \$24,000

3 \_\_\_\_\_

4. Enter the amount from line 2 or 3

4 \_\_\_\_\_

5. Subtract line 4 from line 1

5 \_\_\_\_\_

6. Is the amount on line 5 zero or less?

Yes. Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040. You don't need to file

Form 8965.

No. Continue to line 7

7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount

7 \_\_\_\_\_

8. Were you required to complete Worksheet A?

Yes. Go to Worksheet B. Then continue to Step 5.

No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete

line 3 of that worksheet. Then continue to Step 5.

### Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?

Yes. Continue to line 2

No. Skip question 2. Go to question 3.

2. Multiply \$283\* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility

Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet

\*\$283 is the 2018 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.

3. Enter on line 4 of the Shared Responsibility Payment Worksheet the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.

1 person \$3,396

2 people \$6,792

3 people \$10,188

4 people \$13,584

5 or more people - \$16,980

### Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2018, stop here. You don't owe a shared responsibility payment.

Complete Step 1

1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)

1 \_\_\_\_\_

Complete Step 3

2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14)

2 \_\_\_\_\_

3. Enter the larger of line 1 or line 2

3 \_\_\_\_\_

Complete Step 5

4. Enter the National Average Bronze Plan Premium. (From Step 5, question 2 or 3)

4 \_\_\_\_\_

5. Enter the smaller of line 3 or line 4 here and on Schedule 4 (Form 1040), line 61.

5 \_\_\_\_\_

This is your shared responsibility payment.

## Qualified Business Income Deduction Summary

1. 20% of aggregate qualified REIT dividends and qualified publicly traded partnership income  
Do not enter less than zero. If less than zero, this loss is carried over to next year.
  2. Add the amount from all Qualified Business Income Deduction Worksheets, line 1j  
288.
  3. Add lines 1 and 2. This is your total combined qualified business income  
288.
  4. Taxable Income before this deduction. If zero or less, enter zero  
    - a. Net capital gains plus qualified dividends  
621.
    - b. Line 4 minus line 4a  
186,030.
  5. Multiply line 4b by 20%  
185,409.
  6. Lesser of line 5 or line 3. This is your Qualified Business Income Deduction.  
Enter this amount on Form 1040, line 9  
37,082.
  7. Qualified business income deduction from cooperatives. Do not enter more than line 4 minus line 6.  
288.

8888888888932

**Qualified Business Income After Deductions**

**Activity:** \_\_\_\_\_

1. Qualified business income before deductions \_\_\_\_\_ 1,549.

2. Deductible part of self-employment income:

a. Net income subject to self-employment tax from this activity \_\_\_\_\_ 1,549.

b. Total income subject to self-employment tax \_\_\_\_\_ 1.00000000

c. Line 2a divided by line 2b (not greater than 1.000) \_\_\_\_\_ 110.

d. Amount from Schedule 1 (Form 1040), line 27 \_\_\_\_\_ 110.

e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity \_\_\_\_\_ 110.

3. Self-employed SEP, SIMPLE and qualified plans:

a. Net income subject to self-employment tax from this activity \_\_\_\_\_

b. Net earnings from \_\_\_\_\_

c. Line 3a divided by line 3b (not greater than 1.000) \_\_\_\_\_

d. Amount from Schedule 1 (Form 1040), line 28 \_\_\_\_\_

e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity \_\_\_\_\_

4. Self-employed health insurance deduction:

a. Health insurance payments from this activity \_\_\_\_\_

b. Health insurance limits for activity above \_\_\_\_\_

c. Lesser of line 4a or line 4b \_\_\_\_\_

d. Reserved \_\_\_\_\_

e. Reserved \_\_\_\_\_

f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity \_\_\_\_\_

5. Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions \_\_\_\_\_ 1,439.

**Activity:** \_\_\_\_\_

1. Qualified business income before deductions \_\_\_\_\_

2. Deductible part of self-employment income:

a. Net income subject to self-employment tax from this activity \_\_\_\_\_

b. Total income subject to self-employment tax \_\_\_\_\_

c. Line 2a divided by line 2b (not greater than 1.000) \_\_\_\_\_

d. Amount from Schedule 1 (Form 1040), line 27 \_\_\_\_\_

e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity \_\_\_\_\_

3. Self-employed SEP, SIMPLE and qualified plans:

a. Net income subject to self-employment tax from this activity \_\_\_\_\_

b. Net earnings from \_\_\_\_\_

c. Line 3a divided by line 3b (not greater than 1.000) \_\_\_\_\_

d. Amount from Schedule 1 (Form 1040), line 28 \_\_\_\_\_

e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity \_\_\_\_\_

4. Self-employed health insurance deduction:

a. Health insurance payments from this activity \_\_\_\_\_

b. Health insurance limits for activity above \_\_\_\_\_

c. Lesser of line 4a or line 4b \_\_\_\_\_

d. Reserved \_\_\_\_\_

e. Reserved \_\_\_\_\_

f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity \_\_\_\_\_

5. Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions \_\_\_\_\_

## Net Qualified Business Income

## **Qualified business losses from activities with net losses:**

If taxable income before this deduction is over \$207,500 (\$415,000 if MFJ), do not include losses from Specified Service Trade or Businesses.

**Activity Name**  
**Loss**

## 1. Total net losses from activities with net losses:

Qualified Business income from activities with net income:

If taxable income before this deduction is over \$207,300 (\$415,000 if MFJ), do not include income from Specified Service Trade or Businesses

Activity Name	Income	Allocated Loss	Allocated QBI
<u>1,439.</u>			<u>1,439.</u>

(2) Total qualified business income from activities with net income:

③ Net qualified business income. Subtract line 1 from line 2

Otherwise carry allocated QBI to the Qualified Business Income Deduction Worksheet.

## Qualified Business Income Deduction Worksheet

Activity: \_\_\_\_\_

1,439.

288.

0.

0.

b(iii). Greater of b(i) or b(ii)

c. Cooperative dividends adjustment

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a

e. Taxable income before this deduction

f. Threshold amount \$157,500 (\$315,000 if MFJ)

g. Subtract line 1f from line 1e

h. Divide line 1g by \$50,000 (\$100,000 if MFJ)

i. Multiply line 1d by line 1h

288.

j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income

Activity: \_\_\_\_\_

1,439.

288.

0.

a. Allocated qualified business income

b(i). Multiply line 1 by 20%

b(ii). 50% of W-2 wages

b(iii). 25% of W-2 wages plus 2.5% of UBI

c. Cooperative dividends adjustment

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a

e. Taxable income before this deduction

f. Threshold amount \$157,500 (\$315,000 if MFJ)

g. Subtract line 1f from line 1e

h. Divide line 1g by \$50,000 (\$100,000 if MFJ)

i. Multiply line 1d by line 1h

288.

j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income

Activity: \_\_\_\_\_

1,439.

288.

0.

a. Allocated qualified business income

b(i). Multiply line 1 by 20%

b(ii). 50% of W-2 wages

b(iii). 25% of W-2 wages plus 2.5% of UBI

c. Cooperative dividends adjustment

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?

Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.

No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?

Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.

No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a

e. Taxable income before this deduction

f. Threshold amount \$157,500 (\$315,000 if MFJ)

g. Subtract line 1f from line 1e

h. Divide line 1g by \$50,000 (\$100,000 if MFJ)

i. Multiply line 1d by line 1h

288.

j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income

RICHARD J. & LORETTA M. DURBIN

**WAGES RECEIVED AND TAXES WITHHELD**

**STATEMENT 1**

2020  
10  
9

## WAGES RECEIVED AND TAXES WITHHELD

## STATEMENT

FEDERAL TAX	STATE TAX	CITY SDI	FICA TAX	MEDICARE TAX	EMPLOYER'S NAME
AMOUNT PAID	WITHHELD	WITHHELD	TAX W/H	TAX	
134,911.	17,511.	17,961.	6,475.	2,304.	UNITED STATES SENATE
134,911.	17,511.	17,961.	6,475.	2,304.	MARSHAL

110

## QUALIFIED DIVIDENDS

## STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MANULIFE FINANCIAL CORPORATION	397.	397.
PFIZER	167.	167.
NATIONAL FINANCIAL SERVICES LLC	57.	57.

## TRA DISTRIBUTIONS

STATEMENT 3

GROSS DISTRIBUTION	TAXABLE AMOUNT
NATIONAL FINANCIAL SERVICES LLC AS AGENT FOR FIDELITY INVEST 30,015.	30,015.
TOTAL INCLUDED IN FORM 1040, LINE 4B 30,015.	30,015.

STATEMENT(S) 1, 2, 3  
35  
2018.03030 DURBIN, RICHARD J

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)

B. MARRIED FILING JOINTLY

C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2018

D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2018

- ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 5A  
IF YOU CHECKED BOX B: TAXPAYER AMOUNT SPOUSE AMOUNT
  - MULTIPLY LINE 1 BY 50% (0.50)
  - ADD THE AMOUNTS ON FORM 1040, LINE 1, 2A, 3B, 4B, SCHEDULE 1, LINE 22 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099
  - ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED
  - ADD LINES 2, 3, AND 4
  - ADD THE AMOUNTS ON SCHEDULE 1, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS IDENTIFIED AS "DPAD"
  - SUBTRACT LINE 6 FROM LINE 5
  - ENTER:  

\$25000.	IF YOU CHECKED BOX A OR D, OR	110.
\$32000.	IF YOU CHECKED BOX B, OR	192,839.
\$-0-	IF YOU CHECKED BOX C	32,000.
  - IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?  
 NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 5B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2018, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 5A.  
 YES. SUBTRACT LINE 8 FROM LINE 7
  - ENTER \$9000. IF YOU CHECKED BOX A OR D,  

\$12000.	IF YOU CHECKED BOX B	160,839.
\$-0-	IF YOU CHECKED BOX C	12,000.
  - SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-  

ENTER THE SMALLER OF LINE 9 OR LINE 10	148,839.
ENTER ONE HALF OF LINE 12	12,000.
ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	6,000.
ADD LINES 14 AND 15	126,513.
MULTIPLY LINE 1 BY 85% (.85)	132,513.
  - TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17

\* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 5E

RICHARD J. & LORETTA M. DURBIN

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 5

T S DESCRIPTION	AMOUNT
-	
T UNITED STATES SENATE	17,511.
J MANULIFE FINANCIAL CORPORATION	99.
S NATIONAL FINANCIAL SERVICES LLC AS AGENT FOR FIDELITY INVEST	6,003.
TOTAL TO FORM 1040, LINE 16	23,613.

SCHEDULE 5	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 6

DESCRIPTION	AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT	1,074.
2ND QTR ESTIMATE PAYMENT - JOINT	1,570.
3RD QTR ESTIMATE PAYMENT - JOINT	1,570.
4TH QTR ESTIMATE PAYMENT - JOINT	1,570.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT	496.
TOTAL TO SCHEDULE 5, LINE 66	6,280.

FORM 2210	80% EXCEPTION WORKSHEET	STATEMENT 7

1. ENTER THE AMOUNT FROM FORM 2210, PART I, LINE 4 HERE	33,260.
2. MULTIPLY LINE 1 BY 80%	26,608.
3. ENTER YOUR WITHHOLDING TAXES FROM FORM 2210, LINE 6	23,613.
4. ENTER THE AMOUNT OF YOUR 2018 ESTIMATED TAX PAYMENTS	
MADE ON OR BEFORE JANUARY 15, 2019	6,280.
5. ADD LINES 4 AND 5 ABOVE	29,893.
6. IS LINE 5 ABOVE GREATER THAN OR EQUAL TO THE AMOUNT ON	
LINE 2 ABOVE?	
<input checked="" type="checkbox"/> YES. YOU QUALIFY FOR THE 80% WAIVER RELIEF. CHECK BOX A IN PART II OF FORM 2210, WRITE "80% WAIVER" NEXT TO BOX A, AND FILE PAGE 1 WITH YOUR RETURN.	
<input type="checkbox"/> NO. YOU DO NOT QUALIFY FOR THE 80% WAIVER RELIEF. FOLLOW THE INSTRUCTIONS FOR THE "YES" BOX ON LINE 9 OF FORM 2210, PART I, IGNORING THE 80% WAIVER	

## RICHARD J. &amp; LORETTA M. DURBIN

SCHEDULE C	GROSS RECEIPTS	STATEMENT 8
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DESCRIPTION	AMOUNT
-------------	--------

[REDACTED] - FROM 1099-MISC

TOTAL TO SCHEDULE C, LINE 1

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 9
------------	------------------------	-------------

1. ENTER THE AMOUNT FROM FORM 1040, LINE 10 185,742.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT 3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0- 188,742.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3 3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D,
- LINE 15
7. ADD LINES 4 AND 6
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.  
SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT 8,646.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D,
- LINE 7
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, 4,808.
- ENTER -0- 3,000.
12. ADD LINES 10 AND 11 7,808.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.  
SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 838.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 10
-------------	-----------------	--------------

DESCRIPTION	AMOUNT
-------------	--------

1,549.

1,549.

TOTAL TO SCHEDULE SE, LINE 2

orm  
Department of the Treasury  
Internal Revenue Service

## IRS e-file Signature Authorization

OMB No. 1545-0074

**8879**

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2018**

Submission Identification Number (SID) ▶

Taxpayer's name

RICHARD J. DURBIN

Spouse's name

MARIA M. DURBIN

Social security number

[REDACTED]

Spouse's social security number

[REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)	
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1 212,630.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2 33,260.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3 23,613.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5 3,367.

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Inder penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment if my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement). I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize [REDACTED] to enter or generate my PIN [REDACTED]

as my signature on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

/our signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

I authorize [REDACTED] to enter or generate my PIN [REDACTED]

ERO firm name

as my signature on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

/our signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ER0's signature ▶ [REDACTED]

ER0 Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

8-1995 11-12-18

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

## Illinois Department of Revenue

**2018 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

RICHARD J. DURBIN  
LORETTA M. DURBIN  
[REDACTED]  
[REDACTED]

- B Filing status:  Single or head of household  Married filing jointly  Married filing separately  Widowed  
 C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
 D Check the box if this applies to you during 2018:  Nonresident Attach Sch. NR  Part-year resident Attach Sch. NR  
 (Whole dollars only)

## Step 2: Income

- 1 Federal adjusted gross income from your federal Form 1040, Line 7.  
 2 Federally tax-exempt interest and dividend income from your federal Form 1040, Line 2a.  
 3 Other additions. Attach Schedule M.  
 4 Total income. Add Lines 1 through 3.

## Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 2 of federal return.

5

78,079.00

6 Illinois Income Tax overpayment included in federal Form 1040, Sch. 1, Line 10. 6

6

.00

7 Other subtractions. Attach Schedule M.

7

.00

8 Check if Line 7 includes any amount from Schedule 1299-C.

8

.00

9 Add Lines 5, 6, and 7. This is the total of your subtractions.

9

134,551.00

9 Illinois base income. Subtract Line 8 from Line 4.

10

78,079.00

## Step 4: Exemptions

- 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 4,450.00  
 b Check if 65 or older:  You +  Spouse # of checkboxes X \$1,000 = b 2,000.00  
 c Check if legally blind:  You +  Spouse # of checkboxes X \$1,000 = c .00  
 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2.

d

.00

10

.00

9

.00

## Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.

11

128,101.00

12 Nonresidents and part-year residents: Enter the Illinois net income from Sch. NR. Attach Sch. NR.

12

6,341.00

13 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.

13

.00

14 Nonresidents and part-year residents: Enter the tax from Schedule NR.

14

.00

15 Recapture of investment tax credits. Attach Schedule 4255.

15

.00

16 Income tax. Add Lines 12 and 13. Cannot be less than zero.

16

.00

17 Step 6: Tax After Nonrefundable Credits

17

.00

18 Income tax paid to another state while an Illinois resident. Attach Sch. CR.

18

.00

19 Property tax and K-12 education expense credit amount from Schedule ICR.

19

.00

20 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.

20

.00

21 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.

21

.00

22 Tax after nonrefundable credits. Subtract Line 18 from Line 14.

22

.00

23 Total Tax. Add Lines 19, 20, 21, and 22.

23

.00



**Illinois Department of Revenue  
2018 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

**Step 1: Provide the following information**

**RICHARD J. & LORETTA M. DURBIN**

Your name as shown on your Form IL-1040

[REDACTED]  
Your Social Security number

**Step 2: Figure your nonrefundable credit**

1 Enter the amount of tax from your Form IL-1040, Line 14.

2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15.

3 Subtract Line 2 from Line 1.

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

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

4a [REDACTED] 5,110.00

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

4b SANGAMON County [REDACTED]

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

4c [REDACTED] County [REDACTED]  
Property number [REDACTED]

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

4d [REDACTED] County [REDACTED]  
Property number [REDACTED]

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

f Subtract Line 4e from Line 4a.

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

5 Compare Lines 3 and 4g, and enter the lesser amount here.

6 Subtract Line 5 from Line 3.

**Section B - K-12 Education Expense Credit**

**C** You must complete the *K-12 Education Expense Credit Worksheet* on page 2

**C** of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

7 a Enter the total amount of K-12 education expenses from Line 11

of the worksheet on page 2 of this schedule.

b You may not take a credit for the first \$250 paid.

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

d Multiply Line 7c by 25% (.25). Compare the result and \$750, and

enter the lesser amount here.

8 Compare Lines 6 and 7d, and enter the lesser amount here.

**Section C - Total Nonrefundable Credit**

9 Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

→ 9 256.00

- You must complete Form IL-1040 through Line 14 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.

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.

~~0000000000044~~  
K-12 Education Expense Credit Worksheet

**Note:** You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

- 10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately.  
If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

- 11 Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any 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.

→ 11 \_\_\_\_\_ .00

## Illinois Department of Revenue

**Schedule IL-WIT**      Illinois Income Tax Withheld12/31/2018  
Tax year ending

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O		

Step 1 Provide your withholding records (includes all W-2 and 1099 forms)

RICHARD J. DURBIN

Your name as shown on Form IL-1040

[REDACTED]  
Your Social Security number

Column A Form Type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	[REDACTED]	\$ 134,911.00	\$ 134,911.00	\$ 6,475.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

Step 2: Provide spouse's withholding records (includes all W-2 and 1099 forms)

LORETTA M. DURBIN

Your spouse's name as shown on Form IL-1040

[REDACTED]  
Your spouse's Social Security number

Column A Form Type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 G		\$ .00	\$ .00	\$ .00
7 G		\$ .00	\$ .00	\$ .00
8 G		\$ .00	\$ .00	\$ .00
9 G		\$ .00	\$ .00	\$ .00
10 G		\$ .00	\$ .00	\$ .00

Step 3 [REDACTED] Total Illinois withholding

- 11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.  
Enter this amount here and on Form IL-1040, Line 25.

11 \$ 6,475.00

→ Attach all Schedules IL-WIT to your IL-1040. ←

Illinois Department of Revenue

[REDACTED] - [REDACTED] - [REDACTED]

Submission ID

# 2018 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

**Step 1: Provide taxpayer information**

RICHARD J. & LORETTA M. DURBIN	Last name	Social Security number
First name and middle initial	Spouse's first name (and last name if different)	Spouse's Social Security number
or type		
Mailing address		Daytime phone number
City	State [REDACTED]	ZIP [REDACTED]

**Step 2: Complete information from tax return**

- 1 Net income from Form IL-1040, Line 11
  - 2 Tax from Form IL-1040, Line 12
  - 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none)
  - 4 Overpayment from Form IL-1040, Line 35
  - 5 Total amount due from Form IL-1040, Line 39
  - 6 Filing status:  Single/head of household  Married filing jointly  Married filing separately  Widowed
- |   |            |
|---|------------|
| 1 | 128,101.00 |
| 2 | 6,341.00   |
| 3 | 6,475.00   |
| 4 | 284.00     |
| 5 | 100        |

**Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)**

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

- 7 Routing no. (RN):
- 8 Account no. (AN):
- 9 Type of account:  Checking  Savings
- 10 Date the payment is to be electronically withdrawn:
- 11 Electronic funds withdrawal amount: 100
- 12 Name on account: \_\_\_\_\_

**Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)**

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2018 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature (if joint return, both must sign) \_\_\_\_\_ Date \_\_\_\_\_

**Step 5: Electronic return originator (ERO) and paid preparer declaration and signature**

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature	Date [REDACTED]	Check if paid preparer: <input type="checkbox"/> (See instructions.)
ERO's signature	Date [REDACTED]	
Firm's name or your name if self-employed	Your PTIN [REDACTED]	
Mailing address	Federal employer identification number (FEIN) [REDACTED]	Daytime phone number [REDACTED]
City	State [REDACTED]	ZIP [REDACTED]

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).  
Do not mail Form IL-8453 and these documents unless requested for review.  
ID: 2BX 1-8453 (R-12/18) [REDACTED]

# 019 Estimated Tax Worksheet

*Keep for Your Records*

	1 212,630.
<b>2a</b> Deductions	
• If you plan to itemize deductions, enter the estimated total of your itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income.	
• If you don't plan to itemize deductions, enter your standard deduction.	
<b>b</b> If you can take the qualified business income deduction, enter the estimated amount of the deduction	
<b>c</b> Add lines 2a and 2b	2b 288.
<b>3</b> Subtract line 2c from line 1	3 185,342.
<b>4</b> Tax. Figure your tax on the amount on line 3 by using the 2019 Tax Rate Schedules.	
<b>Caution:</b> If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax	
<b>5</b> Alternative minimum tax from Form 6251	
<b>6</b> Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040, line 11	
<b>7</b> Credits (see instructions). Do not include any income tax withholding on this line	
<b>8</b> Subtract line 7 from line 6. If zero or less, enter -0.	
<b>9</b> Self-employment tax (see instructions)	
<b>10</b> Other taxes (see instructions)	
<b>11a</b> Add lines 8 through 10	
<b>b</b> Earned income credit, additional child tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	
<b>c</b> Total 2019 estimated tax. Subtract line 11b from line 11a. If zero or less, enter 0.	
<b>12a</b> Multiply line 11c by 90% (66 2/3% for farmers and fishermen)	
<b>b</b> Required annual payment based on prior year's tax (see instructions)	
<b>c</b> Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b	
Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.	
<b>13</b> Income tax withheld and estimated to be withheld during 2019 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	
<b>14a</b> Subtract line 13 from line 12c	12a 32,933. 12b 36,586.
<b>14b</b> Is the result zero or less?	12c 32,933.
<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.	
<input checked="" type="checkbox"/> No. Go to line 14b.	
<b>b</b> Subtract line 13 from line 11c	
<b>c</b> Is the result less than \$1,000?	
<input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments.	
<input checked="" type="checkbox"/> No. Go to line 15 to figure your required payment.	
<b>15</b> <input type="checkbox"/> If the first payment you are required to make is due April 15, 2019, enter 1/4 of line 14a (minus any 2018 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	
<b>c</b>	14a 9,320. 14b 9,320.
<b>15</b>	13 23,613.
<b>c</b>	15 2,330.