## 2009 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

#### FOR THE YEAR ENDING

DECEMBER 31, 2009

	51, 2009
Prepared for	CHRISTOPHER J & MARY P CHRISTIE MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax \$ 2 Less: payments and credits \$ 2 Plus: interest and penalties \$ 0, NO PMT REQUIRED \$ 0
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG, IL 61402-1040
Return must be mailed on or before	OCTOBER 15, 2010
Special nstructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.
0081	

## Automatic Extension Payment for Individuals Filing Form IL-1040

2009

Tax Payment Worksheet for Yo	our Records	
<ol> <li>Write the income tax you expect to owe (including recapture of investment credit).</li> <li>Write your Illinois Income Tax withheld and pass-through entity payments.</li> <li>Write your Illinois estimated payments and 2008 overpayment credit.</li> <li>Write any tax payment made with a previous Form IL-505-I.</li> <li>Write the estimated allowable credits for income tax paid to other states, Illinois Property Tax paid, education expenses, earned income, and credits from Schedule 1299-C.</li> <li>Total tax payments and credits. Add Lines 2 through 5.</li> <li>Tentative tax due - Subtract Line 6 from Line 1. Write the amount here and on Form IL-505-I.</li> </ol>	1	0.
STOP Do not file Form IL-505-I if no payment is due or if you make this  IL-505-I (R-12/09)  949021 12-11-09  Return only the bottom portion with y		<u> </u>
Illinois Department of Revenue  IL-505-I 2009  Automatic Extension Payment for Individuals  (R-12/09) ID: 2BX	Official Use	
Write your Social Security numbers in the order they appear on your federal return.  Your Social Security number  Spouse's Social Security number	STOP Do not file this form if no paymer electronically or by credit card.	nt is due or you pay
CHRISTOPHER J & MARY P CHRISTIE  Your first name & initial Spouse's first name & Initial Your last name  Street address	For calendar year ending  12/09 or fiscal year ending  M	onth and year
MENDHAM, NJ 07945 Gity, State, ZIP	→ \$	tative tax due
Daytime phone number  This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to	Make your check or money order payable to "Illinois Department of Revenue."  Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19005	Official Use
provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0068	SPRINGFIELD IL 62794-9005	

## 2009 Form IL-1040

tax.illinois.gov Individual Income Tax Return

or for fiscal year ending

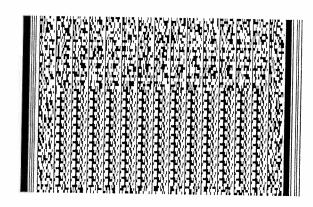
Do not write above this line

Step 1: Personal Information

CHRISTOPHER J CHRISTIE

MARY P CHRISTIE

MENDHAM, NJ 07945



	,	Filing status (see instructions)		
	G	Single or head of household X Married filing jointly Married filing separately	Widowed	
Ì	Step 2: Inco	ome ————————————————————————————————————		
7		Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or		(Whole dollars only)
a:		U.S. 1040EZ, Line 4.	1	544,047.00
ē	:	Prederally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;		J44,047.00
S		or U.S. 1040EZ.	2	0 145 00
or.	(	Other additions to your income. Attach Schedule M.	3	8,145.00
9	4	Total income. Add Lines 1 through 3.	4	59.00
500	Step 3: Base	Income ————————————————————————————————————	4	552,251.00
Staple W-2 and 1099 forms here	5	Income received from Social Security benefits and certain retirement		
2 2		plans if included in Line 1. Attach federal Page 1. 5		
≽	$\epsilon$		.00	
<u>e</u>	7		.00	
štap	•		430 .00	
0)		Check if Line 7 includes any amount from Schedule 1299-C.		
Ā	9	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	430 .00
Τ	Step 4: Exer	minore base modific. Cabitact Line o nom Line 4.	9	551,821.00
	_ 10			
	See T 10	1 Trainber of exemptions notify your lederal feture. 6 x \$2,000 a 12.	00.00	
	instructions before	b If someone else claimed or could have claimed you		
	figuring	or your spouse as a dependent on their return, see		
	exemptions.	instructions to figure the number to write here. X \$2,000 b	.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	
	0	Exemption allowance. Add Lines a through d.	10	12,000.00
	Step 5: Net I	ncome		
	11	Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	.00.
-	12	Nonresidents and part-year residents Only:	-	.00
2		Check the box that applies to you during 2009 X Nonresident Part-year residen	t and	
5	_	write the Illinois base income from Sch. NR. Attach Sch. NR. 12	59 .00	
3	Step 6: Tax -		<u> </u>	
?	13	Residents: Multiply Line 11 by 3% (.03). Write the result here.		
1		Nonresidents and part-year residents: Write the tax before recapture of investment		
)		credits from Schedule NR.	13	2
,	14	Recapture of investment tax credits. Attach Schedule 4255.	14	2 .00
	15	Total tax. Add Lines 13 and 14. This amount may not be less than zero.	***************************************	.00.
104	0 page 1 (R-12/09)	This amount may not be less than zero.	15	2 .00

ID: 2BX 949001 12-12-09

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-492-0065



Step 7:	16 Nonret	Total tax amount from Page 1, Line 15  fundable Credits ————————————————————————————————————	16	2 .00
	17	Income tax paid to another state while an Illinois resident.	.00	
	4.0	Attach Schedule CR.		
Complete		Property tax and K-12 education expense credit amount from		
Schedule I	CR	Schedule ICR. Attach Schedule ICR.	.00	
	70	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		
	21	may not exceed the tax amount on Line 16.	20	.00.
Step 8:	ا ے Payme	Tax after nonrefundable credits. Subtract Line 20 from Line 16.  nts and Refundable Credit ————————————————————————————————————	21	2 .00
	22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	.00	
	23	Estimated payments from Forms IL-505-I and IL-1040-ES,		
		including overpayment applied from 2008 return. 23	.00	
See Instructio	_ 24	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 24	2 .00	
266 111211 01110	<u> </u>	Earned Income Credit from Schedule ICR. Attach Schedule ICR. 25	.00	
Complete Schedule IC	26		26	2 .00
Step 9: 0	Overpa	yment or Underpayment ————————————————————————————————————		
		Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26.	07	
	28	Underpayment If Line 20 is greater than Line 21, subtract Line 21 from Line 26.	27	.00.
Step 10:	Under	Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21.  payment of Estimated Tax Penalty and Donations	28	00. 0
otop io.		Late payment penalty for underpayment of estimated tax. 29		***************************************
		a Check if at least two-thirds of your federal gross income is from farming.	.00	
		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.		
	30	You can make voluntary charitable donations to many worthy causes		
IAKE "GIVIN	VG"	using this form. It's easy - just complete Schedule G and enter the		
EASY!		donation amount here. Attach Schedule G. 30	00	
	31	Total penalty and donations. Add Lines 29 and 30.	.00 <b>31</b>	00
Step 11:		d or Amount You Owe	VI	.00.
•		If you have an overpayment on Line 27 and this amount is greater than		
		Line 31, subtract Line 31 from Line 27. This is your remaining overpayment.	32	00
	33	Amount from Line 32 you want refunded to you.	33	.00.
	~	Complete to direct deposit your refund.		.00
irect	.	Routing number Checking or Savings		
Deposit		Account number		
	35	Subtract Line 33 from Line 32. This amount will be applied to your 2010 estimated tax.	35	00
See		If you have an underpayment on Line 28, add Lines 28 and 31. <b>or</b>		.00
instructions for payment		If you have an overpayment on Line 27 and this amount is less than Line 31,		
options.		subtract Line 27 from Line 31. This is the amount you owe.	36	0 00
Step 12: 9	Sign ar	nd Date		00. 0
	_	nalties of perjury, I state that I have examined this return, and, to the best of my knowledge	e it is true correct :	and complete
			e, it is true, correct, a	and complete.
Sign	Your signatu	pare Dalty / Daytime phone number Your spouse's signal		
here	•	Constitution of the second of	ature	Date
	aid prepare	er's signature   Date   Preparer's phone number   Preparer's FEIN, SSI	N or PTIN	
-				
		If no payment enclosed, mail to:		
	0 40 40 10	ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF SPRINGFIELD IL 62726-000		
	2 12-12-09 DV	GALESBURG IL 61402-1040	•	
ID: 2		DP AD 514 DD DD		
IL-104	0 page 2 (R	-12/09) DR AP EV RR DC		
_				

#### Illinois Department of Revenue

#### 2009 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

	HRISTOPHER J & MARY P CHRISTIE ur name as shown on Form IL-1040.	Your Soc	cial Security number.
<u>-</u>	ep 2: Figure your additions for Form IL-1040, Line 3	1001 000	nar occurry number.
	te the amount of		(Whole dollars only)
	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.  Attach Schedule K-1-P or Schedule K-1-T.	•	
2		2	.00.
J	Withdrawals you made from your Medical Care Savings Account, and the interest earned, if not included in your adjusted gross income	•	
1		3	.00.
7	Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income	4	
5	• •	4	.00.
J	Earnings distributed in 2009 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.)	5	.00
6	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach	J	.00
	Form IL-4562.	6	.00.
7	Business expense recapture (nonresidents only)	***************************************	.00.
8	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan	8	.00
9	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer	9	.00.
10	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses	<del></del>	
	or refunded	10	.00.
	Other income - Identify each item SEE STATEMENT 1	_ 11	59.00
12	Add Lines 1 through 11. Write the amount here and on Form IL-1040, Line 3.	12	59 .00
Ste	p 3: Figure your subtractions for Form IL-1040, Line 7		
Writ	e the amount of		
13	Contributions made in 2009 to the following college savings plans:		
	"Bright Start" College Savings Pool	13a	.00
	"College Illinois" Prepaid Tuition Program		.00
С	"Bright Directions" College Savings Pool	13c	.00.
14	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not	***************************************	
	include any amounts contained in Line 25 of this schedule.) Attach Schedule K-1-P or		
	Schedule K-1-T. SEE STATEMENT 2	14	430 .00
15	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341	15	.00
	Contributions to a job training project	16	.00.
17	Expenses related to federal credits or federally tax-exempt income	17	.00
I I	Interest earned on investments through the Home Ownership Made Easy Program	18	.00.
ı	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10.  Attach Form IL-4562.		
		19	.00.
	Add Lines 13a through 19 and write the amount here and on Page 2, Line 21.	20	430 .00

IL-1040 Schedule M page 1 (R-12/09) 949061 12-11-09 **ID: 2BX** 



	Step 3: Continued		
21	·	21	430 .00
Wr	ite the following only if included in Form IL-1040, Lines 1, 2, or 3:		
22	Military pay earned. Attach military W-2.	22	00
23			.00.
2.0	2.2. (1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2.	23	00
24	Schedule B. <b>Attach</b> a copy of U.S. 1040A or 1040, Schedule B.  August 1, 1969, valuation limitation amount from your Schedule F, Line 17. <b>Attach</b> Schedule F and	23	.00
'	required federal forms.	24	.00
25	·	47	.00
	from your Schedule 1299-C, Step 2, Line 7. Attach Schedule 1299-C.	25	.00
26	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and		.00.
	local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms.	26	.00
27	Ridesharing money and other benefits	27	00
28	Payment of life insurance, endowment, or annuity benefits received	28	.00.
29	Your employer's contributions made on your behalf to an account	The second section and the section and the second section and the second section and the second section and the section and the second section and the second section and the	.00
	established under the Medical Care Savings Account Act and the interest earned	29	.00
30	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	30	.00.
31	Income earned by certain trust accounts established under the Illinois Pre-Need	***************************************	
	Cemetery Sales Act	31	.00
32	Education loan repayments made for primary care physicians who agree to		
	practice in designated shortage areas under the Family Practice Residency Act	32	.00
33	Reparations or other amounts received as a victim of persecution by Nazi Germany	33	.00
34	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.		
а	Illinois Housing Development Authority bonds and notes (except housing-related commercial		
	facilities bonds and notes)	34a	.00.
b	Export Development Act of 1983 bonds	34b	.00
С	Illinois Development Finance Authority bonds, notes, and other evidence of obligation	•	
	(venture fund and infrastructure bonds only)	34c	.00.
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be	04.1	
	exempt from taxation by the Authority)	34d	.00
e	College Savings bonds	215	.00.
f	Illinois Sports Facilities Authority bonds	34f 34g	00.
g	Higher Education Student Assistance Act bonds	34 <u>y</u>	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	34h	00
i	Rural Bond Bank Act bonds and notes	34i	.00.
i	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	0.41	
k	Quad Cities Interstate Metropolitan Authority bonds	0.41	.00.
ı	Southwestern Illinois Development Authority bonds	341	.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	34m	.00
35	Interest on the following non-U.S. government bonds.		
а	Bonds issued by the government of Guam	35a	.00
b	Bonds issued by the government of Puerto Rico	35b	
С	Bonds issued by the government of the Virgin Islands	35c	.00
d	Bonds issued by the government of American Samoa		.00
е	Bonds issued by the government of the Northern Mariana Islands		.00
f	Mutual mortgage insurance fund bonds	35f	.00
36	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or		
	from sources in Line 34 or 35 as reported on U.S. Form 8814	36	.00
	Railroad unemployment income	37	.00.
38	Add Lines 21 through 37. Write the amount here and on Form IL-1040, Line 7.	38	430 .00
	F	11 40:-0:	

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-492-4425

IL-1040 Schedule M page 2 (R-12/09)

949062 12-11-09

ID: 2BX



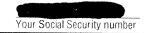
# Illinois Department of Revenue 2009 Schedule NR Attach to your Form IL-1040

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

IL Attachment No. 2

CHRISTOPHER J & MARY P CHRI

Your name as shown on your Form IL-1040



### 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 X 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 2009.
	a I lived in Illinois from / / to / / I lived in State from / / to / / Month Day Year to / / Month Day Year State State State from / / Month Day Year Month Day Year
	b My spouse lived in Illinois from / / Month Day Year to / / Month Day Year , and from / / Month Day Year to Month Day Year
3	If you were a resident of any of the states listed below during the tax year, check the appropriate state.    lowa
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.

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

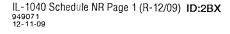
Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

## 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.

7			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5	517,240.00	.00
6	Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6	9,666.00	.00.
7	Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7	5,261.00	.00
8	Taxable refunds, credits, or offsets of state and local income tax	-		
	(federal Form 1040, Line 10)	8	.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	-3,000.00	.00.
12	Other gains or losses (federal Form 1040, Line 14)	12	9,151.00	.00.
ր 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, estates, and trusts	Vanishing and the second		
	(federal Form 1040, Line 17)	15	5,271.00	58 .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 E	3. 19	458 .00	.00.
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federa	ıl total inc	come. <b>20</b>	58 .00

Continue with Step 3 on Page 2 ->





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

Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your

Subtract Line 50 from Line 46. This is your Illinois net income.

tax before recapture of investment credits.

Write this amount on your Form IL-1040, Line 13.

IL-1040 Schedule NR page 2 (R-12/09)

52

51

52



•				
.CHRISTOPHER J & MARY P CHRIST	CIE			
L SCHEDULE M O'I	THER INCOME		STATEMENT	1
			AMOUNT	
ESCRIPTION		-		
BT ADDBACK				35. 1.
BT ADDBACK				23.
EEPRECIATION			Г	59.
OTAL TO SCHEDULE M, LINE 11		:		====
L SCHEDULE M OTH	ER SUBTRACTIONS		STATEMENT	
			TRUOMA	
ESCRIPTION			4	30.
I.S. INTEREST FROM PTSPS, S CO.	RPS, TRUSTS, ETC			
OTAL INCLUDED IN SCHEDULE M,	LINE 14		4	30.
L SCHEDULE NR	OTHER ADDITIONS		STATEMENT	3
DESCRIPTION		FORM IL-1040 TOTAL	ILLINOI PORTION	
		59.		1.
OTHER ADDITIONS		59.		1.
FOTAL TO SCHEDULE NR, LINE 40		59.		
	THE TOTAL CHILD	7	STATEMENT	
IL SCHEDULE NR	OTHER SUBTRACTIONS			
DESCRIPTION		FORM IL-1040 TOTAL	ILLINO: PORTIO	
U.S. INTEREST FROM PTSPS, S CO	ORPS, TRUSTS, ETC	430.		0.
		430.		0.
TOTAL TO SCHEDULE NR, LINE 44				