

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

<input type="checkbox"/> Amendment			
Last Name	First Name and Middle Initial	Annual Report	
Durbin	Richard J.	Calendar Year Covered by Report	Senate Office / Agency in Which Employed
		2015	Office of Senator Richard J. Durbin
Senate Office Address (Number, Street, City, State, and ZIP Code)		Senate Office Telephone Number (Include Area Code)	Termination Report
U.S. Capitol, S-321, Washington, DC 20510		(202) 224-9447	Termination Date (mm/dd/yy) Prior Office / Agency in Which Employed

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

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

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

FOR OFFICIAL USE ONLY
Do Not Write Below this Line

Reporting Individual's Name

 Amendment

Richard J. Durbin

Page Number

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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
	7/23/1X XYZ Magazine	NY, NY EXAMPLE	Article	\$500
1	Not applicable			
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Richard J. Durbin

PART II. EARNED AND NON-INVESTMENT INCOME

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	Social Security	Washington, DC	Benefits	\$31,811
3	Social Security (Spouse)	Washington, DC	Benefits	\$22,671
4	J & J Legislative LLC (Spouse)	Springfield, IL	Non-employee Comp.	\$5,356.75
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Richard J. Durbin

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

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

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

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

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

1 Manulife Financial Corp. (\$11,738)

2 Credit Union One, Lombard (\$70,880.70)

3 Congressional Federal Credit Union (\$13,518)

4 Pfizer (123 sh - \$3970)

5 [REDACTED] TSP - G Fund (\$403,944)

6 [REDACTED] TSB - C Fund (\$239,078)

TOP - E Fund (\$33,672)

100-05-1 (831-714)

R/D Fidelity: ENGMX \$13,030.01

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100% of the time, the system will be able to correctly identify the target object.

BLOCK B

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

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000...	Over \$1,000,001 - \$5,000,000	\$1,000,001 - \$25,000,000	\$55,000,001 - \$250,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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BLOCK C

Type and Amount of Income

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

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



Richard J. Durbin

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.

S, Example: DC, or J	<i>IBM Corp. (stock)</i>
	<i>(S) Keystone Fund</i>

1 J Fidelity - FBSOX \$20,275

2 J Fidelity - FBIOX \$40,604

3 J Fidelity - Cash \$165

4 J Fidelity - FSRFX \$0

5 J Fidelity - FNCMX

6 J Fidelity - RSP \$0

7 J Fidelity - SPI V \$

Deferred Compensation State of

Fidelity IRA - SPAXX money market fund -

9 \$23,486.43

10 S Fidelity IRA - FNCMA - \$21,452.53

BLOCK B

Valuation of Assets

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

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

BLOCK C

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

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

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Richard J. Durbin

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

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

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

Type and Amount of Income

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

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

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

Richard J. Durbin

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.

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

1 Springfield residence (\$260,000 est)

2 Chicago Condo (\$290,000 est)

3 2012 Ford Fusion (\$13,000 est)

4 1996 Ford Ranger (\$2500 est)

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BLOCK B
Valuation of Assets

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

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

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

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

			Amount of Transaction (x)															
			Transaction Type (x)			Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)									
			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000**	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000					
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	FSRFX (247 sh) (\$23,437.30)		X				X	2/27/15	X								
2	J	FBIOX (40 sh) (\$10,000)		X				X	2/27/15	X								
3	J	RSP (150 sh) (\$12,354.45)		X				X	2/27/15	X								
4	J	FNCMX (176 sh) (\$11,650.85)		X				X	4/16/15	X								
5	J	DLTNX (1214 sh) (\$13,441.98)		X				X	4/22/15	X								
6	J	DLTNX (1218 sh) (\$13,252.13)		X				X	6/3/15	X								
7	J	DLTNX (4 sh) (\$44.24)		X				X	6/10/15	X								
8	J	FBIOX (50 sh) (\$13,252.13)		X				X	6/14/15	X								
9	J	SPLV (162 sh) (\$5960.02)		X				X	6/15/15	X								
10	J	XBI (24 sh) (\$5826.03)		X				X	6/16/15	X								
11	J	RSP (272 sh) (\$21,950.20)		X				X	7/28/15	X								
12	J	XBI (84 sh) (\$21,511.11)		X				X	8/6/15	X								

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

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

Richard J. Durbin

PART IV. TRANSACTIONS

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

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

Identification of Assets

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

1 J FBSOX (502 sh) (\$21,000)

2 J XBI (324 sh) (\$20,909.10)

3 J FBIOX (7 sh) (\$1580.24)

4 S FSRFX (688 sh) (\$65,255.24)

5 S FBIOX (40 sh) (\$10,000)

6 S SPLV (1400 sh) (\$53,389.95)

7 S FNCMX (175 sh) (\$11,383.75)

8 S SPLV (550 sh) (\$20,891.66)

9 S FTBFX (3209 sh) (\$34,823.54)

10 S FTBFX (3219 sh) (\$34,322.62)

11 S FPURX (1547 sh) (\$34,322.62)

12 S SPLV (550 sh) (\$20,608.92)

Transaction Type (x)			Amount of Transaction (x)											
Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
X			2/1/1X	X		E	X	A	M	P	L	E		
	X		1/27/1X			X	E	X	A	M	P	L	E	
X			10/26/15	X										
	X		10/27/15	X										
X			12/4/15	X										
	X		2/27/15		X									
X			2/27/15	X										
X			4/20/15	X										
	X		4/20/15		X									
X			4/22/15	X										
	X		6/2/15	X										
X			6/2/15	X										
	X		6/4/15	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.

Richard J. Durbin

PART IV. TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets

	S, Example: DC, or J	IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC	Transaction Type (x)			Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x)									
			Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
1	S	RSP (250 sh) (\$20,561.48)	X			2/1/1X		X		E	X	A	M	P	L	E
2	S	SPLV (825 sh) (\$30,384.49)		X		1/27/1X			X	E	X	A	M	P	L	E
3	S	FTBFX (4721 sh) (\$50,000)	X			6/4/15		X								
4	S	FPURX (2985 sh) (\$65,801.18)	X			6/16/15					X					
5	S	FV (1225 sh) (\$29,971.45)	X			6/16/15			X							
6	S	FBIOX (216 sh) (\$57,587.44)		X		6/18/15				X						
7	S	FPURX (2199 sh) (\$49,000)	X			6/19/15			X							
8	S	FTBFX (2819 sh) (\$30,000)	X			6/22/15			X							
9	S	FV (1000 sh) (\$24,857.95)	X			6/24/15			X							
10	S	FNCMX (147 sh) (\$10,000.00)	X			6/25/15		X								
11	S	RSP (645 sh) (\$53,139.07)		X		6/26/15				X						
12	S	FV (800 sh) (\$20,199.95)	X			6/29/15		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.

Richard J. Durbin

PART IV. TRANSACTIONS

12

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

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

Identification of Assets

Example: DC, S, or J

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

1 S VO (195 sh) (\$25,580.25)

2 S QQQ (8 sh) (\$911.14)

3 S VO (195 sh) (\$23,416.94)

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Transaction Type (x)			Amount of Transaction (x)											
Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	X		2/1/1X	X		E	X	A	M	P	L	E		
		X	1/27/1X			X	E	X	A	M	P	L	E	
1	S	X	6/29/15	X										
2	S	X	12/22/15	X										
3	S	X	12/22/15	X										
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

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

Click... to create an additional page for this part.

Reporting Individual's Name

 Amendment

Richard J. Durbin

Page Number

PART V. GIFTS

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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
1	Not applicable			
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Note: The Senate Gift Rule prohibits most gifts from lobbyists and foreign agents and most gifts from other sources in excess of \$49.99.

Richard J. Durbin

PART VI. REIMBURSEMENTS**14**

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

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

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX	EXAMPLE <i>Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X</i> EXAMPLE
1	Not applicable		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Richard J. Durbin

PART VII. LIABILITIES**15**

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

										Category of Amount of Value (x)										
										\$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
Name of Creditor		Address		Type of Liability		Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable											
S, Example: DC, or J	First District Bank (J) John Jones	Wash., DC Wash., DC		Mortgage on undeveloped land Promissory Note	1992 2000	13% 10%	1 pt n/a	25 yrs On dmd		X	E	X	A	M	P	L	E			
1	Bank of Springfield	Springfield, IL		Mortgage - Springfield, IL	2012	3.475	0	30 yrs	X											
2	Fifth Third (\$173,220)	Cincinnati, Ohio		Mortgage - Chicago, IL	2010	4.375	0	30 yrs			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.

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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

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

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

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

Richard J. Durbin

PART IX. AGREEMENTS OR ARRANGEMENTS

17

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	None		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Richard J. Durbin

PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

18

FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)

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

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

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Richard J. & Loretta M. Durbin

Form 1040

2015 Income Tax Returns

Prepared by:

[REDACTED]

Two-Year Comparison Worksheet

2015

Name(s) as shown on return

RICHARD J. & LORETTA M. DURBIN

2014 Filing Status **MARRIED** FILING **JOINT**

2015 Filing Status **MARRIED** FILING **JOINT**

Social security number
[REDACTED]

Description	Tax Year 2014	Tax Year 2015	Increase (Decrease)
WAGES, SALARIES, AND TIPS	145,539.	140,606.	-4,933.
SCHEDULE B - TAXABLE INTEREST	332.	277.	-55.
SCHEDULE B - ORDINARY DIVIDENDS	2,069.	1,051.	-1,018.
SCHEDULE B - QUALIFIED DIVIDENDS	1,119.	862.	-257.
TAXABLE REFUNDS OF STATE/LOCAL TAX	0.	760.	760.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	43,202.	4,717.	-38,485.
SCHEDULE D (CAPITAL GAIN/LOSS)	5,872.	6,716.	844.
TAXABLE SOCIAL SECURITY BENEFITS	45,073.	46,310.	1,237.
TOTAL INCOME	242,087.	200,437.	-41,650.
DEDUCTIBLE PART OF SE TAX			
TOTAL ADJUSTMENTS	3,052.	333.	-2,719.
ADJUSTED GROSS INCOME	239,035.	200,104.	-38,931.
TAXES			
INTEREST (DEDUCTIBLE)	18,966.	14,849.	-4,117.
CONTRIBUTIONS	9,207.	6,949.	-2,258.
JOB EXPENSES AND 2% MISC. DEDUCT.	11,244.	9,890.	-1,354.
TOTAL ITEMIZED DEDUCTIONS	3,000.	3,000.	
INCOME BEFORE EXEMPTIONS	42,417.	34,688.	-7,729.
PERSONAL EXEMPTIONS			
TAXABLE INCOME			
TAX			
TAX BEFORE CREDITS			
FORM 1116 (FOREIGN TAX CREDIT)			
TAX AFTER NON-REFUNDABLE CREDITS			
SCHEDULE SE (SELF-EMPLOYMENT TAX)			
TOTAL TAX	6,104.	666.	-5,438.
TOTAL TAX	45,240.	30,807.	-14,433.
FEDERAL INCOME TAX WITHHELD	24,118.	22,687.	-1,431.
ESTIMATED TAX PAYMENTS	44,040.	4,470.	-39,570.
GTOTAL PAYMENTS	68,158.	27,157.	-41,001.
TAX OVERPAID	22,918.	0.	-22,918.
AMOUNT REFUNDED	18,438.	0.	-18,438.
OVERPAYMENT APPLIED TO ESTIMATE	4,480.	0.	-4,480.
FORM 2210/2210F (EST. TAX PENALTY)	0.	45.	45.
BALANCE DUE (INCLUDING 2210/2210F)	0.	3,695.	3,695.
ILLINOIS STATE RETURN			
TAXABLE INCOME	187,712.	146,734.	-40,978.
TAX	9,386.	5,503.	-3,883.
NON-REFUNDABLE CREDITS	260.	266.	6.
OTHER TAXES PAYMENTS	86.	120.	34.
PAYMENTS	9,945.	5,255.	-4,690.

Two-Year Comparison Worksheet

2015

me(s) as shown on return

RICHARD J. & LORETTA M. DURBIN

2015 Filing Status MARRIED FILING JOINT

2015 Tax Bracket 28 . 0%

Social security number
[REDACTED]

Description	Tax Year 2014	Tax Year 2015	Increase (Decrease)
BALANCE DUE MOUNT REFUNDED	0 . 733 .	102 . 0 .	102 . -733 .

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Form 1040 (2015) RICHARD J. & LORETTA M. DURBIN

Page 2

x and edits	38 Amount from line 37 (adjusted gross income)	38	200,104.
standard deduction for people who can't claim as a dependent, see line 39a or line 39b if:	b If your spouse itemizes on a separate return or you were a dual-status alien, check here	Total boxes checked	► 39a 2
40	41 Subtract line 40 from line 38	► 39b	40
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	41	34,688.
44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	45 Alternative minimum tax. Attach Form 6251	42	165,416.
46 Excess advance premium tax credit repayment. Attach Form 8962	47 Add lines 44, 45, and 46	43	8,000.
48 Foreign tax credit. Attach Form 1116 if required	49 Credit for child and dependent care expenses. Attach Form 2441	44	157,416.
50 Education credits from Form 8863, line 19	51 Retirement savings contributions credit. Attach Form 8880	45	30,184.
52 Child tax credit. Attach Schedule 8812, if required	53 Residential energy credits. Attach Form 5695	46	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	55 Add lines 48 through 54. These are your total credits	47	30,184.
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	57 Self-employment tax. Attach Schedule SE	48	43.
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	49	
60a Household employment taxes from Schedule H	b First-time homebuyer credit repayment. Attach Form 5405 if required	50	
61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst., enter code(s)	51	
63 Add lines 56 through 62. This is your total tax	64 Federal income tax withheld from Forms W-2 and 1099	52	
65 2015 estimated tax payments and amount applied from 2014 return	66a Earned income credit (EIC)	53	30,807.
66a Qualifying child, attach schedule Etc.	b Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>	54	STATEMENT 7
67 Additional child tax credit. Attach Schedule 8812	68 American opportunity credit from Form 8863, line 8	64	22,687.
69 Net premium tax credit. Attach Form 8962	70 Amount paid with request for extension to file	65	4,470.
71 Excess social security and tier 1 RRTA tax withheld	72 Credit for federal tax on fuels. Attach Form 4136	66a	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved <input type="checkbox"/> 8885 d <input type="checkbox"/>	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	67	
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	68	
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> Account # <input type="checkbox"/> Routing # <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d number <input type="checkbox"/>	76a	69	
77 Amount of line 75 you want applied to your 2016 estimated tax	77	70	
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	71	
79 Estimated tax penalty (see instructions)	79	72	
80 Owe	81 If line 79 is more than line 78, enter the difference	73	
82 Paid Preparer Use Only	83 Your signature	74	27,157.
84 If line 82 is more than line 83, enter the difference	85 Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below.	75	
86 Date	87 Your occupation	76a	
88 Date	89 Your occupation	77	
90 Your signature	91 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.	78	3,695.
92 Firm's name	93 Daytime phone number	79	
94 Firm's address	95 If the IRS sent you an Identity Protection PIN, enter it here	80	
96 Firm's EIN	97 Phone no.	81	

Print/Type preparer's name

Preparer's signature

Date

Phone

No.

Personal identification

number (PIN)

Daytime phone number

Firm's name

Phone no.

Firm's address

Phone no.

Firm's EIN

Phone no.

Daytime phone number

Firm's name

Phone no.

Firm's address

Phone no.

Firm's EIN

Phone no.

Daytime phone number

Firm's name

Phone no.

Firm's address

Phone no.

Firm's EIN

Phone no.

Daytime phone number

Firm's name

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Daytime phone number

Firm's name

Phone no.

Firm's address

Phone no.

Firm's EIN

Phone no.

Daytime phone number

Firm's name

Phone no.

Firm's address

Phone no.

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0074
2015

► Information about Form 2210 and its separate instructions is at www.irs.gov/form2210.

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

1 of the Treasury
Service
shown on tax return

Attachment
Sequence No. 06

[REDACTED]

JARD J. & LORETTA M. DURBIN

Do You Have To File Form 2210?

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

Yes

Do not file Form 2210. You do not owe a penalty.

No
Delete lines 8 and 9 below. Is line 6 equal to or more than
\$1,000?

Yes

You do not owe a penalty. Do not file Form 2210
(but if box E in Part II applies, you must file page 1 of
Form 2210).

No
May owe a penalty. Does any box in Part II below apply?

Yes

You must file Form 2210. Does box B, C, or D in Part II apply?

No

Yes

You must figure your penalty.

It file Form 2210. You are not required to figure your
tax because the IRS will figure it and send you a bill for any
amount. If you want to figure it, you may use Part III or
IV as a worksheet and enter your penalty amount on your tax
return, but do not file Form 2210.

Required Annual Payment

Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)
her taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment
come Tax (see instructions).¹

refundable credits, including the premium tax credit (see instructions)
current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty.²

Multiply line 4 by 90% (.90)
itholding taxes. Do not include estimated tax payments (see instructions)

Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210
maximum required annual payment based on prior year's tax (see instructions)

quired annual payment. Enter the smaller of line 5 or line 8
ext: Is line 9 more than line 6?

No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.

Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.

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

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

If Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

You request a waiver (see instructions) of part of your penalty. You must check this box and file page 1 of Form 2210, but you are not required
to figure your penalty.

You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required
to figure your penalty.

Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must
figure the penalty using Schedule A1 and file Form 2210.

Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in
equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

You filed or are filing a joint return for either 2014 or 2015, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of
Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

or Paperwork Reduction Act Notice, see separate instructions.

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)**Payment Due Dates**

		Payment Due Dates		
	(a) 4/15/15	(b) 6/15/15	(c) 9/15/15	(d) 1/15/16
Required installments. If box C in Part II applies, enter the amounts from Schedule A, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column.				
Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II before going to line 20 of the next column.	18	6,932.	6,932.	6,932.
Enter the amount, if any, from line 26 in the previous column	19	5,672.	5,672.	7,907.
Add lines 19 and 20	20			
Add the amounts on lines 24 and 25 in the previous column	21	5,672.	7,907.	7,906.
Subtract line 22 from line 21. If zero or less, enter -0.	22	1,260.	2,520.	1,545.
For column (a) only, enter the amount from line 19	23	5,672.	4,412.	5,387.
If line 23 is zero, subtract line 21 from line 22.	24		0.	0.
Otherwise, enter -0.				
Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26.	25	1,260.	2,520.	1,545.
Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column.	26			569.
Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II)			27	45.

SEE ATTACHED WORKSHEET

000000000183

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

2

SCHEDULE B**Interest and Ordinary Dividends****2015**OMB No. 1545-0074
Attachment Sequence No. 08► Attach to Form 1040A or 1040.
► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Your social security number

X

If Revenue Service (IRS) shown on return

CHARD J. & LORETTA M. DURBIN
CONGRESSIONAL FEDERAL CREDIT UNION
CREDIT UNION ONE

Amount
20.
257.

1

If you
ved a Form
INT,
1099-OID,
bstitute
ment from
Brokerage firm,
the firm's
as the
Brokerage firm,
and enter
total interest
own on that.

2

Amount

277.

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 ►

3

Amount

277.

2 Add the amounts on line 1
Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815

4

Amount

277.

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

Part II
Dividends
from
Brokerage firm,
the firm's
as the
Brokerage firm,
and enter
ordinary
interests shown
below.

5

Amount

1,051.

a:

If you

ived a Form

DIV or

stituted

ment from

Brokerage firm,

the firm's

as the

Brokerage firm,

and enter

ordinary

interests shown

below.

b:

If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account

is located

►

During 2015, 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

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

►

During 2015, 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

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

►

During 2015, 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

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

►

During 2015, 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

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

►

During 2015, 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

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

►

During 2015, 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

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

►

During 2015, 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

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

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Interest and Dividend Summary

Name: RICHARD J. & LORETTA M. DURBIN

SCHEDULE C
Form 1040)

Profit or Loss From Business

(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

OMB No. 1545-0074
2015
Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (89)

of proprietor

RETTA M. DURBIN

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

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

Business address (including suite or room no.) ► [REDACTED]

City, town or post office, state, and ZIP code [REDACTED]

Accounting method: (1) Cash (2) Accrual (3) Other (specify) ► [REDACTED]

Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

If you started or acquired this business during 2015, check here

Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)

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

Part I Income

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

Returns and allowances

Subtract line 2 from line 1

Cost of goods sold (from line 42)

Gross profit. Subtract line 4 from line 3

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

Gross income. Add lines 5 and 6

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

Advertising

Car and truck expenses
(see instructions)

Commissions and fees

Contract labor (see instructions)

Depletion

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

Employee benefit programs (other
than on line 19)

Insurance (other than health)

Interest:

Mortgage (paid to banks, etc.)

Other

Legal and professional services

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

Tentative profit or (loss). Subtract line 28 from line 7

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:

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

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

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

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

• If you checked the box on line 32, you must go to line 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.

For Paperwork Reduction Act Notice, see the separate instructions.

Social security number (SSN)

B Enter code from instructions

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

X Yes No

Yes X No

Yes No

1	5,357.
2	
3	5,357.
4	
5	5,357.
6	
7	5,357.

28 640.

29 4,717.

30

31 4,717.

32a All investment
is at risk.

32b Some investment
is not at risk.

Part III Summary

5 Combine lines 7 and 15 and enter the result

16 6,716.

- 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.

Are lines 15 and 16 both gains?

Yes. Go to line 18.

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

Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions

▼ 18

Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions

▼ 19

Are lines 18 and 19 both zero or blank?

Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

for Form 1040, line 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.

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.

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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6468

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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.

Attachment
Sequence No. 12A

Social Security number or
taxpayer identification no.

ARD J. & LORETTA M. DURBIN

I Short-Term: Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions see page 2
and may even tell you which box to check.

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 totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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 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.

- 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

(a) Description of property	(b) Date acquired	(c) Date sold or (sales price)	(d) Proceeds Cost or other basis. See the instructions.	(e) Gain or loss. Subtract column (d) from column (c).
Real estate, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f).				

(Mo., day, yr.)		Note below and see Column (e) in Code(s)		from column (d) & combine the result	
(f)	(g)	Amount of			

BOND F1
TICKER: BONDF1
EXCH: NASDAQ

DELLITY SELECT

**ANSPORT
DEX ETF TRUST**

GENHELM S&P
12,105. 12,354.
<249.

DR. SER. IR. S&E
OTECH
20,909. 27,337.
<6,428.

Table 1. The effect of the number of nodes on the performance of the proposed algorithm.

84

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ts. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your

chedule D, line 1b (if Box A above is checked), line 2 (if Box B
ove is checked), or line 3 (if Box C above is checked) ► 69,894. 74,875. <4,981.

If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (g) the basis as reported to the IRS, and enter all information in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

**Social security number or
taxpayer identification no.**

RICHARD J. & LORETTA M. DURBIN

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 will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 6549 (see instructions).

are long-term transactions than will fit on this page for 8 or more of the boxes, complete as many lines with the same box checked as you need.

long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see NOTE above) long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS long-term transactions not reported to you on Form 1099-B

(a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or loss	(h)
-----	-----	-----	-----	-----	-------------------------------------	-----

(a) Description of property	Date acquired	Date sold or Proceeds (sales price)	Cost or other basis See the
--------------------------------	---------------	---	--------------------------------

(Example: 100 sh. XYZ Co.)		(Mo., day, yr.)	(Mo., day, yr.)	(Mo., day, yr.)	(Mo., day, yr.)
		disposed of (Sales price)	Note below and See Column (e) in the instructions	(f)	(g)
				Code(s)	Amount of adjustment

FIDELITY NASDAQ
COMPOSITE INDEX
RYDEX ETF TRUST
11,504.9,176.
2,328.

GUGGENHEIM S&P	500	9,845.	6,378.	3,467.
POWERSHARES EXCH				
TRADED		5,960.	4,034.	1,926.

STUDY	
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837	838
839	8310
841	842
843	844
845	846
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987	988
989	9810
991	992
993	994
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997	998
999	9910

Time	Distance
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1	1
2	3
3	6
4	10
5	15
6	21
7	28
8	36
9	45
10	55
11	66
12	78
13	91
14	105
15	120
16	136
17	153
18	171
19	190
20	210
21	231
22	253
23	276
24	300
25	325
26	351
27	378
28	406
29	435
30	465
31	500
32	535
33	572
34	610
35	649
36	689
37	730
38	772
39	815
40	860
41	906
42	953
43	1001
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45	1100
46	1151
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55	1665
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57	1800
58	1870
59	1941
60	2013
61	2086
62	2160
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65	2388
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107	6525
108	6645
109	6766
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111	7011
112	7135
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114	7386
115	7513
116	7641
117	7770
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121	8306
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134	10166
135	10313
136	10461
137	10610
138	10760
139	10911
140	11063
141	11216
142	11370
143	11525
144	11681
145	11838
146	11996
147	12154
148	12313
149	12472
150	12632
151	12792
152	12953
153	13114
154	13276
155	13438
156	13601
157	13764
158	13928
159	14092
160	14256
161	14421
162	14586
163	14752
164	14918
165	15085
166	15252
167	15420
168	15588
169	15756
170	15924
171	16092
172	16260
173	16428
174	16596
175	16764
176	16932
177	17100
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179	17436
180	17604
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182	17940
183	18108
184	18276
185	18444
186	18612
187	18780
188	18948
189	19116
190	19284
191	19452
192	19620
193	19788
194	19956
195	20124
196	20292
197	20460
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204	21636
205	21804
206	21972
207	22140
208	22308
209	22476
210	22644
211	22812
212	22980
213	23148
214	23316
215	23484
216	23652
217	23820
218	24008
219	24186
220	24364
221	24542
222	24720
223	24908
224	25086
225	25264
226	25442
227	25620
228	25808
229	25986
230	26164
231	26342
232	26520
233	26708
234	26886
235	27064
236	27242
237	27420
238	27608
239	27786
240	27964
241	28142
242	28320
243	28508
244	28686
245	28864
246	29042
247	29220
248	29408
249	29586
250	29764
251	29942
252	30120
253	30308
254	30486
255	30664
256	30842
257	31020
258	31208
259	31386
260	31564
261	31742
262	31920
263	32108
264	32286
265	32464
266	32642
267	32820
268	33008
269	33186
270	33364
271	33542
272	33720
273	33908
274	34086
275	34264
276	34442
277	34620
278	34808
279	34986
280	35164
281	35342
282	35520
283	35708
284	35886
285	36064
286	36242
287	36420
288	36608
289	36786
290	36964
291	37142
292	37320
293	37508
294	37686
295	37864
296	38042
297	38220
298	38408
299	38586
300	38764
301	38942
302	39120
303	39308
304	39486
305	39664
306	39842
307	40020
308	40208
309	40386
310	40564
311	40742
312	40920
313	41108
314	41286
315	41464
316	41642
317	41820
318	42008
319	42186
320	42364
321	42542
322	42720
323	42908
324	43086
325	43264
326	43442
327	43620
328	43808
329	43986
330	44164
331	44342
332	44520
333	44708
334	44886
335	45064
336	45242
337	45420
338	45608
339	45786
340	45964
341	46142
342	46320
343	46508
344	46686
345	46864
346	47042
347	47220
348	47408
349	47586
350	47764
351	47942
352	48120
353	48308
354	48486
355	48664
356	48842
357	49020
358	49208
359	49386
360	49564
361	49742
362	49920
363	50108
364	50286
365	50464
366	50642
367	50820
368	51008
369	51186
370	51364
371	51542
372	51720
373	51908
374	52086
375	52264
376	52442
377	52620
378	52808
379	52986
380	53164
381	53342
382	53520
383	53708
384	53886
385	54064
386	54242
387	54420
388	54608
389	54786
390	54964
391	55142
392	55320
393	55508
394	55686
395	55864
396	56042
397	56220
398	56408
399	56586
400	56764
401	56942
402	57120
403	57308
404	57486
405	57664
406	57842
407	58020
408	58208
409	58386
410	58564
411	58742
412	58920
413	59108
414	59286
415	59464
416	59642
417	59820
418	60008
419	60186
420	60364
421	60542
422	60720
423	60908
424	61086
425	61264
426	61442
427	61620
428	61808
429	61986
430	62164
431	62342
432	62520
433	62708
434	62886
435	63064
436	63242
437	63420
438	63608
439	63786
440	63964
441	64142
442	64320
443	64508
444	64686
445	64864
446	65042
447	65220
448	65408
449	65586
450	65764
451	65942
452	66120
453	66308
454	66486
455	66664
456	66842
457	67020
458	67208
459	67386
460	67564
461	67742
462	67920
463	68108
464	68286
465	68464
466	68642
467	68820
468	69008
469	69186
470	69364
471	69542
472	69720
473	69908
474	70086
475	70264
476	70442
477	70620
478	70808
479	70986
480	71164
481	71342
482	71520
483	71708
484	71886
485	72064
486	72242
487	72420
488	72608
489	72786
490	72964
491	73142
492	73320
493	73508
494	73686
495	73864
496	74042
497	74220
498	74408
499	74586
500	74764
501	74942
502	75120
503	75308
504	75486
505	75664
506	75842
507	76020
508	76208
509	76386
510	76564
511	76742
512	76920
513	77108
514	77286
515	77464
516	77642
517	77820
518	78008
519	78186
520	78364
521	78542
522	78720
523	78908
524	79086
525	79264
526	79442
527	79620
528	79808
529	80086
530	80264
531	80442
532	80620
533	80808
534	80986
535	81164
536	81342
537	81520
538	81708
539	81886
540	82064
541	82242
542	82420
543	82608
544	82786
545	82964
546	83142
547	83320
548	83508
549	83686
550	83864
551	84042
552	84220
553	84408
554	84586
555	84764
556	84942
557	85120
558	85308
559	85486
560	85664
561	85842
562	86020
563	86208
564	86386
565	

Time	Reaction	Concentration
0 min	Initial	100%
10 min	Reaction A	80%
20 min	Reaction B	70%
30 min	Reaction C	60%
40 min	Reaction D	50%
50 min	Reaction E	40%
60 min	Reaction F	30%
70 min	Reaction G	20%
80 min	Reaction H	10%
90 min	Final	0%

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) ► 27,309. 19,588. 7,721
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.

lified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

e(s) shown on return
HARD J. & LORETTA M. DURBIN

Your SSN [REDACTED]

ore you begin: ✓ See the instructions for line 44 to see if you can use this worksheet to figure your tax.

✓ Before completing this worksheet, complete Form 1040 through line 43.

If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

Enter the amount from Form 1040, line 43. However, if you are filing Form

2555 or 2555-EZ (relating to foreign earned income), enter the amount from

line 3 of the Foreign Earned Income Tax Worksheet

Enter the amount from Form 1040, line 9b* 2. 862.

Are you filing Schedule D?

Yes. Enter the smaller of line 15 or 16 of

Schedule D. If either line 15 or line 16 is

blank or a loss, enter -0-

No. Enter the amount from Form 1040, line 13

Add lines 2 and 3

If filing Form 4952 (used to figure investment

interest expense deduction), enter any amount

from line 4g of that form. Otherwise, enter -0-

Subtract line 5 from line 4. If zero or less, enter -0-

Subtract line 6 from line 1. If zero or less, enter -0-

Enter:

\$ 37,450 if single or married filing separately,

\$ 74,900 if married filing jointly or qualifying widow(er),

\$ 50,200 if head of household.

Enter the smaller of line 1 or line 8

Enter the smaller of line 7 or line 9

Subtract line 10 from line 9. This amount is taxed at 0%

Enter the smaller of line 1 or line 6

Enter the amount from line 11

Subtract line 13 from line 12

Enter:

\$ 413,200 if single,

\$ 232,425 if married filing separately,

\$ 464,850 if married filing jointly or qualifying widow(er),

\$ 439,000 if head of household.

Add lines 7 and 11

Enter the smaller of line 1 or line 15

Enter the smaller of line 7 or line 9

Subtract line 17 from line 16. If zero or less, enter -0-

Enter the smaller of line 14 or line 18

Multiply line 19 by 15% (0.15)

Add lines 11 and 19

Multiply line 22 by 20% (0.20)

Figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet

figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Table to

Add lines 20, 23, and 24

Figure the tax on the amount on line 1. If the amount on line 7 is less than \$100,000, use the Tax Table to

Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form

1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44.

Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet

If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Self-Employment Tax

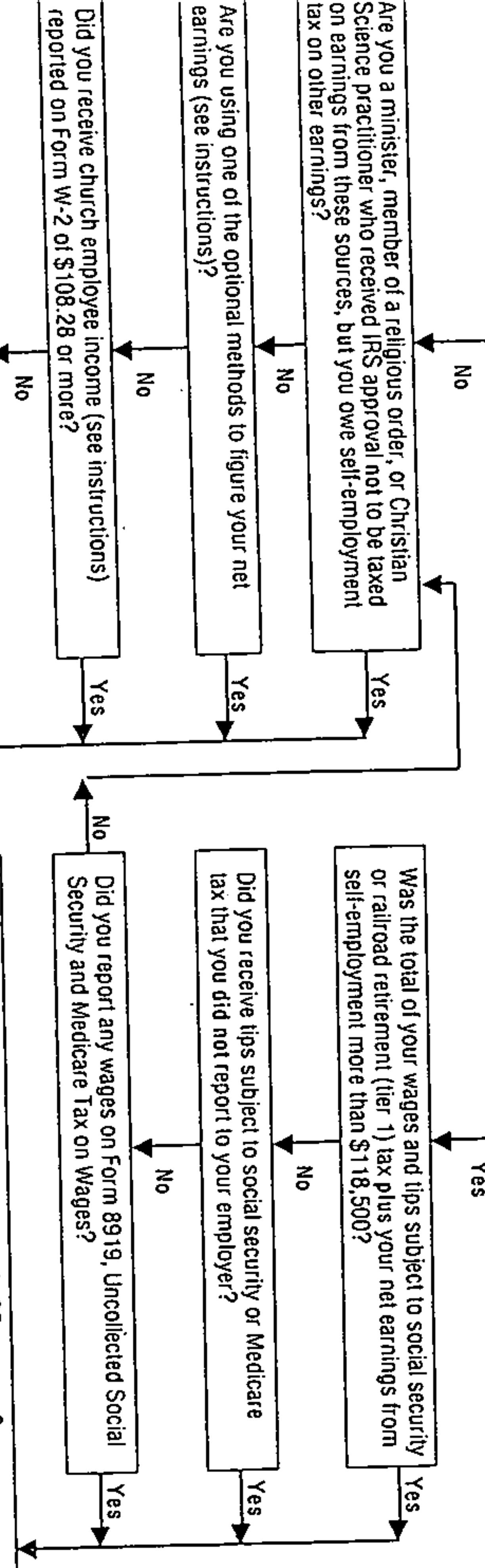
Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese .	► Attach to Form 1040 or Form 1040NR.
--	---------------------------------------

of person with self-employment income (as shown on Form 1040 or Form 1040NR).

Social security number of
person with self-employment
income

ETTA M. DURBIN

- You begin: To determine if you must file Schedule SE, see the instructions.
I Use Short Schedule SE or Must I Use Long Schedule SE?
 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.

Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

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

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 S.T.M.T. 1.0

Combine lines 1a, 1b, and 2

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

Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

Self-employment tax. If the amount on line 4 is:

- \$118,500 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 \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result.

Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55

Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

- IAC For Paperwork Reduction Act Notice, see your tax return instructions.**
- 6 333. Schedule SE (Form 1040) 2015

CHECK ONLY ONE BOX:
SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)

- MARRIED FILING JOINTLY
- MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
- AT ANY TIME DURING 2015
- MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
- FOR ALL OF 2015

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

IF YOU CHECKED BOX B: TAXPAYER AMOUNT
SPOUSE AMOUNT

31,811.
22,671.

54,482.
27,241.

MULTIPLY LINE 1 BY 50% (0.50)
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

ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,

OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
PUERTO RICO THAT YOU CLAIMED

ADD LINES 2, 3, AND 4

ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32,
AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED
LINE NEXT TO LINE 36

SUBTRACT LINE 6 FROM LINE 5

ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
\$32,000 IF YOU CHECKED BOX B, OR

32,000.
333.

181,035.
181,368.

\$ -0- IF YOU CHECKED BOX C
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 2015, BE SURE YOU ENTERED 'D' TO THE
RIGHT OF THE WORD "BENEFITS" ON LINE 20A.

149,035.
149,035.

ENTER \$9,000 IF YOU CHECKED BOX A OR D,
\$12,000 IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C
SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-
CENTER THE SMALLER OF LINE 9 OR LINE 10

12,000.
137,035.
12,000.
6,000.
6,000.

CENTER ONE HALF OF LINE 12
CENTER THE SMALLER OF LINE 2 OR LINE 13
.GMULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-
.GADD LINES 14 AND 15
.GMULTIPLY LINE 1 BY 85% (.85)

116,480.
122,480.
46,310.

TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B

46,310.

RICHARD J. & LORETTA M. DURBIN

M 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

2014 2013 2012

ILLINOIS 819.

59.

TAX REFUNDS ILLINOIS

760.

AL NET TAX REFUNDS

760.

0000000001847

1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 3

2014 2013 2012

AX REFUNDS FROM STATE AND
L. INCOME TAX REFUNDS STMT.

760.

REFUNDS - NO BENEFIT DUE TO AMT
-SALES TAX BENEFIT REDUCTION

NET REFUNDS FOR RECALCULATION

760.

TOTAL ITEMIZED DEDUCTIONS

42,417.

BEFORE PHASEOUT

760.

DEDUCTION NOT SUBJ TO PHASEOUT

760.

NET REFUNDS FROM LINE 1

760.

LINE 2 MINUS LINES 3 AND 4
MULT LN 5 BY APPL SEC. 68 PCT41,657.
33,326.
239,035.
305,050.PRIORITY YEAR AGI
ITEM. DED. PHASEOUT THRESHOLD

-66,015.

SUBTRACT LINE 8 FROM LINE 7
IF ZERO OR LESS, SKIP LINES
10 THROUGH 15, AND ENTER

AMOUNT FROM LINE 1 ON LINE 16)

MULT LN 9 BY APPL SEC. 68 PCT
ALLOWABLE ITEMIZED DEDUCTIONS

LINE 5 LESS THE LESSER OF

LINE 6 OR LINE 10)
ITEM DED. NOT SUBJ TO PHASEOUTTOTAL ADJ. ITEMIZED DEDUCTIONS
PRIORITY YR. STD. DED. AVAILABLE
PRIORITY YR. ALLOWABLE ITEM. DED.

SUBTRACT THE GREATER OF LINE

13A OR LINE 13B FROM LINE 14
TAXABLE REFUNDS

760.

LESSER OF LINE 15 OR LINE 1)
ALLOWABLE PRIORITY YR. ITEM. DED.42,417.
14,800.

PRIORITY YEAR STD. DED. AVAILABLE

27,617.
760.SUBTRACT LINE 18 FROM LINE 17
LESSER OF LINE 16 OR LINE 19
PRIORITY YEAR TAXABLE INCOME

188,718.

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

760.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012

TOTAL TO FORM 1040, LINE 10

760.

RICHARD J. & LORETTA M. DURBIN

M 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 4

	2014	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
TE TAX PAID IN FOLLOW YEAR	ILLINOIS 720.	819. =	59.
AL STATE TAX PAID 2014	9,945.		

M 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 5

EMPLOYER'S NAME	FEDERAL AMOUNT PAID	STATE TAX WITHHELD	CITY TAX WITHHELD	SDI TAX W/H	FICA TAX	MEDICARE TAX
NITED STATES SENATE	140,606.	22,605.	5,255.	7,347.	2,300.	
ALS	140,606.	22,605.	5,255.	7,347.	2,300.	

M 1040

QUALIFIED DIVIDENDS

STATEMENT 6

E OF PAYER

ORDINARY
DIVIDENDS

QUALIFIED
DIVIDENDS

ELITY	511.	324.
ELITY	109.	107.
TULIFE FINANCIAL CORPORATION	293.	293.
ZER	138.	138.

AB INCLUDED IN FORM 1040, LINE 9B

862.

M 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 7

DESCRIPTION

AMOUNT

NETTED STATES SENATE
ANULIFE FINANCIAL CORPORATION

22,605.
82.

AL TO FORM 1040, LINE 64

22,687.

CHARL J. & LORETTA M. DURBIN

SCHEDULE A.

STATE AND LOCAL INCOME TAXES

STATEMENT 8

DESCRIPTION

UNITED STATES SENATE

NOIS PRIOR YEAR ESTIMATE PAYMENTS

CTION OF STATE TAX DEDUCTION - STATE REFUNDS

L TO SCHEDULE A, LINE 5

AMOUNT

5,255.

720.

-59.

5,916.

SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 9

OF PAYER

TOTAL CAPITAL GAIN 28% GAIN

LITY
LITY
LITY

2,305.
1,671.

3,976.

SCHEDULE SE

NON-FARM INCOME

STATEMENT 10

RIPTION

AMOUNT

4,717.

4,717.

0000000001850

8879

2015

IRS e-file Signature Authorization

► Do not send to the IRS. This is not a tax return.

► Keep this form for your records.

Information about Form 8879 and its instructions is at www.irs.gov/form8879

Submission Identification Number (SID) ▶

Taxpayer's name

CHARLIE J. DURBIN

Spouse's name

ORETTA M. DURBIN

Social security number	[REDACTED]
Spouse's social security number	[REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 200,104.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2 30,807.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3 22,687.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5 3,695.

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

I declare under penalties of perjury, I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) try to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date ▶

Spouse's PIN: check one box only

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

Enter five digits, but do not enter all zeros

as my signature on my tax year 2015 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date ▶

Part III Certification and Authentication - Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]

Do not enter all zeros

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

EROS signature ► [REDACTED]

EROS Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

510995
11-06-15

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

Form 8879 (2015)

Illinois Department of Revenue

2015 Form IL-1040

Individual Income Tax Return or for fiscal year ending _____

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

Do not write above this line.

Step 1: Personal Information**RICHARD J. DURBIN
LORETTA M. DURBIN****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: **1** Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. **1** **(Whole dollars only)** **200,104.00**

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** **200,104.00**

Step 3: **5** Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. **5** **46,310.00**

Base **6** Illinois Income Tax overpayment included in U.S. 1040, Line 10. **6** **760.00**

Income **7** Other subtractions. Attach Schedule M. **7** **.00**

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

8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** **47,070.00**

9 Illinois base income. Subtract Line 8 from Line 4. **9** **153,034.00**

Step 4: **10** **a** Number of exemptions from your federal return. **2** **x \$2,150 a 4,300.00**

b If someone can claim you as a dependent, see instructions. **5** **x \$2,150 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 = **0 x \$1,000 d .00**

Exemption allowance. Add Lines a through d. **10** **6,300.00**

Step 5: **11** Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12. **11** **146,734.00**

Net **12** Nonresidents and part-year residents: Enter the tax from Schedule NR. **12** **.00**

Income Check the box that applies to you during 2015 **☐** Nonresident **☐** Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR. **12** **.00**

Step 6: **13** Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. **13** **5,503.00**

Nonresidents and part-year residents: Enter the tax from Schedule NR. **14** **.00**

Tax **14** Recapture of investment tax credits. Attach Schedule 4255. **15** **5,503.00**

Credits **15** Income tax. Add Lines 13 and 14. Cannot be less than zero.

Step 7: **16** Income tax paid to another state while an Illinois resident. **16** **.00**

Fax After Attach Schedule CR.

Non-refundable **17** Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. **17** **266.00**

Credits **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. **19** **266.00**

20 Cannot exceed the tax amount on Line 15. **20** **5,237.00**

Tax after nonrefundable credits. Subtract Line 19 from Line 15.

21 Tax after nonrefundable credits from Page 1, Line 20.

21 _____ 5,237.00

- Step 8:
- 22 Household employment tax. See instructions.
 - 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.
 - 24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge
 - 25 Total Tax. Add Lines 21, 22, 23, and 24.
- Step 9:
- 26 Illinois Income Tax withheld. Attach all W-2 and 1099 forms.
 - 27 Estimated payments from Forms IL-1040-ES and IL-5051, including any overpayment applied from a prior year return.
 - 28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.
 - 29 Earned Income Credit from Schedule ICR. Attach Schedule ICR.
 - 30 Total payments and refundable credit. Add Lines 26 through 29.

- Step 10:
- 31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.
 - 32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25.
- Step 11:
- 33 Late-payment penalty for underpayment of estimated tax
underpayment
 - 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.
- Step 12:
- 34 Voluntary charitable donations. Attach Schedule G.
 - 35 Total penalty and donations. Add Lines 33 and 34.

- Step 13:
- 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.
 - 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.
 - 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 _____
- Step 14:
- 39 Illinois Individual Income Tax refund debit card
 paper check

- Step 15:
- 40 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.
 - If you have an underpayment on Line 32, add Lines 32 and 35. Or subtract Line 31 from Line 35. This is the amount you owe. See instructions.
- Step 16:
- 41 Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.
- Sign and Date:
- Your signature _____ Date _____ Daytime phone number _____ Your spouse's signature _____ Date _____
- Preparer's signature _____ Date _____ Preparer's phone number _____ 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.
- Designee's name (please print) _____ Designee's phone number _____
- Form 1099-G 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.

**Illinois Department of Revenue
2015 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
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit (EIC)

Step 1: Provide the following information

CHARD J. & LORETTA M. DURBIN

Your name as shown on your Form IL-1040

Your Social Security number

Step 2: Figure your nonrefundable credit

Enter the amount of tax from your Form IL-1040, Line 15.

Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 16.

Subtract Line 2 from Line 1.

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

- a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.
- b Enter the county and property number for the property listed above.

4b _____ County _____
Property number _____

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

4c _____ County _____
Property number _____

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

4d _____ County _____
Property number _____

Section B - K-12 Education Expense Credit

- e Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction.
- f Subtract Line 4e from Line 4a.
- g Multiply Line 4f by 5% (.05).

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

Subtract Line 5 from Line 3.

Section C - Total Nonrefundable Credit

- Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 17.

- 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.

Continued on Page 2 →



→ 9 _____ 266.00

chedule ICR - Page 2

ep 3: Figure your refundable credit

Reduced Income Credit

- 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.
 - b Multiply the amount on Line 10a by 10% (.10).
 - c Illinois residents: Enter 1.0.
 - d Nonresidents and part-year residents: Enter the Schedule NR, Line 48.
 - e Multiply Line 10b by the decimal on Line 10c.
Enter the amount from Line 10d here. This is your Illinois Earned Income Credit. Enter this amount on Form IL-1040.

באותו הרגע שפָּרָה מיטרין: הונע ממנה רוח של אמירה, של כח.

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

Complete the following information for each of your qualifying students. If a student attended more than one

year, please list separately. If you need more space, attach a separate sheet.

Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter)	School city (IL cities only)	Total tuition, book/lab fees
----------------	------------------------	-------------------	--	---------------------------------	---------------------------------

"home school, if applicable)

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3 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.

18

10

3-0-0

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

100

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Form 1040 U.S. Individual Income Tax Return (99) 2015

OMB No. 1345-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning

2015, ending

.20

See separate instructions.

Your first name and initial

RICHARD J.

Last name

DURBIN

If a joint return, spouse's first name and initial

LORETTA M.

Last name

DURBIN

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

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

Foreign country name

[REDACTED]

Foreign province/state/county

[REDACTED]

Foreign postal code

[REDACTED]

Apt. no.

[REDACTED]

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
Check only one box.	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	Boxes checked on 6a and 6b	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	2	

Exemptions

6a

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

b

Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If child under age 17 qualifying for child tax credit

No. of children on 6a and 6b

on 8c who:

• lived with you

• did not live with you due to divorce or separation (see instructions) _____

Dependents on 8c not entered above

Add numbers on lines above ▶

d

Total number of exemptions claimed.

7

Wages, salaries, tips, etc. Attach Form(s) W-2

8a

Taxable interest. Attach Schedule B if required

b

Tax-exempt interest. Do not include on line 8a

9a

Ordinary dividends. Attach Schedule B if required

b

Qualified dividends

10

Taxable refunds, credits, or offsets of state and local income taxes

11

Alimony received

12

Business income or (loss). Attach Schedule C or C-EZ

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

14

Other gains or (losses). Attach Form 4797

15a

IRA distributions

15a

Pensions and annuities

16a

9b

S.T.M.T. 2

S.T.M.T. 3

10

S.T.M.T. 4

11

760.

12

4,717.

13

6,716.

14

17

18

19

20b

46,310.

21

200,437.

22

Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

23

Educator expenses

Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.

24

Health savings account deduction. Attach Form 8889

25

Moving expenses. Attach Form 3903

26

Deductible part of self-employment tax. Attach Schedule SE.

27

Self-employed SEP, SIMPLE, and qualified plans

28

Self-employed health insurance deduction

29

Penalty on early withdrawal of savings

30

Alimony paid b Recipient's SSN ▶

31a

IRA deduction

32

Student loan interest deduction

33

Tuition and fees. Attach Form 8917

34

Domestic production activities deduction. Attach Form 8903

35

Add lines 23 through 35

36

333.

37

Subtract line 36 from line 22. This is your adjusted gross income

200,104.

See separate instructions.

Your social security number

Spouse's social security number

Make sure the SSN(s) above and on line 8c are correct.

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

► You Spouse

Form 1040 (2015)

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	200,104.	
Standard Deduction for	39a Check if: <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ► 39a 2	39a	2	
Dependents	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b	39b		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.				
Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	34,688.		
Subtract line 40 from line 38	41	165,416.		
Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	42	8,000.		
Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	157,416.		
Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	30,184.		
Alternative minimum tax. Attach Form 6251	45			
Excess advance premium tax credit repayment. Attach Form 8962	46			
Add lines 44, 45, and 46	47	30,184.		
Foreign tax credit. Attach Form 1116 if required	48	43.		
Credit for child and dependent care expenses. Attach Form 2441	49			
Education credits from Form 8863, line 19	50			
Retirement savings contributions credit. Attach Form 8880	51			
Child tax credit. Attach Schedule 8812, if required	52			
Residential energy credits. Attach Form 5695	53			
Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54			
Add lines 48 through 54. These are your total credits	55	43.		
Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	30,141.		
Self-employment tax. Attach Schedule SE	57	666.		
Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58			
Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
Household employment taxes from Schedule H	60a			
First-time homebuyer credit repayment. Attach Form 5405 if required	60b			
Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61			
Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst, enter code(s)	62			
Add lines 56 through 62. This is your total tax	63	30,807.		
Federal income tax withheld from Forms W-2 and 1099	64	22,687.		
2015 estimated tax payments and amount applied from 2014 return	65	4,470.		
Earned income credit (EIC)	66a			
Nontaxable combat pay election	66b			
American opportunity credit from Form 8863, line 8	67			
Net premium tax credit. Attach Form 8962	68			
Additional child tax credit. Attach Schedule 8812	69			
Excess social security and tier 1 RRTA tax withheld	70			
Credit for federal tax on fuels. Attach Form 4136	71			
Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> reserved <input type="checkbox"/> 8885 d <input type="checkbox"/>	72			
Add lines 64, 65, 66a, and 67 through 73. These are your total payments	73			
If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	74	27,157.		
Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> a <input type="checkbox"/> Direct deposit? b <input type="checkbox"/> Routing <input type="checkbox"/> c <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d <input type="checkbox"/> Account #	75			
Amount of line 75 you want applied to your 2016 estimated tax	76a			
Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	77			
Estimated tax penalty (see instructions)	78	3,695.		
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below.	79	45.		
Your signature	79			
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.	79			
Date	79			
Phone no.	79			
Sign Here	79			
Third Party Designee	79			
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below.	79			
Your signature	79			
Date	79			
Phone no.	79			
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> it if self-employed	PTIN
Paid Preparer Use Only	Firm's name			
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> it if self-employed	PTIN
Spouse's signature, if a joint return, both must sign.	U. S. SENATOR	Date	Check <input type="checkbox"/> it if self-employed	PTIN
Spouse's occupation				
Keep a copy for your records.				
Firm's address				

Estimated Tax Worksheet

Keep for Your Records

Adjusted gross income you expect in 2016 (see instructions)

- If you plan to itemize deductions, enter the estimated total of your itemized deductions.

Caution: If line 1 is over \$155,650 your deduction may be reduced. See Pub. 505 for details.

- If you do not plan to itemize deductions, enter your standard deduction.

Subtract line 2 from line 1

Exemptions. Multiply \$4,050 by the number of personal exemptions. Caution: See Worksheet 2-6 in Pub. 505 to figure the amount to enter if line 1 is over \$155,650.

Subtract line 4 from line 3

Tax. Figure your tax on the amount on line 5 by using the 2016 Tax Rate Schedules.

Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-7 and 2-8 in Pub. 505 to figure the tax

Alternative minimum tax from Form 6251 or included on Form 1040A, line 28

Add lines 6 and 7. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44

Credits (see instructions). Do not include any income tax withholding on this line

Subtract line 9 from line 8. If zero or less, enter -0.

Self-employment tax (see instructions)

Other taxes (see instructions)

Add lines 10 through 12

Earned income credit, additional child tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885

Total 2016 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0.

Multiply line 13c by 90% (66 2/3% for farmers and fishermen)

Required annual payment based on prior year's tax (see instructions)

Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b

Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 13c. For details, see chapter 2 of Pub. 505.

Income tax withheld and estimated to be withheld during 2016 (including income tax withholding on pensions, annuities, certain deferred income, etc.)

a Subtract line 15 from line 14c

b Is the result zero or less?

c Yes. Stop here. You are not required to make estimated tax payments.

d No. Go to line 16b.

e Subtract line 15 from line 13c

f Is the result less than \$1,000?

g Yes. Stop here. You are not required to make estimated tax payments.

h No. Go to line 17 to figure your required payment.

i The first payment you are required to make is due April 18, 2016, enter 1/4 of line 16a (minus any 2015 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order

	1	200,104.
2	34,688.	
3	165,416.	
4	8,100.	
5	157,316.	
6	30,114.	
7	30,114.	
8	43.	
9	30,071.	
10	666.	
11	30,737.	
12	30,737.	
13a	30,737.	
13b	30,737.	
13c	30,737.	
14a	30,737.	
14b	33,888.	
14c	30,737.	
15	22,687.	
16a	8,080.	
16b	8,050.	
17	2,020.	