1040		nent of the Treasury—Internal Revenue Service (99) Individual Income Tax Return			
For the year Jan. 1-	-	, 2012, or other tax year beginning , ending	No. 1545-0074		o not write or staple in this space. rate instructions.
Your first name		M.I. Last name	Suffix		security number
WILLIAM	· · · · · · · · · ·	E BRADY		950-66-66	63
If a joint return, spou	JSe'S TIP		Suffix	Spouse's s	ocial security number
NANCY Home address (num	ber and	T BRADY street). If you have a P.O. box, see instructions.	Apt. no.	Q14-48-74	<u>155</u>
1202 ELMWOOI			Apt. 110.	A AMERICA	ake sure the SSN(s) above and on line 6c are correct.
City, town or post of	fice, sta	e, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).			ntial Election Campaign
BLOOMINGTON		IL 617	701		ou, or your spouse if filing
Foreign country nam	ne	Foreign province/state/county For	reign postal code		to go to this fund. Checking Il not change your tax or
				refund.	You Spouse
Filing Status	1		f household (with q	ualifying person). (See instructions.) If r dependent, enter this
	2	child's r	name here.	orma bat not you	dependent, enter this
	3	Married filing separately. Enter spouse's SSN above and full name here.	1		11
Check only one		-	rst name	Last name	SSN
box.		First name Last name 5 Qualify	ing widow(er) w		
Exemptions	6a	X Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes	checked
•	b	X Spouse		} """	and 6b2 children
	c	Dependents:	(4) if child under a		
		social security number relationship to you	qualifying for child tax	credit	d with youO
If we are the ender	(1) Fi	rst name Last name	(see instructions)		not live with se to divorce
If more than four dependents, see					aration 0
instructions and	-		<u>_</u>	— Depen	dents on 6c tered above 0
check here ▶☐				0.400.0000	
	d	Total number of exemptions claimed		lines a	imbers on bove 2
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	66,998
Attach Form(s)	8a	Taxable interest. Attach Schedule B if required	4	8a	2,986
W-2 here. Also	b 9a	Tax-exempt interest. Do not include on line 8a		2000	
attach Forms W-2G and	b	Qualified dividends	1	9a	
1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes		10	531
was withheld.	11	Alimony received		. 11	
	12 13	Business income or (loss). Attach Schedule C or C-EZ		12	0.000
f you did not	14	Other gains or (losses). Attach Form 4797	•	13	-3,000
get a W-2, see instructions.	15a	IRA distributions	amount	. 15b	
	16a	Pensions and annuities	amount	. 16b	
Enclose, but do not attach, any	17 18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch	edule E	17	133,014
payment. Also,	19	Farm income or (loss). Attach Schedule F		18	
olease use	20a	Social security benefits 20a b Taxable	amount .	20h	0
Form 1040-V.	21	Other income. List type and amount		21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your to	otal income	▶ 22	200,529
Adjusted	23 24	Educator expenses	 		
Gross		fee-basis government officials. Attach Form 2106 or 2106-EZ 24	1	20.2	
ncome	25	Health savings account deduction. Attach Form 8889 25			
	26	Moving expenses. Attach Form 3903			
	27 28	Deductible part of self-employment tax. Attach Schedule SE			
	29	Self-employed SEP, SIMPLE, and qualified plans			
	30	Penalty on early withdrawal of savings			
		Alimony paid b Recipient's SSN > 31a			12
	32	IRA deduction			
	33 34	Student loan interest deduction		-	
	35	Domestic production activities deduction. Attach Form 8903			
	36	Add lines 23 through 31a and 32 through 35		36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	<u> </u>	. > 37	200,529

Form 1040 (201	2)	WILLIAM E and NA	NCY T BRAD	Υ	256-56	68685				Page 2
Toward	38	Amount from line 37 (adjusted of	gross income).						38	200,529
Tax and	39a	Check / You were born b	efore January 2	., 1948,	Blind.	Total bo	vee			
Credits		if: Spouse was bor	n before Januar	v 2 1948 [Blind.	checked			110000000000000000000000000000000000000	
Standard	┐.			_						
Deduction	b								E.S.	2.0
for—	40	Itemized deductions (from Sc							40	44,017
People who	41	Subtract line 40 from line 38 .							41	156,512
check any box on line	42	Exemptions. Multiply \$3,800 b	y the number or	n line 6d					42	7,600
39a or 39b or who can be	43	Taxable income. Subtract line	42 from line 41.	If line 42 is more	than line 41, e	enter -0	11		43	148,912
claimed as a	44	Tax (see instructions). Check if any fr		Form(s) 8814 b					44	29,474
dependent, see	45	Alternative minimum tax (see							45	
instructions.	46	Add lines 44 and 45							46	29,474
All others:	47	Foreign tax credit. Attach Form				47				
Single or	48	Credit for child and dependent of				48				
Married filing	49	Education credits from Form 88				49				
separately, \$5,950	50	Retirement savings contributions				50				
Married filing jointly or	51	Child tax credit. Attach Schedule				51				
Qualifying	52	Residential energy credits. Attac				52		_		1
widow(er), \$11,900	53	Other credits from Form: a X	_			53		274	1	
Head of household,								,374	100	
\$8,700	54 55	Add lines 47 through 53. These	are your total o	redits					54	1,374
		Subtract line 54 from line 46. If li							55	28,100
Other	56	Self-employment tax. Attach Sch	nedule SE						56	
Taxes	57	Unreported social security and M		Control for the Control of the Contr	4137 b [9		57	
. ano	58	Additional tax on IRAs, other qua							58	
	59a	Household employment taxes from							59a	
	b	First-time homebuyer credit repa		Form 5405 if requ	ired				59b	
	60	Other taxes. Enter code(s) from							60	
	61	Add lines 55 through 60. This is	your total tax .					▶	61	28,100
Payments	62	Federal income tax withheld from				62	6	,946		
	63	2012 estimated tax payments an				63		951		
If you have a	64a	Earned income credit (EIC) .				64a				1
qualifying	b	Nontaxable combat pay election		64b		S. 12.00				
child, attach Schedule EIC.	65	Additional child tax credit. Attach				65				
Ouriodalo Ero.	66	American opportunity credit from	Form 8863, line	e 8		66				
	67	Reserved				67	de reiz la president	out "		
	68	Amount paid with request for exte	ension to file .			68				
	69	Excess social security and tier 1	RRTA tax withh	eld		69				4 8
	70	Credit for federal tax on fuels. Att	ach Form 4136	<u> </u>		70				
	71	Credits from Form: a 2439 I				71				l
	72	Add lines 62, 63, 64a, and 65 three	ough 71. These	are your total par	yments			▶	72	7,897
Defined	73	If line 72 is more than line 61, sub				u overp a	aid		73	1,001
Refund	74a	Amount of line 73 you want refun					>		74a	
	▶ b	Routing number		Р с Ту			Savir	nas l	70	
Direct deposit?						9		190	4	İ
See Instructions.	▶ d	Account number	***************************************						2.0	
	75	Amount of line 73 you want appli	ed to your 201	3 estimated tax	▶	75				
Amount	76	Amount you owe. Subtract line	72 from line 61.	For details on ho	w to pay, see i	nstruction	ns	. ▶	76	20,203
You Owe	77	Estimated tax penalty (see instruc				77			Strong Printers and Printers	Date of the Author
FL: 10 (you want to allow another perso				tions)?	Пу	es Com	plete belo	w. X No
Third Party		signee's	Pho		10 (000 11151140	(900			piete pelo	w. 🔼 NO
Designee		me ►	no.	▶			rsonal identit mber (PIN)	cation	•	
Sign	Ur	der penalties of perjury, I declare that I	have examined thi	s return and accome	anving schedules			o the heet	of my know	lodge and
Here	be	lief, they are true, correct, and complete	. Declaration of pr	eparer (other than ta	xpayer) is based	on all infor	mation of wh	ich prepar	er has anv k	reage and knowledge
		ur signature		Date	Your occupation			1	time phone	100
oint return? See nstructions.					REAL ESTA			Buy	ariic priorie	number
Geep a copy for	Sp	ouse's signature. If a joint return, both r	nust sign.	Date	Spouse's occur			If the	IDS cont vo	an Identity Protection
our records.	V		3		HOUSEWIF			PIN, e	enter it	an Identity Protection
	Dri	nt/Type preparer's name	Preparer's sign	laturo.	THOOSEANIE				(see inst.)	T
Paid		NE TORRANCE	JANE TORR			Date	E/2012	Check _		PTIN
Preparer		m's name PROFESSIONAL				4/1	5/2013	self-empl	luyed	P00175306
Jse Only					II 01701		Firm's EIN	P (85	418100	
	F (II)	n's address 🕨 1619 CHEYENNE	LAINE NO	RMAL	IL 61761		Phone no.	30	9/275-65	(6D

Illinois Department of Revenue

2012 Form IL-1040 Individual Income Tax Return

ta	x.illinois.g	ov	or for fiscal	year ending		
	Step 1: I	er	sonal Information		Do	not write above this line.
		Α	Social Security numbers in the order they appear on your fede	ral return		
			66,00-6869	314-48-7450		
			Your Social Security number	Spouse's Social Security number		
		В	Personal information			
			WILLIAM E	BRADY		
				Your last name		
			The state of the s	BRADY		
			1202 ELMWOOD ROAD	Spouse's last name		
				Apartment number		
			BL COMMISSION	IL	61701	
			City	State	ZIP or Po	ostal Code
		_	Foreign Nation, if not United States (do not abbreviate)			
		C	Filing status (see instructions) Single or head of household X Married filing jointly	Manufact #11	1	
		D	Single or head of household X Married filing jointly Check if same-sex civil union return (see instructions)	Married filing separate	eıy	Widowed
-			enest il came cox divir amori retarii (ccc instructions)			
	Step 2:	1	Federal adjusted gross income from your U.S. 1040, Line 37; L	J.S. 1040A, Line 21; or	inger	(Whole dollars only)
	Income	2	U.S. 1040EZ, Line 4	0 4040 - 4040 4 11 01	1_	200,529.00
-		_	Federally tax-exempt interest and dividend income from your U or U.S. 1040EZ	.5. 1040 or 1040A, Line 8b;	2	0.00
		3	Other additions. Attach Schedule M.		2 -	0.00
e le		4	Total income. Add Lines 1 through 3.		4	200,529.00
Staple W-2 and 1099 forms here	Step 3:	5	Social Society hopofite and cortain retirement plan in some			
Ë`	step s.	J	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	0.00	
\$ E	Base	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6 5	31.00	
ا 96	ncome	7	Other subtractions. Attach Schedule M.	7	0.00	
9			Check if Line 7 includes any amount from Schedule 1299-C.			
an		8	Add Lines 5, 6, and 7. This is the total of your subtractions.	_	8_	531.00
<u>-</u> -5		9	Illinois base income. Subtract Line 8 from Line 4.		9_	199,998.00
e 5	Step 4:	10	a Number of exemptions from your federal return 2	X \$2,050 a 4,1	00.00	
g E	Exemption	s	b If someone can claim you as a dependent, see instructions. 0	x \$2,050 b	0.00	
S	•		c Check if 65 or older: You + Spouse = 0	X \$1,000 c	0.00	
•			d Check if legally blind: You + Spouse = 0	X \$1,000 d	0.00	
			Exemption allowance. Add Lines a through d.		10	4,100.00
_	Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Lin	ne 12	11	105 909 00
			Nonresidents and part-year residents:	16 12.	11_	195,898.00
	let ncome		Check the box that applies to you during 2012 Nonresid	ent Part-year resident,	and	
			write the Illinois base income from Schedule NR. Attach Sche	edule NR. 12	0.00	
- 6	ton C.	12				
2 2	Step 6:	13	Residents: Multiply Line 11 by 5% (.05). Nonresidents and part-year residents: Write the tax from Sc	hadula NP	13	0.705.00
Ę T	ax	14	Recapture of investment tax credits. Attach Schedule 4255.	illedule IVIX.	14-	9,795.00 0.00
and			Income tax. Add Lines 13 and 14. Cannot be less than zero.		15	9,795.00
	ton 7:	16	Income tax paid to another state while an Illinois resident.		_	
Jeck S	Step 7:	10	Attach Schedule CR.	16	0.00	
ເ ⊵ T	ax After	17	Property tax and K-12 education expense credit amount from		3.00	
9 1	lon-	Names .	Schedule ICR. Attach Schedule ICR.	175	27.00	
200			Credit amount from Schedule 1299-C. Attach Schedule 1299-C		0.00	
o C	redits	19	Add Lines 16, 17, and 18. This is the total of your credits.		40	
0		20	Cannot exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from Line 1	5	19_	527.00
		20	Tax arter nomerandable creats. Subtract Line 19 110111 Line 1	J.	20	9,268.00



L-1040 back (R-12		If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG IL 61402-1040 ID: 2CL DR AP If payment enclosed illinois DEPARTMENT OF REVENUE SPRINGFIELD IL 68 AP RR	MEN.	T OF REVENUE		TUT BUT HE
Form 1099-G Information		Name (please print) We no longer automatically mail 1099-G forms. Instead, we ask that y Check the box if you still want us to mail you a paper Form 1099-G ne	Pho ou g	et this information	on from ou	r website.
Third Party Designee		Date Preparer's phone number Check, and complete below, to allow another person to discuss this return values Designee's	with t	oarer's FEIN, SSN, o he Illinois Depart ignee's		venue.
Sign and Date	J	Date Daytime phone number ANE TORRANCE 4/15/2013 309/275-6560 aid preparer's signature Date Preparer's phone number	P00	r spouse's signature		Date
Step 13:		nder penalties of perjury, I state that I have examined this return, and, to the best complete.	t of m	ny knowledge, it is	s true, corre	ct, and
		If you have an underpayment on Line 31, add Lines 31 and 34. Or If you have an overpayment on Line 30 and this amount is less than Line 34, so Line 30 from Line 34. This is the amount you owe. See instructions.	ubtra	ct	39	5,727.00
		Account number Subtract Line 36 from Line 35. This amount will be applied to your 2013	esti	mated tax.	38	0.00
	Routing number Checking or Savin					
You Owe		into your checking or savings account, complete the direct deposit inform Complete to direct deposit your refund			36	0.00
Step 12: Refund or Amount		If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining overpayment Amount from Line 35 you want refunded to you . If you want to deposit y		efund directly	35	0.00
		Total penalty and donations. Add Lines 32 and 33.			34	0.00
	33	 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. Voluntary charitable donations. Attach Schedule G. 	33		0.00	
		c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.				
Penalty and Donations	IIAX	living in a nursing home.				
Underpayme of Estimated	ent	a Check if at least two-thirds of your federal gross income is from farming			5.00	
Result Step 11:	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Late-payment penalty for underpayment of estimated tax.	Line 32		31 0.00	5,727.00
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from L			30	0.00
	29	Total payments and refundable credit. Add Lines 25 through 28.	28		0.00 29	3,541.00
Refundable Credit	27 28	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. Earned Income Credit from Schedule ICR. Attach Schedule ICR.	27		0.00	
Step 9: Payments and	25 26		25 26	-	1.00	
Other Taxes	24	UT Worksheet or UT Table in the instructions. Do not leave blank. Total Tax. Add Lines 21, 22, and 23.	23		0.00 24	9,268.00
Step 8:		Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from	22			
	21	WILLIAM & NANCY BRADY Tax after nonrefundable credits from Page 1, Line 20	21	9,26	8.00	