

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

Your first name and initial: **RAYMOND J** Last name: **SANGUINETTI** See separate instructions.

If a joint return, spouse's first name and initial: **EVELYN R** Last name: **PACINO SANGUINETTI** Your social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions: **211 N WILLISTON ST** Apt. no.: Spouse's social security number: [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): **WHEATON, IL 60187** Presidential Election Campaign

Foreign country name: Foreign province/state/country: Foreign postal code: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and 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.

b Spouse

c Dependents:

(1) First name	Last name	(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 credit (See instructions)
[REDACTED]	SANGUINETTI	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>
[REDACTED]	SANGUINETTI	[REDACTED]	SON	<input checked="" type="checkbox"/>
[REDACTED]	SANGUINETTI	[REDACTED]	SON	<input checked="" type="checkbox"/>

d Total number of exemptions claimed:

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:

- lived with you: **3**
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

Add numbers on lines above ▶ **5**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **212,421.**

8a Taxable interest. Attach Schedule B if required: **8a**

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

9a Ordinary dividends. Attach Schedule B if required: **9a**

b Qualified dividends: **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes: **369.**

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions: **15a**

b Taxable amount

16a Pensions and annuities: **16a**

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits: **20a**

b Taxable amount

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 ▶ **212,790.**

Adjusted Gross Income

23 Educator expenses: **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: **24**

25 Health savings account deduction. Attach Form 8889: **25**

26 Moving expenses. Attach Form 3903: **26**

27 Deductible part of self-employment tax. Attach Schedule SE: **27**

28 Self-employed SEP, SIMPLE, and qualified plans: **28**

29 Self-employed health insurance deduction: **29**

30 Penalty on early withdrawal of savings: **30**

31a Alimony paid: **31a**

b Recipient's SSN ▶

32 IRA deduction: **32**

33 Student loan interest deduction: **33**

34 Tuition and fees. Attach Form 8917: **34**

35 Domestic production activities deduction. Attach Form 8903: **35**

36 Add lines 23 through 35: **36**

37 Subtract line 36 from line 22. This is your adjusted gross income: **37**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 212,790.

39a Check You were born before January 2, 1948. Blind. Total boxes checked 39a

Spouse was born before January 2, 1948. Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 39,262.

41 Subtract line 40 from line 38 41 173,528.

42 Exemptions. Multiply \$3,800 by the number on line 6d 42 19,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 154,528.

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election 44 31,047.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 495.

46 Add lines 44 and 45 46 31,542.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required. 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54 0.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 31,542.

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

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 31,542.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 27,857.

63 2012 estimated tax payments and amount applied from 2011 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 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 Reserved c 8801 d 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 27,857.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a

b Routing number b

d Account number d

c Type: Checking Savings

Amount You Owe

75 Amount of line 73 you want applied to your 2013 estimated tax 75

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 3,685.

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)? Yes. Complete below. No

Designee's name Phone no.

Personal identification number (PIN) PIN

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 Date

Your occupation Daytime phone number

Spouse's signature: If a joint return, both must sign Date

Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature

Preparer's signature Date

Firm's name Firm's EIN

Firm's address Phone no.

Check if self-employed PTIN

Illinois Department of Revenue 2012 Form IL-1040 Individual Income Tax Return

or for fiscal year ending _____

Do not write above this line.

Step 1: Personal Information

A Social Security numbers in the order they appear on your federal return

Your Social Security number

Spouse's Social Security number

B Personal information

RAYMOND J

Your first name and initial

EVELYN R

Spouse's first name and initial

211 N WILLISTON ST

Mailing address (See instructions if foreign address)

WHEATON

City

SANGUINETTI

Your last name

PACINO SANGUINETTI

Spouse's last name

Apartment number

IL

State

60187

ZIP or Postal Code

Foreign Nation (if not United States, do not abbreviate)

C Filing status (see instructions)

Single or head of household

Married filing jointly

Married filing separately

Widowed

D Check if same-sex civil union return (see instructions)

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)

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b, or U.S. 1040EZ

1 212,790.00

3 Other additions. **Attach** Schedule M.

2 0.00

4 **Total income** Add Lines 1 through 3

3 0.00

4 212,790.00

Step 3:

Base

Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return.

5 0.00

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

6 369.00

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

7 0.00

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

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

8 369.00

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

9 212,421.00

Step 4:

Exemptions

10 a Number of exemptions from your federal return

5 X \$2,050 **a** 10,250.00

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

0 X \$2,050 **b** 0.00

c Check if 65 or older You + Spouse =

___ X \$1,000 **c** ___ .00

d Check if legally blind You + Spouse =

___ X \$1,000 **d** ___ .00

Exemption allowance. Add Lines a through d.

10 10,250.00

Step 5:

Net

Income

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

11 202,171.00

12 **Nonresidents and part-year residents:**

Check the box that applies to you during 2012 Nonresident Part-year resident, and write the **Illinois base income** from Schedule NR. **Attach** Schedule NR 12

(00)

Step 6:

Tax

13 **Residents:** Multiply Line 11 by 5% (.05)

Nonresidents and part-year residents: Write the tax from Schedule NR

13 10,109.00

14 Recapture of investment tax credits. **Attach** Schedule 4255.

14 0.00

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

15 10,109.00

Step 7:

Tax After

Non-

refundable

Credits

16 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR.

16 0.00

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

17 855.00

18 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.

18 0.00

19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.

19 855.00

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

20 9,254.00

ID: 2FM

IL-1040 front (R-12-12)

This form is subject to the same restrictions as the original form. For more information, see the instructions for this form.



	21	Tax after nonrefundable credits from Page 1, Line 20	21	9,254.00
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	9,254.00
Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	9,792.00
Payments and Refundable Credit	26	Estimated payments from Forms IL-1040-ES and IL-505-I, 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	9,792.00
Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	538.00
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	0.00
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	538.00
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	538.00
	37	Complete to direct deposit your refund. Routing number: [REDACTED] Account number: [REDACTED] <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2013 estimated tax .	38	.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	.00

Step 13: 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: _____ Preparer's phone number: _____ Preparer's FEIN, SSN, or PTIN: _____

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

Designee's Name (please print): _____ Designee's Phone number: _____

We no longer automatically mail 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

