

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20

Your first name and initial **RAYMOND A. RODRIGUEZ** Last name **RODRIGUEZ** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **MARIA D. RODRIGUEZ** Last name **RODRIGUEZ** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **1711 RFD** Apartment no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LONG GROVE, IL 60047**

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

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

Presidential Election Campaign

Check here if you, or your spouse (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name here. 4 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. 5 Qualifying widow(er) with dependent child

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)	Boxes checked on 6a and 6b 2
(1) First name	Last name				No. of children on 6c who:
				<input type="checkbox"/>	• lived with you.
				<input type="checkbox"/>	• did not live with you due to divorce or separation (see instrs).
				<input type="checkbox"/>	Dependents on 6c not entered above.
				<input type="checkbox"/>	Add numbers on lines above 2

d Total number of exemptions claimed. 2

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2.	218,266.																					
8a Taxable interest. Attach Schedule B if required.		1,925.																				
b Tax-exempt interest. Do not include on line 8a.			8b																			
9a Ordinary dividends. Attach Schedule B if required.				35,074.																		
b Qualified dividends					30,331.																	
10 Taxable refunds, credits, or offsets of state and local income taxes.																						
11 Alimony received.																						
12 Business income or (loss). Attach Schedule C or C-EZ.																						
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.										34,131.												
14 Other gains or (losses). Attach Form 4797.										10,936.												
15a IRA distributions.			15a									15b										
b Taxable amount.																						
16a Pensions and annuities.			16a	1,399.								16b	0.									
b Taxable amount.																						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.										183,711.												
18 Farm income or (loss). Attach Schedule F.																						
19 Unemployment compensation.																						
20a Social security benefits.			20a									20b										
b Taxable amount.																						
21 Other income ALPACA FIBER COOP-PATRONGE DIVIDEND										38.												
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.																					484,081.	

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses.															
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.															
25 Health savings account deduction. Attach Form 8889.															
26 Moving expenses. Attach Form 3903.															
27 Deductible part of self-employment tax. Attach Schedule SE.															
28 Self-employed SEP, SIMPLE, and qualified plans.															
29 Self-employed health insurance deduction.															
30 Penalty on early withdrawal of savings.															
31a Alimony paid b Recipient's SSN.															
32 IRA deduction.															
33 Student loan interest deduction.															
34 Tuition and fees. Attach Form 8917.															
35 Domestic production activities deduction. Attach Form 8903.													14,407.		
36 Add lines 23 through 35.														14,407.	
37 Subtract line 36 from line 22. This is your adjusted gross income.															469,674.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,950. Married filing jointly or Qualifying widow(er), \$11,900. Head of household, \$8,700.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: WILLIAM N. MURRAY. Phone no.: 847-670-7719. Personal identification number (PIN): 07605.

Sign Here

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

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: [Redacted], Date: [Redacted], Your occupation: SALES. Spouse's signature: [Redacted], Date: [Redacted], Spouse's occupation: PUBLIC RELATIONS.

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM N. MURRAY. Preparer's signature: [Redacted], Date: [Redacted], Check [] if self-employed [] PTIN: P00007605. Firm's name: MURRAY, GRISHABER LLC. Firm's address: 3365 N. ARLINGTON HEIGHTS #J, ARLINGTON HEIGHTS, IL 60004. Firm's EIN: 36-4124154. Phone no.: (847) 670-7719.



Step 1: Personal Information

Do not write above this line.

-**-* **-**-****

RAYMOND A. RODRIGUEZ
MARIA D. RODRIGUEZ
1711 RFD
LONG GROVE, IL 60047

C Filing status (see instructions)
Single or head of household Married filing jointly Married filing separately Widowed
D Check if civil union return (see instructions)

Step 2: Income table with 4 rows. Line 1: 469,674.00; Line 2: 00; Line 3: 6,591.00; Line 4: 476,265.00

Step 3: Base Income table with 5 rows. Line 5: 00; Line 6: 00; Line 7: 6,356.00; Line 8: 6,356.00; Line 9: 469,909.00

Step 4: Exemptions table with 10 rows. Line 10a: 4,100.00; Line 10b: 00; Line 10c: 00; Line 10d: 00; Line 10: 4,100.00

Step 5: Net Income table with 11 rows. Line 11: 465,809.00; Line 12: 00

Step 6: Tax table with 13 rows. Line 13: 23,290.00; Line 14: 00; Line 15: 23,290.00

Step 7: Tax After Non-refundable Credits table with 16 rows. Line 16: 9,014.00; Line 17: 790.00; Line 18: 00; Line 19: 9,804.00; Line 20: 13,486.00

STAPLE HERE AND FORM 1099 FOR 2012



RAYMOND A. RODRIGUEZ

	21	Tax after nonrefundable credits from page 1, Line 20	21	13,486.00	
Step 8:	22	Household employment tax. See instructions.	22	00	
Other Taxes	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the Instructions. Do not leave blank.	23	0.00	
	24	Total Tax. Add Lines 21, 22, and 23.	24	13,486.00	
Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	20,607.00	
Payments and Refundable Credit	26	Estimated payments from Forms IL-1040-ES and IL-505-1, including overpayment applied from 2011 return	26	00	
	27	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	27	00	
	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28	00	
	29	Total payments and refundable credit. Add Lines 25 through 28.	29	20,607.00	
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	7,121.00	
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31	00	
Step 11:	32	Late payment penalty for underpayment of estimated tax.	32	00	
Underpayment of Estimated Tax Penalty and Donations		a Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/>			
		b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/>			
		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. <input type="checkbox"/>			
		d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. <input type="checkbox"/>			
	33	Voluntary charitable donations. Attach Schedule G.	33	00	
	34	Total penalty and donations. Add Lines 32 and 33.	34	00	
Step 12:	35	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 .	35	7,121.00	
Refund or Amount You Owe	36	Amount from Line 35 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information on Line 37.	36	00	
	37	Complete to direct deposit your refund Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number _____			
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2013 estimated tax .	38	7,121.00	
	39	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, subtract Line 30 from Line 34. This is the amount you owe . See instructions.	39	0.00	

Step 13: Sign and Date

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

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

Paid preparer's signature _____ Date _____ (847) 670-7719 36-4124154

Preparer's phone number _____ Preparer's FEIN, SSN, or PTIN _____

MURRAY, GRISHABER LLC 3365 N. ARLINGTON HEIGHTS #J ARLINGTON HEIGHTS, IL 60004

Third Party Designee

Check, and complete below, to allow another person to discuss this return with the Illinois Department of Revenue.

Designee's Name (please print) WILLIAM N. MURRAY Designee's Phone number 847-670-7719

Form 1099-G Information

We are no longer automatically mailing 1099-G forms. Instead, we ask that you get this information from our website. Check the box if you still want us to mail you a paper Form 1099-G next year.

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

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