

Department of the Treasury  
Internal Revenue Service

2010

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records. See instructions.

Declaration Control Number (DCN) ► [REDACTED]

Taxpayer's name

**PETER P BUTTIGIEG**Social security number  
[REDACTED]

Spouse's name

Spouse's social security number  
[REDACTED]**Part I Tax Return Information — Tax Year Ending December 31, 2010 (Whole Dollars Only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) .....	1	33,824
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11) .....	2	2,657
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7) .....	3	6,677
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a) .....	4	4,420
5 Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13) .....	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
**ERO firm name**  
 as my signature on my tax year 2010 electronically filed income tax return. Enter five numbers, but  
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are  
 entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► \_\_\_\_\_

Date ► 02/25/11

Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
**ERO firm name**  
 as my signature on my tax year 2010 electronically filed income tax return. Enter five numbers, but  
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are  
 entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► \_\_\_\_\_

Date ► \_\_\_\_\_

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_

Date ► 02/25/11

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

DCN [REDACTED]

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

First Name(s) and Middle Initial(s) <b>PETER P</b>	Last Name <b>BUTTIGIEG</b>	Your Social Security Number [REDACTED]	Spouse's Social Security Number [REDACTED]
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address [REDACTED]	
City <b>SOUTH BEND</b>		State <b>IN</b>	Zip Code <b>46617</b>

**Part I Tax Return Information (Whole Dollar Amounts Only)**

1. Federal Adjusted Gross Income (Form IT-40, Line 1 or IT-40EZ, Line 1)	1.	<b>33824.00</b>
2. Indiana taxable income (Form IT-40, Line 7 or IT-40EZ, Line 7)	2.	<b>27686.00</b>
3. Total Indiana tax (Form IT-40, Line 11 or IT-40EZ, Line 11)	3.	<b>1426.00</b>
4. Total state tax withheld (Form IT-40, Schedule 5, Line 1 or IT-40EZ, Line 12)	4.	<b>539.00</b>
5. Total county tax withheld (Form IT-40, Schedule 5, Line 2 or IT-40EZ, Line 13)	5.	.00
6. Total Indiana tax credits (Form IT-40, Line 14 or IT-40EZ, Line 15)	6.	<b>1089.00</b>
7. Refund (Form IT-40, Line 21 or IT-40EZ, Line 18)	7.	.00
8. Amount you owe (Form IT-40, Line 26 or IT-40EZ, Line 23)	8.	<b>337.00</b>

**Part II Direct Deposit**

9. Routing number	[REDACTED]	Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.
10. Account number	[REDACTED]	
11. Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC	

**Do Not Mail  
This Form**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2010 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return. do not enter all zeros

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► \_\_\_\_\_ Date 02/25/11

Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return. do not enter all zeros

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

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

[REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I further certify that this declaration complies with the requirements of the Practitioner PIN method.

ERO's Signature ► [REDACTED] Date 02/25/11

ERO Must Retain This Form - See instructions. Do Not Submit this form to IDOR unless requested to do so.

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**POST FILING COUPON**  
**INDIANA DEPARTMENT OF REVENUE**

PETER P BUTTIGIEG

SOUTH BEND

IN 46617-

Date: 04/01/2011

Taxpayer's SSN: [REDACTED]

Spouse's SSN: [REDACTED]

2010 PFC Letter for Electronic Filers.

Dear Taxpayer:

Your electronically filed 2010 Indiana Individual Income Tax Return indicates a balance owed to the Indiana Department of Revenue in the amount of \$ 337.00. If you have any questions regarding this amount owed, you should consult the tax preparer who prepared your income tax return electronically. Avoid penalty and interest charges by making your payment before the April 18, 2011 tax due date. You may pay by mail, by telephone, or via the Internet.

To pay by paper check or money order, mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue".

PLEASE DO NOT SEND CASH.

You may also pay by using the Indiana IN-ePay System. You may pay by electronic Check (eCheck) over the Internet by accessing our webpage at [www.in.gov/dor/epay](http://www.in.gov/dor/epay) and follow the instructions. The fee for paying by eCheck is \$1.00.

Finally, you may also use the Indiana IN-ePay System to pay by a major credit card. You can access this payment method at the webpage indicated above or by touch tone telephone at 1-800-2PAYTAX (1-800-272-9829) toll free. You will then be prompted for the information necessary to make your payment. A convenience fee will be charged by the credit card processor based on the amount of tax you are paying. You will be told what the fee is and you will have the option to cancel or continue the credit card transaction.

Sincerely,  
INDIANA DEPARTMENT OF REVENUE

Cut on line before mailing

POST FILING COUPON CUT HERE PFC

"Electronic calculation, processing, and payment of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1

\*SSN 2

Period End Date 12 31 2010

Date Due 04 18 2011

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

PETER P BUTTIGIEG

Amount Due:

337.00

SOUTH BEND

IN 46617-

# Illinois Department of Revenue

## IL-8453 Illinois 2010 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

PETER P BUTTIGIEG

Print or type	First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
	[REDACTED]			[REDACTED]
	Mailing address			Spouse's Social Security number
	SOUTH BEND	IN 46617-[REDACTED]		
	City	State	ZIP	Daytime phone number

### Step 2: Complete information from tax return

1	Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	17,961	00
2	Tax from Form IL-1040, Line 13	2	539	00
3	Illinois Income Tax withheld from Form IL-1040, Line 24 only (write "0" if none)	3	569	00
4	Overpayment from Form IL-1040, Line 34	4	30	00
5	Total amount due from Form IL-1040, Line 38	5		00
6	Filing status: <input checked="" type="checkbox"/> Single/head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Widowed			

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

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

- 7 Routing no. (RN): [REDACTED]  
8 Account no. (AN): [REDACTED]  
9 Type of account:  Checking     Savings

- 10 Date the payment is to be electronically withdrawn: \_\_\_\_\_  
11 Electronic funds withdrawal amount: \_\_\_\_\_ | 00

- 12 Name on account: \_\_\_\_\_

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

- 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 2010 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  
 I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

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

Sign

here

Your signature

Date

Spouse's signature (if joint return, both must sign)

Date

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

I declare that I have examined this taxpayer's electronic IL-1040 return, 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

04/01/11

Check if paid preparer:  (See instructions.)

Date

[REDACTED]

Your Social Security number (SSN) or PTIN

ERO Firm's name or your name if self-employed

Federal employer identification number (FEIN)

use  
only Mailing address

SOUTH BEND

IN 46617-[REDACTED]

City

State

ZIP

Phone number

### Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-G, 1099-R, IL-1310).

<b>Name, Address, and SSN</b>	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning		2010, ending	20	OMB No. 1545-0074	
	Your first name and initial <b>PETER P</b>	Last name <b>BUTTIGIEG</b>			Your social security number [REDACTED]	
<b>See separate instructions.</b>	If a joint return, spouse's first name and initial		Last name		Spouse's social security number [REDACTED]	
<b>Presidential Election Campaign</b>	Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.	Make sure the SSN(s) above and on line 6c are correct.		
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. <b>SOUTH BEND IN 46617</b>			Checking a box below will not change your tax or refund.		
<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse						
<b>Filing Status</b>	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►				
Check only one box.	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child				
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►					
<b>Exemptions</b>	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b No. of children on 6c who:				
	b <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 15) <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions)				
	c Dependents:  (1) First name _____ Last name _____ _____ _____ _____ _____	(2) Dependent's social security number	(3) Dependent's relationship to you	Dependents on 6c not entered above		
If more than four dependents, see instructions and check here ►	d Total number of exemptions claimed	Add numbers on lines above ► <b>1</b>				
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	<b>7</b> <b>33,107</b>				
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	<b>8a</b> <b>236</b>				
	b Tax-exempt interest. Do not include on line 8a	<b>9a</b> <b>211</b>				
If you did not get a W-2, see page 20.	9a Ordinary dividends. Attach Schedule B if required	<b>10</b> <b>138</b>				
	b Qualified dividends	<b>11</b>				
	10 Taxable refunds, credits, or offsets of state and local income taxes	<b>12</b>				
	11 Alimony received	<b>13</b> <b>638</b>				
	12 Business income or (loss). Attach Schedule C or C-EZ	<b>14</b>				
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	<b>15</b>				
	14 Other gains or (losses). Attach Form 4797	<b>16</b>				
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	15a IRA distributions	<b>15a</b>	b Taxable amount	17 <b>-506</b>		
	16a Pensions and annuities	<b>16a</b>	b Taxable amount	18		
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>19</b>				
	18 Farm income or (loss). Attach Schedule F	<b>20b</b>				
	19 Unemployment compensation	<b>21</b>				
	20a Social security benefits	<b>20a</b>	b Taxable amount	<b>22</b> <b>33,824</b>		
	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 ►					
<b>Adjusted Gross Income</b>	23 Educator expenses	<b>23</b>				
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	<b>24</b>				
	25 Health savings account deduction. Attach Form 8889	<b>25</b>				
	26 Moving expenses. Attach Form 3903	<b>26</b>				
	27 One-half of self-employment tax. Attach Schedule SE	<b>27</b>				
	28 Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>				
	29 Self-employed health insurance deduction	<b>29</b>				
	30 Penalty on early withdrawal of savings	<b>30</b>				
	31a Alimony paid b Recipient's SSN ►	<b>31a</b>				
	32 IRA deduction	<b>32</b>				
	33 Student loan interest deduction	<b>33</b>				
	34 Tuition and fees. Attach Form 8917	<b>34</b>				
	35 Domestic production activities deduction. Attach Form 8903	<b>35</b>				
	36 Add lines 23 through 31a and 32 through 35	<b>36</b>				
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	<b>37</b>	<b>33,824</b>			

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	33,824
39a	Check [ ] You were born before January 2, 1946, [ ] Blind. if: [ ] Spouse was born before January 2, 1946, [ ] Blind.	39a	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b [ ]	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	8,857
41	Subtract line 40 from line 38	41	24,967
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	21,317
44	Tax (see instr.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	2,668
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,668
47	Foreign tax credit. Attach Form 1116 if required	47	11
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53	
54	Add lines 47 through 53. These are your total credits	54	11
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,657

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 16	59	
60	Add lines 55 through 59. This is your total tax	60	2,657

**Payments**

61	Federal income tax withheld from Forms W-2 and 1099	61	6,677
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	400
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b [ ]	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	7,077

**Refund**

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	4,420
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► [ ]	74a	4,420

Direct deposit? See instructions.

► b	Routing number [ ] ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
► d	Account number [ ]

75	Amount of line 73 you want applied to your 2011 estimated tax ► 75 [ ]
----	--

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions) 77 [ ]		

**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.	<input type="checkbox"/> No
Designee's name ► [ ]	Personal identification number (PIN) ► [ ]	
	Phone no. ► [ ]	

**Sign Here**

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

Joint return?  
See page 12.

Keep a copy for your records.	Date [ ]	Your occupation CONSULTANT	Daytime phone number [ ]
Spouse's signature. If a joint return, both must sign.	Date [ ]	Spouse's occupation [ ]	[ ]

Print/Type preparer's name  
Paid [ ]

Date [ ]	Check <input checked="" type="checkbox"/> if self-employed [ ]	PTIN [ ]
04/01/11		

Firm's name ► [ ]  
Preparer Use Only Firm's address ► [ ]

Firm's EIN ► [ ]
Phone no. [ ]

**SCHEDULE A**  
(Form 1040)

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

**Itemized Deductions**

OMB No. 1545-0074

**2010**

Attachment Sequence No. **07**

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Your social security number [REDACTED]

**PETER P BUTTIGIEG**

<b>Medical and Dental Expenses</b>	Caution: Do not include expenses reimbursed or paid by others.			
1 Medical and dental expenses (see instructions)	1			
2 Enter amount from Form 1040, line 38.	2	33,824		
3 Multiply line 2 by 7.5% (.075)	3		2,537	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes } 6 Real estate taxes (see instructions) 7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b 8 Other taxes. List type and amount ►	5 6 7 8	2,933 1,342  114	
	INDIANA EXCISE TAX			4,389
	9 Add lines 5 through 8	9		
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► 12 Points not reported to you on Form 1098. See instructions for special rules 13 Mortgage insurance premiums (see instructions) 14 Investment interest. Attach Form 4952 if required. (See instructions.) 15 Add lines 10 through 14	10 11 12 13 14 15	3,798     3,798	
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 18 Carryover from prior year 19 Add lines 16 through 18	16 17 18 19	490    490	
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► 22 Tax preparation fees 23 Other expenses—investment, safe deposit box, etc. List type and amount ► 24 Add lines 21 through 23 25 Enter amount from Form 1040, line 38	21 22 23 24 25	856    856 33,824	
	26 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	26 27	676  180	
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ►	28		
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►	29	8,857	

**SCHEDULE E**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2010**

Attachment  
Sequence No. 13

Name(s) shown on return

Your social security number

**PETER P BUTTIGIEG**

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A			<ul style="list-style-type: none"> <li>• 14 days or</li> <li>• 10% of the total days rented at fair rental value?</li> </ul> <p>(See page E-4)</p>	A	X
B				B	
C				C	

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received .....	3 3,100			3	3,100
4 Royalties received .....	4			4	
Expenses:					
5 Advertising .....	5				
6 Auto and travel (see page E-5) .....	6				
7 Cleaning and maintenance .....	7				
8 Commissions .....	8				
9 Insurance .....	9 203				
10 Legal and other professional fees .....	10 695				
11 Management fees .....	11				
12 Mortgage interest paid to banks, etc. (see page E-5) .....	12 955			12	955
13 Other interest .....	13				
14 Repairs .....	14				
15 Supplies .....	15				
16 Taxes .....	16 444				
17 Utilities .....	17 487				
18 Other (list) ► .....	18				
19 Add lines 5 through 18 .....	19 2,784			19	2,784
20 Depreciation expense or depletion (see page E-5) .....	20 822			20	822
21 Total expenses. Add lines 19 and 20 .....	21 3,606				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198 .....	22 -506				
23 Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 .....	23 506				
24 Income. Add positive amounts shown on line 22. Do not include any losses .....	24				0
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here .....	25				506
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	26				-506

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2010

Attachment  
Sequence No. 19

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► See separate instructions.

Name:

Identifying number as shown on page 1 of your tax return

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income.      d  Certain income re-sourced by treaty

f Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	► <b>PASSIVE INCOME</b>	VARIOUS		
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see Instructions) ► <input type="checkbox"/>	849			1a 849
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	1,342			
b Other deds. (attach stmt)				
c Add lines 3a and 3b	1,342			
d Gross foreign source income (see instructions)	849			
e Gross income from all sources (see instructions)	37,430			
f Divide line 3d by line 3e (see instructions)	0.0227			
g Multiply line 3c by line 3f	30			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions)	86			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	116			6 116
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ► 7 733				

## Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars				(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest			
	(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest						
A VARIOUS						11					11
B											
C											

8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ► 8 11

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2010)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	11	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	11	
12 Reduction in foreign taxes (see instructions)	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)			13
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	14	733	
15 Adjustments to line 14 (see instructions)	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	733	
17 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption  Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	17	24,967	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	0.0294	
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37  Caution: If you are completing line 19 for separate category e (lump-sum distributions), see instructions.	19	2,668	
20 Multiply line 19 by line 18 (maximum amount of credit)	20	78	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see instructions)	21	11	

**Part IV Summary of Credits From Separate Parts III (see instructions)**

22 Credit for taxes on passive category income	22	
23 Credit for taxes on general category income	23	
24 Credit for taxes on certain income re-sourced by treaty	24	
25 Credit for taxes on lump-sum distributions	25	
26 Add lines 22 through 25	26	
27 Enter the smaller of line 19 or line 26	27	11
28 Reduction of credit for international boycott operations. See instructions for line 12	28	
29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29	11

## Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

2010

Attachment  
Sequence No. 32

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

**PETER P BUTTIGIEG**

Your social security number [REDACTED]

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

1	24,967
2	
3	4,389
4	0
5	180
6	( )
7	138
8	
9	
10	
11	( )
12	
13	
14	
15	
16	
17	
18	
19	0
20	0
21	
22	
23	
24	
25	( )
26	
27	
28	29,398

**Part II Alternative Minimum Tax (AMT)**

29 Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.)

IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .
Single or head of household	\$112,500	\$47,450
Married filing jointly or qualifying widow(er)	150,000	72,450
Married filing separately	75,000	36,225

If line 28 is over the amount shown above for your filing status, see page 8 of the instructions.

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II.

- 31 • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter.  
 • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here.  
 • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 28% (.28). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.

32 Alternative minimum tax foreign tax credit (see page 9 of the instructions).

33 Tentative minimum tax. Subtract line 32 from line 31.

34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions).

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.

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

Form 6251 (2010)

**SCHEDULE M**  
(Form 1040A or 1040)

**Making Work Pay Credit**

OMB No. 1545-0074

**2010**

Attachment Sequence No. **166**

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

**PETER P BUTTIGIEG**

► Attach to Form 1040A or 1040.

► See separate instructions.

Your social security number

**CAUTION** To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**CAUTION** You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2;
- (c) Your wages include pay for work performed while an inmate in a penal institution;
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan; or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) .....

1a			
	2		
		3	

**b.** Nontaxable combat pay included on line 1a

(see instructions) .....

**1b** .....

**2** Multiply line 1a by 6.2% (.062) .....

2			
	3		

**3** Enter \$400 (\$800 if married filing jointly) .....

**4** Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) .....

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 .....

5			
	33 , 824		

**6** Enter \$75,000 (\$150,000 if married filing jointly) .....

6			
	75 , 000		

**7** Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 .....

7			

**8** Multiply line 7 by 2% (.02) .....

8			

**9** Subtract line 8 from line 4. If zero or less, enter -0-

9			
	400		

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly) .....

10			
	0		

**11** Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11			
	400		

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from

to:

Your Social  
Security Number

Spouse's Social  
Security Number

Place "X" in box if applying for ITIN

Your first name

Initial      Last name

Place "X" in box if applying for ITIN

Suffix

**PETER**

**P**

**BUTTIGIEG**

If filing a joint return, spouse's first name

Initial

Last name

Suffix

Present address (number and street or rural route)

City

State:

Place "X" in box if you are  
married filing separately.

Zip/Postal code

**SOUTH BEND**

Foreign country 2-character code (see pg. 6)

**IN**

**46617**

School corporation number (see pages 43 and 44)

**7205**

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2010.

County where you lived	71	County where you worked	71	County where spouse lived	County where spouse worked	Round all entries
1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4)			Federal AGI	1	<b>33824 .00</b>
2.	Enter amount from Schedule 1, line 9, and enclose Schedule 1			Indiana Add-Backs	2	.00
3.	Add line 1 and line 2				3	<b>33824 .00</b>
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2			Indiana Deductions	4	<b>5138 .00</b>
5.	Subtract line 4 from line 3			Indiana Adjusted Income	5	<b>28686 .00</b>
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3			Indiana Exemptions	6	<b>1000 .00</b>
7.	Subtract line 6 from line 5			State Taxable Income	7	<b>27686 .00</b>
8.	State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank)		8			<b>941 .00</b>
9.	County tax: Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		9			<b>485 .00</b>
10.	Other taxes. Enter amount from Schedule 4, line 5 (enclose sch.)		10			.00
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back			Indiana Taxes	11	<b>1426 .00</b>

12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	539 • 00	
13. Enter offset credits from Schedule 6, line 7 (enclose schedule)	13	550 • 00	
14. Add lines 12 and 13	Indiana Credits	14	1089 • 00
15. Enter amount from line 11	Indiana Taxes	15	1426 • 00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	• 00	
17. Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund	17	• 00	
18. Subtract line 17 from line 16	Overpayment	18	• 00

19. Amount from line 18 to be applied to your 2011 estimated tax account (see instructions on page 9).

Enter your county code.	county tax to be applied \$	a	• 00
Spouse's county code	county tax to be applied \$	b	• 00
Indiana adjusted gross income tax to be applied	\$	c	• 00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) 19d • 00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) 20 • 00

21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund 21 • 00

#### 22. Direct Deposit (see page 11)

- a. Routing Number
- b. Account Number
- c. Type:      Checking      Savings      Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions on page 11) 23 337 • 00

24. Penalty if filed after due date (see instructions) 24 • 00

25. Interest if filed after due date (see instructions) 25 • 00

26. Amount Due: Add lines 23, 24 and 25 Amount You Owe 26 337 • 00

No payment is due if you owe less than \$1. Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. Enclose Schedule 7.**

Your Signature

Date

Spouse's Signature

Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7231, Indianapolis, IN 46207-7231.



Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

**PETER P BUTTIGIEG**

**1. Renter's deduction**

Address where rented if different from the one on the front page (enter below)

Amount of rent paid.

Landlord's name and address (enter below)

\$ .00

**Round all entries**

Number of months rented

Enter the lesser of \$3,000 or amount of rent paid

1

.00

**2. Homeowner's residential property tax deduction**

Address where property tax was paid if different from front page (enter below)

Number of months lived there

Amount of property tax paid

\$ .00

Enter the lesser of \$2,500 or the amount of property tax paid \_\_\_\_\_

2

.00

3. State tax refund reported on federal return \_\_\_\_\_

3

**138.00**

4. Interest on U.S. government obligations \_\_\_\_\_

4

.00

5. Taxable Social Security benefits \_\_\_\_\_

5

.00

6. Taxable railroad retirement benefits \_\_\_\_\_

6

.00

7. Military service deduction: \$5,000 maximum for qualifying person \_\_\_\_\_

7

**5000.00**

8. Non-Indiana locality earnings deduction: \$2,000 maximum per qualifying person \_\_\_\_\_

8

.00

9. Insulation deduction: \$1,000 maximum \_\_\_\_\_

9

.00

10. Nontaxable portion of unemployment compensation (from line 8 of Unemployment Comp. Worksheet) \_\_\_\_\_

10

.00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name \_\_\_\_\_

code no.

11a

.00

b. Enter deduction name \_\_\_\_\_

code no.

11b

.00

c. Enter deduction name \_\_\_\_\_

code no.

11c

.00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.

Total Deductions

12

**5138.00**

Name(s) shown on Form IT-40

**PETER P. BUTTIGIEG**

Your Social Security Number  


Round all entries

1. Number of exemptions claimed on your federal return    **1**    x \$1,000 \_\_\_\_\_    **1**    **1000 .00**

- If you did not claim an exemption on your federal return, enter "1" in the box above.
- See instructions on page 22 if you did not file a federal return.

2. Claim an additional exemption for each dependent child

- who is a son, stepson, daughter, stepdaughter and/or foster child,
- who was under the age of 19 by Dec. 31, 2010, or a full-time student who was under the age of 24 by Dec. 31, 2010, and
- who you are eligible to claim as a dependent on your federal tax return.

Enter number you are eligible to claim    **x \$1500** \_\_\_\_\_    **2**    **.00**

3. Place "X" in box(es) below if, by December 31, 2010

You were age 65 or older    and/or blind

Spouse was 65 or older    and/or blind

Total number of boxes with Xs    **x \$1000** \_\_\_\_\_    **3**    **.00**

4. If age 65 or older, enter amount from Form IT-40, line 1 \$

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs    **x \$500** \_\_\_\_\_    **4**    **.00**

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6.    **Total Exemptions**    **5**    **1000 .00**

**Schedule 4: Other Taxes**

Instructions begin on page 23

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet \_\_\_\_\_    **1**    **.00**

2. Household employment taxes. Enclose Schedule IN-H \_\_\_\_\_    **2**    **.00**

3. Indiana advance earned income credit payments from W-2s \_\_\_\_\_    **3**    **.00**

4. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R \_\_\_\_\_    **4**    **.00**

5. Add lines 1 through 4. Enter here and on Form IT-40, line 10.    **Total Other Taxes**    **5**    **0 .00**


**Schedule 5**  
Form IT-40, State Form 53998  
(R / 9-10)

**Schedule 5: Credits**  
Instructions begin on page 24

Enclosure  
Sequence No. 04

**2010**

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

Round all entries

1. Indiana state tax withheld; enclose W-2s, 1099s showing state tax withholding amounts _____	1	539 .00
2. Indiana county tax withheld; enclose W-2s, 1099s showing county tax withholding amounts _____	2	.00
3. Estimated tax paid for 2010; include any extension payment made with Form IT-9 _____	3	.00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit; enclose Schedule IN-EIC and enter amount from Section A, line A-2 _____	5	.00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit _____	7	.00
8. Media production expenditure credit _____	8	.00
9. Add lines 1 through 8: Enter total here and on Form IT-40, line 12	Total Credits	9
		539 .00

2010

Name(s) shown on Form IT-40

PETER P BUTTIGIEG

Your Social Security Number  


Round all entries

1. Credit for local taxes paid outside Indiana _____	1	• 00
2. County credit for the elderly; attach federal Schedule R _____	2	• 00
3. Other Local Credits: See instructions (enclose additional sheets if necessary)		
a. Enter credit name _____	code no.	.3a • 00
b. Enter credit name _____	code no.	.3b • 00
Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see Combined Limitation instructions)		
4. College credit; attach Schedule CC-40 _____	4	• 00
5. Credit for taxes paid to other states; enclose other state's return _____	5	550 • 00
6. Other Credits: See instructions (enclose additional sheets if necessary)		
a. Enter credit name _____	code no.	.6a • 00
b. Enter credit name _____	code no.	.6b • 00
c. Enter credit name _____	code no.	.6c • 00
d. Enter credit name _____	code no.	.6d • 00
Important: Lines 4 through 6 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Combined Limitation instructions)		
7. Add lines 1 through 6. Enter total here and on line 13 of Form IT-40	Total Offset Credits	7 550 • 00

Schedule 7: Additional Required Information

Instructions begin on page 37

Enclosure  
Sequence No. 06

2010

Name(s) shown on Form IT-40

Your Social Security Number

PETER P. BUTTIGIEG

1. Federal filing information

Are you filing a federal income tax return for 2010? Place "X" in appropriate box. Yes  No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Sch. CT-40 for state where you and/or your spouse worked.

State where you worked	Your income	State where spouse worked	Spouse's income
94	\$ 19319 . 00		\$ . 00

3. Extension of time to file:

- Place "X" in box if you have filed a federal extension of time to file, Form 4868.
- Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

4. Farm / Fishing income:

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death:

If any individual listed at the top of the IT-40 died during 2010, enter date of death (MM/DD) (see instructions on page 38).

Taxpayer's date of death	2010	Spouse's date of death	2010
--------------------------	------	------------------------	------

**Authorization** Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type & Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your e-mail address

I authorize the Department to discuss my return with my personal representative (see page 38).

Paid Preparer: Firm's Name (or yours if self-employed)

Yes  No      If yes, complete the information below.

IN-OPT on file with paid preparer if not filing electronically

Personal Representative's Name (please print)

Federal I.D. Number  PTIN OR  Social Security No.

Telephone number

Address

City      SOUTH BEND

City      SOUTH BEND

State      IN

State      IN

Zip Code

Zip Code

Name(s) shown on Form IT-40

Your Social Security Number  


PETER P BUTTIGIEG

**Lake County Residents:** Turn to the Special Instructions for Lake County Residents on page 41 if you and/or your spouse lived and/or worked in Lake County, IN, on Jan. 1, 2010. If you determine that Lake County tax is due, find your and/or spouse's 4-digit code number (see page 42) and enter it here.

Your Lake County 4-digit number

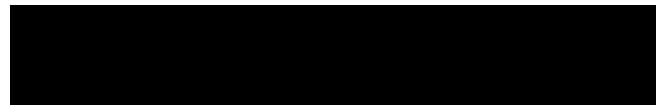
Spouse's Lake County 4-digit number

**SECTION 1: To be completed by those taxpayers who were residents of a county that had adopted a county income tax.**

		Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1 (or lived in the same Lake County location on January 1), enter the entire amount from Form IT-40, line 7 on line 1A only. See instructions on page 38	1A	27686 .00	1B .00
2. If you claimed a non-Indiana locality earnings deduction on Schedule 2, line 8, enter the amount here. If not, leave blank	2A	.00	2B .00
3. Add lines 1 and 2	3A	27686 .00	3B .00
4. Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2010	4A	.0175000	4B
5. Multiply line 3 by the rate on line 4	5A	485 .00	5B .00
6. Add lines 5A and 5B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see page 40)	6		485 .00
7. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above	7		.00
8. Multiply line 7 by .0056 and enter total here	8		.00
9. Enter total of line 6 minus line 8. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40	9		485 .00

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2010, were residents of a county that had not adopted a county income tax, but worked in an Indiana county that had adopted a county income tax.**

		Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income. See page 40 for further Section 2 instructions	1A	.00	1B .00
2. Enter deductions. See page 41 for the complete list of allowable deductions and further instructions	2A	.00	2B .00
3. Subtract line 2 from line 1	3A	.00	3B .00
4. Enter some or all of the exemptions from line 5 of Schedule 3 (see instructions on page 40)	4A	.00	4B .00
5. Subtract line 4 from line 3	5A	.00	5B .00
6. Enter the nonresident rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2010	6A		6B .00
7. Multiply the income on line 5 by the rate on line 6	7A	.00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40, line 9. (If you have an amount on Section 1, line 9 above, combine that with the amount on line 8 and enter total on Form IT-40, line 9)	8		.00



Name

PETER P BUTTIGIEGTaxpayer Identification Number  
State or Foreign Country ILLINOIS**Credit for Tax Paid to State with Regular Agreement**

Credit for tax paid to other states (other than AZ, CA, DC, or OR) or foreign country attributable to Indiana residency period

1. Tax paid to other state (or foreign country) on source income of other state (or foreign country) received during Indiana residency period .....	1. _____	539
2. Source income from other state (or foreign country) received during Indiana residency period (subject to Indiana tax) .....	2. _____	19,319
3. Multiply line 2 by 3.4% (.034) .....	3. _____	657
4. Tentative credit for taxes paid to other state (or foreign country). Lesser of line 1 or line 3 .....	4. _____	539

**Credit for Tax Paid to State with Reverse Agreement**

Credit for tax paid on Indiana nonresident income taxable to Arizona, California, District of Columbia, or Oregon residency period

A. Tax paid to other state on income attributable to residency period of other state .....	A. _____
B. Other state equivalent of Indiana adjusted gross income received during residency period of other state .....	B. _____
C. Indiana source income (subject to tax) attributable to residency period of other state .....	C. _____
D. Proportion of other state income received during residency period of other state attributable to Indiana sources. Divide line C by line B .....	D. _____
E. Portion of tax paid to other state on income received during other state residency period attributable to Indiana sources. Multiply line A by line D .....	E. _____
F. Indiana state income tax attributable to Indiana source income received during residency period of other state .....	F. _____
G. Tentative credit for taxes paid to other state. Lesser of line E or line F .....	G. _____

**Summary****Total Credit for Taxes Paid to Other States or Foreign Countries**

i. Sum of tentative credits for taxes paid to other states and foreign countries from line 4 and line G .....	i. _____	539
ii. Sum of tentative credits for taxes paid to foreign countries from Indiana Foreign Tax Credit Worksheet, line D1 .....	ii. _____	11
iii. Total tentative credits for taxes paid to other states and foreign countries. Add line i and line ii .....	iii. _____	550
iv. State adjusted gross income tax from Form IT-40, Line 8 or Form IT-40PNR, Line 8 .....	iv. _____	941
v. Credit from Schedule CG-40 .....	v. _____	
vi. Tentative net adjusted gross income tax. Subtract line v from line iv .....	vi. _____	941
vii. Total credit. Lesser of line iii or line vi. Enter on Schedule 6, Line 5 or Schedule G, Line 5 .....	vii. _____	550

Name

**PETER P BUTTIGIEG**Taxpayer Identification Number  
[REDACTED]**Foreign Country VARIOUS**

A1. Tax paid to foreign country on foreign income received during Indiana residency period .....	A1. <u>11</u>
A2. Income from foreign country received during Indiana residency period (subject to Indiana tax) .....	A2. <u>849</u>
A3. Multiply line A2 by 3.4% (.034) .....	A3. <u>29</u>
A4. Tentative credit for tax paid to foreign country. Lesser of line A1 or line A3 .....	A4. <u>11</u>

**Foreign Country \_\_\_\_\_**

B1. Tax paid to foreign country on foreign income received during Indiana residency period .....	B1. _____
B2. Income from foreign country received during Indiana residency period (subject to Indiana tax) .....	B2. _____
B3. Multiply line B2 by 3.4% (.034) .....	B3. _____
B4. Tentative credit for tax paid to foreign country. Lesser of line B1 or line B3 .....	B4. _____

**Foreign Country \_\_\_\_\_**

C1. Tax paid to foreign country on foreign income received during Indiana residency period .....	C1. _____
C2. Income from foreign country received during Indiana residency period (subject to Indiana tax) .....	C2. _____
C3. Multiply line C2 by 3.4% (.034) .....	C3. _____
C4. Tentative credit for tax paid to foreign country. Lesser of line C1 or line C3 .....	C4. _____

D1. Total tentative credit for taxes paid to foreign countries. Sum of the tentative credits for taxes paid to foreign countries from lines A4, B4, and C4. Report on Indiana Other State Credit Worksheet, line ii. ....	D1. <u>11</u>
---	---------------

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1546-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► See separate instructions.

2010

Attachment  
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	VARIOUS			
PASSIVE INCOME	849			1a 849
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions): ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement):				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions):	1,342			
b Other deds. (attach stmt.):	1,342			
c Add lines 3a and 3b	849			
d Gross foreign source income (see instructions):	37,430			
e Gross income from all sources (see instructions):	0.0227			
f Divide line 3d by line 3e (see instructions)	30			
g Multiply line 3c by line 3f	86			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions):				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	116			6 116
7 Subtract line 6 from line 1a: Enter the result here and on line 14, page 2 ► 7 733				

## Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
	(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(i) Accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A VARIOUS						11				11
B										
C										
8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ► 8										11

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2010)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	11	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	11	
12 Reduction in foreign taxes (see instructions)	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)		13	11
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	14	733	
15 Adjustments to line 14 (see instructions)	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	733	
17 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	17	24,967	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	0.0294	
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category e (lump-sum distributions), see instructions.</i>	19	2,668	
20 Multiply line 19 by line 18 (maximum amount of credit)	20	7.8	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see instructions)	21	11	

**Part IV Summary of Credits From Separate Parts III (see instructions)**

22 Credit for taxes on passive category income	22		
23 Credit for taxes on general category income	23		
24 Credit for taxes on certain income re-sourced by treaty	24		
25 Credit for taxes on lump-sum distributions	25		
26 Add lines 22 through 25	26		
27 Enter the smaller of line 19 or line 26	27	11	
28 Reduction of credit for international boycott operations. See instructions for line 12	28		
29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29	11	

Illinois Department of Revenue  
**2010 Form IL-1040**

Individual Income Tax Return or for fiscal year ending       / 10

**Step 1: Personal Information**

Do not write above this line.

[REDACTED]  
 PETER P

BUTTIGIEG  
 [REDACTED]

SOUTH BEND

IN 46617-[REDACTED]

C Filing status (see instructions)

Single or head of household       Married filing jointly       Married filing separately       Widowed

**Step 2: Income**

- |   |   |                      |
|---|---|----------------------|
| 1 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 | (Whole dollars only) |
| 1 |   | <u>33,824.00</u>     |
| 2 | Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ |                      |
| 2 |   | <u>.00</u>           |
| 3 | Other additions to your income. Attach Schedule M.  |                      |
| 3 |   | <u>.00</u>           |
| 4 | Total income. Add Lines 1 through 3.  |                      |
| 4 |   | <u>33,824.00</u>     |

Staple W-2 and 1099 forms here

**Step 3: Base Income**

- |   |  |   |                  |
|---|--|---|------------------|
| 5 | Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1. | 5 | .00              |
| 6 | Illinois Income Tax overpayment included in U.S. 1040, Line 10   | 6 | .00              |
| 7 | Other subtractions to your income. Attach Schedule M.<br>Check if Line 7 includes any amount from Schedule 1299-C        | 7 | <u>5,355.00</u>  |
| 8 | Add Lines 5, 6, and 7. This is the total of your subtractions.   | 8 | <u>5,355.00</u>  |
| 9 | Illinois base income. Subtract Line 8 from Line 4.   | 9 | <u>28,469.00</u> |

**Step 4: Exemptions**

See  
Instructions  
before  
figuring  
exemptions.

- |   |   |             |   |                 |
|---|---|-------------|---|-----------------|
| 10 a  | Number of exemptions from your federal return   | 1           | <input checked="" type="checkbox"/> \$2,000 a | <u>2,000.00</u> |
| b   | If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. | X \$2,000 b | .00   |                 |
| c   | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> X \$1,000 c                           | .00         |   |                 |
| d   | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> X \$1,000 d                         | .00         |   |                 |
| Exemption allowance. Add Lines a through d. |   |             |   |                 |
|   |   | 10          | <u>2,000.00</u>                               |                 |

**Step 5: Net Income**

- |    |  |                  |     |
|----|--|------------------|-----|
| 11 | Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.  | 11               | .00 |
| 12 | Nonresidents and part-year residents Only:<br>Check the box that applies to you during 2010 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 12 | <u>19,319.00</u> |     |

Staple your check

**Step 6: Tax**

- |    |   |    |               |
|----|---|----|---------------|
| 13 | Residents: Multiply Line 11 by 3% (.03). Write the result here.<br>Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. | 13 | <u>539.00</u> |
| 14 | Recapture of investment tax credits. Attach Schedule 4255.  | 14 | .00           |
| 15 | Total tax. Add Lines 13 and 14. This amount may not be less than zero.  | 15 | <u>539.00</u> |

PETER P BUTTIGIEG

16 Total tax amount from Page 1, Line 15 NR 16 539 .00

**Step 7: Tax After Nonrefundable Credits and Use Tax**

17 Income tax paid to another state while an Illinois resident.

Attach Schedule CR. 17 .00

Complete Schedule ICR

18 Property tax and K-12 education expense credit amount from

Schedule ICR. Attach Schedule ICR. 18 .00

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

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount from Line 16. 20 .00

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16. 21 539 .00

- New -  
Pay IL  
Use Tax  
here.

22 Use tax on internet, mail order, or other out-of-state purchases from UT

Worksheet or UT Table in the instructions. Do not leave blank. 22 0 .00

23 Tax after nonrefundable credits and use tax. Add Lines 21 and 22. 23 539 .00

**Step 8: Payments and Refundable Credit**

24 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 24 569 .00

25 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2009 return 25 .00

See Instructions

26 Pass-through entity payments. Attach Schedule K-1-P or K-1-T. 26 .00

Complete Schedule ICR

27 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 27 .00

28 Total payments and refundable credit. Add Lines 24 through 27. 28 569 .00

**Step 9: Overpayment or Underpayment**

29 Overpayment. If Line 28 is greater than Line 23, subtract Line 23 from Line 28. 29 30 .00

30 Underpayment. If Line 23 is greater than Line 28, subtract Line 28 from Line 23. 30 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

31 Late payment penalty for underpayment of estimated tax. 31 .00

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.

32 Voluntary charitable donations. Attach Schedule G. 32 .00

33 Total penalty and donations. Add Lines 31 and 32. 33 .00

**Step 11: Refund or Amount You Owe**

34 If you have an overpayment on Line 29 and this amount is greater than Line 33, subtract Line 33 from Line 29. This is your remaining overpayment. 34 30 .00

35 Amount from Line 34 you want refunded to you 35 30 .00

36 Complete to direct deposit your refund

Routing number [REDACTED]  Checking or  Savings  
Account number [REDACTED]

37 Subtract Line 35 from Line 34. This amount will be applied to your 2011 estimated tax. 37 .00

Direct Deposit  
See instructions for payment options.

38 If you have an underpayment on Line 30, add Lines 30 and 33. OR

If you have an overpayment on Line 29 and this amount is less than Line 33, subtract Line 29 from Line 33.

This is the amount you owe. 38 .00

**Step 12: Sign and Date**

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

Sign here

[REDACTED] Daytime phone number [REDACTED] Your spouse's signature [REDACTED] Date [REDACTED]

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

If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE

PO BOX 1040

GALESBURG IL 61402-1040

If payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE

SPRINGFIELD IL 62726-0001

**2010 Schedule M****Other Additions and Subtractions for Individuals**

Attach to your Form IL-1040

IL Attachment No. 15

**Read this information first**

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

**Note:** If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

**Step 1: Provide the following information****PETER P. BUTTIGIEG**

Your name as shown on Form IL-1040.

Your Social Security number.

**Step 2: Figure your additions for Form IL-1040, Line 3**

Write the amount of

- |  | (Whole dollars only) |
|--|----------------------|
| 1 Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814   | 1 _____ .00          |
| 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate.<br>Attach Schedule K-1-P or Schedule K-1-T.  | 2 _____ .00          |
| 3 Lloyds plan of operations loss; if reported on your behalf on Form IL-1023-C and included in your adjusted gross income  | 3 _____ .00          |
| 4 Earnings distributed in 2010 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.) | 4 _____ .00          |
| 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.  | 5 _____ .00          |
| 6 Business expense recapture (nonresidents only)   | 6 _____ .00          |
| 7 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan  | 7 _____ .00          |
| 8 Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer   | 8 _____ .00          |
| 9 Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded   | 9 _____ .00          |
| 10 Other income - Identify each item   | 10 _____ .00         |
| 11 Add Lines 1 through 10. Write the amount here and on Form IL-1040, Line 3.  | 11 _____ .00         |

**Step 3: Figure your subtractions for Form IL-1040, Line 7**

Write the amount of

- |   |   |
|---|---|
| 12 Contributions made in 2010 to the following college savings plans:<br>a "Bright Start" College Savings Pool<br>b "College Illinois" Prepaid Tuition Program<br>c "Bright Directions" College Savings Pool  | 12a _____ .00<br>12b _____ .00<br>12c _____ .00 |
| 13 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 24 of this schedule.) Attach Schedule K-1-P or Schedule K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. | 13 _____ .00                                    |
| 14 Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341   | 14 _____ .00                                    |
| 15 Contributions to a job training project.   | 15 _____ .00                                    |
| 16 Expenses related to federal credits or federally tax-exempt income   | 16 _____ .00                                    |
| 17 Interest earned on investments through the Home Ownership Made Easy Program  | 17 _____ .00                                    |
| 18 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562.  | 18 _____ .00                                    |
| 19 Add Lines 12a through 18 and write the amount here and on Page 2, Line 20.   | 19 _____ .00                                    |

**Step 3: Continued**

20 Write the amount from Page 1, Line 19.

20 \_\_\_\_\_ .00

Write the following only if included in Form IL-1040, Lines 1, 2, or 3:

21 Military pay earned. Attach military W-2.

21 \_\_\_\_\_ 5,217.00

22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040.  
Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally.

22 \_\_\_\_\_ .00

23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms.

23 \_\_\_\_\_ .00

24 Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.

24 \_\_\_\_\_ .00

25 Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms.

25 \_\_\_\_\_ 138.00

26 Ridesharing money and other benefits

26 \_\_\_\_\_ .00

27 Payment of life insurance, endowment, or annuity benefits received

27 \_\_\_\_\_ .00

28 Lloyds plan of operations income if reported on your behalf on Form IL-1023-C

28 \_\_\_\_\_ .00

29 Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act

29 \_\_\_\_\_ .00

30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act

30 \_\_\_\_\_ .00

31 Reparations or other amounts received as a victim of persecution by Nazi Germany

31 \_\_\_\_\_ .00

32 Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.

a Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)

32a \_\_\_\_\_ .00

b Export Development Act of 1983 bonds

32b \_\_\_\_\_ .00

c Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only)

32c \_\_\_\_\_ .00

d Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)

32d \_\_\_\_\_ .00

e College Savings bonds

32e \_\_\_\_\_ .00

f Illinois Sports Facilities Authority bonds

32f \_\_\_\_\_ .00

g Higher Education Student Assistance Act bonds

32g \_\_\_\_\_ .00

h Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87

32h \_\_\_\_\_ .00

i Rural Bond Bank Act bonds and notes

32i \_\_\_\_\_ .00

j Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act

32j \_\_\_\_\_ .00

k Quad Cities Interstate Metropolitan Authority bonds

32k \_\_\_\_\_ .00

l Southwestern Illinois Development Authority bonds

32l \_\_\_\_\_ .00

m Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act

32m \_\_\_\_\_ .00

33 Interest on the following non-U.S. government bonds.

a Bonds issued by the government of Guam

33a \_\_\_\_\_ .00

b Bonds issued by the government of Puerto Rico

33b \_\_\_\_\_ .00

c Bonds issued by the government of the Virgin Islands

33c \_\_\_\_\_ .00

d Bonds issued by the government of American Samoa

33d \_\_\_\_\_ .00

e Bonds issued by the government of the Northern Mariana Islands

33e \_\_\_\_\_ .00

f Mutual mortgage insurance fund bonds

33f \_\_\_\_\_ .00

34 Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 32 or 33 as reported on U.S. Form 8814

34 \_\_\_\_\_ .00

35 Railroad unemployment income. Attach Form 1099-G and an copy of page 1 of your federal return.

35 \_\_\_\_\_ .00

36 Unjust imprisonment compensation awarded by Illinois Court of Claims

36 \_\_\_\_\_ .00

37 Add Lines 20 through 36. Write the amount here and on Form IL-1040, Line 7.

37 \_\_\_\_\_ 5,355.00

This form is authorized as outlined by the Illinois Inc. Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425

# Illinois Department of Revenue 2010 Schedule NR

Attach to your Form IL-1040

PETER P

BUTTIGIEG

## Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

Your name as shown on your Form IL-1040

Your Social Security number

### Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?

Yes       No      If you answered "Yes," **STOP**, you cannot use this form (see instructions).

- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2010:

a I lived in

Illinois from \_\_\_\_\_ to \_\_\_\_\_ I lived in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      State      Month Day Year      Month Day Year

b My spouse lived

in Illinois from \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      State      Month Day Year      Month Day Year

- 3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box:

Iowa     Kentucky     Michigan     Wisconsin     Military Spouse

- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state:

CT    IN    CA

### Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

### Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Income	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 <u>33,107.00</u>	<u>19,319.00</u>
6 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 <u>236.00</u>	<u>.00</u>
7 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7 <u>211.00</u>	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8 <u>138.00</u>	<u>.00</u>
9 Alimony received (federal Form 1040, Line 11)	9 <u>.00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040, Line 12)	10 <u>.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 <u>638.00</u>	<u>.00</u>
12 Other gains or losses (federal Form 1040, Line 14)	12 <u>.00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13 <u>.00</u>	<u>.00</u>
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14 <u>.00</u>	<u>.00</u>
15 Rents, royalties, partnerships, S corporations, trusts, and estates (federal Form 1040, Line 17)	15 <u>-506.00</u>	<u>.00</u>
16 Farm income or loss (federal Form 1040, Line 18)	16 <u>.00</u>	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17 <u>.00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18 <u>.00</u>	<u>.00</u>
19 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 <u>.00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <u>19,319.00</u>	

**Step 3: Continued**

	Column A Federal Total	Column B Illinois Portion
21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	<u>19,319.00</u>
22 Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00
23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	.00
24 Deduction for health savings account (federal Form 1040, Line 25)	24	.00
25 Moving expenses (federal Form 1040, Line 26)	25	.00
26 Deduction for one-half of self-employment tax (federal Form 1040, Line 27)	26	.00
27 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	.00
28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28	.00
29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00
30 Alimony paid (federal Form 1040, Line 31a)	30	.00
31 Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00
32 Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00
33 Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00
34 Domestic production activities deduction (federal Form 1040, Line 35)	34	.00
35 Other adjustments (see instructions)	35	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	<u>0.00</u>
37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.	37	<u>33,824.00</u>
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	<u>19,319.00</u>

**Step 4: Figure your Illinois additions and subtractions**

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest income (Form IL-1040, Line 2)	39	.00
40 Other additions (Form IL-1040, Line 3)	40	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	<u>19,319.00</u>
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10; (Form IL-1040, Line 6)	43	.00
44 Other subtractions (Form IL-1040, Line 7)	44	<u>5,355.00</u>
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	<u>0.00</u>

**Step 5: Figure your Illinois income and tax**

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your Illinois base income. Write this amount on your Form IL-1040, Line 12.	→	46 <u>19,319.00</u>
If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.		
47 Write the base income from Form IL-1040, Line 9.	47	<u>28,469.00</u>
48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.00.	48	<u>0.679</u>
49 Write your exemption allowance from your Form IL-1040, Line 10.	49	<u>2,000.00</u>
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	<u>1,358.00</u>
51 Subtract Line 50 from Line 46. This is your Illinois net income.	51	<u>17,961.00</u>
52 Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your tax before recapture of investment credits. Write this amount on your Form IL-1040, Line 13.	→	52 <u>539.00</u>

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

**Illinois Department of Revenue  
2010 Form IL-1040**

Individual Income Tax Return or for fiscal year ending 10

Do not write above this line

**Step 1: Personal Information**

PETER P BUTTIGIEG

SOUTH BEND IN 46617

C Filing status (see instructions)

Single or head of household     Married filing jointly     Married filing separately     Widowed

**Step 2: Income**

1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4	(Whole dollars only)	1	<u>33,824.00</u>
2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ		2	<u>.00</u>
3	Other additions to your income. Attach Schedule M.		3	<u>.00</u>
4	Total income: Add Lines 1 through 3.		4	<u>33,824.00</u>

Staple W-2 and 1099 forms here

**Step 3: Base Income**

5	Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1.	5	<u>.00</u>
6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6	<u>.00</u>
7	Other subtractions to your income. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C.	7	<u>5,355.00</u>
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>5,355.00</u>
9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>28,469.00</u>

**Step 4: Exemptions**

See instructions before figuring exemptions.

10	a Number of exemptions from your federal return	1	X \$2,000 a <u>2,000.00</u>
b	If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.		X \$2,000 b <u>.00</u>
c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 c <u>.00</u>		X \$1,000 c <u>.00</u>
d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 d <u>.00</u>		X \$1,000 d <u>.00</u>
	Exemption allowance. Add Lines a through d.	10	<u>2,000.00</u>

**Step 5: Net Income**

11	Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	<u>.00</u>
12	Nonresidents and part-year residents Only: Check the box that applies to you during 2010 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 12		<u>19,319.00</u>

**Step 6: Tax**

13	Residents: Multiply Line 11 by 3% (.03). Write the result here.	13	<u>539.00</u>
	Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR.		<u>.00</u>
14	Recapture of investment tax credits. Attach Schedule 4255.	14	<u>.00</u>
15	Total tax. Add Lines 13 and 14. This amount may not be less than zero.	15	<u>539.00</u>

PETER P BUTTIGIEG

16 Total tax amount from Page 1, Line 15 NR 16 539 .00

**Step 7: Tax After Nonrefundable Credits and Use Tax**

17 Income tax paid to another state while an Illinois resident.

Attach Schedule CR. 17 \_\_\_\_\_ .00

Complete Schedule ICR

18 Property tax and K-12 education expense credit amount from

Schedule ICR. Attach Schedule ICR. 18 \_\_\_\_\_ .00

19 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19 \_\_\_\_\_ .00

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount from Line 16. 20 \_\_\_\_\_ .00

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16. 21 539 .00

- New -  
Pay IL  
Use Tax  
here.

22 Use tax on internet, mail order, or other out-of-state purchases from UT

Worksheet or UT Table in the instructions. Do not leave blank. 22 0 .00

23 Tax after nonrefundable credits and use tax. Add Lines 21 and 22. 23 539 .00

**Step 8: Payments and Refundable Credit**

24 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 24 569 .00

25 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2009 return 25 \_\_\_\_\_ .00

See Instructions

26 Pass-through entity payments. Attach Schedule K-1-P or K-1-T. 26 \_\_\_\_\_ .00

Complete Schedule ICR

27 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 27 \_\_\_\_\_ .00

28 Total payments and refundable credit. Add Lines 24 through 27. 28 569 .00

**Step 9: Overpayment or Underpayment**

29 Overpayment. If Line 28 is greater than Line 23, subtract Line 23 from Line 28. 29 30 .00

30 Underpayment. If Line 23 is greater than Line 28, subtract Line 28 from Line 23. 30 \_\_\_\_\_ .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

31 Late payment penalty for underpayment of estimated tax. 31 \_\_\_\_\_ .00

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.

32 Voluntary charitable donations. Attach Schedule G. 32 \_\_\_\_\_ .00

33 Total penalty and donations. Add Lines 31 and 32. 33 \_\_\_\_\_ .00

**Step 11: Refund or Amount You Owe**

34 If you have an overpayment on Line 29 and this amount is greater than Line 33, subtract Line 33 from Line 29. This is your remaining overpayment. 34 30 .00

35 Amount from Line 34 you want refunded to you 35 30 .00

36 Complete to direct deposit your refund

Routing number

Checking or  Savings

Account number

Direct Deposit

37 Subtract Line 35 from Line 34. This amount will be applied to your 2011 estimated tax. 37 \_\_\_\_\_ .00

See instructions for payment options.

38 If you have an underpayment on Line 30, add Lines 30 and 33. OR

If you have an overpayment on Line 29 and this amount is less than Line 33, subtract Line 29 from Line 33.

This is the amount you owe.

38 \_\_\_\_\_ .00

**Step 12: Sign and Date**

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

**Sign here**

[REDACTED]

Daytime phone number [REDACTED] Your spouse's signature [REDACTED] Date [REDACTED]

Paid preparer's signature [REDACTED] Date [REDACTED]

Preparer's phone number [REDACTED] Preparer's FEIN, SSN, or PTIN [REDACTED]

If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 1040  
GALESBURG IL 61402-1040

If payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62726-0001

**2010 Schedule M****Other Additions and Subtractions for Individuals**

Attach to your Form IL-1040

IL Attachment No. 15

**Read this information first**

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

**Note** If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

**Step 1: Provide the following information****PETER P BUTTIGIEG**

Your name as shown on Form IL-1040.

Your Social Security number.

**Step 2: Figure your additions for Form IL-1040, Line 3**

Write the amount of

- |   |                      |
|---|----------------------|
| 1 Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814  | (Whole dollars only) |
| 1   | .00                  |
| 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate.<br>Attach Schedule K-1-P or Schedule K-1-T.   | .00                  |
| 2   | .00                  |
| 3 Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income.  | .00                  |
| 3   | .00                  |
| 4 Earnings distributed in 2010 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.) | .00                  |
| 4   | .00                  |
| 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562.   | .00                  |
| 5   | .00                  |
| 6 Business expense recapture (nonresidents only)  | .00                  |
| 6   | .00                  |
| 7 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan   | .00                  |
| 7   | .00                  |
| 8 Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer  | .00                  |
| 8   | .00                  |
| 9 Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded  | .00                  |
| 9   | .00                  |
| 10 Other income - Identify each item  | .00                  |
| 10  | .00                  |
| 11 Add Lines 1 through 10. Write the amount here and on Form IL-1040, Line 3.   | .00                  |
| 11  | .00                  |

**Step 3: Figure your subtractions for Form IL-1040, Line 7**

Write the amount of

- |   |     |
|---|-----|
| 12 Contributions made in 2010 to the following college savings plans:<br>a. "Bright Start" College Savings Pool<br>b. "College Illinois" Prepaid Tuition Program<br>c. "Bright Directions" College Savings Pool   | .00 |
| 12a   | .00 |
| 12b   | .00 |
| 12c   | .00 |
| 13 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 24 of this schedule.) Attach Schedule K-1-P or Schedule K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. | .00 |
| 13  | .00 |
| 14 Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341   | .00 |
| 14  | .00 |
| 15 Contributions to a job training project  | .00 |
| 15  | .00 |
| 16 Expenses related to federal credits or federally tax-exempt income   | .00 |
| 16  | .00 |
| 17 Interest earned on investments through the Home Ownership Made Easy Program  | .00 |
| 17  | .00 |
| 18 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562.  | .00 |
| 18  | .00 |
| 19 Add Lines 12a through 18 and write the amount here and on Page 2, Line 20.   | .00 |
| 19  | .00 |

**Step 3: Continued**

20 Write the amount from Page 1, Line 19.

20 \_\_\_\_\_ .00

Write the following only if included in Form IL-1040, Lines 1, 2, or 3:

21 Military pay earned. Attach military W-2.

21 \_\_\_\_\_ 5,217 .00

22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040.  
Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally.

22 \_\_\_\_\_ .00

23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms.

23 \_\_\_\_\_ .00

24 Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C; Step 2, Line 7. Attach Schedule 1299-C.

24 \_\_\_\_\_ .00

25 Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms.

25 \_\_\_\_\_ 138 .00

26 Ridesharing money and other benefits

26 \_\_\_\_\_ .00

27 Payment of life insurance, endowment, or annuity benefits received

27 \_\_\_\_\_ .00

28 Lloyds plan of operations income if reported on your behalf on Form IL-1023-C

28 \_\_\_\_\_ .00

29 Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act.

29 \_\_\_\_\_ .00

30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act

30 \_\_\_\_\_ .00

31 Reparations or other amounts received as a victim of persecution by Nazi Germany

31 \_\_\_\_\_ .00

32 Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.

32a \_\_\_\_\_ .00

a Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)

32b \_\_\_\_\_ .00

b Export Development Act of 1983 bonds

32c \_\_\_\_\_ .00

c Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only)

32d \_\_\_\_\_ .00

d Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)

32e \_\_\_\_\_ .00

e College Savings bonds

32f \_\_\_\_\_ .00

f Illinois Sports Facilities Authority bonds

32g \_\_\_\_\_ .00

g Higher Education Student Assistance Act bonds

32h \_\_\_\_\_ .00

h Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87

32i \_\_\_\_\_ .00

i Rural Bond Bank Act bonds and notes

32j \_\_\_\_\_ .00

j Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act

32k \_\_\_\_\_ .00

k Quad Cities Interstate Metropolitan Authority bonds

32l \_\_\_\_\_ .00

l Southwestern Illinois Development Authority bonds

32m \_\_\_\_\_ .00

m Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act

33a \_\_\_\_\_ .00

33 Interest on the following non-U.S. government bonds.

33b \_\_\_\_\_ .00

a Bonds issued by the government of Guam

33c \_\_\_\_\_ .00

b Bonds issued by the government of Puerto Rico

33d \_\_\_\_\_ .00

c Bonds issued by the government of the Virgin Islands

33e \_\_\_\_\_ .00

d Bonds issued by the government of American Samoa

33f \_\_\_\_\_ .00

e Bonds issued by the government of the Northern Mariana Islands

34 \_\_\_\_\_ .00

f Mutual mortgage insurance fund bonds

35 \_\_\_\_\_ .00

34 Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 32 or 33 as reported on U.S. Form 8814

36 \_\_\_\_\_ .00

35 Railroad unemployment income. Attach Form 1099-G and an copy of page 1 of your federal return.

37 \_\_\_\_\_ .00

36 Unjust imprisonment compensation awarded by Illinois Court of Claims

37 Add Lines 20 through 36. Write the amount here and on Form IL-1040, Line 7.

This form is authorized as outlined by the Illinois Inc. Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425

**Illinois Department of Revenue  
2010 Schedule NR**

Attach to your Form IL-1040

**Nonresident and Part-Year Resident  
Computation of Illinois Tax**

IL Attachment No. 2

PETER P BUTTIGIEG

Your name as shown on your Form IL-1040

Your Social Security number

**Step 1: Provide the following information**

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes       No      If you answered "Yes," **STOP**, you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2010:  
a I lived in Illinois from \_\_\_\_\_ to \_\_\_\_\_ I lived in \_\_\_\_\_, State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      Month Day Year      Month Day Year  
b My spouse lived in Illinois from \_\_\_\_\_ to \_\_\_\_\_, and \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      Month Day Year      Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.  
 Iowa       Kentucky       Michigan       Wisconsin       Military Spouse
- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state:  
CT      IN      CA

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 33,107.00	19,319.00
6 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 236.00	.00
7 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7 211.00	.00
8 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8 138.00	.00
9 Alimony received (federal Form 1040, Line 11)	9 .00	.00
10 Business income or loss (federal Form 1040, Line 12)	10 .00	.00
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 638.00	.00
12 Other gains or losses (federal Form 1040, Line 14)	12 .00	.00
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13 .00	.00
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14 .00	.00
15 Rents, royalties, partnerships, S corporations, trusts, and estates (federal Form 1040, Line 17)	15 -506.00	.00
16 Farm income or loss (federal Form 1040, Line 18)	16 .00	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17 .00	.00
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18 .00	.00
19 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 .00	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20	19,319.00

Income

**Step 3: Continued**

Adjustments to Income	Column A Federal Total	Column B Illinois Portion
21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	<u>19,319.00</u>
22 Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00
23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	.00
24 Deduction for health savings account (federal Form 1040, Line 25)	24	.00
25 Moving expenses (federal Form 1040, Line 26)	25	.00
26 Deduction for one-half of self-employment tax (federal Form 1040, Line 27)	26	.00
27 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	.00
28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28	.00
29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00
30 Alimony paid (federal Form 1040, Line 31a)	30	.00
31 Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00
32 Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00
33 Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00
34 Domestic production activities deduction (federal Form 1040, Line 35)	34	.00
35 Other adjustments (see instructions)	35	.00
36 Add Column B, Lines 22 through 36. This is the Illinois portion of your federal adjustments to income.	36	0.00
37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.	37	<u>33,824.00</u>
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	<u>19,319.00</u>

**Step 4: Figure your Illinois additions and subtractions**

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Illinois Adjustments	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest income (Form IL-1040, Line 2)	39	.00
40 Other additions (Form IL-1040, Line 3)	40	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	<u>19,319.00</u>
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10, (Form IL-1040, Line 6)	43	.00
44 Other subtractions (Form IL-1040, Line 7)	44	<u>5,355.00</u>
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	0.00

**Step 5: Figure your Illinois income and tax**

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your Illinois base income. Write this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.	→	46	<u>19,319.00</u>
	47 Write the base income from Form IL-1040, Line 9.	47	<u>28,469.00</u>	
	48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000.	48	<u>0.679</u>	
	49 Write your exemption allowance from your Form IL-1040, Line 10.	49	<u>2,000.00</u>	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	<u>1,358.00</u>	
	51 Subtract Line 50 from Line 46. This is your Illinois net income.	51	<u>17,961.00</u>	
	52 Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your tax before recapture of investment credits. Write this amount on your Form IL-1040, Line 13.	→	52	<u>539.00</u>

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098