

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2007**

IRS Use Only —

For the year Jan 1 - Dec 31, 2007, or other tax year beginning _____, 2007, ending _____, 20

Your first name MI Last name
Sheldon L SCHAFFER

If a joint return, spouse's first name MI Last name
Mary Ann D SCHAFFER

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
4623 N. Missouri

City, town or post office. If you have a foreign address, see instructions. State ZIP code
Peoria IL 61614-6112

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) You Spouse

You must enter your social security number(s) above.

Checking a box below will not change your tax or refund.

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 (see instructions)

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 qualifying child for child tax credit (see instrs)	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
(1) First name	Last name				
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	85,736.
8a	Taxable interest. Attach Schedule B if required	8a	2,451.
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,210.
9b	Qualified dividends (see instrs)	9b	616.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	40.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	4,131.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount (see instrs)	15b	
16a	Pensions and annuities	16a	35,851.
16b	Taxable amount (see instrs)	16b	33,529.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	127,097.

Adjusted Gross Income

23	Educator expenses (see instructions)	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	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
31b	Recipient's SSN	31b	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 - 31a and 32 - 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	127,097.

FILE COPY

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	127,097.
	39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
Standard Deduction for – • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850	b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	47,940.
	41	Subtract line 40 from line 38	41	79,157.
	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions	42	6,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	72,357.
	44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	10,466.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	10,466.
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Credit for the elderly or the disabled. Attach Schedule R	48	
	49	Education credits. Attach Form 8863	49	
	50	Residential energy credits. Attach Form 5695	50	
	51	Foreign tax credit. Attach Form 1116 if required	51	
	52	Child tax credit (see instructions). Attach Form 8901 if required	52	
	53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54		
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55		
56	Add lines 47 through 55. These are your total credits	56		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	10,466.	
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	
	59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57-62. This is your total tax	63	10,466.
	Payments	64	Federal income tax withheld from Forms W-2 and 1099	64
65		2007 estimated tax payments and amount applied from 2006 return	65	
66a		Earned income credit (EIC)	66a	
b		Nontaxable combat pay election ▶ 66b <input type="checkbox"/>		
67		Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68		Additional child tax credit. Attach Form 8812	68	
69		Amount paid with request for extension to file (see instructions)	69	
70		Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71		
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	16,197.	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	5,731.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	5,731.
	b	Routing number XXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXXX			
75	Amount of line 73 you want applied to your 2008 estimated tax ▶ 75	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ▶ 76	76	
	77	Estimated tax penalty (see instructions) ▶ 77	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name	Phone no.	Personal identification number (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
<i>By John A. Winkler, CPA</i>		Planetarium Director	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		Professor	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
<i>By John A. Winkler, CPA</i>	2/22/08		P00130033
Firm's name (or yours if self-employed) address, and ZIP code	EIN	Phone no.	
John A. Winkler, CPA, P.C. P.O. Box 164 Peoria IL 61650-0164	37-1401661		

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Sheldon L & Mary Ann D SCHAFER

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	958.	
	2	Enter amount from Form 1040, line 38	2	127,097.	
	3	Multiply line 2 by 7.5% (.075)	3	9,532.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid (See instructions.)	5 State and local (check only one box):		5	2,532.	
	a	<input checked="" type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes.	6	3,119.	
	6	Real estate taxes (see instructions)	7		
	7	Personal property taxes			
	8	Other taxes. List type and amount ▶			
	Foreign Taxes Paid	62.	8	62.	
	9	Add lines 5 through 8	9	5,713.	
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
		-----	11		
		-----	12		
		-----	13		
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spl rules	12		
	13	Qualified mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15	Add lines 10 through 14	15		
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	42,027.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	200.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19	42,227.	
Casualty and Theft Losses (See instructions.)	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
		-----	22		
	22	Tax preparation fees			
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶			
		Prof. Dues	742.	23	742.
	24	Add lines 21 through 23	742.	24	742.
25	Enter amount from Form 1040, line 38	25	127,097.		
26	Multiply line 25 by 2% (.02)	26	2,542.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.		
Other Miscellaneous Deductions	28	Other — from list in the instructions. List type and amount ▶			
		-----	28		
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29	47,940.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2007

Attachment
Sequence No. **12**

Name(s) shown on return

Sheldon L & Mary Ann D SCHAFFER

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions					6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	
8 100.0000 sh. ***MML Investors Services, Inc.	various	12/31/07	3,468.	1,000.	2,468.	
9 Enter your long-term totals, if any, from Schedule D-1, line 9						
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	3,468.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13 Capital gain distributions. See instrs					13	1,663.
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions					14	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15	4,131.

BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2007

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>4,131.</p>
<p>If line 16 is:</p>		
<ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p>		
<p><input checked="" type="checkbox"/> Yes. Go to line 18.</p>		
<p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p>		
<p><input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p>		
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)] 		
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p>		
<p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Form 1040 U.S. Individual Income Tax Return 2006

DCN: Department of the Treasury—Internal Revenue Service (99) IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 16.) Use the IRS label.

Label

For the year Jan. 1–Dec. 31, 2006, or other tax year beginning 2006, ending 2006, ending 20
Your first name and initial L SHEDON Last name L SCHAFFER
If a joint return, spouse's first name and initial MARY ANN Last name SCHAFFER
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
4623 N MISSOURI AVE
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
PEORIA, IL 61614

Checking a box below will not change your tax or refund.

Pre nial Ele n Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

File Stat

- 1 Single 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a X None can claim you as a dependent, do not check box 6a
b X Sp
c Dependents: (1) First Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 19)
d Total number of exemptions claimed 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (76,102); Taxable interest (2,407); Tax-exempt interest; Ordinary dividends (501); Qualified dividends (251); Taxable refunds, credits, or offsets (227); Business income or (loss); Capital gain or (loss) (2,468); Other gains or (losses); IRA distributions; Pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Social security benefits; Other income; Total income (81,705).

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Archer MSA deduction (104); Certain business expenses of reservists, performing artists, and fee-basis government officials; Health savings account deduction; Moving expenses; One-half of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Self-employed health insurance deduction; Penalty on early withdrawal of savings; Alimony paid; IRA deduction; Student loan interest deduction; Jury duty pay you gave to your employer; Domestic production activities deduction; Add lines 23 through 31a and 32 through 35 (104); Subtract line 36 from line 22. This is your adjusted gross income (81,601).

Tax and Credits

Standard Deduction for:
 • All others:
 Single or Married filing separately, \$5,150
 Married filing jointly or Qualifying widow(er), \$10,300
 Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	81,601
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a	
39b	your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	15,333
41	Subtract line 40 from line 38	66,268
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	6,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	59,668
44	Tax (see page 39). Check the tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	7,920
45	Alternative minimum tax (see page 39). Attach Form 6251	
46	Add lines 44 and 45	7,920
47	Foreign tax credit. Attach Form 1116 if required	31
48	Credit for child and dependent care expenses. Attach Form 2441	
49	Credit for the elderly or the disabled. Attach Schedule R	
50	Education credits. Attach Form 8863	
51	Retirement savings contributions credit. Attach Form 8880	
52	Residential energy credits. Attach Form 8889	
53	Child tax credit (see page 42). Attach Form 8881 if required	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8835 c <input type="checkbox"/> Form 8859	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8839	
56	Add lines 47 through 55. These are your non-refundable credits	31
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	7,889

Other Taxes

58	Self-employment tax. Attach Schedule SE	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5320	
61	Advance earned income credit payments from Form(s) W-2, box 9	
62	Household employment taxes. Attach Schedule H	
63	Add lines 57 through 62. This is your total tax	7,889

Payments

64	Federal income tax withheld from Forms W-2 and 1099	9,423
65	2006 estimated tax payments and amount applied from 2005 return	
66a	Earned income credit (EIC)	
66b	Nontaxable combat pay election ▶ 66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	
68	Additional child tax credit. Attach Form 8812	
69	Amount paid with request for extension to file (see page 60)	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	40
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	9,463

Refund

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	1,574
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	1,574
74b	Routing number 071925855	
74c	Account number 9700387259	
74d	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
75	Amount of line 73 you want applied to your 2007 estimated tax ▶ 75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	
77	Estimated tax penalty (see page 62)	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

Designee's name: _____ Phone no.: _____ Personal identification number (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
<i>(Signature)</i>		MUSEUM EDUCATOR	(309) 682-1876
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<i>(Signature)</i>		COLLEGE PROFESSOR	

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____

Phone no.: _____