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UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report: Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Durbin	Richard J.	2014	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: Termination Date (mm/dd/yy)**	**Prior Office / Agency in Which Employed**
U.S. Capitol, S-321, Washington, DC 20510	(202) 224-9447		

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.		X
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.	X	
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.	X	
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.	X	
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.		X
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.		X
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.	X	
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.		X
Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.		X
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: Richard J. Durbin

☐ Amendment

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* **EXAMPLE**	*Speech*	*$1,000*
Example:	*7/23/1X*	*XYZ Magazine*	*NY, NY* **EXAMPLE**	*Article*	*$500*
1		not applicable			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

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Reporting Individual's Name	☐ Amendment	PART II. EARNED AND NON-INVESTMENT INCOME	Page Number
Richard J. Durbin			4

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, DC	Salary	$174,000
2	Soc. Sec.	Washington, DC	Benefits	$30,996
3	Soc. Sec. (Spouse)	Washington, DC	Benefits	$22,031
4	Gov't Affairs Consulting, LLC (Spouse)	Springfield, IL	Salary	$43,202
5				
6				
7				
8				
9				
10				
11				
12				
13				

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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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.

BLOCK C — Type and Amount of Income

	S, DC, or J	Asset	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	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***	$1,000,001 - $5,000,000	Over $5,000,000	Actual Amount Required if "Other" Specified
Example:		IBM Corp. (stock)				X										X							Example		X										Example
Example:		(S) Keystone Fund					X													X			Example	X											Example
1		Manulife Financial Corp. ($10,804)		X												X									X										$292.00
2	S	Credit Union One, Lombard ($100,142.68)					X											X							X										$303.39
3		Cong Federal Credit Union ($28,424)			X													X						X											$28.83
4		Pfizer (123 sh - $3831.45)		X												X								X											$127.92
5		TSP - G Fund ($343,367.51) (transferred accounts within TSP)						X							X									X											
6		TSP - C Fund ($303,987.54)					X								X									X											
7		TSP - S Fund ($115,160.66) (transferred accounts within TSP)					X								X									X											
8		Def. Comp. State of Illinois Vanguard Inst. ($156,125.13)					X													X				X											
9	J	Fidelity SPLV (162 sh: $6149.52)		X																X				X											$135.57
10	J	Fidelity RSP (122 sh: $9766)		X																X				X											$142.06

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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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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.

BLOCK C — Type and Amount of Income

	S, DC, or J	Asset	Valuation of Assets: 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	Type of Income: None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income: 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***	$1,000,001 - $5,000,000	Over $5,000,000	Actual Amount Required if "Other" Specified
Example:	S, DC, or J	IBM Corp. (stock)				X										X							Example		X										Example
Example:		(S) Keystone Fund					X													X			Example	X											Example
1	J	Fidelity FNCMX (176.2 sh: $10,986)		X																X				X											$141.04
2	J	Fidelity FSRFX (249 sh: $23,790)			X															X					X										$304.31
3	J	Fidelity FBIOX (72 sh: $15,948)			X															X						X									$1549.19
4	J	Fidelity Cash ($581.84)	X																	X				X											$0.12
5		RJD - Fidelity FNCMX (195.8 sh: $12,206.71)		X																X				X											$156.70
6		RJD - Fidelity FBIOX (98.7 sh: $21,851.96)			X															X						X									$2122.69
7		RJD - Fidelity Other Income Earned $435.74	X													X									X										$435.74
8	S	Fidelity - SPLV (525 sh: $19,929)			X															X							X								
9	S	Fidelity - RSP (395 sh: $31,619.75)			X															X							X								
10	S	Fidelity - FNCMX (349.5 sh: $21,785.52)			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.

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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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.

BLOCK C — Type and Amount of Income

	Owner	Identity	Valuation of Assets: 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	Type of Income: None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income: 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***	$1,000,001 - $5,000,000	Over $5,000,000	Actual Amount Required if "Other" Specified
Example	S, DC, or J	*IBM Corp. (stock)*				X										X							*Example*		X										*Example*
Example	(S)	*Keystone Fund*					X													X			*Example*	X											*Example*
1	S	Fidelity - FSRFX (688.4 sh: $66,239.68)				X														X				X											
2	S	Fidelity - FBIOX (358.2 sh: $79,280.38)				X														X				X											
3	S	Fidelity - SPAXX $324.91	X																	X				X											
4																																			
5																																			
6																																			
7																																			
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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. ☐

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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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.

BLOCK C
Type and Amount of Income

	Block A	Block B: 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	Block C: Type of Income: None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income: 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***	$1,000,001 - $5,000,000	Over $5,000,000	Actual Amount Required if "Other" Specified
Example: S, DC, or J	*JP Computer, Software Design, Wash DC*				X										X							*Example*		X										*Example*
	Undeveloped land, Dubuque, Iowa					X								X								*Example*	X											*Example*
1	Springfield residence ($260,000 est)						X							X									X											
2	Chicago condo ($290,000 est)						X							X									X											
3	2012 Ford Fusion ($15,000 est)			X										X									X											
4	1996 Ford Ranger Truck ($2,852 est)		X											X									X											
5																																		
6																																		
7																																		
8																																		
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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. ☐

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0000000001851

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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	Transaction Type (x): Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x): $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
Example: S, 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	Fidelity (IRA) OAKIX (786 sh: $20,421.64)		X		01/10/14		X									
2	S	Fidelity (IRA) AMPAX (1441 sh: $20,421.64)	X			01/13/14		X									
3	S	Fidelity (IRA) AMPAX (720 sh: $9,713.25)		X		01/28/14	X										
4	S	Fidelity (IRA) GASFX (802.9 sh: $21,204.72		X		01/28/14		X									
5	S	Villere Balanced OAKIX (787.09 sh: $19,517.16)		X		01/28/14		X									
6	S	Villere Balanced FBIOX (98.2 sh: $20,000)	X			01/30/14		X									
7	S	Villere Balanced AMPAX (721 sh: $9,830.33)		X		01/31/14	X										
8	S	Fidelity Select FSCFX (166.3 sh: $20,000)	X			02/13/14		X									
9	S	Fidelity Select SPLV (200 sh: $17,983.95)	X			03/04/14		X									
10	S	Fidelity Select THOPIX (4,374.4 sh: $52,318.91)	X			03/18/14			X								
11	S	Fidelity Select SPLV (200 sh: $17,439.66)		X		05/21/14		X									
12	S	Fidelity Select THOPIX (1459.5 sh: $17,500)	X			05/27/14		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.

000000001852

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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	Transaction Type (x): Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x): $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
Example:	S, 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	Fidelity (IRA) THOPIX (1677.8 sh: $20,000)		X		07/01/14		X									
2	S	Fidelity (IRA) GASFX (641.8 sh: $20,000)	X			07/01/14		X									
3	S	Fidelity (IRA) THOPIX (4243.5 sh: $50,498.54)		X		07/24/14			X								
4	S	Fidelity (IRA) FAGIX (4955.6 sh: $50,498.54)	X			07/25/14			X								
5	S	Fidelity (IRA) FBIOX (93.7 sh: $19,605.31)	X			10/09/14		X									
6	S	Fidelity (IRA) FSCFX (171.4 sh: $19,605.31)		X		10/09/14		X									
7	S	Fidelity (IRA) FAGIX (5008.3 sh: $50,283.93)		X		10/24/14			X								
8	S	Fidelity (IRA) FSRFX (577.9 sh: $50,283.93)	X			10/24/14			X								
9	S	Fidelity (IRA) FSRFX (101.5 sh: $9000)	X			10/30/14	X										
10	S	Fidelity (IRA) FBIOX (17.3 sh: $4000)	X			10/30/14	X										
11	S	Fidelity (IRA) VIG (179 sh: $13,722.83)		X		10/30/14	X										
12	S	Fidelity (IRA) GASFX (645.8 sh: $20,092.98)		X		11/13/14		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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Click to create an additional page for this part

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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	Transaction Type (x): Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x): $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
Example:	S, 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	J	Fidelity OAKIX (392.4 sh: $10,187.46)		X		01/10/14	X										
2	J	Fidelity PYSAX (239.5 sh: $10,187.46)	X			01/10/14	X										
3	J	Fidelity GASFX (401.4 sh: $10,187.46)		X		01/28/14	X										
4	J	Fidelity PYSAX (239.5 sh: $9,876.35)		X		01/30/14	X										
5	J	Fidelity THOPIX (1762 sh: $20,864.18)	X			02/12/14		X									
6	J	Fidelity THOPIX (1791.4 sh: $21,324.19)		X		07/24/14		X									
7	J	Fidelity FAGIX (2092 sh: $21,324.19)	X			07/25/14		X									
8	J	Fidelity FAGIX (2114 sh: $21,233.56)		X		10/24/14		X									
9	J	Fidelity FSRFX (244 sh: $21,233.56)	X			10/24/14		X									
10	J	Fidelity FBIOX (64.9 sh: $15,000)	X			10/30/14	X										
11	J	Fidelity VIG (55 sh: $4,211)		X		10/30/14	X										
12	J	Fidelity FSEVX (206 sh: $11,042)		X		10/28/14	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.

Click to create an additional page for this part

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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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	Transaction Type (x): Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x): $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
Example:	S, 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	Fidelity - AMPAX (721 sh: $9,830.33)		X		01/28/14	X										
2	S	Villere Balanced - AMPAX (721 sh: $9,830.33)	X			01/28/14	X										
3	S	Fidelity - FNCMX (345 sh: $21,500)	X			11/14/14		X									
4	S	Fidelity - FBIOX (98 sh: $20,000)	X			01/30/14		X									
5	S	Fidelity - FBIOX (35 sh: $7,701)	X			12/05/14	X										
6	S	Fidelity - VILLX (787 sh: $19,517)		X		01/28/14		X									
7		Fidelity - FSEVX (196 sh: $10,858)		X		11/04/14	X										
8		Fidelity - FBIOX (98 sh: $21,000)	X			12/05/14		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.

Click to create an additional page for this part

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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* **EXAMPLE**	*August 12, 201X, Silver platter - Ethics Committee wedding waiver granted*	*$400*
1	not applicable			
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.

Reporting Individual's Name ☐ Amendment

Richard J. Durbin

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**	*Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X* **EXAMPLE**
1	not applicable		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

PART VII. LIABILITIES

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.

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage *(Senators Only)*	Term if Applicable	Category of Amount of Value (x)										
								$10,001 - $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
Example: S, DC, or J	*First District Bank*	*Wash., DC*	*Mortgage on undeveloped land*	*1992*	*13%*	*1 pt*	*25 yrs*			X		E	X	A	M	P	L	E
	(J) John Jones	*Wash., DC*	*Promissory Note*	*2000*	*10%*	*n/a*	*On dmd*				X	E	X	A	M	P	L	E
1	Bank of Springfield ($20,392)	Springfield, IL	Mortgage -- Springfield, IL	2012	3.475	0	30 yr		X									
2	Fifth-Third ($179,565)	Cincinnati, OH	Mortgage - Chicago, IL	2010	4.375	0	30 yr				X							
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.

Reporting Individual's Name ☐ Amendment

Richard J. Durbin

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	not applicable					
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.

Reporting Individual's Name: Richard J. Durbin

☐ Amendment

PART IX. AGREEMENTS OR ARRANGEMENTS

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:	*Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)*	*Jones & Smith, Hometown, USA* **EXAMPLE**	*1 / 94*
	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	*XYZ Co., Bethesda, MD* **EXAMPLE**	*1 / 1X*
1	not applicable		
2			
3			
4			
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11			
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13			
14			

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Reporting Individual's Name: Richard J. Durbin

☐ Amendment

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	not applicable		
2			
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14			
15			

Richard J. & Loretta M. Durbin

Form 1040

2014 Income Tax Returns

Prepared by:

[redacted]

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Two-Year Comparison Worksheet

2014

Name(s) as shown on return: RICHARD J. & LORETTA M. DURBIN

Social security number: [redacted]

2013 Filing Status: MARRIED FILING JOINT

2014 Filing Status: MARRIED FILING JOINT

2013 Tax Bracket: 28.0%

2014 Tax Bracket: 28.0%

Description	Tax Year 2013	Tax Year 2014	Increase (Decrease)
WAGES, SALARIES, AND TIPS	149,843.	145,539.	-4,304.
SCHEDULE B - TAXABLE INTEREST	498.	332.	-166.
SCHEDULE B - ORDINARY DIVIDENDS	1,960.	2,069.	109.
SCHEDULE B - QUALIFIED DIVIDENDS	1,261.	1,119.	-142.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	87,492.	43,202.	-44,290.
SCHEDULE D (CAPITAL GAIN/LOSS)	440.	5,872.	5,432.
TAXABLE SOCIAL SECURITY BENEFITS	43,186.	45,073.	1,887.
OTHER INCOME	85.	0.	-85.
TOTAL INCOME	283,504.	242,087.	-41,417.
DEDUCTIBLE PART OF SE TAX	6,181.	3,052.	-3,129.
TOTAL ADJUSTMENTS	6,181.	3,052.	-3,129.
ADJUSTED GROSS INCOME	277,323.	239,035.	-38,288.
TAXES	20,408.	18,966.	-1,442.
INTEREST (DEDUCTIBLE)	10,075.	9,207.	-868.
CONTRIBUTIONS	16,021.	11,244.	-4,777.
JOB EXPENSES AND 2% MISC. DEDUCT.	3,000.	3,000.	
TOTAL ITEMIZED DEDUCTIONS	49,504.	42,417.	-7,087.
INCOME BEFORE EXEMPTIONS	227,819.	196,618.	-31,201.
PERSONAL EXEMPTIONS	7,800.	7,900.	100.
TAXABLE INCOME	220,019.	188,718.	-31,301.
TAX	48,850.	39,180.	-9,670.
FORM 6251 (ALTERNATIVE MINIMUM TAX)	1,871.	0.	-1,871.
TAX BEFORE CREDITS	50,721.	39,180.	-11,541.
FORM 1116 (FOREIGN TAX CREDIT)	55.	44.	-11.
TAX AFTER NON-REFUNDABLE CREDITS	50,666.	39,136.	-11,530.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	12,362.	6,104.	-6,258.
FORM 8960 (NET INVEST. INCOME TAX)	83.	0.	-83.
TOTAL TAX	63,111.	45,240.	-17,871.
FEDERAL INCOME TAX WITHHELD	25,398.	24,118.	-1,280.
ESTIMATED TAX PAYMENTS	29,240.	44,040.	14,800.
TOTAL PAYMENTS	54,638.	68,158.	13,520.
TAX OVERPAID	0.	22,918.	22,918.
AMOUNT REFUNDED	0.	18,438.	18,438.
OVERPAYMENT APPLIED TO ESTIMATE	0.	4,480.	4,480.
FORM 2210/2210F (EST. TAX PENALTY)	43.	0.	-43.
BALANCE DUE (INCLUDING 2210/2210F)	8,516.	0.	-8,516.
ILLINOIS STATE RETURN			
TAXABLE INCOME	227,937.	187,712.	-40,225.
TAX	11,397.	9,386.	-2,011.
NON-REFUNDABLE CREDITS	259.	260.	1.

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[redacted]

Two-Year Comparison Worksheet

2014

Name(s) as shown on return: RICHARD J. & LORETTA M. DURBIN

Social security number: [redacted]

2013 Filing Status: MARRIED FILING JOINT

2014 Filing Status: MARRIED FILING JOINT

2013 Tax Bracket: 28.0%

2014 Tax Bracket: 28.0%

Description	Tax Year 2013	Tax Year 2014	Increase (Decrease)
OTHER TAXES	42.	86.	44.
PAYMENTS	11,367.	9,945.	-1,422.
OVERPAYMENT APPLIED TO ESTIMATED TAX	187.	0.	-187.
AMOUNT REFUNDED	0.	733.	733.

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[redacted]

RICHARD J. & LORETTA M. DURBIN [redacted]

FORM 1040ES	ESTIMATE ADJUSTMENTS TO ADJUSTED GROSS INCOME	STATEMENT 1

FEDERAL ADJUSTED GROSS INCOME		239,035.
ADJUSTMENTS:		
CHANGE IN ADJUSTED GROSS INCOME	-40,000.	
SHORT-TERM CAPITAL GAINS/LOSSES		
LONG-TERM CAPITAL GAINS/LOSSES - 0/15%		
LONG-TERM CAPITAL GAINS/LOSSES - 20%		
LONG-TERM CAPITAL GAINS/LOSSES - 28%		
EXCLUDE SCHEDULE D INCOME OR LOSSES		
OVERRIDES - SE INCOME OR FICA WAGES:		
ADD BACK: DEDUCTIBLE PART OF YEAR SE TAX		
MINUS: DEDUCTIBLE PART OF YEAR EST. SE TAX		
TOTAL TO FORM 1040ES, LINE 1		202,087.

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Form **1040** U.S. Individual Income Tax Return (99) **2014** OMB No. 1545-0074 IRS Use Only · Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
RICHARD J.	DURBIN	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
LORETTA M.	DURBIN	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [redacted]

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [X] Spouse

Filing Status Check only one box.

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

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [X] Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

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

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

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

Dependents on 6c not entered above ____

d Total number of exemptions claimed ..... Add numbers on lines above ▶ 2

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	145,539.
8a	Taxable interest. Attach Schedule B if required		8a	332.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	2,069.
b	Qualified dividends	9b 1,119.		STMT 5
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 3 STMT 4	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	43,202.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	5,872.
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a b Taxable amount	15b	
16a	Pensions and annuities	16a b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a 53,027. b Taxable amount	20b	45,073.
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	242,087.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	3,052.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	3,052.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	239,035.

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LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Tax and Credits

Standard Deduction for -
- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others: Single or Married filing separately, $6,200; Married filing jointly or Qualifying widow(er), $12,400; Head of household, $9,100

38	Amount from line 37 (adjusted gross income)	38	239,035.
39a	Check if: [X] You were born before January 2, 1950, [ ] Blind. [X] Spouse was born before January 2, 1950, [ ] Blind. Total boxes checked ▶ 39a 2		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
40	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin)	40	42,417.
41	Subtract line 40 from line 38	41	196,618.
42	**Exemptions.** If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see inst.	42	7,900.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	188,718.
44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]	44	39,180.
45	**Alternative minimum tax.** Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	39,180.
48	Foreign tax credit. Attach Form 1116 if required — 48: 44.		
49	Credit for child and dependent care expenses. Attach Form 2441 — 49		
50	Education credits from Form 8863, line 19 — 50		
51	Retirement savings contributions credit. Attach Form 8880 — 51		
52	Child tax credit. Attach Schedule 8812, if required — 52		
53	Residential energy credits. Attach Form 5695 — 53		
54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] — 54		
55	Add lines 48 through 54. These are your **total credits**	55	44.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	39,136.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	6,104.
58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage [X]	61	
62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	45,240.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099 — 64: 24,118.		STATEMENT 8
65	2014 estimated tax payments and amount applied from 2013 return — 65: 20,120.		
66a	**Earned income credit (EIC)** — 66a		
b	Nontaxable combat pay election — 66b		
67	Additional child tax credit. Attach Schedule 8812 — 67		
68	American opportunity credit from Form 8863, line 8 — 68		
69	Net premium tax credit. Attach Form 8962 — 69		
70	Amount paid with request for extension to file — 70		
71	Excess social security and tier 1 RRTA tax withheld — 71		
72	Credit for federal tax on fuels. Attach Form 4136 — 72		
73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] Reserved d [ ] — 73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	44,238.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	76a	
b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number		
77	Amount of line 75 you want **applied to your 2015 estimated tax** ▶ — 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	1,002.
79	Estimated tax penalty (see instructions) — 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

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

Sign Here

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

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

Your signature	Date	Your occupation	Daytime phone number
		U.S. SENATOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		LOBBYIST	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
[redacted]	[redacted]	[redacted]		[redacted]
Firm's name ▶ [redacted]			Firm's EIN ▶ [redacted]	
Firm's address ▶ [redacted]			Phone no. [redacted]	

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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

▶ Attach to Form 1040.

OMB No. 1545-0074

2014

Attachment Sequence No. 07

Name(s) shown on Form 1040: RICHARD J. & LORETTA M. DURBIN

Your social security number: [redacted]

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 [2]		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5	State and local (check only one box): a [X] Income taxes, or b [ ] General sales taxes — SEE STATEMENT 9	5	10,224.
	6	Real estate taxes (see instructions)	6	5,200.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶ OTHER REAL ESTATE TAXES 3,542.	8	3,542.
	9	Add lines 5 through 8		9 18,966.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	9,207.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15	Add lines 10 through 14		15 9,207.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	11,244.
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You must attach Form 8283 if over $500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18		19 11,244.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ U.S. CONGRESS TRAVEL EXP 3,000.	21	3,000.
	22	Tax preparation fees	22	752.
	23	Other expenses investment, safe deposit box, etc. List type and amount ▶ TOTAL REFLECTS $3000 IRC 162(A) LIMIT ON DC LIVING EXPENSES FOR CONGRESSMEN 4,029.	23	4,029.
	24	Add lines 21 through 23	24	7,781.
	25	Enter amount from Form 1040, line 38 [25] 239,035.		
	26	Multiply line 25 by 2% (.02)	26	4,781.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27 3,000.
Other Miscellaneous Deductions	28	Other from list in instructions. List type and amount ▶		28
Total Itemized Deductions	29	Is Form 1040, line 38, over $152,525? [X] No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. [ ] Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29 42,417.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]		

LHA 419501 01-20-15 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule A (Form 1040) 2014

[redacted] DURBIN, RICHARD

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SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at www.irs.gov/schedule b.

OMB No. 1545-0074
2014
Attachment Sequence No. 08

Name(s) shown on return: RICHARD J. & LORETTA M. DURBIN

Your social security number: [redacted]

Part I Interest

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 instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
CONGRESSIONAL FEDERAL CREDIT UNION	29.
CREDIT UNION ONE	303.

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.

2 Add the amounts on line 1	2	332.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	332.

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

Part II Ordinary Dividends

5 List name of payer ▶

	Amount
FIDELITY	1,201.
FIDELITY	448.
MANULIFE FINANCIAL CORPORATION	292.
PFIZER	128.

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.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	2,069.

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

Part III Foreign Accounts and Trusts

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.

	Yes	No
7a At any time during 2014, 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		X
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 ▶		
8 During 2014, 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		X

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11-07-14

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

[redacted] DURBIN, RICHARD [redacted]

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SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2014
Attachment Sequence No. 09

Name of proprietor: LORETTA M. DURBIN

Social security number (SSN): [redacted]

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

B Enter code from instructions ▶ [redacted]

C Business name. If no separate business name, leave blank.
[redacted]

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

E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2014, check here ▶ [ ]

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

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 and the "Statutory employee" box on that form was checked ▶ [ ]	1	48,229.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	48,229.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	48,229.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	48,229.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	377.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	877.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	391.
17	Legal and professional services	17	753.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	1,979.
				b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	4,377.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	43,852.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: 2000 and (b) the part of your home used for business: 130 Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	650.
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you must go to line 32.	31	43,202.

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 **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.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

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

Schedule C (Form 1040) 2014

420001 10-17-14

[redacted] DURBIN, RICHARD [redacted]

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Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

TELEPHONE	402.
SUBSCRIPTIONS, DUES AND INTERNET	955.
LOBBYIST REGISTRATION FEES	622.

48 Total other expenses. Enter here and on line 27a 48 1,979.

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/scheduled*
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2014

Attachment Sequence No. 12

Name(s) shown on return: RICHARD J. & LORETTA M. DURBIN

Your social security number: [redacted]

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for 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	113,639.	113,769.		<130.>
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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
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	7	<130.>

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for 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	11,818.	10,913.		905.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	2,986.	2,039.		947.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				

11 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	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions SEE STATEMENT 10	13	4,150.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on page 2	15	6,002.

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

Schedule D (Form 1040) 2014

420511
11-24-14

[redacted] DURBIN, RICHARD [redacted]

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Part III **Summary**

16	Combine lines 7 and 15 and enter the result	16	5,872.
	• If line 16 is a **gain**, enter the amount from line 16 on 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 Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? [X] **Yes.** Go to line 18. [ ] **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions SEE STATEMENT 11 ▶	19	
20	Are lines 18 and 19 **both** zero or blank? [X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below. [ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on 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) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? [ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). [ ] **No.** Complete the rest of Form 1040 or Form 1040NR.		

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11-24-14

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949*.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2014

Attachment Sequence No. **12A**

Name(s) shown on return: RICHARD J. & LORETTA M. DURBIN

Social security number or taxpayer identification no.: [redacted]

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. 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 or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[X] (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
[ ] (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
[ ] (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
FIDELITY CAPITAL							
& INCOME	VARIOUS	10/24/14	21,234.	21,548.			<314.>
HENNESSY GAS							
UTILITY INVESTOR							
CL	VARIOUS	01/24/14	10,602.	10,334.			268.
OAKMARK							
INTERNATIONAL CL	VARIOUS	01/09/14	10,187.	10,278.			<91.>
PUTNAM EQUITY							
SPECTRUM	01/10/14	01/27/14	9,876.	10,187.			<311.>
SPARTAN EXTENDED							
MARKET	VARIOUS	10/27/14	449.	424.			25.
THOMPSON BOND							
FUND	VARIOUS	07/23/14	21,324.	21,218.			106.
AMERICAN BEACON							
MID CAP	01/09/14	01/29/14	9,567.	10,000.			<433.>
FIDELITY CAPITAL							
& INCOME	VARIOUS	11/03/14	9,764.	9,889.			<125.>
SPARTAN EXTENDED							
MARKET	VARIOUS	11/03/14	10,858.	10,162.			696.
THOMPSON BOND							
FUND	VARIOUS	07/23/14	9,778.	9,729.			49.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶			113,639.	113,769.			<130.>

Note. If you checked Box A 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.

[redacted] DURBIN, RICHARD [redacted]

0000000001873

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RICHARD J. & LORETTA M. DURBIN

Social security number or taxpayer identification no. [redacted]

Before you check Box D, E, or F 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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.
Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[X] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[ ] (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

[ ] (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SPARTAN EXTENDED							
MARKET	09/24/13	10/27/14	10,593.	10,007.			586.
VANGUARD							
SPECIALIZED							
PORTFOLIOS	02/10/12	10/27/14	1,225.	906.			319.
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			11,818.	10,913.			905.

Note. If you checked Box D 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.

[redacted] DURBIN, RICHARD [redacted]

0000000001874

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

RICHARD J. & LORETTA M. DURBIN

Social security number or taxpayer identification no. [redacted]

Before you check Box D, E, or F 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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.
Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [ ] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [X] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
VANGUARD							
SPECIALIZED							
PORTFOLIOS	11/17/11	10/27/14	2,986.	2,039.			947.
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			2,986.	2,039.			947.

Note. If you checked Box D 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.

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SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

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

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment Sequence No. **17**

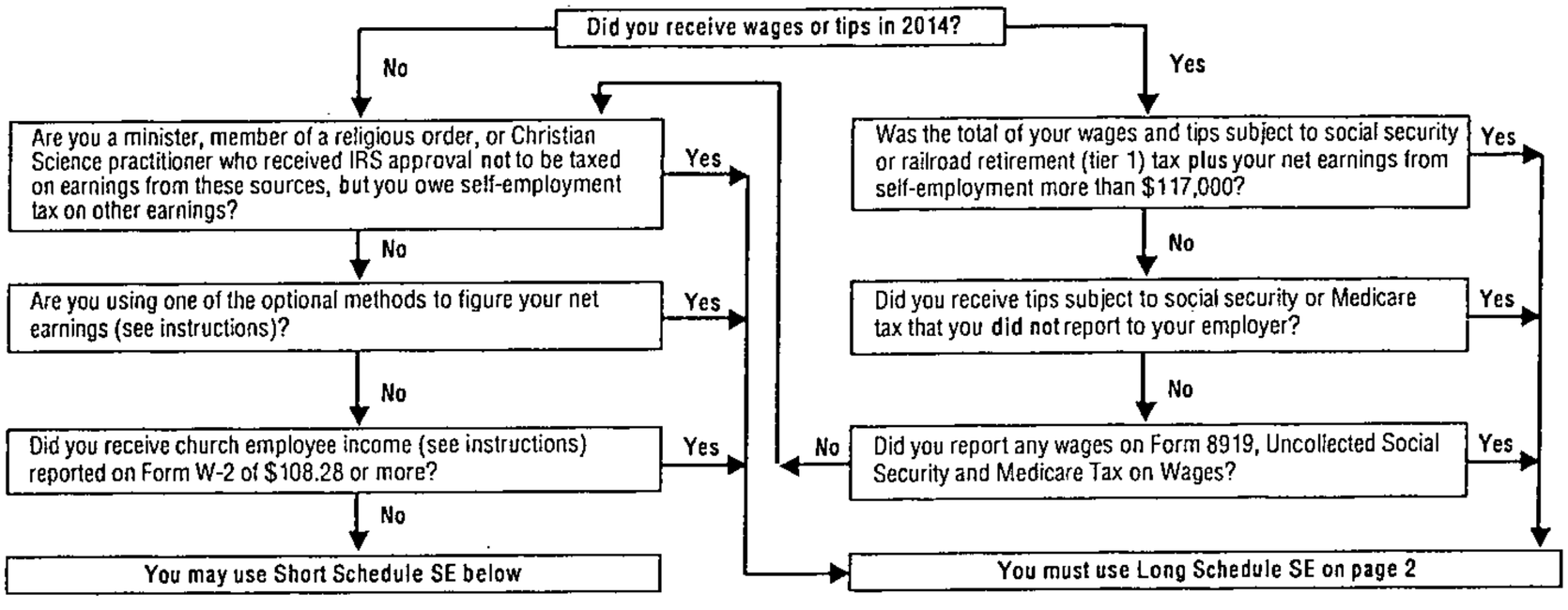
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR): LORETTA M. DURBIN

Social security number of person with **self-employment** income ▶ [redacted]

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		1a	
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 Z		1b	
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 STMT 12		2	43,202.
3 Combine lines 1a, 1b, and 2		3	43,202.
4 Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; **do not** file this schedule unless you have an amount on line 1b ▶		4	39,897.
Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5 **Self-employment tax.** If the amount on line 4 is: • $117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 57, or Form 1040NR, line 55** • More than $117,000, multiply line 4 by 2.9% (.029). Then, add $14,508 to the result. Enter the total here and on **Form 1040, line 57, or Form 1040NR, line 55**		5	6,104.
6 **Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27**	6		3,052.

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

Schedule SE (Form 1040) 2014

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424501
10-22-14

[redacted] DURBIN, RICHARD [redacted]

FORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET STATEMENT 2

CHECK ONLY ONE BOX:
- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2014
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2014

1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A	53,027.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT 30,996.	
	SPOUSE AMOUNT 22,031.	
2.	ENTER ONE HALF OF LINE 1	26,514.
3.	ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	197,014.
4.	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	
5.	ADD LINES 2, 3, AND 4	223,528.
6.	ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	3,052.
7.	SUBTRACT LINE 6 FROM LINE 5	220,476.
8.	ENTER: $25,000 IF YOU CHECKED BOX A OR D, OR	
	$32,000 IF YOU CHECKED BOX B, OR	
	$-0- IF YOU CHECKED BOX C	32,000.
9.	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 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2014, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A.	
	[X] YES. SUBTRACT LINE 8 FROM LINE 7	188,476.
10.	ENTER $9,000 IF YOU CHECKED BOX A OR D,	
	$12,000 IF YOU CHECKED BOX B	
	$-0- IF YOU CHECKED BOX C	12,000.
11.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	176,476.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
13.	ENTER ONE HALF OF LINE 12	6,000.
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
15.	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	150,005.
16.	ADD LINES 14 AND 15	156,005.
17.	MULTIPLY LINE 1 BY 85% (.85)	45,073.
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	45,073.
	* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	

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RICHARD J. & LORETTA M. DURBIN [redacted]

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2013	2012	2011
	ILLINOIS		
GROSS STATE/LOCAL INC TAX REFUNDS	229.		
LESS: TAX PAID IN FOLLOWING YEAR	21.		
NET TAX REFUNDS ILLINOIS	208.		
TOTAL NET TAX REFUNDS	208.		

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 4

	2013	2012	2011
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	208.		
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	208.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	49,504.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	49,504.		
6 MULT LN 5 BY APPL SEC. 68 PCT	39,603.		
7 PRIOR YEAR AGI	277,323.		
8 ITEM. DED. PHASEOUT THRESHOLD	300,000.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-22,677.		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	49,504.		
18 PRIOR YEAR STD. DED. AVAILABLE	14,600.		
19 SUBTRACT LINE 18 FROM LINE 17	34,904.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	220,019.		

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 0.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2011

TOTAL TO FORM 1040, LINE 10 0.

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FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 5

	2013	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	ILLINOIS		
STATE TAX PAID IN FOLLOW YEAR	1,020. X	229. =	21.
TOTAL STATE TAX PAID 2013	11,367.		

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 6

T S -	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	UNITED STATES SENATE	145,539.	24,036.	7,065.		7,254.	2,337.
TOTALS		145,539.	24,036.	7,065.		7,254.	2,337.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 7

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
FIDELITY	1,201.	572.
FIDELITY	448.	127.
MANULIFE FINANCIAL CORPORATION	292.	292.
PFIZER	128.	128.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,119.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 8

T S -	DESCRIPTION	AMOUNT
T	UNITED STATES SENATE	24,036.
J	MANULIFE FINANCIAL CORPORATION	82.
	TOTAL TO FORM 1040, LINE 64	24,118.

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SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 9

DESCRIPTION	AMOUNT
UNITED STATES SENATE	7,065.
ILLINOIS 1ST QTR ESTIMATE PAYMENTS	533.
ILLINOIS 2ND QTR ESTIMATE PAYMENTS	720.
ILLINOIS 3RD QTR ESTIMATE PAYMENTS	720.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	187.
ILLINOIS PRIOR YEAR ESTIMATE PAYMENTS	1,020.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-21.
TOTAL TO SCHEDULE A, LINE 5	10,224.

SCHEDULE D — CAPITAL GAIN DISTRIBUTIONS — STATEMENT 10

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
FIDELITY	1,883.	
FIDELITY	2,267.	
TOTALS TO SCHEDULE D, LINE 13	4,150.	

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SCHEDULE D	UNRECAPTURED SECTION 1250 GAIN	STATEMENT 11

1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4	
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1	
3.	SUBTRACT LINE 2 FROM LINE 1	
4.	ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR	
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"	
6.	ADD LINES 3 THROUGH 5	
7.	ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	
8.	ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-	
10.	ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN	
11.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)	2.
12.	ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE	
13.	ADD LINES 9 THROUGH 12	2.
14.	IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET	
15.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- -130.	
16.	ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C	
17.	COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-	130.
18.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19	0.

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RICHARD J. & LORETTA M. DURBIN [redacted]

SCHEDULE SE NON-FARM INCOME STATEMENT 12

DESCRIPTION	AMOUNT
	43,202.
TOTAL TO SCHEDULE SE, LINE 2	43,202.

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

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2014 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2014

Prepared for	Richard J. & Loretta M. Durbin [redacted]
Prepared by	Sikich LLP 3201 W. White Oaks Dr., Ste. 102 Springfield, IL 62704
Amount of tax	Total tax $ 45,240 Less: payments and credits $ 68,158 Plus: interest and penalties $ 0 Overpayment $ 22,918
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 4,480 Refunded to you $ 18,438
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.
Return must be mailed on or before	Not applicable
Special Instructions	

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05-01-14

2014 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2014

Prepared for	Richard J. & Loretta M. Durbin [redacted]
Prepared by	Sikich LLP 3201 W. White Oaks Dr., Ste. 102 Springfield, IL 62704
Amount of tax	Total tax $ 9,472 Less: payments and credits $ 10,205 Plus: interest and penalties $ 0 Overpayment $ 733
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 733
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. Please sign, date, and return Form IL-8453 to our office. We will submit your electronic return to the IDOR.
Return must be mailed on or before	Not applicable
Special Instructions	

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05-01-14

Illinois Department of Revenue

2014 Form IL-1040

Individual Income Tax Return or for fiscal year ending _____

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

Do not write above this line.

Step 1: Personal Information

[redacted] [redacted]

RICHARD J. DURBIN
LORETTA M. DURBIN
[redacted]

C Filing status (see instructions)
☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ Widowed

D Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. ☐ You ☐ Spouse

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.	1	239,035 .00
2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	2	.00
3	Other additions. **Attach** Schedule M.	3	.00
4	**Total income.** Add Lines 1 through 3.	4	239,035 .00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1 **Attach** Page 1 of federal return.	5	45,073 .00	
6	Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6	.00	
7	Other subtractions. **Attach** Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. ☐	7	.00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.			8 45,073 .00
9	**Illinois base income.** Subtract Line 8 from Line 4.			9 193,962 .00

Step 4: Exemptions

10 a	Number of exemptions from your federal return.	2	x $2,125	a	4,250 .00
b	If someone can claim you as a dependent, see instructions.		x $2,125	b	.00
c	Check if 65 or older: ☒ You + ☒ Spouse =	2	x $1,000	c	2,000 .00
d	Check if legally blind: ☐ You + ☐ Spouse =		x $1,000	d	.00
	Exemption allowance. Add Lines a through d.			10	6,250 .00

Step 5: Net Income

11	*Residents:* **Net income.** Subtract Line 10 from Line 9. *Skip* Line 12.	11	187,712 .00
12	*Nonresidents and part-year residents:* Check the box that applies to you during 2014 ☐ Nonresident ☐ Part-year resident, and enter the **Illinois base income** from Sch. NR. **Attach** Sch. NR.	12	.00

Step 6: Tax

13	*Residents:* Multiply Line 11 by 5% (.05). Cannot be less than zero. *Nonresidents and part-year residents:* Enter the tax from Schedule NR.	13	9,386 .00
14	Recapture of investment tax credits. **Attach** Schedule 4255.	14	.00
15	**Income tax.** Add Lines 13 and 14. Cannot be less than zero.	15	9,386 .00

Step 7: Tax After Non-refundable Credits

16	Income tax paid to another state while an Illinois resident. **Attach** Schedule CR.	16	.00
17	Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR.	17	260 .00
18	Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.	18	.00
19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	260 .00
20	**Tax after nonrefundable credits.** Subtract Line 19 from Line 15.	20	9,126 .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

0000000001887

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.

[redacted]

	21	Tax after nonrefundable credits from Page 1, Line 20.	21 9,126 .00	
Step 8: Other Taxes	22	Household employment tax. See instructions.	22 .00	
	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank.	23 86 .00	
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24 .00	
	25	**Total Tax.** Add Lines 21, 22, 23, and 24.	25	9,212 .00
Step 9: Payments and Refundable Credit	26	Illinois Income Tax withheld. **Attach** all W-2 and 1099 forms.	26 7,065 .00	
	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27 2,880 .00	
	28	Pass-through entity tax payments. **Attach** Schedule K-1-P or K-1-T	28 .00	
	29	Earned Income Credit from Schedule ICR. **Attach** Schedule ICR.	29 .00	
	30	**Total payments and refundable credit.** Add Lines 26 through 29.	30	9,945 .00
Step 10: Result	31	**Overpayment.** If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	733 .00
	32	**Underpayment.** If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00
Step 11: Underpayment of Estimated Tax Penalty and Donations	33	Late-payment penalty for underpayment of estimated tax	33 .00	
		a Check if at least two-thirds of your federal gross income is from farming. ☐		
		b Check if you or your spouse are 65 or older and permanently living in a nursing home. ☐		
		c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210. ☐		
		d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. ☐		
	34	Voluntary charitable donations. **Attach** Schedule G.	34 .00	
	35	**Total penalty and donations.** Add Lines 33 and 34.	35	.00
Step 12: Refund or Amount You Owe	36	If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining **overpayment.**	36	733 .00
	37	Amount from Line 36 you want **refunded to you.** Check one box on Line 38. See instructions.	37	733 .00
	38	I choose to receive my refund by		
		☐ **direct deposit** Complete the information below if you check this box.		
		Routing number _____ ☐ Checking or ☐ Savings		
		Account number _____		
		☐ **Illinois Individual Income Tax refund debit card**		
		☒ **paper check**		
	39	Amount to be **applied to estimated tax.** Subtract Line 37 from Line 36. See instructions.	39	.00
	40	If you have an underpayment on Line 32, add Lines 32 and 35. **or** If you have an overpayment on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe.** See instructions.	40	.00

Step 13: Sign and Date

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

COPY

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

[redacted] Paid preparer's signature Date [redacted] Preparer's phone number [redacted] Preparer's FEIN, SSN, or PTIN

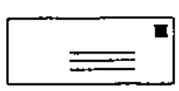
Third Party Designee

☒ Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

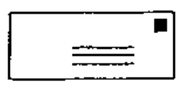
[redacted] Designee's name (please print) [redacted] Designee's phone number

Form 1099-G Information

☐ If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.



[redacted]



[redacted]

449002
01-14-15

ID: 2BX

DR _____ AP _____ RR DC IR

[redacted]

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Illinois Department of Revenue

2014 Schedule ICR Illinois Credits

Attach to your Form IL-1040

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit
- K-12 Education Expense Credit
- Earned Income Credit (EIC)

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

Step 1: Provide the following information

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 15.	1	9,386 .00
2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 16.	2	.00
3 Subtract Line 2 from Line 1	3	9,386 .00

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 5,200 .00

b Enter the county and property number for the property listed above.
4b [redacted] County [redacted] Property number

c Enter the county and property number for an adjoining lot, if included in Line 4a.
4c _____ County [redacted] Property number

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

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.	4e	.00
f Subtract Line 4e from Line 4a.	4f	5,200 .00
g Multiply Line 4f by 5% (.05).	4g	260 .00
5 Compare Lines 3 and 4g, and enter the lesser amount here.	5	260 .00
6 Subtract Line 5 from Line 3.	6	9,126 .00

Section B - K-12 Education Expense Credit

Note You must complete the *K-12 Education Expense Credit Worksheet* on page 2 of this schedule and attach any receipt you received from your student's school.

7 a Enter the total amount of K-12 education expenses from Line 13 of the worksheet on page 2 of this schedule.	7a	.00
b You may not take a credit for the first $250 paid.	7b	250.00
c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	.00
d Multiply Line 7c by 25% (.25). Compare the result and $500, and enter the lesser amount here.	7d	.00
8 Compare Lines 6 and 7d, and enter the lesser amount here.	8	0 .00

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 17. →	9	260 .00

Continued on Page 2 →

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[redacted]

Schedule ICR - Page 2

Step 3: Figure your refundable credit

Earned Income Credit

10 a Enter the amount of federal EIC as shown on your U.S. 1040, Line 66a; U.S. 1040A, Line 42a; or U.S. 1040EZ, Line 8a. 10a _____ .00

b Multiply the amount on Line 10a by 10% (.10). 10b _____ .00

c **Illinois residents:** Enter 1.0.
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 10c _____

d Multiply Line 10b by the decimal on Line 10c. 10d _____ .00

11 Enter the amount from Line 10d here. This is your Illinois Earned Income Credit. Enter this amount on Form IL-1040, Line 29. → 11 _____ .00

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note **You must complete this section and attach any receipt you received from your student's school.**

12 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 Total tuition, book/lab fees
a						
b						
c						
d						
e						
f						
g						
h						
i						
j						

13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F 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. → 13 _____ .00

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[redacted]

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.

Use Tax (UT) Table

If you had no major purchases and you do not have receipts to figure your purchases, use this table to estimate your annual Illinois Use Tax liability.

AGI (from IL-1040, Line 1)		Use Tax
$0	$10,000	$3
$10,001	$20,000	$9
$20,001	$30,000	$15
$30,001	$40,000	$21
$40,001	$50,000	$27
$50,001 -	$75,000	$38
$75,001 -	$100,000	$52
Above $100,000		Multiply AGI by 0.06% (0.0006)

Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over $600 ($1,200 if married filing jointly), you must file and pay your use tax with Form ST-44.

Note Do not include any

- items for which you paid sales tax in another state (but not in another country) of
  - 6.25% or more on Line 1a and
  - 1% or more on Line 2a.
- sales tax you paid in another state, on Line 4, for items not included in Lines 1a or 2a.

1a	Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax.	1a 1,370 .00		
1b	Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars.		1b	86 .00
2a	Enter the total cost of qualifying food, non-prescription drugs, and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax.	2a .00		
2b	Multiply Line 2a by 1% (.01). Round the result to whole dollars.		2b	.00
3	Add Lines 1b and 2b. **This is your use tax on purchases.**		3	86 .00
4	Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a.		4	.00
5	Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero). →		5	86 .00

Note **Be sure to keep this worksheet with your income tax records. You must send us this information if we request it.**

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Form **1040** U.S. Individual Income Tax Return (99) **2014** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
RICHARD J.	DURBIN	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
LORETTA M.	DURBIN	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
[redacted]

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.
[redacted]

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [X] Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.

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

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [X] Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

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

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

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

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers on lines above ▶ 2

Income

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	145,539.
8a	Taxable interest. Attach Schedule B if required		8a	332.
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	2,069.
b	Qualified dividends	9b 1,119.		STMT 4
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 2 STMT 3	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	43,202.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	5,872.
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a 53,027.	b Taxable amount	20b	45,073.
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	242,087.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	3,052.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	3,052.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	239,035.

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410001 12-31-14

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Tax and Credits

Standard Deduction for - ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. ● All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100

38	Amount from line 37 (adjusted gross income)		38 239,035.
39a	Check if: [X] You were born before January 2, 1950, [ ] Blind. [X] Spouse was born before January 2, 1950, [ ] Blind. Total boxes checked ▶ 39a 2		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40 42,417.
41	Subtract line 40 from line 38		41 196,618.
42	**Exemptions.** If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see inst.		42 7,900.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43 188,718.
44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44 39,180.
45	**Alternative minimum tax.** Attach Form 6251		45
46	Excess advance premium tax credit repayment. Attach Form 8962		46
47	Add lines 44, 45, and 46 ▶		47 39,180.
48	Foreign tax credit. Attach Form 1116 if required	48 44.	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54	
55	Add lines 48 through 54. These are your **total credits**		55 44.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56 39,136.

Other Taxes

57	Self-employment tax. Attach Schedule SE		57 6,104.
58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59
60a	Household employment taxes from Schedule H		60a
b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b
61	Health care: Individual responsibility (see instructions) Full-year coverage [X]		61
62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Inst., enter code(s)		62
63	Add lines 56 through 62. This is your **total tax** ▶		63 45,240.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64 24,118.	STATEMENT 7
65	2014 estimated tax payments and amount applied from 2013 return	65 44,040.	
66a	**Earned income credit (EIC)**	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] Reserved d [ ]	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74 68,158.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75 22,918.
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		76a 18,438.
b	Routing number [ ] ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number [ ]		
77	Amount of line 75 you want **applied to your 2015 estimated tax** ▶	77 4,480.	

Direct deposit? See instructions. ▶

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78
79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

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

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

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

Your signature	Date	Your occupation	Daytime phone number
		U.S. SENATOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		LOBBYIST	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
[redacted]	[redacted]	[redacted]		[redacted]

Firm's name ▶ [redacted] Firm's EIN ▶ [redacted]

Firm's address ▶ [redacted] Phone no. [redacted]

00000001893

Illinois Department of Revenue

Submission ID

2014 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

Print or type

RICHARD J. & LORETTA M. DURBIN

First name and middle initial | Spouse's first name (and last name if different) | Last name | Social Security number

Mailing address | Spouse's Social Security number

City | State | ZIP | Daytime phone number

Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	187,712.00
2	Tax from Form IL-1040, Line 13	2	9,386.00
3	Illinois Income Tax withheld from Form IL-1040, Line 26 **only** (enter "0" if none)	3	7,065.00
4	Overpayment from Form IL-1040, Line 36	4	733.00
5	Total amount due from Form IL-1040, Line 40	5	.00

6 Filing status: ___ Single/head of household X Married filing jointly ___ Married filing separately ___ Widowed

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 (i.e., 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: _____.00

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 2014 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

Your signature | 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.

Check if paid preparer: ☒ (See instructions.)

ERO's signature | Date

ERO use only

Firm's name or your name if self-employed | Your Social Security number (SSN) or PTIN

Mailing address | Federal employer identification no. (FEIN)

City | State | ZIP | Phone number

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.

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