

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

Amendment

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

## 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 type="checkbox"/>

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

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Do Not Write Below this Line

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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	None			
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

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## PART II. EARNED AND NON-INVESTMENT INCOME

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

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

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

	Name of Income Source	Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	\$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Over \$1,000
1	U.S. Senate	Washington, DC	Salary	\$174,000
2	Social Security	Washington, DC	Benefits	\$32,067
3	Social Security (Spouse)	Washington, DC	Benefits	\$22,715
4	J and J Legislative, LLC (Spouse)	Springfield, IL	Non-employee comp.	\$4,487
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## PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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

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

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

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

**BLOCK B**  
**Valuation of Assets**

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

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

Type of Income								Amount of Income			
None (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	Over \$100,000***	Over \$1,000,000***	Over \$5,000,000	Actual Amount	Required if "Other" Specified
None	X	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Example	Example

S, Example: DC, or J	IBM Corp. (stock)		X								
	(S) Keystone Fund		X								
1	Manulife Financial Corp. (\$10,086.12)		X								\$314
2	Credit Union One, Lombard (\$61,027.02)			X							\$196.23
3	Congressional Federal Credit Union (\$11,732.00)		X								\$16.77
4	Pfizer (123 sh - \$3995)		X								\$147.60
5	TSP - F Fund (\$417,384)			X							
6	TSP - C Fund (\$211,303)			X							
7	TSP - S Fund (\$208,728)			X							
8 J	Fidelity - FNCMX (\$14,184.83)		X				X		X		\$133.71
9 J	Fidelity - FPURX (\$54,168.76)			X			X		X		\$1,069.52
10 J	Fidelity - FBSOX (\$0)		X								

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

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

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

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**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 8  
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**

### 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.**

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

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

## BLOCK A

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

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

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

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

BLOCK B  
Valuation of Assets

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

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

Type of Income							Amount of Income											
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

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

1 Springfield residence (\$270,000 est)

2 Chicago Condo (\$295,000 est)

3 2015 Buick Lacrosse (\$25,000 est)

4 1996 Ford Ranger (\$2800 est)

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Example

Example

Example

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

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

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## PART IV. TRANSACTIONS

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

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

## Identification of Assets

	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	Over \$50,000,000
1	J	FBIOX (100 shares) (\$15,415)		X		2/1/1X		X			E	X	A	M	P	L	E
2	J	FBSOX (300 shares) (\$10,299)		X		1/27/1X				X	E	X	A	M	P	L	E
3	J	FBIOX (61 706 shares) (\$10,000)	X			3/1/16		X									
4	J	VFINX (54.555 shares) (\$10,075)	X			3/9/16		X									
5	J	FNCMX (198.975 shares) (\$12,927.41) - transfer from RJD account to joint account				4/13/16		X									
6	J	FBIOX (108.862 shares) (\$19,369.82) - transfer from RJD account to joint account				4/13/16			X								
7	J	FBSOX (207.279 shares) (\$8324.32)		X		5/9/16		X									
8	J	FPURX (416.372 shares) (\$8360.75)	X			5/20/16		X									
9	J	FBIOX (247.224 shares) (\$40,403.52)		X		6/27/16			X								
10	J	VFINX (55.092 shares) (\$10,353.44)		X		6/27/16		X									
11	J	FDL (1965 shares) (\$50,999.70)	X			7/1/16				X							
12	J	FPURX (417.925 shares) (\$8705.38)		X		7/19/16		X									

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

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

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## PART IV. TRANSACTIONS

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

## Identification of Assets

	S, Example: or J	IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC	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
1	J	FDL (1965 shares) (\$52,279.56)		X		2/1/1X		X			E	X	A	M	P	L	E
2	J	FPURX (2592.412 shares) (\$53,300)		X		1/27/1X				X	E	X	A	M	P	L	E
3	S	QQQ (200 shares) (\$22,847.95)		X		1/05/16				X							
4	S	FNCMX (200 shares) (\$11,224)		X		2/09/16		X									
5	S	FPURX (4000 shares) (\$74,720)		X		2/09/16				X							
6	S	FBIOX (100 shares) (\$15,415)		X		2/09/16				X							
7	S	FV (2000 shares) (\$38,231.34)		X		2/11/16				X							
8	S	QQQ (100 shares) (\$9,620.87)		X		2/11/16		X									
9	S	FGMNX (8583.691 shares) (\$100,000)		X		2/12/16				X							
10	S	FV (1025 shares) (\$22,295.56)		X		4/19/16				X							
11	S	IWM (200 shares) (\$22,461.95)		X		4/19/16				X							
12	S	FDL (800 shares) (\$20,663.95)		X		4/22/16				X							

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

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## PART IV. TRANSACTIONS

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

## Identification of Assets

S, Example: DC, or J	IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC	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
1 S	QQQ (108 shares) (\$11,931.18)		X		2/1/1X	X					E X A M P L E			
2 S	FDL (400 shares) (\$10,255.95)		X		1/27/1X						X E X A M P L E			
3 S	FPURX (787.891 shares) (\$15,986.30)		X		4/27/16									
4 S	IWM (200 shares) (\$22,7747.55)		X		6/1/16									
5 S	FPURX (887.690 shares) (\$18,100)		X		6/22/16									
6 S	FBIOX (102.693 shares) (\$16,783.12)		X		6/27/16									
7 S	FDL (1200 shares) (\$31,323.36)		X		6/29/16									
8 S	FDL (800 shares) (\$20,767.95)		X		7/1/16									
9 S	FDL (400 shares) (\$10,503.95)		X		7/5/16									
10 S	FDL (800 shares) (\$21,431.95)		X		7/11/16									
11 S	FGMNX (8723.23 shares) (\$101,712.86)		X		10/11/16									
12 S	DISSX (1796.407 shares) (\$51,000)		X		10/12/16									

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

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

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## **PART IV. TRANSACTIONS**

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

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

## **Identification of Assets**

	S, Example: DC, or J	IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC	X	2/1/1X	X	E X A M P L E
1	S	PARMX (1810.680 shares) (\$51,369)	X	10/12/16	X	
2	S	DISSX (1796.407 shares) (\$48,273.40)	X	11/3/16	X	
3	S	PARMX (1810.680 shares) (\$50,051.57)	X	11/3/16	X	
4	S	AUENX (6460.119 shares) (\$98,000)	X	11/7/16	X	
5	S	FDL (2000 shares) (\$53,210.88)	X	11/15/16	X	
6	S	AUENX (3403.308 shares) (\$53,500)	X	11/16/16	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.**

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**PART V. GIFTS**

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

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

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

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## PART VI. REIMBURSEMENTS

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

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

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX EXAMPLE	<i>Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X</i> EXAMPLE
1	None		
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## PART VII. LIABILITIES

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

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)															
								S, Example: DC, or J	First District Bank (J) John Jones	Wash., DC	Promissory Note	1992	13%	1 pt	25 yrs	X	E	X	A	M	P	L	E
1	Bank of Springfield (\$2,046.54*)	Springfield, IL	Mortgage - Springfield, IL	2012	3.475	0	30 yrs																
2	Fifth Third Mortgage (\$173,220.18*)	Cincinnati, Ohio	Mortgage - Chicago, IL	2010	4.375	0	30 yrs									X							
3	*value listed is highest amount owed in 2016																						
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							

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

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

Reporting Individual's Name

 Amendment

Page Number

Richard J. Durbin

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## 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

16

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:	<p>Pursuant to partnership agreement, will receive lump sum payment of capital account &amp; partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)</p> <p>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</p>	Jones & Smith, Hometown, USA      EXAMPLE	1 / 94
1	None		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Reporting Individual's Name

 Amendment

Richard J. Durbin

Page Number

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

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

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

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

000000001114

Richard J. & Loretta M. Durbin

*Form 1040*

*2016 Income Tax Returns*

Prepared by:

[REDACTED]

# 2016 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**FOR THE YEAR ENDING**

December 31, 2016

<b>Prepared for</b>	Richard J. & Loretta M. Durbin [REDACTED]
<b>Prepared by</b>	[REDACTED]
<b>Amount of tax</b>	
Total tax	\$ 32,894
Less: payments and credits	\$ 33,279
Plus: interest and penalties	\$ 0
<b>Overpayment</b>	\$ 385
Miscellaneous Donations	\$ 0
Credited to your estimated tax	\$ 385
Refunded to you	\$ 0
<b>Make check payable to</b>	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	0000000000

# 2016

## Two-Year Comparison Worksheet

Name(s) as shown on return

RICHARD J. &amp; LORETTA M. DURBIN

2015 Filing Status MARRIED FILING JOINT

2016 Filing Status MARRIED FILING JOINT

Social security number  
[REDACTED]

Description	Tax Year 2015	Tax Year 2016	Increase (Decrease)
BALANCE DUE	103.	0.	-103.
WAGES, SALARIES, AND TIPS	140,606.	139,158.	-1,448.
SCHEDULE B - TAXABLE INTEREST	1,199.	214.	-985.
SCHEDULE B - ORDINARY DIVIDENDS	1,051.	1,448.	397.
SCHEDULE B - QUALIFIED DIVIDENDS	862.	1,350.	488.
TAXABLE REFUNDS OF STATE/LOCAL TAX SCH. C/C-EZ (BUSINESS INCOME/LOSS)	760.	0.	-760.
SCHEDULE D (CAPITAL GAIN/LOSS)	4,717.	4,487.	-230.
TAXABLE IRA DISTRIBUTIONS	6,716.	-3,000.	-9,716.
TAXABLE SOCIAL SECURITY BENEFITS	0.	14,709.	14,709.
TOTAL INCOME	46,310.	46,565.	255.
DEDUCTIBLE PART OF SE TAX	201,359.	203,581.	2,222.
TOTAL ADJUSTMENTS	333.	317.	-16.
ADJUSTED GROSS INCOME	201,026.	203,264.	2,238.
TAXES	14,849.	14,700.	-149.
INTEREST (DEDUCTIBLE)	6,949.	5,534.	-1,415.
CONTRIBUTIONS	9,890.	9,443.	-447.
JOB EXPENSES AND 2% MISC. DEDUCT.	3,000.	3,000.	0.
TOTAL ITEMIZED DEDUCTIONS	34,688.	32,677.	-2,011.
INCOME BEFORE EXEMPTIONS	166,338.	170,587.	4,249.
PERSONAL EXEMPTIONS	8,000.	8,100.	100.
TAXABLE INCOME	158,338.	162,487.	4,149.
TAX	30,415.	32,307.	1,892.
TAX BEFORE CREDITS	43.	47.	4.
FORM 1116 (FOREIGN TAX CREDIT)	30,372.	32,260.	1,888.
TAX AFTER NON-REFUNDABLE CREDITS	666.	634.	-32.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	31,038.	32,894.	1,856.
TOTAL TAX	0.	0.	0.
FEDERAL INCOME TAX WITHHELD	22,687.	25,199.	2,512.
ESTIMATED TAX PAYMENTS	4,470.	8,080.	3,610.
TOTAL PAYMENTS	27,157.	33,279.	6,122.
TAX OVERPAID	0.	385.	385.
OVERPAYMENT APPLIED TO ESTIMATE	0.	385.	385.
BALANCE DUE	3,881.	0.	-3,881.
ILLINOIS STATE RETURN	146,734.	135,640.	-11,094.
TAXABLE INCOME	5,503.	5,087.	-416.
TAX	266.	274.	8.
NON-REFUNDABLE CREDITS	121.	122.	1.
OTHER TAXES PAYMENTS	5,255.	5,055.	-200.

# 2016

## Two-Year Comparison Worksheet

Name(s) as shown on return

RICHARD J. & LORETTA M. DURBIN

Social security number [REDACTED]

2015 Filing Status MARRIED FILING JOINT

2016 Filing Status MARRIED FILING JOINT

INCREASE

2015 Tax Bracket 28.0%

2016 Tax Bracket 28.0%

-103.120.

BALANCE DUE  
AMOUNT REFUNDED

103.0.

120.

120.

000000001117



<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income)	38	203,264.
<b>Standard Deduction for:</b>	39a Check <input checked="" type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ► 39a 2 • People who check any box on line 39a or 39b. If who can be claimed as a dependent, see instructions.	39a	2
b If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	39b	► 39b
<b>Itemized deductions (from Schedule A) or your standard deduction (see left margin)</b>			
40 Subtract line 40 from line 38	40	32,677.	
41 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	41	170,587.	
42 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	42	8,100.	
43 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	43	162,487.	
44 Alternative minimum tax. Attach Form 6251	44	32,307.	
45 Excess advance premium tax credit repayment. Attach Form 8962	45		
46 Single or Married filing separately. Add lines 44, 45, and 46	46		
47 Foreign tax credit. Attach Form 1116 if required	47	32,307.	
48 Credit for child and dependent care expenses. Attach Form 2441	48	47.	
49 Qualifying widow(er). Education credits from Form 8863, line 19	49		
50 Retirement savings contributions credit. Attach Form 8880	50		
51 Child tax credit. Attach Schedule 8812, if required	51		
52 Residential energy credits. Attach Form 5695	52		
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54 Add lines 48 through 54. These are your total credits	54		
55 Add lines 48 through 54. These are your total credits	55	47.	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	32,260.	
57 Self-employment tax. Attach Schedule SE	57	634.	
<b>Other Taxes</b>	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a Household employment taxes from Schedule H	60a		
<b>b First-time homebuyer credit repayment. Attach Form 5405 if required</b>	60b		
61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst, enter code(s)	62		
63 Add lines 56 through 62. This is your total tax	63	32,894.	
<b>Payments</b>	64 Federal income tax withheld from Forms W-2 and 1099	64	25,199.
65 2016 estimated tax payments and amount applied from 2015 return	65	8,080.	
66a <b>Earned income credit (EIC)</b>	66a	STATEMENT 5	
If you have a qualifying child, attach Schedule EIC.	66b	STATEMENT 6	
67 Additional child tax credit. Attach Schedule 8812	67		
68 American opportunity credit from Form 8863, line 8	68		
69 Net premium tax credit. Attach Form 8962	69		
70 Amount paid with request for extension to file	70		
71 Excess social security and tier 1 RRTA tax withheld	71		
72 Credit for federal tax on fuels. Attach Form 4136	72		
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	33,279.	
75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	385.	
<b>Refund</b>	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
76b Routing <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number	76b		
77 Amount of line 75 you want applied to your 2017 estimated tax	77	385.	
<b>Amount You Owe</b>	78	78	
<b>Third Party Designee</b>	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	
Designee's name ►	Phone no. ►	No	
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 accurately reflect all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your occupation Daytime phone number			
Your signature			
<b>Sign Here</b>	Date	U. S. SENATOR	Spouse's occupation
See instructions. If the IRS sent you an identity Protection PIN, enter it here			
Keep a copy for your records. Spouse's signature. If a joint return, both must sign.			
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
Paid			Firm's EIN <input type="checkbox"/>
Preparer			Phone no. <input type="checkbox"/>
Use Only	Firm's name ►		

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service  
(99)  
Name(s) shown on Form 1040

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea)  
► Attach to Form 1040.

**Itemized Deductions**

**2016**  
Attachment  
Sequence No. 07

OMB No. 1545-0074  
Your social security number

► Is Form 1040, line 38, over \$155,650?

No. Your deduction is not limited. Add the amounts in the far right column

for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

Yes. Your deduction may be limited. See the Itemized Deductions

Worksheet in the instructions to figure the amount to enter.

If you elect to itemize deductions even though they are less than your standard deduction,

check here

► For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2016

<b>RICHARD J. &amp; LORETTA M. DURBIN</b>			
<b>Medical and Dental Expenses</b>	<b>Caution: Do not include expenses reimbursed or paid by others.</b>		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.	4	
<b>Taxes You Paid</b>	<b>State and local (check only one box):</b>	<b>SEE STATEMENT 7</b>	
a <input checked="" type="checkbox"/> Income taxes, or	b <input type="checkbox"/> General sales taxes		
5		5	5,055.
6	Real estate taxes (see instructions)	6	5,471.
7	Personal property taxes	7	
8	Other taxes. List type and amount ►	8	4,174.
9	Add lines 5 through 8	9	14,700.
<b>Interest You Paid</b>	<b>Home mortgage interest and points reported to you on Form 1098. Stmt. 8. Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		
10		10	5,534.
11		11	
12		12	
13		13	
14		14	5,534.
15	Add lines 10 through 14	15	
<b>Gifts to Charity</b>	<b>Gifts by cash or check. If you made any gift of \$250 or more, see instructions. Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>		
16		16	9,443.
17		17	
18		18	9,443.
19	Add lines 16 through 18	19	
<b>Casualty and Theft Losses</b>	<b>Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		
20		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>Unreimbursed employee expenses job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions) ► U.S. CONGRESS TRAVEL EXP</b>		
21		21	3,000.
22	Tax preparation fees	22	647.
23	Other expenses investment, safe deposit box, etc. List type and amount ►	23	3,418.
	<b>TOTAL REFLECTIONS \$3,000IRC 162(A) LIMIT ON DC LIVING EXPENSES FOR CONGRESSIONAL</b>		
24	Add lines 21 through 23	24	7,065.
25	Enter amount from Form 1040, line 38	25	203,264.
26	Multiply line 25 by 2% (0.02)	26	4,065.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0.	27	3,000.
28	Other from list in instructions. List type and amount ►	28	
29	Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>	29	32,677.



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# Interest and Dividend Summary

**FEIN/SSN:**

Name: RICHARD J. & LORETTA M. DURBIN

**SCHEDULE C**

(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)OMB No. 1545-0074  
**2016**

Attachment Sequence No. 09

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Profit or LOSS From Business

(Sole Proprietorship)

Part III

Schedule C (Form 1040) 2016

<b>A</b> Principal business or profession, including product or service (see instructions)	<b>B</b> Enter code from instructions ► [REDACTED]
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), (see instr.) ► [REDACTED]
<b>E</b> Business address (including suite or room no.) ► [REDACTED] City, town or post office, state, and ZIP code	<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► [REDACTED]

<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	<b>H</b> If you started or acquired this business during 2016, check here
<input checked="" type="checkbox"/> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>I</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2	<b>J</b> and the "Statutory employee" box on that form was checked
<input type="checkbox"/> 1 Returns and allowances	<input type="checkbox"/> 1 [REDACTED]
<input type="checkbox"/> 2 Subtract line 2 from line 1	<input type="checkbox"/> 2 [REDACTED]
<input type="checkbox"/> 3 Cost of goods sold (from line 42)	<input type="checkbox"/> 3 [REDACTED]
<input type="checkbox"/> 4 Gross profit. Subtract line 4 from line 3	<input type="checkbox"/> 4 [REDACTED]
<input type="checkbox"/> 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<input type="checkbox"/> 5 [REDACTED]
<input type="checkbox"/> 6 Other income. Add lines 5 and 6	<input type="checkbox"/> 6 [REDACTED]
<input type="checkbox"/> 7 Gross income. Add lines 4 and 6	<input type="checkbox"/> 7 [REDACTED] 5,135.

<b>K</b> Part III Expenses. Enter expenses for business use of your home only on line 30.	<b>L</b> [REDACTED]
<input type="checkbox"/> 8 Advertising	<input type="checkbox"/> 8 [REDACTED]
<input type="checkbox"/> 9 Car and truck expenses (see instructions)	<input type="checkbox"/> 9 [REDACTED]
<input type="checkbox"/> 10 Commissions and fees	<input type="checkbox"/> 10 [REDACTED]
<input type="checkbox"/> 11 Contract labor (see instructions)	<input type="checkbox"/> 11 [REDACTED]
<input type="checkbox"/> 12 Depletion	<input type="checkbox"/> 12 [REDACTED]
<input type="checkbox"/> 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<input type="checkbox"/> 13 [REDACTED]
<input type="checkbox"/> 14 Employee benefit programs (other than on line 19)	<input type="checkbox"/> 14 [REDACTED]
<input type="checkbox"/> 15 Insurance (other than health) interest:	<input type="checkbox"/> 15 [REDACTED]
<input type="checkbox"/> 16 Mortgage (paid to banks, etc.)	<input type="checkbox"/> 16a [REDACTED]
<input type="checkbox"/> 17 Other legal and professional services	<input type="checkbox"/> 17 [REDACTED] 648.
<input type="checkbox"/> 28 Total expenses before expenses for business use of home. Add lines 8 through 27a	<input type="checkbox"/> 28 [REDACTED]
<input type="checkbox"/> 29 Tentative profit or (loss). Subtract line 28 from line 7	<input type="checkbox"/> 29 [REDACTED]
<input type="checkbox"/> 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	<input type="checkbox"/> 30 [REDACTED]
<input type="checkbox"/> 31 Use the Simplified Method Worksheet in the Instructions to figure the amount to enter on line 30	<input type="checkbox"/> 31 [REDACTED] 4,487.

- 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 32b, you must attach Form 6198. Your loss may be limited.
- 33** Net profit or (loss). Subtract line 30 from line 29.  
 • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.  
 (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- 34** If you checked the box on line 1, see instructions. Estates and trusts, enter on Form 1041, line 3.
- 35** If a loss, you must go to line 32.
- 36** If you have a loss, check the box that describes your investment in this activity (see instructions).  
 All investment is at risk.  
 Some investment is not at risk.

**SCHEDULE D**

(Form 1040)

Department of the Treasury

Internal Revenue Service (99)

**Capital Gains and Losses**OMB No. 1545-0074  
**2016**

► Attach to Form 1040 or Form 1040NR.

► Information about Schedule D and its separate instructions is at [www.irs.gov/scheduleD](http://www.irs.gov/scheduleD)

Attachment Sequence No. 12

Name(s) shown on return

Your social security number  
[REDACTED]**RICHARD J. & LORETTA M. DURBIN****Part II Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked .....		97,374.	102,112.	<4,738.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked .....				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked .....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 .....				7 <4,738.>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked .....		48,406.	72,057.	<23,651.>
9 Totals for all transactions reported on Form(s) 8949 with Box E checked .....				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked .....				
C1 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				11
O12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ( )
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2 .....				15 <21,717.>

SEE STATEMENT 9  
LHA For Paperwork Reduction Act Notice, see your tax return instructions.

**Part III Summary**

- |    |                         |
|----|-------------------------|
| 16 | <b>&lt;26,455. &gt;</b> |
|----|-------------------------|
- 16 Combine lines 7 and 15 and enter the result
- If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
  - If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
  - If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.
- 17 Are lines 15 and 16 both gains?
- Yes. Go to line 18.
- No. Skip lines 18 through 21, and go to line 22.
- 18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions
- 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions
- 20 Are lines 18 and 19 both zero or blank?
- Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.
- No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.
- 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:
- SEE STATEMENT 10
- |    |   |         |
|----|---|---------|
| 21 | ( | 3,000.) |
|----|---|---------|
- 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.
- 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?
- Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).
- No. Complete the rest of Form 1040 or Form 1040NR.



Name(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.  
[REDACTED]

**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. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	(f) Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
					(f) Code(s)	(g) Amount of adjustment	
FIDELITY LT							
COVERED - SEE ATTACHED			48,406.	72,057.			<23,651.>

2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►	48,406.	72,057.				<23,651.>
---	---	---------	---------	--	--	--	-----------

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.

# Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return

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

Your SSN

Before 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.

1. 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.
  2. Enter the amount from Form 1040, line 9b\*      2. 1,350.
  3. 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.      3. 0.
  4. Add lines 2 and 3      4. 1,350.
  5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0.      5. 0.
  6. Subtract line 5 from line 4. If zero or less, enter -0.      6. 1,350.
  7. Subtract line 6 from line 1. If zero or less, enter -0.      7. 161,137.
  8. Enter:  
\$ 37,650 if single or married filing separately,  
\$ 75,300 if married filing jointly or qualifying widow(er),  
\$ 50,400 if head of household.      8. 75,300.
  9. Enter the smaller of line 1 or line 8      9. 75,300.
  10. Enter the smaller of line 7 or line 9      10. 75,300.
  11. Subtract line 10 from line 9. This amount is taxed at 0%      11. 0.
  12. Enter the smaller of line 1 or line 6      12. 1,350.
  13. Enter the amount from line 11      13. 0.
  14. Subtract line 13 from line 12      14. 1,350.
  15. Enter:  
\$ 415,050 if single,  
\$ 233,475 if married filing separately,  
\$ 466,950 if married filing jointly or qualifying widow(er),  
\$ 441,000 if head of household.      15. 466,950.
  16. Enter the smaller of line 1 or line 15      16. 162,487.
  17. Add lines 7 and 11      17. 161,137.
  18. Subtract line 17 from line 16. If zero or less, enter -0.      18. 1,350.
  19. Enter the smaller of line 14 or line 18      19. 1,350.
  20. Multiply line 19 by 15% (0.15)      20. 203.
  21. Add lines 11 and 19      21. 1,350.
  22. Subtract line 21 from line 12      22. 0.
  23. Multiply line 22 by 20% (0.20)      23. 0.
  24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet
  25. Add lines 20, 23, and 24      24. 32,104.
  26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet
  27. 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.

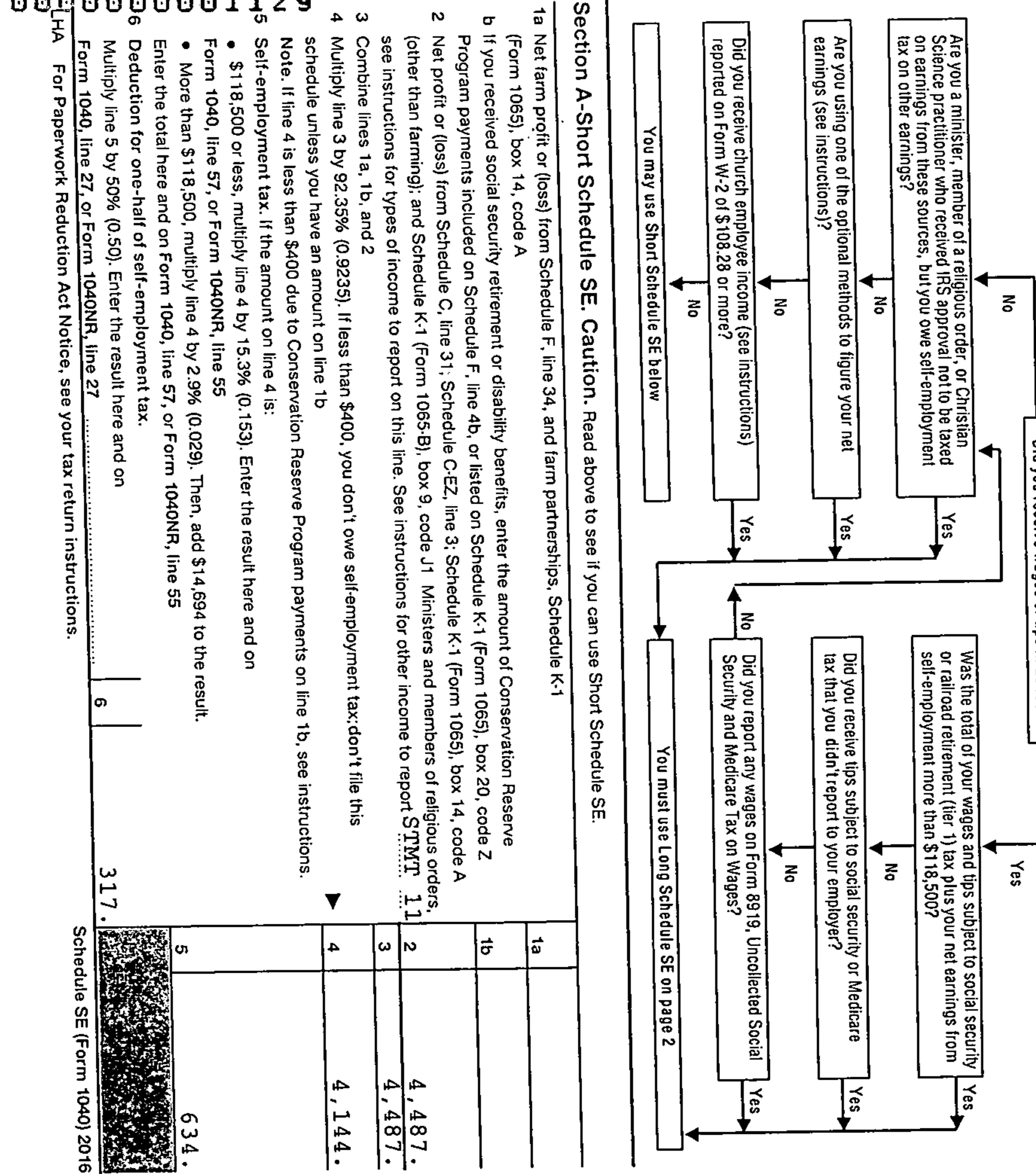
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) [REDACTED]  
 Social security number of person with self-employment income [REDACTED]

**LORETTA M. DURBIN**

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

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

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



## SOCIAL SECURITY BENEFITS WORKSHEET

**STATEMENT 1**

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- HECK ONLY ONE BOX:**

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

B. MARRIED FILING JOINTLY

C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE  
AT ANY TIME DURING 2016

D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE  
FOR ALL OF 2016

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1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040 LINE 20A  
54,782.

IF YOU CHECKED BOX B: TAXPAYER AMOUNT  
HORMUDU, LINE 2 VA  
32,067.  
22,715.

2. MULTIPLY LINE 1 BY 50% (0.50)  
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14,

15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2 - DO NOT  
INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099  
157,016.

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

OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF  
PUERTO RICO THAT YOU CLAIMED  
184-407.

5. ADD LINES 2, 3, AND 4  
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32,  
AND MY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED

AND AN INVOICE NUMBERED 317.  
LINE NEXT TO LINE 36  
7. SUBTRACT LINE 6 FROM LINE 5  
184,090.

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

\$ -0-  
IF YOU CHECKED BOX C  
IS THE AMOUNT ON LINE 7?  
IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?  
NONE OF YOUR SOCIAL SECURITY BENEFITS ARE

[ ] NO. STOP. NONE OF YOUR BUSINESS EXPENSES 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 2016, BE SURE YOU ENTERED 'D' TO THE  
RIGHT OF THE WORD "BENEFITS" ON LINE 20A.

[X] YES. SUBTRACT LINE 8 FROM LINE 7  
Q-1 ENTER \$9,000 IF YOU CHECKED BOX A OR D,  
\$12,000 IF YOU CHECKED BOX B

1  
10 SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-  
\$-0-  
\$12,000 IF YOU CHECKED BOX C

29 ENTER THE SMALLER OF LINE 9 OR LINE 10  
30 ENTER ONE HALF OF LINE 12

43) ENTER THE SMALLER OF LINE 2 OR LINE 13  
50) MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-

MULTIPLY LINE 1 BY .85% (.85)  
ADD LINES 1 & 4 AND GET  
46,565.

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

RICHARD J. & LORETTA M. DURBIN

RM 1040

IRA DISTRIBUTIONS

STATEMENT 2

ME OF PAYER

NATIONAL FINANCIAL SERVICES

TAL TO FORM 1040, LINE 15

GROSS

DISTRIBUTION

TAXABLE AMOUNT

14,709.

14,709.

14,709.

14,709.

RM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL WITHHELD	STATE WITHHELD	CITY WITHHELD	FICA TAX W/H	SDI TAX	MEDICARE TAX
UNITED STATES SENATE DISBURSING OFFICE	139,158.	22,169.	5,055.		7,347.	2,279.	
TALS	139,158.	22,169.	5,055.		7,347.	2,279.	

UNITED STATES SENATE

DISBURSING OFFICE

TALS

RM 1040

QUALIFIED DIVIDENDS

STATEMENT 4

ME OF PAYER

DELITY NULLIFE FINANCIAL CORPORATION IZER.	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
	986.	888.
	314.	314.
	148.	148.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,350.

RM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 5

DESCRIPTION

AMOUNT	
UNITED STATES SENATE DISBURSING OFFICE	22,169.
MANULIFE FINANCIAL CORPORATION	88.
NATIONAL FINANCIAL SERVICES	2,942.
TAL TO FORM 1040, LINE 64	25,199.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 6

DESCRIPTION	AMOUNT
T QTR ESTIMATE PAYMENT - JOINT	2,020.
D QTR ESTIMATE PAYMENT - JOINT	2,020.
D QTR ESTIMATE PAYMENT - JOINT	2,020.
D QTR ESTIMATE PAYMENT - JOINT	2,020.
TOTAL TO FORM 1040, LINE 65	<u>8,080.</u>

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 7

DESCRIPTION	AMOUNT
UNITED STATES SENATE DISBURSING OFFICE	5,055.
TOTAL TO SCHEDULE A, LINE 5	<u>5,055.</u>

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 8

DESCRIPTION	AMOUNT
FTH THIRD MORTGAGE, 5050 KINGSLOY DRIVE MD1MOC2N, CINCINNATI, 45263	5,514.
BANK OF SPRINGFIELD, PO BOX 19301, SPRINGFIELD, IL 62794-9301	20.
TOTAL TO SCHEDULE A, LINE 10	<u>5,534.</u>

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 9

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
IDELITY	1,298.	
IDELITY	636.	
TOTALS TO SCHEDULE D, LINE 13	<u>1,934.</u>	

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

## SCHEDULE D

## CAPITAL LOSS CARRYOVER

## STATEMENT 10

1. ENTER THE AMOUNT FROM FORM 1040, LINE 41 170,587.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT 3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0- 173,587.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3 3,000.
  
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT 4,738.
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15 3,000.
7. ADD LINES 4 AND 6
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0- 1,738.
  
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT 21,717.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7
  
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-
  
12. ADD LINES 10 AND 11
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 21,717.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 11
DESCRIPTION	AMOUNT	
TOTAL TO SCHEDULE SE, LINE 2	4,487.	

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## 2016 TAX REPORTING STATEMENT

RICHARD J DURBIN

Copy B for Recipient OMB No. 1545-0715

FORM 1099-B\*

## 2016 Proceeds from Broker and Barter Exchange Transactions

Short-term transactions for which basis is reported to the IRS --report on Form 8949 with Box A checked and/or Schedule D, Part I  
 Proceeds are reported as gross proceeds unless otherwise indicated (a). (This Label is a Substitute for Boxes 2, 3, 5 & 6)  
 (IRS Form 1099-B box numbers are shown below in bold type)

1a Description of property, Stock or Other Symbol, CUSIP			1d Proceeds	1e Cost or Other Basis (b)	1f Accrued Market Discount	1g Wash Sale Loss Disallowed	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Withheld	16 State Tax Withheld
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed							
FIDELITY PURITAN, FPURX, 316345107										
Sale	417.925	various	07/18/16	8,705.38	8,392.81			312.57		
FIDELITY SELECT BIOTECHNOLOGY, FBIOX, 316390772										
Sale	27.924	02/27/15	02/08/16	4,304.48	6,827.77			-2,523.29		
Sale	19.017	various	06/24/16	3,107.96	4,536.03			-1,428.07		
Subtotals				7,412.44	11,363.80					
FIDELITY SELECT IT SERVICES PORTFOLIO, FBSOX, 310390483										
Sale	300.000	10/23/15	02/08/16	10,299.00	12,524.75			-2,225.75		
Sale	207.279	various	05/06/16	8,324.32	8,653.73			-329.41		
Subtotals				18,623.32	21,178.48					
FIRST TRUST MORN DVDLEAD IN, FDL, 336917109										
Sale	1,965.000	06/28/16	11/09/16	52,279.56	50,999.70			1,279.86		
VANGUARD 500 INDEX FD INVESTOR, SHS, VFINX, 922908108										
Sale	55.092	various	06/24/16	10,353.44	10,177.27			176.17		
TOTALS				97,374.14	102,112.06	0.00	0.00	0.00	1,768.60	
	Box A Short-Term Realized Gain									
	Box A Short-Term Realized Loss									

\* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

## **2016 TAX REPORTING STATEMENT**

RICHARD J DURBIN

Copy B for Recipient OMB No. 1545-0715

**FORM 1099-B\***

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2016 Proceeds from Broker and Barter Exchange Transactions

**FORM 1099-B\***      **2016 Proceeds from Broker and Dealer Activities**

(IRS Form 1099-B box numbers are shown below in bold type)

Proceeds are reported as gross proceeds							(IRS Form 1099-B box numbers are shown below in bold type)				
1a Description of property, Stock or Other Symbol, CUSIP				1d Proceeds	1e Cost or Other Basis (b)	1f Accrued Market Discount	1g Wash Sale Loss Disallowed	Gain/Loss (-)	4 Federal Income Tax Withheld	14 State Withheld	16 State Tax Withheld
Action	Quantity	1b Date Acquired	1c Date Sold or Disposed								
Sale	72.076	various	02/08/16	11,110.52	17,623.48			5,575.90	-6,512.96		
Sale	228.207	various	06/24/16	37,295.86	54,433.08				-17,137.22		
Subtotals				48,406.38	72,056.56			5,575.90	0.00		
TOTALS				48,406.38	72,056.56			0.00	0.00		
Box D Long-Term Realized Gain							-23,650.18				
Box D Long-Term Realized Loss											

**Box D Long-Term Received**

For any transaction listed on Form 1099-B in a section indicating that "basis is reported to the IRS", we are reporting to the IRS: 1a Description of Property, 2 type of gain or loss (i.e. short-term or long-term), 3 basis reported to IRS, 6 Gross or Net Proceeds, and columns 1b, 1c, 1d, 1e, 1f, 1g, 4, 7, 14, 15 and 16. We are not reporting to the IRS: the Action, the Gain/Loss, and all subtotals and totals.

For any section 1256 option contracts we are reporting to the IRS: 1a Description of Property and totals for boxes 8, 9, 10 and 11.

For any transaction listed on Form 1099-B in a section indicating that "basis is not reported to the IRS", we are reporting to the IRS: 1a Description of Property, 1b, 1c, 1d, 1e, 1f, 1g, 2, 3 and 7 and all Proceeds, and columns 1c, 1d, 4, 14, 15 and 16. We are not reporting to the IRS: 2 type of gain or loss (i.e. short-term or long-term), the Action, the Gain/Loss, columns 1b, 1e, 1f, 1g, 2, 3 and 7 and all subtotals and totals.

Although Fidelity makes every effort to provide accurate information, please bear in mind that you, the taxpayer, are ultimately responsible for your tax return.

<sup>a</sup> On another basis provided may include adjustments including, but not limited to, dividend reinvestment, return of capital, premium or discount.

(b) Cost or other basis provided may include adjustments including, but not limited to, dividends received, premium, bond premium, market discount, market premium, and option premium.

Amortization, accretion, and similar adjustments to cost basis are not provided for short-term investments, and vice versa.

**Amortization, Section 179**

\* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**2016 TAX RETURN FILING INSTRUCTIONS**  
**ILLINOIS INCOME TAX RETURN**

**FOR THE YEAR ENDING**  
December 31, 2016

<b>Prepared for</b>	Richard J. & Loretta M. Durbin [REDACTED]
<b>Prepared by</b>	[REDACTED]
<b>Amount of tax</b>	\$ 5,209
Total tax	\$ 5,329
Less: payments and credits	\$ 0
Plus: interest and penalties	\$ 0
<b>Overpayment</b>	\$ 120
Miscellaneous Donations	\$ 0
Credited to your estimated tax	\$ 0
Refunded to you	\$ 120
<b>Make check payable to</b>	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. Please sign, date, and return Form IL-8453 to our office. We will submit your electronic return to the IDOR.
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	

**Illinois Department of Revenue**

**2016 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

Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	1	203,264.00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.	2	.00
	3	Other additions. Attach Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	203,264.00

Step 3: 5 Social Security benefits and certain retirement plan income  
received if included in Line 1. Attach Page 1 of federal return. 5 61,274.00

Base Income 6 Illinois Income Tax overpayment included in Federal Form 1040, Line 10. 6 .00

7 Other subtractions. Attach Schedule M.

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.

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

Step 4: 10 a Number of exemptions from your federal return. 2 x \$2,175 a 4,350.00

Exemptions b If someone can claim you as a dependent, see instructions.

c Check if 65 or older:  You +  Spouse =  $\frac{2}{2}$  x \$1,000 c 2,000.00

d Check if legally blind:  You +  Spouse =  $\frac{x}{x}$  \$1,000 d .00

Exemption allowance. Add Lines a through d.

Step 5: 11 Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.

Net Income 12 Nonresidents and part-year residents:

Check the box that applies to you during 2016  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.  
Nonresidents and part-year residents: Enter the tax from Schedule NR.

14 Recapture of investment tax credits. Attach Schedule 4255.

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 5,087.00

Tax After Attach Schedule CR.

Non- 17 Property tax and K-12 education expense credit amount from 17 274.00

refundable Credits 18 Schedule ICR. Attach Schedule ICR.

19 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 .00

19 Add Lines 16, 17, and 18. This is the total of your credits.

Cannot exceed the tax amount on Line 15.

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

19 274.00

20 4,813.00

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

24

<b>Step 8:</b>	22	Household employment tax. See instructions.
Other	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not leave blank.</b>
Taxes	23	122.00
	24	UT Compassionate Use of Medical Cannabis Pilot Program Act Surcharge
	24	.00
	25	Total Tax. Add Lines 21, 22, 23, and 24.
	25	4,935.00
<b>Step 9:</b>	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I, and including any overpayment applied from a prior year return.
Refundable	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.
Credit	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.
	30	Total payments and refundable credit. Add Lines 26 through 29.
	31	120.00

If Line 30 is greater than Line 25, subtract Line 25 from Line 30.

Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.
Result	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

<b>Step 11.</b>	<p><b>33 Late-payment penalty not due.</b></p> <p><b>Underpayment of Estimated Tax Penalty and Donations</b></p>
	<input type="checkbox"/>
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.
	<input type="checkbox"/>

Return in one piece  
34 Voluntary charitable donations. Attach Schedule G.  
35 Total penalty and donations. Add Lines 33 and 34.

34	<u>.00</u>
35	<u>.00</u>

<b>Step 12:</b>	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.
<b>Refund or Amount You Want Refunded</b>	37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.
<b>Case</b>	38	I choose to receive my refund by _____

<input type="checkbox"/> direct deposit	Complete the information below if you check this box.
<input type="checkbox"/> Routing number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
<input type="checkbox"/> Account number	

Illinois Individual Income Tax refund debit card  
 paper check

39 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.

39 \_\_\_\_\_ .0

**40** If you have an underpayment on Line 32, add Lines 32 and 35. Or  
If you have an overpayment on Line 31 and this amount is less than Line 35,  
subtract Line 31 from Line 35. This is the amount you owe. See instructions.

<b>Step 13:</b> 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.		
<b>Sign and</b>		
<b>Date</b>	_____ Your signature _____ Date _____	
<b>Date</b>	_____ Your spouse's signature _____ Daytime phone number _____	

Paid preparer's signature		Date	Preparer's phone number
<input checked="" type="checkbox"/> 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.		Paid preparer's PIN	
Designee [REDACTED] [REDACTED]		Designee's name (please print)	
Designee's phone number [REDACTED] [REDACTED]		Designee's phone number	

Illinois Department of Revenue  
**2016 Schedule ICR** Illinois Credits

Attach to your Form IL-1040

IL Attachment No. 23

**Read this information first**

Complete this schedule only if you are eligible for the

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

**Step 1: Provide the following information**

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

Your name as shown on your Form IL-1040

Your Social Security number [REDACTED]

**Step 2: Figure your nonrefundable credit**

- 1 Enter the amount of tax from your Form IL-1040, Line 15.
- 2 Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 16.
- 3 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 [REDACTED] County [REDACTED] Property number [REDACTED]

4c \_\_\_\_\_ County \_\_\_\_\_ Property number \_\_\_\_\_

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

4d \_\_\_\_\_ County \_\_\_\_\_ Property number \_\_\_\_\_

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

- f Subtract Line 4e from Line 4a.

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

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

6 Subtract Line 5 from Line 3.

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

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

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

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

9 Section C - Total Nonrefundable Credit

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

- 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 →

## Schedule ICR - Page 2

### Step 3: Figure your refundable credit

#### Earned Income Credit

- 10 a Enter the amount of federal EIC as shown on your federal Form 1040, Line 66a; federal Form 1040A, Line 42a; or federal Form 1040EZ, Line 8a.  
10a \_\_\_\_\_ .00  
10b \_\_\_\_\_ .00
- b Multiply the amount on Line 10a by 10% (.10).  
10c \_\_\_\_\_ .00
- c Illinois residents: Enter 1.0.  
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.  
10d \_\_\_\_\_ .00
- d Multiply Line 10b by the decimal on Line 10c.  
11 Enter the amount from Line 10d here. This is your Illinois Earned Income Credit. Enter this amount on Form IL-1040, Line 29.

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

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

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

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a					
b					
c					
d					
e					
f					
g					
h					
i					
j					

- 13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Enter this amount here and on Step 2, Line 7a of this schedule.  
→ 13 \_\_\_\_\_ .00

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

# 2016

OMB No. 1545-0074

2016 ending

.20

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

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]

Foreign country name  
[REDACTED]

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

Foreign province/state/county  
[REDACTED]

Foreign postal code  
[REDACTED]

Apt. no.  
[REDACTED]

Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

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

Single  
 Married filing jointly (even if only one had income)  
 Married filing separately. Enter spouse's SSN above

Qualifying widow(er) with dependent child  
5

Boxes checked on 6a and 6b  
No. of children  
on 8c who:  
[REDACTED] 2

Yourself. If someone can claim you as a dependent, do not check box 6a  
6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
6b  Spouse  
c Dependents:  
(1) First name  
Last name  
(2) Dependent's social security number  
(3) Dependent's relationship to you  
(4)  if child under age 17  
Qualifying for child tax credit  
● lived with you  
● did not live with you due to divorce or separation (see instructions)

If more than four dependents, see instructions and check here ▶  
d Total number of exemptions claimed  
Income  
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  
Attach Form(s) W-2G and 1099-R if tax was withheld.  
W-2G and 1099-R if tax was withheld.  
11 Alimony received  
12 Business income or (loss). Attach Schedule D if required. If not required, check here  
13 Capital gain or (loss). Attach Form 4797  
14 Other gains or (losses). Attach Form C or C-EZ  
15a IRA distributions  
16a Pensions and annuities  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
18 Farm income or (loss). Attach Schedule F  
19 Unemployment compensation  
20a Social security benefits  
21 Other income. List type and amount  
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 Add lines 23 through 35  
31a Alimony paid b Recipient's SSN ▶  
32 IRA deduction  
33 Student loan interest deduction  
34 Tuition and fees. Attach Form 8917  
35 Domestic production activities deduction. Attach Form 8903  
36 Add lines 23 through 35  
37 Subtract line 36 from line 22. This is your adjusted gross income ▶

See separate instructions.

Your social security number  
[REDACTED]

Spouse's social security number  
[REDACTED]

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

You  Spouse  
[REDACTED]

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income)	<input type="checkbox"/> <b>Blind.</b>	Total boxes checked	► 39a <input type="checkbox"/> 2	38	203,264.
Standard Deduction for:	<input checked="" type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind.		► 39b <input type="checkbox"/>			
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<input checked="" type="checkbox"/> Your spouse itemizes on a separate return or you were a dual-status alien, check here					
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)						
41 Subtract line 40 from line 38						
42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 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.						
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						
46 Excess advance premium tax credit repayment. Attach Form 8962						
47 Add lines 44, 45, and 46						
48 Foreign tax credit. Attach Form 1116 if required						
49 Credit for child and dependent care expenses. Attach Form 2441						
50 Education credits from Form 8863, line 19						
51 Retirement savings contributions credit. Attach Form 8880						
52 Child tax credit. Attach Schedule 8812, if required						
53 Residential energy credits. Attach Form 5695						
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						
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0.						
57 Self-employment tax. Attach Schedule SE						
Other Taxes	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					
	60a Household employment taxes from Schedule H					
	b First-time homebuyer credit repayment. Attach Form 5405 if required					
	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)					
	63 Add lines 56 through 62. This is your total tax					
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	25,199.	STATEMENT 5		
	65 2016 estimated tax payments and amount applied from 2015 return	65	8,080.	STATEMENT 6		
Refund	66a Earned income credit (EIC)	66a				
	b Nontaxable combat pay election	66b				
	67 Additional child tax credit. Attach Schedule 8812	67				
	68 American opportunity credit from Form 8863, line 8	68				
	69 Net premium tax credit. Attach Form 8962	69				
	70 Amount paid with request for extension to file	70				
	71 Excess social security and tier 1 RRTA tax withheld	71				
	72 Credit for federal tax on fuels. Attach Form 4136	72				
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73				
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74				
	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	75				
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a				
	► b Routing <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d Account number	77	385.			
	77 Amount of line 75 you want applied to your 2017 estimated tax	77				
Amount	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78				
You Owe	79 Estimated tax penalty (see instructions)	79				
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes. Complete below.				
Sign Here	Date	Phone no.	No.			
	Spouse's occupation	Your occupation	Personal identification number (PIN)			
	U. S. SENATOR					
	Date	Check <input type="checkbox"/> if self-employed	PTIN			
Paid Preparer Use Only	Firm's name	Firm's EIN				
	Date	Phone no.				

Illinois Department of Revenue

[REDACTED]-[REDACTED]-[REDACTED]  
Submission ID

# 2016 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

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

## Step 1: Provide taxpayer information

RICHARD J. & LORETTA M. DURBIN  
Print First name and middle initial Spouse's first name (and last name if different)  
or type [REDACTED] Last name  
Mailing address [REDACTED]

City [REDACTED]

State [REDACTED] ZIP [REDACTED] Daytime phone number [REDACTED]

## Step 2: Complete information from tax return

- 1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51
- 2 Tax from Form IL-1040, Line 13
- 3 Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none)
- 4 Overpayment from Form IL-1040, Line 36
- 5 Total amount due from Form IL-1040, Line 40
- 6 Filing status: [REDACTED] Single/head of household  Married filing jointly  Married filing separately  Widowed

1	1 3 5 , 6 4 0 0
2	5 , 0 8 7 0 0
3	5 , 0 5 5 0 0
4	1 2 0 0 0 0
5	0 0 0 0 0 0

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

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

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

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

- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.
- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2016 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

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

- I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.
- ERO's signature [REDACTED]
- Date [REDACTED] Spouse's signature (if joint return, both must sign) [REDACTED] Date [REDACTED]
- Check if paid preparer:  (See instructions.)
- Your PTIN [REDACTED]
- Federal employer identification number (FEIN) [REDACTED]
- Daytime phone number [REDACTED]

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.