

For the year Jan 1 - Dec 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial **JAMES W TRACY** Last name **TRACY** See separate instructions.
 Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial **JIL W TRACY** Last name **TRACY** Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **1628 FIELDSTONE DRIVE** Apartment no. **[REDACTED]** ▲ 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, also complete spaces below (see instructions). **QUINCY, IL 62305** Presidential Election Campaign

Foreign country name Foreign province/state/county 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 & 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

Check only one box.

Exemptions

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

(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 cr (see instrs)
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>						
d Total number of exemptions claimed.						2

Boxes checked on 6a and 6b 2
 No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see instrs)
 Dependents on 6c not entered above
 Add numbers on lines above 2

Income		7	8a	9a	10	11	12	13	14	15b	16b	17	18	19	20b	21	22
7 Wages, salaries, tips, etc. Attach Form(s) W-2.			415,398.														
8a Taxable interest. Attach Schedule B if required.			2,273.														
b Tax-exempt interest. Do not include on line 8a.		8b	24,871.														
9a Ordinary dividends. Attach Schedule B if required.				9a	67,435.												
b Qualified dividends.		9b	47,604.														
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. ▶ <input type="checkbox"/>																	91,055.
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 SEE STATEMENT 1																	21,944.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶																	598,105.

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.						294.										
28 Self-employed SEP, SIMPLE, and qualified plans.						4,330.										
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.																
36 Add lines 23 through 35.																4,624.
37 Subtract line 36 from line 22. This is your adjusted gross income. ▶																593,481.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 covering Adjusted Gross Income, Deductions, Exemptions, 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, \$6,100. Married filing jointly or Qualifying widow(er), \$12,200. Head of household, \$8,950.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 covering Self-employment tax, Unreported social security and Medicare tax, and Household employment taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 covering Federal income tax withheld, Estimated tax payments, Earned income credit, and other payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 covering overpaid amount, refunding amount, and routing information.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 covering amount owed and estimated tax penalty.

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: LOWELL A. YATES, C.P.A. Phone no.: 217-222-0304 Personal identification number (PIN): 85001

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: [Signature] Date: [Date] Your occupation: CORP EXECUTIVE Daytime phone number: 217-773-4411 Spouse's signature: [Signature] Date: [Date] Spouse's occupation: STATE REPRESENTATIVE

Paid Preparer Use Only

Print/Type preparer's name: LOWELL A. YATES, C.P.A. Preparer's signature: [Signature] Date: 2/10/14 Check [] if self-employed PTIN: P00320878 Firm's name: GRAY HUNTER STERN LLP Firm's address: 500 MAINE STREET QUINCY, IL 62301 Firm's EIN: 36-3077757 Phone no.: (217) 222-0304



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

JAMES W Your first name and initial

TRACY Your last name

JIL W Spouse's first name and initial

TRACY Spouse's last name

1628 FIELDSTONE DRIVE Mailing address (See Instructions if foreign address)

Apartment number

QUINCY City

IL State

62305 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 you are in a civil union (see instructions).

Table with 4 rows: Step 2: Income. Line 1: Federal adjusted gross income... 593,481.00. Line 2: Federally tax-exempt interest... 24,871.00. Line 3: Other additions... 00. Line 4: Total income... 618,352.00.

Table with 5 rows: Step 3: Base Income. Line 5: Social Security benefits... 00. Line 6: Illinois Income Tax overpayment... 00. Line 7: Other subtractions... 00. Line 8: Add Lines 5, 6, and 7... 00. Line 9: Illinois base income... 618,352.00.

Table with 10 rows: Step 4: Exemptions. Line 10a: Number of exemptions... 4,200.00. Line 10b: If someone can claim you as a dependent... 00. Line 10c: Check if 65 or older... 00. Line 10d: Check if legally blind... 00. Line 10: Exemption allowance... 4,200.00.

Table with 2 rows: Step 5: Net Income. Line 11: Residents: Net income... 614,152.00. Line 12: Nonresidents and part-year residents... 00.

Table with 3 rows: Step 6: Tax. Line 13: Residents: Multiply Line 11 by 5%... 30,708.00. Line 14: Recapture of investment tax credits... 00. Line 15: Income tax... 30,708.00.

Table with 5 rows: Step 7: Tax After Non-refundable Credits. Line 16: Income tax paid to another state... 00. Line 17: Property tax and K-12 education expense credit... 475.00. Line 18: Credit amount from Schedule 1299-C... 00. Line 19: Add Lines 16, 17, and 18... 475.00. Line 20: Tax after nonrefundable credits... 30,233.00.



	21	Tax after nonrefundable credits from page 1, Line 20	21	<u>30,233.00</u>
Step 8:	22	Household employment tax. See instructions.	22	<u>00</u>
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	<u>0.00</u>
	24	Total Tax. Add Lines 21, 22, and 23.	24	<u>30,233.00</u>

Step 9:	25	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	25	<u>19,414.00</u>
Payments and Refundable Credit	26	Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2012 return	26	<u>5,000.00</u>
	27	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	27	<u>00</u>
	28	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	28	<u>00</u>
	29	Total payments and refundable credit. Add Lines 25 through 28.	29	<u>24,414.00</u>

Step 10:	30	Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	30	<u>00</u>
Result	31	Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	31	<u>5,819.00</u>

Step 11:	32	Late payment penalty for underpayment of estimated tax.	32	<u>655.00</u>
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	<u>00</u>
	34	Total penalty and donations. Add Lines 32 and 33.	34	<u>655.00</u>

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	<u>00</u>
Refund or Amount You Owe	36	Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions.	36	<u>00</u>
	37	I choose to receive my refund by		
		<input type="checkbox"/> direct deposit - Complete the information below if you checked this box.		
		Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number _____		
		<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
		<input type="checkbox"/> paper check		
	38	Subtract Line 36 from Line 35. This amount will be applied to your 2014 estimated tax.	38	<u>00</u>
	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	<u>6,474.00</u>

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.

Sign and Date

Your signature	Date	217-773-4411	Your spouse's signature	Date
<i>Lowell A. Yates</i>		Daytime phone number		
LOWELL A. YATES, C.P.A.	4/14	(217) 222-0304	36-3077757	
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	

GRAY HUNTER STENN LLP 500 MAINE STREET QUINCY, IL 62301

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

LOWELL A. YATES, C.P.A.	217-222-0304
Designee's Name (please print)	Designee's Phone number

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 to receive a paper Form 1099-G next year, if you meet the criteria requiring us to issue a Form 1099-G.

ILIA0112L 12/19/13	If no payment enclosed, mail to:	If payment enclosed, mail to:
	ILLINOIS DEPARTMENT OF REVENUE	ILLINOIS DEPARTMENT OF REVENUE
	PO BOX 1040	SPRINGFIELD IL 62726-0001
	GALESBURG IL 61402-1040	

