

## NGAIRF Application - Service Member Basic Information

### Military Member's Information

|   |   |
|---|---|
| Name: <u>Evans, Zachary C</u>   | Birth Date: <u>19921206</u>                 |
| Home Address: <u>1622 Fairview Court</u>  |   |
| City: <u>Rockford</u>   | State: <u>IL</u> ZIP: <u>61107</u>          |
| Best Contact Phone: <u>779-770-7704</u>   | Civilian Email: <u>havley4171@gmail.com</u> |
| Rank: <u>SGT</u>  | SSN (last 4) <u>4171</u>                    |
| Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>    |   |
| Home station Unit of Assignment: <u>3637<sup>th</sup></u>   |   |
| Is Member married? <input checked="" type="checkbox"/> IF NO, does Member have a family member in DEERS? <input type="checkbox"/> |   |

### Spouse's or Cohabiting Partner Information (or if other than military member)

|  |  |
|--|--|
| Name: <u>Jessica Ann Nichols</u>   | SSN (last 4): <u>9946</u>              |
| Mailing Address: <u>1622 Fairview Court</u>  |  |
| City: <u>Rockford</u>  | State: <u>IL</u> ZIP: <u>61107</u>     |
| Phone: _____   | Relationship to Military Member: _____ |
| Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/> |  |

I/We **HAVE / HAVE NOT** (Circle One) previously applied for the National Guard Association of Illinois Relief Fund grant.

I/We **ARE / ARE NOT** (Circle One) currently in a Title 32 Status (AGR, Dual Status Technician, or MDay).

I verify that service member is in good standing (not flagged/barred - no AWOL's in previous 12 months) with the unit and all necessary documentation is attached. (Unit Representative)

Name: Evans, Zachary C.

Position/Title: SGT Phone Number: 779-770-7704

## **NGAIRF Application – Expense Urgency Disclosure**

This page is intended to evaluate the Service Member’s (SM) current need and should be filled out as accurately as possible by the Family Assistance Personnel (FAS).

### **Military and Family Readiness Specialist / Airmen and Family Readiness Program Manager**

**Specialist:** Tonya K. Wiley

**Location:** Mattoon, IL

Which type of hardship(s) are you facing (check all that apply)?

- 1. Illness / Medical emergency:
- 2. Job Loss / Reduced compensation:
- 5. Family emergency / Death in family:
- 4. Natural disaster / Accident:
- Other (please specify below):

Unexpected Medical Bills and escrow bill increase

For each expense type, rate the **AVERAGE** urgency of your expenses **ONE** of the following (check one box per row):

- **1 – Less Urgent:** Due in a month or more
- **2 – Moderately Urgent:** Due in less than two weeks
- **3 – Extremely Urgent:** Due now (as of application date) or past due

|   | <b>Expense Type</b>  | <b>1</b>                            | <b>2</b>                            | <b>3</b>                            |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Medical / Dental Expenses                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | Rent / Mortgage Payments                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3 | Car Payments for Essential Vehicle(s)                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4 | Funeral Expenses   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5 | Insurance Payments   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 | Unexpected Repairs   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7 | Utilities  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 | Other (any eligible expense not covered in above categories) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

## **NGAIRF Application - Ineligible Expense Disclosure**

Is SM underemployed/unemployed **currently**?     Yes     No

If SM answers the above question as **NO**, please describe the ineligible expenses where current income is being spent. Ineligible expenses are listed on the first page of the application and the sheet below should only contain **major ineligible expenses** that constitute a **significant** portion of your current income/savings (i.e. student/personal loans, legal expenses/fees, *extra* homes/vehicles, travel expenses, cell/cable bills, etc.)

This is **REQUIRED** for the application review committee to determine eligibility for either Fund A or Fund B.

Note additional supporting documentation **IS NOT REQUIRED** for the expenses listed below at this point. However, NGAIRF **MAY REQUEST** additional documentation prior to fund approval if deemed necessary to make a fair evaluation of your application.

### **Budgeting Sheet for Ineligible Expenses:**

| Expense Name | Brief Description        | Recurring?<br>(Yes/No) | Cost (\$)     |
|--------------|--------------------------|------------------------|---------------|
| Car Payment  | Ford Financing           | Yes                    | \$510.00 /mo  |
| Cell Phones  | Verizon                  | Yes                    | \$157.07 /mo  |
| Credit Card  | Capital One Quick Silver | Yes                    | \$178.00 / mo |
| Credit Card  | Capital One Cabalas Club | Yes                    | \$106.00 /mo  |
|              |                          |                        |               |
|              |                          |                        |               |
|              |                          |                        |               |
|              |                          |                        |               |
| <b>TOTAL</b> |                          |                        | \$ 951.07     |

Please use the box below to add additional information/context to the above expenses. Using the space below is **optional but recommended**:

Credit cards were used to supplement income to cover bills and expenses, as well as diapers, formula, gas, and cost of living expenses.

\* Wife has 4 credit card of her own that she is unable to make payments on currently.

**Income:**

**NGAIRF Application - Eligible Expense Disclosure & Documentation**

Total SM civilian monthly income (after taxes; before deployment): \$ 2,735.50  
 Total Military monthly income (after taxes): \$ 369.04  
 Total Household monthly income (include spouse, roommates, etc.): \$ 4,304.00  
 Estimated total monthly living expenses: \$ 4,460.00

I (Printed Name) Zachary Charles Evans am requesting a grant\* to pay for the following items:

\*All grant payments will be made to the service provider directly

**Bills:**

List bills in order of importance (overdue first). **Payment Address** of creditors MUST BE INCLUDED with bills

| Item<br>(Repair, Electric, Rent, etc.) | Service Provider<br>(Company Name & Phone Number)     | Amount (\$)       |
|--|---|-------------------|
| 1. <u>Gas Bill</u>                     | <u>Nicor Gas #1-888-642-6748</u>                      | \$ <u>358.86</u>  |
| 2. <u>Water Bill</u>                   | <u>Four Rivers Sanitation Authority #815-387-7500</u> | \$ <u>252.71</u>  |
| 3. <u>Medical Bill</u>                 | <u>Beloit Health Systems #608-364-2200</u>            | \$ <u>1848.62</u> |
| 4. <u>House Payment</u>                | <u>Veterans United Home Loans #855-683-3101</u>       | \$ <u>1447.99</u> |
| 5. <u>Electric</u>                     | <u>ComEd #1-888-254-6359</u>                          | \$ <u>132.94</u>  |
| 6. _____                               | _____   | \$ _____          |
| 7. _____                               | _____   | \$ _____          |

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ 4,041.12

**Required Documents**

**Please initial to the left of each item below when each item is attached. Incomplete packets WILL NOT be accepted for review.**

|           |  |
|-----------|--|
| <b>ZC</b> | <b>(TAB A)</b> Attach a written statement or letter from a server member describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship |
| <b>ZC</b> | <b>(TAB B)</b> Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for   |
| <b>ZC</b> | <b>(TAB C)</b> Attach a copy of two of your most recent civilian paystubs (include spouse's if married)  |
| <b>ZC</b> | <b>(TAB D)</b> Attach a copy of two of your most recent military (LES) Salary  |
| <b>ZC</b> | <b>(TAB E)</b> Attach a copy of your most recent W-2s AND 1040 Tax Return  |
| <b>ZC</b> | <b>(TAB F)</b> Attach copies of the signed Financial Verification of Services form, and Employment Verification of Services form, if under or unemployed. Forms follow here.                           |



**INGRF Application – Other Grant Disclosure & Acknowledgement**

1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?

Yes  No

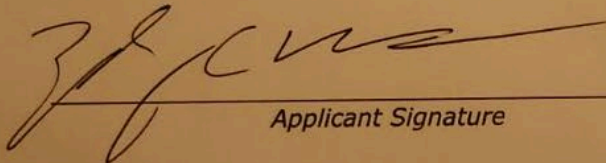
2. If the answer to the above question is **Yes**, please state ALL the organization name(s) and amount(s) requested/received?

Organization Name(s) National Guard Relief foundation (EANGUS)

Amount Requested (\$) \$500.00

Amount Received to date (\$) \$500.00

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the Relief Fund and the INNG Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the Relief Fund and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the NGAIRF.***

  
Applicant Signature

20231210  
Date

NGAI Relief Foundation, Inc.  
1301 North MacArthur Boulevard  
Springfield, IL 62702

Tax ID: 92-3612826

### Verification of Financial Services Meeting

Applicant's Name: Zachary Evans  
Financial Counseling Organization: Magellan Health  
Financial Counseling Contact Information:  
Name: Kenneth Biederman  
Phone: 217-926-3129  
Email: Biederman K @ magellan Federal. com

This is to serve as verification that ZACHARY EVANS  
(Applicant name)

met **IN PERSON** with Kenneth Biederman  
(Financial counselor name)

on 2023/12/10  
(Date)

[Signature]  
Applicant Signature

Kenneth Biederman  
Financial Counselor Signature

#### NOTICE TO APPLICANT:

This is a **REQUIRED** form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to NGAIRF by your Personal Financial Counselor.

**From:** [zachary evans](#)  
**To:** [Wiley, Tonya K CIV NG ILARNG \(USA\)](#)  
**Subject:** [Non-DoD Source] Personal Statement  
**Date:** Monday, December 18, 2023 1:16:46 PM

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Over the past few months my family and I have encountered multiple major life changes that have put us in a state of financial hardship. Our son was born in April of this year and with that came many challenges. First, I was not given any type of paid leave from my job to care for my newborn son and wife. I took two weeks of unpaid leave in order to be with my family. In addition to that my wife and I were forced to split working arrangements to cover the care of our son. My wife had three months of maternity leave in which she was only given sixty percent pay and then when she returned to work it was part-time rather than her previous full-time schedule. We were then also faced with the new expenses included with having a baby such as formula and diapers which has stretched our budget even further.

As a result of this our combined monthly income decreased significantly and we have been struggling to catch up ever since. We have fallen behind on multiple household utilities including water/sanitation which is currently behind at \$252.71 and our gas bill which is at \$358.86. We also have past medical bills from the birth of our son totaling \$1,848.62 that we have not been able to pay due to our current situation. In addition to our past due expenses we are still facing even more challenges as the cost of living continues to rise. Our mortgage payment increased this month from \$1,324 to \$1,447.99 which has put an even greater strain on our monthly finances.

With our current income and expenses each month we are struggling to make our basic needs met let alone tackle our past due expenses. During this past month alone it was hard for me to afford the gas to make it to my assigned drill days. We have been forced to make incredibly tough choices such as making sure we have food on the table versus pushing a utility bill even more behind. My wife and I have made significant changes to improve our monthly finances but our budget still falls short when it comes to addressing the bills that are past due. This grant would significantly help us resolve a major portion of our financial challenges. Having the past due expenses would be a great financial relief and would allow us the opportunity to get back on our feet without falling even further behind.

**From:** [zachary.evans](mailto:zachary.evans@nicor.com)  
**To:** [Wiley, Tonya K CIV NG ILARNG \(USA\)](mailto:Wiley.Tonya.K.CIV.NG.ILARNG@USA)  
**Subject:** [Non-DoD Source] Fwd: Your eBill is Attached  
**Date:** Monday, December 18, 2023 9:12:44 AM  
**Attachments:** [eBill.pdf](#)

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----- Forwarded message -----

**From:** Nicor Gas <[ng@email.southerncompgas.com](mailto:ng@email.southerncompgas.com)>  
**Date:** Tue, Nov 21, 2023, 2:36 PM  
**Subject:** Your eBill is Attached  
**To:** <[harley4171@gmail.com](mailto:harley4171@gmail.com)>

Open the attachment to view and pay

Nicor Gas



Zachary Evans  
Gas Account Ending: 92590  
Service Address: 1622 Fairview Ct  
Mailing Address: 1622 Fairview Ct

## Your eBill is attached

Dear Zachary Evans,

Your secure Nicor Gas bill is attached for you to view and pay.

### How to view your eBill

1. Download the attached PDF to your computer
2. Open the PDF with Adobe Reader
3. When prompted, enter your **FIVE DIGIT MAILING ADDRESS ZIP CODE**

### Your Account Summary

**Amount Due:** \$358.86

**Your next payment is due:** 12/12/2023





Unlock instant payment option

If you have any questions regarding your Nicor Gas bill, or need assistance paying your bill, please contact us by phone at 888.642.6748 or send us an email at [customercare@nicorgas.com](mailto:customercare@nicorgas.com).

**Safety reminder:** Before digging on your property, state law requires you to call the Joint Utility Locating Information for Excavators (JULIE) by dialing 811 toll-free to have your utility lines professionally marked. For additional natural gas safety information, visit [nicorgas.com/safety](http://nicorgas.com/safety).

Thank you for being a valued customer.

Nicor Gas

Trouble opening the PDF? [Download Adobe Reader here](#).

**From:** [zachary.evans](mailto:zachary.evans)  
**To:** [Wiley, Tonya K CIV NG ILARNG \(USA\)](mailto:Wiley_Tonya_K_CIV_NG_ILARNG_USA)  
**Subject:** [Non-DoD Source] Fwd: Your Invoice from Four Rivers Sanitation Authority is Available Online  
**Date:** Monday, December 18, 2023 7:00:02 AM

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----- Forwarded message -----

From: <[jess031512@gmail.com](mailto:jess031512@gmail.com)>  
Date: Thu, Dec 14, 2023, 2:31 PM  
Subject: Fwd: Your Invoice from Four Rivers Sanitation Authority is Available Online  
To: zachary evans <[harley4171@gmail.com](mailto:harley4171@gmail.com)>

Sent from my iPhone

Begin forwarded message:

**From:** Four Rivers Sanitation Authority <[fourrivers@billtrust.com](mailto:fourrivers@billtrust.com)>  
**Date:** December 8, 2023 at 11:46:45 AM CST  
**To:** [jess031512@gmail.com](mailto:jess031512@gmail.com)  
**Subject: Your Invoice from Four Rivers Sanitation Authority is Available Online**

#### Four Rivers Sanitation Authority

#### The following bills are now available from Four Rivers Sanitation Authority

| Account Number | Invoice Number  | Amount |
|----------------|-----------------|--------|
| 0850243 R      | R0002575/000241 | 252.71 |

Click below to visit eInvoice Connect



If the above button doesn't work, please copy the below link to your browser

<http://fourrivers.billtrust.com/signin.php>


**Thank you for using Four Rivers Sanitation Authority eInvoice Connect**

This email was sent to you because you signed up for an account at eInvoice Connect. Replies to this email will not be read.







| Guarantor Name    | Account # | Statement Date |
|-------------------|-----------|----------------|
| JESSICA A NICHOLS | 2893530   | 11/01/2023     |


 Pay online  
[beloithealthsystem.org/billpay](http://beloithealthsystem.org/billpay)  
  
 Pay by phone  
 (888) 412-6952

**Important Message:**  
**FINAL NOTICE**, this balance is **past due** and is subject to collection action without further notice.  
**Please pay in full.**

Amount Due Now  
**\$1,848.62**

|   |    |   |
|---|----|---|
| <br><b>Payment Plan</b><br><b>\$158.01*</b><br><small>x 12 months</small> | OR | <br><b>Pay In Full</b><br><b>\$1,848.62</b><br><small>Due Upon Receipt</small> |
| Online: <a href="http://beloithealthsystem.org/billpay">beloithealthsystem.org/billpay</a><br>*Includes service fee of \$3.95                               |    |   |

**Visits not on a Pay Plan**

| Description  | Charges for Service | Insurance Payment/ Adjustment | Patient Payment/ Adjustment | Patient Responsibility |
|--|---------------------|-------------------------------|-----------------------------|------------------------|
| <b>Visit: 14239216 DOS: 02/01/2023</b>   |                     |                               |                             |                        |
| Patient: Jessica A Nichols<br>Service: Radiology/Medical Imaging<br>Physician Name: Jatta MD, Binn M | \$1,775.00          | -\$1,660.20                   | \$0.00                      | \$114.80               |
| <b>Visit: 14338350 DOS: 04/16/2023</b>   |                     |                               |                             |                        |
| Patient: Silas C Evans<br>Service: Nursery<br>Physician Name: Desai MD, Chitra                       | \$9,126.98          | -\$8,590.05                   | \$0.00                      | \$536.93               |

**Contact Us:** Local (888) 412-6952 • **Hours of Operation:** Monday - Friday 8:00 AM - 4:30 PM CST

Please detach and return bottom portion with your payment.



JESSICA A NICHOLS  
1622 FAIRVIEW CT  
ROCKFORD IL 61107-1931

Pay by check or money order payable **Beloit Health System**.  
Please include your account number on your check.

Guarantor Name  
JESSICA A NICHOLS

Account Number  
2893530

Amount Due Now  
**\$1,848.62**

Amount Enclosed

*Make a payment of \$158.01\* to activate a payment plan. By paying monthly, I agree to the terms located at [www.beloithealthsystem.org/billpay](http://www.beloithealthsystem.org/billpay).*

*Please check if address or insurance information has changed and indicate changes on the reverse side.*

BELOIT HEALTH SYSTEM  
PO BOX 734865  
CHICAGO, IL 60673-4865



TAB B-3

734865 002893530 20231101 001848626



1969 West Hart Road  
Beloit, WI 53511

## How to Read Your Account Summary

| Description                           | Visits on a Pay Plan     |                                    |                                  |                             |
|---------------------------------------|--------------------------|------------------------------------|----------------------------------|-----------------------------|
|                                       | 1<br>Charges for Service | 2<br>Insurance Payment/ Adjustment | 3<br>Patient Payment/ Adjustment | 4<br>Patient Responsibility |
| <b>Visit: 5555555 DOS: 08/23/2020</b> |                          |                                    |                                  |                             |
| Patient: John Doe                     | \$2,781.25               | \$1,111.50                         | -\$159.75                        | \$1,500.00                  |
| Service: Emergency Room               |                          |                                    |                                  |                             |
| <b>Visit: 6666666 DOS: 09/14/2020</b> |                          |                                    |                                  |                             |
| Patient: John Doe                     | \$211.00                 | -\$97.13                           | -\$93.44                         | \$19.43                     |
| Service: Office Visit                 |                          |                                    |                                  |                             |
| <b>Total</b>                          | <b>\$3,016.25</b>        | <b>-\$1,209.63</b>                 | <b>-\$253.19</b>                 | <b>\$1,519.43</b>           |

1. A total amount of all charges for services received at Beloit Health System.
2. How much your insurance plan paid towards services received.
3. How much you have paid towards your balance.
4. How much is remaining on your balance that you are expected to pay.

## Billing Information

### Patient Financial Assistance Policy

Financial Assistance is available to eligible patients who have no insurance, limited insurance coverage, and/or do not qualify for government programs. Eligibility is determined by family income, family size, and other factors. For additional information or questions, please contact Customer Service at (608) 364-1606.

### Payment Policy

Full payment is due upon receipt of this statement. In order to prevent the collection process from commencing, payment arrangements must be made within the business office. Arrangements can be made online by visiting or contacting Customer Service at (608) 364-1606 or [beloithealthsystem.org/billpay](http://beloithealthsystem.org/billpay).

### Billing from Other Provider

This billing statement is for Beloit Health System services only. You may receive separate statements from other providers, such as ambulance services, radiologists, or anesthesiologists.

### Payment Plan Conditions

Payment Plans are subject to a \$3.95 service fee for each installment of the payment plan period. The first payment within each installment period will be charged a \$3.95 service fee. Any additional payments submitted within that installment period will be at no additional charge.

## Change of Address or Health Insurance Information

PATIENT NAME

NEW ADDRESS

HOME PHONE #

CELL PHONE #

EMAIL

INSURANCE NAME

POLICY #

GROUP #

INSURANCE ADDRESS

INSURANCE PHONE #

INSURED'S NAME

INSURED'S DOB

INSURED'S EMPLOYER

PATIENT'S RELATION TO INSURED



| Guarantor Name    | Account # | Statement Date |
|-------------------|-----------|----------------|
| JESSICA A NICHOLS | 2893530   | 11/01/2023     |

### Visits not on a Pay Plan

| Description  | Charges for Service | Insurance Payment/ Adjustment | Patient Payment/ Adjustment | Patient Responsibility |
|--|---------------------|-------------------------------|-----------------------------|------------------------|
| <b>Visit: 14338209 DOS: 04/16/2023</b>   |                     |                               |                             |                        |
| Patient: Jessica A Nichols<br>Service: Obstetrics<br>Physician Name: Jatta MD, Binn M            | \$33,126.96         | -\$32,044.87                  | \$0.00                      | \$1,082.09             |
| <b>Visit: 14394130 DOS: 06/01/2023</b>   |                     |                               |                             |                        |
| Patient: Silas C Evans<br>Service: Radiology/Medical Imaging<br>Physician Name: Desai MD, Chitra | \$1,695.00          | -\$1,580.20                   | \$0.00                      | \$114.80               |
| <b>Total</b>   | <b>\$45,723.94</b>  | <b>-\$43,875.32</b>           | <b>\$0.00</b>               | <b>\$1,848.62</b>      |



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RETURN SERVICE ONLY  
PLEASE DO NOT SEND MAIL TO THIS ADDRESS  
PO Box 818060  
5801 Postal Road  
Cleveland, OH 44181

ZACHARY EVANS  
1622 FAIRVIEW CT  
ROCKFORD, IL 61107

## MORTGAGE LOAN STATEMENT

### CONTACT INFORMATION

**Customer Service: 855-683-3101**

Monday through Thursday from 7 a.m. to 8 p.m. (CT), Friday from 7 a.m. to 7 p.m. (CT) and Saturday from 8 a.m. to 12 p.m. (CT)

[myveteransunited.com](http://myveteransunited.com)

|   |                   |
|---|-------------------|
| Statement Date:   | 12/04/2023        |
| Loan Number:  | 0699781084        |
| Payment Due Date:   | 01/01/2024        |
| <b>Amount Due:</b>  | <b>\$1,447.99</b> |
| <i>If payment is received on or after 01/17/2024; \$32.08 late fee will be charged.</i> |                   |

Property Address:  
1622 FAIRVIEW CT  
ROCKFORD, IL 61107

**Go Paperless.**  
*Sign in to your account to activate.*

### Account Information

|                                    |              |
|------------------------------------|--------------|
| Interest Bearing Principal Balance | \$141,076.71 |
| Interest Rate                      | 5.375%       |
| Escrow Balance                     | \$1,555.61   |

The Principal Balance does not represent the payoff amount of your account and is not to be used for payoff purposes.

### Explanation of Amounts Due

|                                       |                   |
|---------------------------------------|-------------------|
| Principal                             | \$170.08          |
| Interest                              | \$631.91          |
| Escrow Amount (for Taxes & Insurance) | \$646.00          |
| Optional Products and Services        | \$0.00            |
| <b>Regular Monthly Payment</b>        | <b>\$1,447.99</b> |
| Total Fees and Charges                | \$0.00            |
| Overdue Payment(s)                    | \$0.00            |
| Partial Payment (Unapplied)           | \$0.00            |
| <b>Total Amount Due</b>               | <b>\$1,447.99</b> |
| Trial/Workout Payment Amount          | \$0.00            |

### Past Payment Breakdown

|                             | Payment Rec'd since 11/07/2023 | Paid Year to Date  |
|-----------------------------|--------------------------------|--------------------|
| Principal                   | \$169.33                       | \$1,982.81         |
| Interest                    | \$632.66                       | \$7,641.07         |
| Escrow (Taxes & Insurance)  | \$646.00                       | \$6,394.49         |
| Optional Insurance          | \$0.00                         | \$0.00             |
| Fees and Charges            | \$0.00                         | \$0.00             |
| Lender Paid Expenses        | \$0.00                         | \$0.00             |
| Partial Payment (Unapplied) | \$0.00                         | \$0.00             |
| <b>Total</b>                | <b>\$1,447.99</b>              | <b>\$16,018.37</b> |

If you are a successor in interest (received the property from a relative through death, devise, or divorce, and you are not a borrower on the loan) that has not assumed, or otherwise become obligated on the debt, this communication is for informational purposes only and is not an attempt to collect a debt from you personally.

A VA Approved Lender; Not endorsed or sponsored by the Dept. of Veterans Affairs or any government agency. NMLS # 1907 (nmlsconsumeraccess.org) Equal Opportunity Lender. Licensed in all 50 states.

### Transaction Activity (11/07/2023 to 12/04/2023)

| Date       | Description | Total      | Principal | Interest | Escrow   | Other |
|------------|-------------|------------|-----------|----------|----------|-------|
| 12/01/2023 | Payment     | \$1,447.99 | \$169.33  | \$632.66 | \$646.00 |       |

### Important Messages

(See Reverse side for Additional Critical Notices)

**Your payment is made through our automatic payment plan. This statement is for informational purposes only.**  
**Don't like paper? Go Paperless by signing in to your account at [myveteransunited.com](http://myveteransunited.com) and updating your settings.**

## IMPORTANT PAYMENT INFORMATION

- It is important to use the remittance stub and envelope provided since both contain computer encoding that will help ensure prompt and accurate posting of payments. Always include your loan number on your check or money order. However, should you not receive your statement, **DO NOT DELAY PAYMENT**. Simply write your loan number on your check or money order and mail to the payment address as provided in the **Contact Information** section below.
- Do not send cash or correspondence as this could delay processing. Correspondence should be sent to the address provided in the **Contact Information** section below.
- Please be advised that if your account is delinquent or if there are fees and charges due, your account may not be paid ahead nor may principal reduction payments be applied. When Veterans United receives a remittance that is in excess of a payment amount, that excess is applied to your account in accordance with a predetermined sequence: 1) Principal and Interest due; 2) Applicable Escrow amounts; 3) Fees and other charges assessed to your account. Once this sequence has been satisfied, you may give specific instructions as to how you would like excess amounts to be applied to your account by noting your preference on the face of your remittance stub.
- Any lump sum received that is not accompanied by a payoff quote will be applied according to our standard payment application rules. This will not result in satisfaction and reconveyance/release unless amount tendered satisfies all amounts due and owing on the account.
- A Schedule of Fee for Select Services may be found on our website at my.veteransunited.com.

## SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If you are a member of the military who has been called to active duty or received a Permanent Change of Station order and you have not already made us aware, please forward a copy of your orders to us at: Veterans United, Attn: Military Families, P.O. Box 619098, Dallas, TX 75261-9741, fax 214-222-6078 or email militaryfamilies@servicing.vu.com. Be sure to include your loan number with the copy of the orders. Please visit our website at my.veteransunited.com for complete details regarding Legal Rights and Protections Under the SCRA.

## LATE CHARGES AND OVERDRAFT FEES

Payments received and posted after a grace period will be assessed a late charge. The late charge rate and number of grace days are shown on your Note. Please allow adequate time for postal delays as the receipt and posting date will govern the assessment of a late charge. Partial payments cannot be applied. If a payment is credited to your account and subsequently dishonored by your bank, Veterans United will reverse that payment and assess your loan account an insufficient funds fee of up to \$50.00, as permitted by applicable law. (This fee may vary by state.)

## HOMEOWNER COUNSELING NOTICE

If your loan is delinquent, you are entitled to receive homeownership counseling from an agency approved by the United States Department of Housing and Urban Development (HUD). A list of the HUD-approved, nonprofit homeownership counseling agencies may be downloaded from the Internet at: <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling the HUD toll free number 1-800-569-4287 (toll free TDD number 1-800-877-8339) to obtain a list of approved nonprofit agencies serving your residential area.

## NEW YORK STATE RESIDENTS

For those customers who reside in the state of New York, a borrower may file complaints about the Servicer with the New York State Department of Financial Services or may obtain further information by calling the Department's Consumer Help Unit at 1-800-342-3736 or by visiting the Department's website at [www.dfs.ny.gov](http://www.dfs.ny.gov). Veterans United is registered with the New York Superintendent of Financial Services.

You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

## PAYMENT OPTIONS

**AUTOPAY** Allows you to have your payment automatically debited, each month, from the checking or savings account of your choice. Veterans United does not charge a fee to activate this service. Call 855-683-3101 for more information or visit our website at my.veteransunited.com.

**ONLINE PAYMENT** Allows you to sign in to your account anytime to make a payment. There is no charge for this service. Sign in to my.veteransunited.com.

**AUTOMATED PHONE PAYMENT** Is a pay-by-phone service provided through our automated phone system. There is no charge for this service. Call 855-683-3101.

**PAY BY MAIL** Detach the coupon provided with this statement and mail it with your check or money order in the envelope provided. Please write your loan number on your payment and **allow adequate time for postal delays as the receipt and posting date will govern the assessment of late charges**. Send payment via express or overnight mail to Veterans United, Attn: Payment Processing - 650114, 3000 Kellway Drive, Suite 120, Carrollton, TX 75006.

**WIRE** Allows you to send payoff/reinstatement funds via wire transfer. Visit our website my.veteransunited.com or refer to your payoff statement for wiring instructions.

**MONEYGRAM® EXPRESSPAYMENT®** Ensures same-day delivery of your payment to Veterans United. Visit your local MoneyGram Agent. Call 1-800-926-9400 to locate the one nearest you. Complete the ExpressPayment form, providing your name and Veterans United loan number. The MoneyGram Receive Code is \*\*\*16501\*\*\*. All ExpressPayment transactions require cash. The agent will charge a fee for this service.

## NOTICE TO CUSTOMERS MAKING PAYMENTS BY CHECK

**Authorization to Convert Your Check:** If you send us a check to make your payment, your check may be converted into an electronic fund transfer. An electronic fund transfer is the process in which your financial institution transfers funds electronically from your account to our account. By sending your completed signed check to us, you authorize us to copy your check and use the information from your check to make an electronic funds transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

**Insufficient Funds:** The electronic fund transfer from your account will usually occur within 24 hours of our receipt of your check. If the electronic fund transfer cannot be completed because of insufficient funds, you may be assessed an NSF fee in connection with the attempted transaction.

**Transaction Information:** The electronic fund transfer from your account will be on the account statement you receive from your financial institution. You will not receive your original check back from your financial institution. For security reasons, your original check will be destroyed, but we will keep a secured copy of the check for record keeping purposes.

**Your Rights:** You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your statement was not properly authorized or is otherwise incorrect. Consumers have protections under the Electronic Fund Transfer Act for any unauthorized or incorrect electronic fund transfer.

## CONTACT INFORMATION

**CUSTOMER SERVICE: 855-683-3101**, Monday through Thursday 7 a.m. to 8 p.m. (CT), Friday 7 a.m. to 7 p.m. (CT), and Saturday 8 a.m. to 12 p.m. (CT) [Calls may be monitored and/or recorded for quality assurance purposes].

**24-HOUR AUTOMATED ACCOUNT INFORMATION:** Sign in to my.veteransunited.com OR call **855-683-3101**.

**MAILING ADDRESSES:** For Veterans United are listed below. Please carefully select the address suited to your needs and remember, sending payments to any address other than the one specifically identified for payments will result in delays and may result in additional fees being assessed to your account.

| PAYMENTS:                              | NOTICE OF ERROR/<br>INFORMATION<br>REQUEST/QWR*: | OVERNIGHT DELIVERY<br>CORRESPONDENCE:   | INSURANCE RENEWALS/<br>BILLS:                                   | TAX NOTICES/<br>BILLS:                                 | BANKRUPTCY NOTICES/<br>PAYMENTS:       |
|--|--|---|---|--|--|
| PO Box 650114<br>Dallas, TX 75265-0114 | PO Box 619098<br>Dallas, TX 75261-9741           | Lake Vista 4<br>800 State Highway 121 Bypass, Suite 200<br>Lewisville, TX 75067 | PO Box 7729<br>Springfield, OH 45501-7729<br>Fax (800) 687-4729 | PO Box 9225<br>Coppell, TX 75019<br>Fax (817) 826-1861 | PO Box 619094<br>Dallas, TX 75261-9741 |

**\*PURSUANT TO RESPA, A "QUALIFIED WRITTEN REQUEST" (QWR) REGARDING THE SERVICING OF YOUR LOAN, A NOTICE ASSERTING THAT AN ERROR OCCURRED WITH RESPECT TO YOUR LOAN OR A NOTICE REQUESTING INFORMATION WITH RESPECT TO YOUR LOAN MUST BE SENT TO THIS ADDRESS:** Veterans United PO Box 619098, Dallas, TX 75261-9741, Attn: Customer Relations Officer. A "qualified written request" must comply with the requirements of RESPA, as follows: Qualified written request; defined. A qualified written request means a written correspondence (other than notice on a payment coupon or other payment medium supplied by the servicer) that includes, or otherwise enables the servicer to identify, the name and account of the borrower, and includes a statement of the reasons that the borrower believes the account is in error, if applicable, or that provides sufficient detail to the servicer regarding information relating to the servicing of the loan sought by the borrower. A QWR, notice of error or request for information is not timely if it is delivered to a servicer more than 1-year after either the date of transfer of servicing or the date that the mortgage loan is discharged, whichever date is applicable.

Veterans United, its affiliates, successors or its assigns or their officers, directors, agents, or employees, are neither liable nor responsible for, or make any representation regarding the products or services offered on any enclosed inserts.



# We monitor the market, so you don't have to.

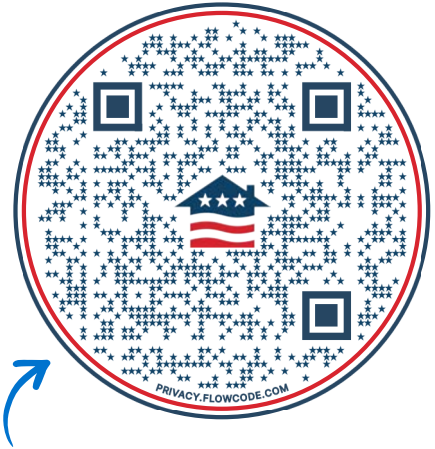
The VA Streamline refinance is one of the most powerful refinancing options available.

Also called an IRRRL (Interest Rate Reduction Refinance Loan) and pronounced "Earl," this refinance option is available to homeowners with a VA Loan.

It's also simpler and quicker than originating a mortgage:

- Reduced paperwork
- Little-to-no costs out of pocket
- Closings costs can be rolled into the loan

You may be able to use a VA Streamline to lower your interest rate — but timing is critical! That's why we relentlessly track market conditions and interest rates. So, if any money-saving opportunities arise, we'll let you know!



[Learn about your options](#)

Or visit: [vu.com/WhyRefi](http://vu.com/WhyRefi)



“Veterans United’s application and document platform make refinancing easy.”



“We can now look forward to saving more for our family vacations.”

## Service Designed for Veterans



**340,000+**  
5-Star Homeowner Reviews



**4.8 out of 5**  
Avg. Customer Satisfaction Rating



**No. 1**  
VA Purchase Lender in Nation\*

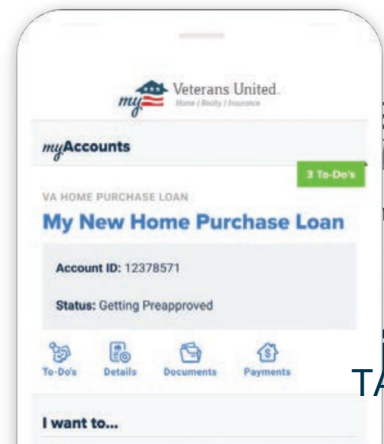
**MyVeteransUnited™**

is your home base for all things home

Start a new loan or refinance quote, track your progress, manage mortgage payments and more!



the market. s





An Exelon Company

Issued 12/13/23 Account # 3055301019

### SERVICE FROM 11/8/23 THROUGH 12/11/23 (33 DAYS)

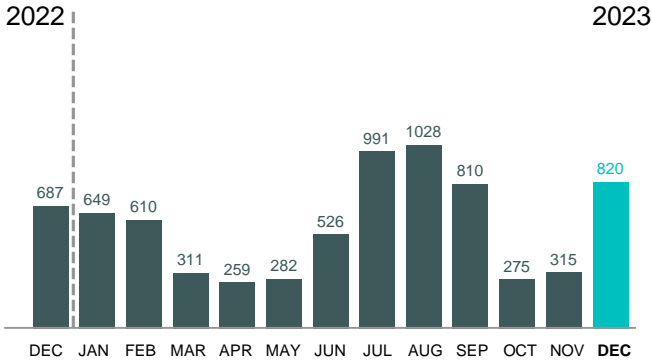
Retail Delivery Service - Res Single

Zachary Evans  
1622 Fairview Ct  
Rockford, IL 61107  
779.770.7704

Payment Deducted on 1/4/24 **\$132.94**

Thank you for your payments totaling **\$59.20.**

### TOTAL USAGE (kWh)



Current month's reading is **actual**.

### AVERAGE DAILY USE (monthly usage/days in period)

Current Month 41° avg. temp

**24.8** kWh ↑ **19%** from last year

Last Month 52° avg. temp

**10.9** kWh

Last Year 37° avg. temp

**20.8** kWh

💡 Ten 100W light bulbs for 1 hour = 1 kWh

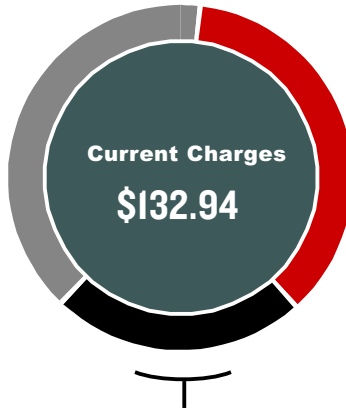
### CURRENT CHARGES SUMMARY

See reverse side for details ➡

**SUPPLY**  
\$52.97

Energy Harbor, LLC provides your energy.

www.energyharbor.com  
1.888.254.6359



**DELIVERY**   
\$48.56

ComEd delivers electricity to your home.

ComEd.com  
1.800.334.7661

**TAXES & FEES \$31.41**

For Electric Supply Choices visit [pluginillinois.org](http://pluginillinois.org)

Return only this portion with your check made payable to ComEd. Please write your account number on your check.



### Pay your bill online, by phone or by mail.

See reverse side for more info ➡

Account # 3055301019

0114198 01 AV 0.498 \*\*AUTO T7 0 1243 61107-193122 -C05-B1-P00000-I 2 456



ZACHARY EVANS  
1622 FAIRVIEW CT  
ROCKFORD, IL 61107-1931



COMED  
PO BOX 6111  
CAROL STREAM, IL 60197-6111



Payment Deducted on 1/4/24 **\$132.94**

Payment Amount:

305530101900001329440040132945

TAB B-5

1243-53-0114198-0001-0019801



**For Questions, Support, and Outages visit ComEd.com**

English **1.800.EDISONI (1.800.334.7661)**  
 Español **1.800.95.LUCES (1.800.955.8237)**  
 Hearing/Speech Impaired **1.800.572.5789 (TTY)**  
 Federal Video Relay Services (VRS) **Fedvrs.us/session/new**

Payment Deducted on 1/4/24

**\$132.94**

**METER INFORMATION**

| Read Dates | Meter Number | Load Type       | Reading Type | Previous            | Present             | Difference | Multiplier | Usage      |
|------------|--------------|-----------------|--------------|---------------------|---------------------|------------|------------|------------|
| 11/8-12/11 | 271358164    | General Service | Total kWh    | 68867 <b>Actual</b> | 69687 <b>Actual</b> | 820        | x 1        | <b>820</b> |

**CHARGE DETAILS**

**Retail Delivery Service - Res Single 11/8/23 - 12/11/23** (33 Days)

 **SUPPLY - Energy Harbor, LLC** **\$52.97**

820 KWH TOTAL@\$0.0646/KWH GENERA 820 kWh X 0.06460 \$52.97

 **DELIVERY - ComEd** **\$48.56**

Customer Charge \$10.84  
 Standard Metering Charge \$3.12  
 Distribution Facilities Charge 820 kWh X 0.04088 \$33.52  
 IL Electricity Distribution Charge 820 kWh X 0.00132 \$1.08

**TAXES & FEES** **\$31.41**

Environmental Cost Recovery Adj 820 kWh X 0.00052 \$0.43  
 Renewable Portfolio Standard 820 kWh X 0.00502 \$4.12  
 Zero Emission Standard 820 kWh X 0.00195 \$1.60  
 Carbon-Free Energy Resource Adj 820 kWh X 0.01562 \$12.81  
 Energy Efficiency Programs 820 kWh X 0.00276 \$2.26  
 Energy Transition Assistance 820 kWh X 0.00072 \$0.59  
 Franchise Cost \$48.83 X 2.17100% \$1.06  
 Local Government Compliance Adj 820 kWh X 0.00083 \$0.68  
 State Tax \$2.71  
 Municipal Tax \$5.15

Service Period Total **\$132.94**

Thank you for your payment of \$59.20 on December 1, 2023

**Total Amount Due \$132.94**

**UPDATES**

ComEd

- **PRICE TO COMPARE:** The ComEd electric supply price to compare is 6.872 cents per kWh. This price does not include a monthly purchased electricity adjustment factor. For more information and supplier offers visit <https://www.pluginillinois.org/fixedrate.aspx>. For more information on ComEd bill line items go to [ComEd.com/UnderstandBill](https://www.comed.com/UnderstandBill).
- We will transition to our new customer billing system beginning in early 2024. Your account number will change and you may need to use your new account number to update your payment information. Details at [ComEd.com/BillingUpdate](https://www.comed.com/BillingUpdate).
- **WAYS TO PAY:** Looking for ways to pay your bill? Visit [ComEd.com/PAY](https://www.comed.com/PAY)
- **BE AWARE OF EMAIL SCAMS:** Scammers can create fake websites and email addresses that mimic businesses like ComEd. One way to verify the name of the sender and business in the email is to look for misspellings and zeroes in place of the letter O. Learn more: [ComEd.com/Scams](https://www.comed.com/Scams)
- **RESOLVING DISPUTES:** The Illinois Commerce Commission Consumer Division is available at 800-524-0795 to help resolve disputes with ComEd. However, customers should contact ComEd before seeking assistance from the ICC.
- The amount of this bill will be automatically deducted from your bank account on January 4, 2024.

1243-53-0114198-0001-0019802

**A VARIETY OF METHODS TO PAY YOUR BILL**

Visit [ComEd.com/PAY](https://www.comed.com/PAY) for more information including applicable fees for some transactions.

 **Online**

Set up an automatic payment, enroll in paperless billing, or make a convenience payment at [ComEd.com/Pay](https://www.comed.com/Pay).

 **Mobile App**

Download the ComEd mobile app on your Apple® or Android™ device to view and pay your bill, or manage your account.

 **Phone**

Call us to make a convenience payment with a credit card, ATM card, or your bank account: 1.800.588.9477.

 **In-Person**

Pay your bill in-person at many ComEd authorized agents located throughout the region. Visit [ComEd.com/Pay](https://www.comed.com/Pay) for details.

**TAB B-5**





2140 Hutson Road  
Green Bay, WI 54303

| Pay Statement     |                   |
|-------------------|-------------------|
| Period Start Date | 11/26/2023        |
| Period End Date   | 12/09/2023        |
| Pay Date          | 12/15/2023        |
| Document          | 38125             |
| <b>Net Pay</b>    | <b>\$1,367.75</b> |

**Pay Details**

|  |   |  |
|--|---|--|
| <b>Zachary C Evans</b><br>520 Hanna Court Apt 6<br>Loves Park, IL 61111<br>USA | Employee Number 000240<br>SSN XXX-XX-4171<br>Job Technician<br>Pay Rate \$25.0000<br>Pay Frequency Biweekly | Pay Group Hourly - Biweekly<br>Location Rockford<br>Division IND - Industrial<br>Department 400 - Service<br>Job Category TECH - Technician<br>GL Establish FE - Fairchild Equipment |
|--|---|--|

**Earnings**

| Pay Type        | Hours   | Pay Rate | Current    | YTD         |
|-----------------|---------|----------|------------|-------------|
| Bonus           | 0.0000  | \$0.0000 | \$0.00     | \$500.00    |
| Holiday         | 0.0000  | \$0.0000 | \$0.00     | \$1,336.00  |
| Incentive       | 0.0000  | \$0.0000 | \$0.00     | \$100.00    |
| Overtime-Hourly | 0.0000  | \$0.0000 | \$0.00     | \$611.25    |
| Paid Time Off   | 2.0000  | \$0.0000 | \$50.00    | \$3,336.00  |
| Regular Pay     | 78.0000 | \$0.0000 | \$1,950.00 | \$35,602.75 |

Total Hours 80.0000

**Deductions**

| Deduction       | Pre-Tax | Employee Current | Employee YTD | Employer Current | Employer YTD |
|-----------------|---------|------------------|--------------|------------------|--------------|
| 401K            | Yes     | \$80.00          | \$1,659.44   | \$0.00           | \$0.00       |
| Copay Plan 2000 | Yes     | \$101.03         | \$2,424.72   | \$262.26         | \$6,294.24   |
| Dental With Ort | Yes     | \$17.45          | \$418.80     | \$0.00           | \$0.00       |
| Vision          | Yes     | \$2.88           | \$69.12      | \$0.00           | \$0.00       |
| ER Match        | Yes     | \$0.00           | \$0.00       | \$40.00          | \$829.73     |

**Taxes**

| Tax                          | Current  | YTD        |
|------------------------------|----------|------------|
| Federal Income Tax           | \$188.14 | \$3,846.93 |
| Employee Medicare            | \$27.24  | \$559.31   |
| Social Security Employee Tax | \$116.48 | \$2,391.55 |
| IL State Income Tax          | \$99.03  | \$2,067.23 |

**Paid Time Off**

**Net Pay Distribution**

| Account Number | Account Type | Amount            |
|----------------|--------------|-------------------|
| xxxxxxx1077    | Checking     | \$1,367.75        |
| <b>Total</b>   |              | <b>\$1,367.75</b> |

**Pay Summary**

|         | Gross       | FIT Taxable Wages | Taxes      | Deductions | Net Pay     |
|---------|-------------|-------------------|------------|------------|-------------|
| Current | \$2,000.00  | \$1,798.64        | \$430.89   | \$201.36   | \$1,367.75  |
| YTD     | \$41,486.00 | \$36,913.92       | \$8,865.02 | \$4,572.08 | \$28,048.90 |



2140 Hutson Road  
Green Bay, WI 54303

| Pay Statement     |                   |
|-------------------|-------------------|
| Period Start Date | 11/12/2023        |
| Period End Date   | 11/25/2023        |
| Pay Date          | 12/01/2023        |
| Document          | 37464             |
| <b>Net Pay</b>    | <b>\$1,439.84</b> |

**Pay Details**

|  |                 |             |              |                          |
|--|-----------------|-------------|--------------|--------------------------|
| <b>Zachary C Evans</b><br>520 Hanna Court Apt 6<br>Loves Park, IL 61111<br>USA | Employee Number | 000240      | Pay Group    | Hourly - Biweekly        |
|  | SSN             | XXX-XX-4171 | Location     | Rockford                 |
|  | Job             | Technician  | Division     | IND - Industrial         |
|  | Pay Rate        | \$25.0000   | Department   | 400 - Service            |
|  | Pay Frequency   | Biweekly    | Job Category | TECH - Technician        |
|  |                 |             | GL Establish | FE - Fairchild Equipment |

**Earnings**

| Pay Type        | Hours   | Pay Rate | Current    | YTD         |
|-----------------|---------|----------|------------|-------------|
| Holiday         | 16.0000 | \$0.0000 | \$400.00   | \$1,336.00  |
| Incentive       |         |          | \$100.00   | \$100.00    |
| Overtime-Hourly | 0.0000  | \$0.0000 | \$0.00     | \$611.25    |
| Paid Time Off   | 8.0000  | \$0.0000 | \$200.00   | \$3,286.00  |
| Regular Pay     | 56.0000 | \$0.0000 | \$1,400.00 | \$33,652.75 |

Total Hours 80.0000

**Deductions**

| Deduction       | Pre-Tax | Employee Current | Employee YTD | Employer Current | Employer YTD |
|-----------------|---------|------------------|--------------|------------------|--------------|
| 401K            | Yes     | \$84.00          | \$1,559.44   | \$0.00           | \$0.00       |
| Copay Plan 2000 | Yes     | \$101.03         | \$2,323.69   | \$262.26         | \$6,031.98   |
| Dental With Ort | Yes     | \$17.45          | \$401.35     | \$0.00           | \$0.00       |
| Vision          | Yes     | \$2.88           | \$66.24      | \$0.00           | \$0.00       |
| ER Match        | Yes     | \$0.00           | \$0.00       | \$42.00          | \$779.73     |

**Taxes**

| Tax                          | Current  | YTD        |
|------------------------------|----------|------------|
| Federal Income Tax           | \$199.66 | \$3,553.19 |
| Employee Medicare            | \$28.69  | \$524.82   |
| Social Security Employee Tax | \$122.67 | \$2,244.07 |
| IL State Income Tax          | \$103.78 | \$1,944.44 |

**Paid Time Off**

**Net Pay Distribution**

| Account Number | Account Type | Amount            |
|----------------|--------------|-------------------|
| xxxxxxx1077    | Checking     | \$1,439.84        |
| <b>Total</b>   |              | <b>\$1,439.84</b> |

**Pay Summary**

|         | Gross       | FIT Taxable Wages | Taxes      | Deductions | Net Pay           |
|---------|-------------|-------------------|------------|------------|-------------------|
| Current | \$2,100.00  | \$1,894.64        | \$454.80   | \$205.36   | <b>\$1,439.84</b> |
| YTD     | \$38,986.00 | \$34,635.28       | \$8,266.52 | \$4,350.72 | \$26,368.76       |



2140 Hutson Road  
Green Bay, WI 54303

| Pay Statement     |                 |
|-------------------|-----------------|
| Period Start Date | 11/12/2023      |
| Period End Date   | 11/25/2023      |
| Pay Date          | 12/01/2023      |
| Document          | 37731           |
| <b>Net Pay</b>    | <b>\$312.39</b> |

**Pay Details**

|  |                        |                                       |
|--|------------------------|---------------------------------------|
| <b>Zachary C Evans</b><br>520 Hanna Court Apt 6<br>Loves Park, IL 61111<br>USA | Employee Number 000240 | Pay Group Hourly - Biweekly           |
|  | SSN XXX-XX-4171        | Location Rockford                     |
|  | Job Technician         | Division IND - Industrial             |
|  | Pay Rate \$25.0000     | Department 400 - Service              |
|  | Pay Frequency Biweekly | Job Category TECH - Technician        |
|  |                        | GL Establish FE - Fairchild Equipment |

**Earnings**

| Pay Type        | Hours  | Pay Rate | Current  | YTD         |
|-----------------|--------|----------|----------|-------------|
| Bonus           |        |          | \$500.00 | \$500.00    |
| Holiday         | 0.0000 | \$0.0000 | \$0.00   | \$1,336.00  |
| Incentive       | 0.0000 | \$0.0000 | \$0.00   | \$100.00    |
| Overtime-Hourly | 0.0000 | \$0.0000 | \$0.00   | \$611.25    |
| Paid Time Off   | 0.0000 | \$0.0000 | \$0.00   | \$3,286.00  |
| Regular Pay     | 0.0000 | \$0.0000 | \$0.00   | \$33,652.75 |

Total Hours 0.0000

**Deductions**

| Deduction       | Pre-Tax | Employee Current | Employee YTD | Employer Current | Employer YTD |
|-----------------|---------|------------------|--------------|------------------|--------------|
| 401K            | Yes     | \$20.00          | \$1,579.44   | \$0.00           | \$0.00       |
| Copay Plan 2000 | Yes     | \$0.00           | \$2,323.69   | \$0.00           | \$6,031.98   |
| Dental With Ort | Yes     | \$0.00           | \$401.35     | \$0.00           | \$0.00       |
| Vision          | Yes     | \$0.00           | \$66.24      | \$0.00           | \$0.00       |
| ER Match        | Yes     | \$0.00           | \$0.00       | \$10.00          | \$789.73     |

**Taxes**

| Tax                          | Current  | YTD        |
|------------------------------|----------|------------|
| Federal Income Tax           | \$105.60 | \$3,658.79 |
| Employee Medicare            | \$7.25   | \$532.07   |
| Social Security Employee Tax | \$31.00  | \$2,275.07 |
| IL State Income Tax          | \$23.76  | \$1,968.20 |

**Paid Time Off**

**Net Pay Distribution**

| Account Number | Account Type | Amount          |
|----------------|--------------|-----------------|
| xxxxxxx1077    | Checking     | \$312.39        |
| <b>Total</b>   |              | <b>\$312.39</b> |

**Pay Summary**

|         | Gross       | FIT Taxable Wages | Taxes      | Deductions | Net Pay         |
|---------|-------------|-------------------|------------|------------|-----------------|
| Current | \$500.00    | \$480.00          | \$167.61   | \$20.00    | <b>\$312.39</b> |
| YTD     | \$39,486.00 | \$35,115.28       | \$8,434.13 | \$4,370.72 | \$26,681.15     |

**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT**

|   |                              |                      |                 |                    |                   |  |                |                   |                       |           |             |         |        |
|---|------------------------------|----------------------|-----------------|--------------------|-------------------|--|----------------|-------------------|-----------------------|-----------|-------------|---------|--------|
| <b>ID</b>   | <b>NAME (Last, First,MI)</b> | <b>SOC. SEC. NO.</b> | <b>GRADE</b>    | <b>PAY DATE</b>    | <b>YRS SVC</b>    | <b>ETS</b>   | <b>BRANCH</b>  | <b>ADSN/DSSN</b>  | <b>PERIOD COVERED</b> |           |             |         |        |
|   | EVANS ZACHARY C              | ***-**-4171          | E05             | 101222             | 12                | 251221   | ARNG           | 5570              | CHK DT 231220         |           |             |         |        |
| <b>ENTITLEMENTS</b>   |                              | <b>DEDUCTIONS</b>    |                 |                    | <b>ALLOTMENTS</b> |  |                | <b>SUMMARY</b>    |                       |           |             |         |        |
| <b>Type</b>   | <b>Amount</b>                | <b>Type</b>          | <b>Amount</b>   | <b>Type</b>        | <b>Amount</b>     | <b>+Amt Fwd</b>  |                |                   |                       |           |             |         |        |
| A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O | BASIC PAY                    | 516.64               | FED INC TAX     | 48.92              |                   |  |                |                   |                       | +TOT ENT  | 516.64      |         |        |
|   |                              |                      | FICA TAX        | 39.52              |                   |  |                |                   |                       | -TOT DED  | 147.60      |         |        |
|   |                              |                      | SGLI            | 31.00              |                   |  |                |                   |                       | -TOT ALMT |             |         |        |
|   |                              |                      | SSLI            | 23.66              |                   |  |                |                   |                       | =NET AMT  | 369.04      |         |        |
|   |                              |                      | SGLI FAM/SPOUSE | 4.50               |                   |  |                |                   |                       | -CR FWR   |             |         |        |
|   |                              |                      |                 |                    |                   |  |                |                   |                       | =EOM PAY  |             |         |        |
| TOTAL   | 516.64                       |                      | 147.60          |                    |                   |  |                |                   | DIEMS                 | RET PLAN  |             |         |        |
| <b>FED TAXES</b>  | Wage Period                  | Wage YTD             | M/S/H           | Mult Jobs          | Dep 17 Under      | Other Dep  | Add'l Tax      | Other Deds        | Other Income          | Tax YTD   |             |         |        |
|   | 516.64                       | 7544.89              | S               | E                  | 00                | 00   | .00            | .00               | .00                   | 672.27    |             |         |        |
| <b>FICA TAXES</b>   | Wage Period                  | Soc Wage YTD         | Soc Tax YTD     | Med Wage YTD       | Med Tax YTD       | <b>STATE TAXES</b>   | St IL          | Wage Period       | Wage YTD              | M/S       | Ex          | Tax YTD |        |
|   | 516.64                       | 7544.89              | 467.78          | 7544.89            | 109.40            |  |                | 516.64            | 7544.89               | S         | 00          | .00     |        |
| <b>PAY DATA</b>   | BAQ Type                     | BAQ Depn             | VHA Zip         | Rent Amt           | Share             | Stat   | JFTR           | Depns             | 2D JFTR               | BAS Type  | Charity YTD | TPC     | PACIDN |
|   | W/O DEP                      | NO DEP               | 00000           |                    |                   |  |                |                   |                       |           |             | A       |        |
| <b>TRADITIONAL PLAN (TSP)</b>   | Base Pay Rate                | Base Pay Current     | Spec Pay Rate   | Spec Pay Current   | Inc Pay Rate      | Inc Pay Current  | Bonus Pay Rate | Bonus Pay Current |                       |           |             |         |        |
|   | 0                            | .00                  | 0               | .00                | 0                 | .00  | 0              | .00               |                       |           |             |         |        |
| <b>ROTH PLAN</b>  | Base Pay Rate                | Base Pay Current     | Spec Pay Rate   | Spec Pay Current   | Inc Pay Rate      | Inc Pay Current  | Bonus Pay Rate | Bonus Pay Current |                       |           |             |         |        |
|   | 0                            | .00                  | 0               | .00                | 0                 | .00  | 0              | .00               |                       |           |             |         |        |
| <b>CONTRIBUTIONS TOTALS</b>   | YTD Deductions               | YTD TSP Deferred     | YTD TSP Exempt  | YTD ROTH           | YTD TSP AGCY-AUTO | YTD TSP AGCY-MATCH   |                |                   |                       |           |             |         |        |
|   | .00                          | .00                  | .00             | .00                | .00               | .00  |                |                   |                       |           |             |         |        |
| <b>CM AGCY CONTR</b>  | AGCY-AUTO                    | AGC-MATCH            | <b>LEAVE</b>    | BF Bal             | Ernd              | Used   | Cr Bal         | ETS Bal           | Lv Lost               | Lv Paid   | Use/Lose    |         |        |
|   | .00                          | .00                  |                 | .0                 | .0                | 0  | .0             |                   | .0                    | .0        | .0          |         |        |
| <b>REMARKS:</b>   |                              |                      |                 |                    |                   |  |                |                   |                       |           |             |         |        |
| YTD ENTITLE 8497.90   |                              |                      |                 | YTD DEDUCT 1981.03 |                   |  |                |                   |                       |           |             |         |        |
| YOUR CHECK WAS SENT TO: BLACKHAWK STATE BANK                            |                              |                      |                 |                    |                   | SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000           |                |                   |                       |           |             |         |        |
| DIRECT DEPOSIT DATE: 12/20/23 AMOUNT: \$369.04                          |                              |                      |                 |                    |                   | YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) |                |                   |                       |           |             |         |        |
| * AS OF 22 DEC 10, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED               |                              |                      |                 |                    |                   | SPOUSE SGLI COVERAGE: \$100,000                                  |                |                   |                       |           |             |         |        |
| SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)                     |                              |                      |                 |                    |                   | PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME     |                |                   |                       |           |             |         |        |
| TOTAL PERFORMANCE FY 24: UTA 12 AFTP 00 ET 00 ATA 00                    |                              |                      |                 |                    |                   | TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM   |                |                   |                       |           |             |         |        |
| JPT 00 AATA 00 AANT 00 RMA 00 SUP IDT TNG 00                            |                              |                      |                 |                    |                   | 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.          |                |                   |                       |           |             |         |        |
| MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000                                    |                              |                      |                 |                    |                   | -RESERVE COMPONENT MEMBERS AND FAMILY ARE ELIGIBLE FOR FEDVIP    |                |                   |                       |           |             |         |        |
| INACTIVE DUTY TRAINING 09 DEC 23 1 09 DEC 23 2 10 DEC 23 1              |                              |                      |                 |                    |                   | VISION COVERAGE IF ENROLLED IN A TRICARE HEALTH PLAN. LEARN      |                |                   |                       |           |             |         |        |
| INACTIVE DUTY TRAINING 10 DEC 23 2                                      |                              |                      |                 |                    |                   | MORE THIS OPEN SEASON AT BENEFEDS.COM/MILITARY.                  |                |                   |                       |           |             |         |        |
| YOUR CURRENT STATE CLAIMED IS: ILLINOIS                                 |                              |                      |                 |                    |                   |  |                |                   |                       |           |             |         |        |

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**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT**

|   |                              |                         |                       |                         |                          |  |                     |                          |                       |                   |                |                |        |
|---|------------------------------|-------------------------|-----------------------|-------------------------|--------------------------|--|---------------------|--------------------------|-----------------------|-------------------|----------------|----------------|--------|
| <b>ID</b>   | <b>NAME (Last, First,MI)</b> | <b>SOC. SEC. NO.</b>    | <b>GRADE</b>          | <b>PAY DATE</b>         | <b>YRS SVC</b>           | <b>ETS</b>   | <b>BRANCH</b>       | <b>ADSN/DSSN</b>         | <b>PERIOD COVERED</b> |                   |                |                |        |
|   | EVANS ZACHARY C              | ***-**-4171             | E05                   | 101222                  | 12                       | 251221   | ARNG                | 5570                     | CHK DT 231117         |                   |                |                |        |
| <b>ENTITLEMENTS</b>   |                              |                         | <b>DEDUCTIONS</b>     |                         |                          | <b>ALLOTMENTS</b>  |                     |                          | <b>SUMMARY</b>        |                   |                |                |        |
| <b>Type</b>   | <b>Amount</b>                | <b>Type</b>             | <b>Amount</b>         | <b>Type</b>             | <b>Amount</b>            | <b>+Amt Fwd</b>  |                     |                          |                       |                   |                |                |        |
| A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O | BASIC PAY                    | 55.70                   | FED INC TAX           | 12.26                   |                          | +TOT ENT   |                     |                          |                       | 55.70             |                |                |        |
|   |                              |                         | FICA TAX              | 4.26                    |                          | -TOT DED   |                     |                          |                       | 16.52             |                |                |        |
|   |                              |                         |                       |                         |                          | -TOT ALMT  |                     |                          |                       |                   |                |                |        |
|   |                              |                         |                       |                         |                          | =NET AMT   |                     |                          |                       | 39.18             |                |                |        |
|   |                              |                         |                       |                         |                          | -CR FWR  |                     |                          |                       |                   |                |                |        |
|   |                              |                         |                       |                         |                          | =EOM PAY   |                     |                          |                       |                   |                |                |        |
| <b>TOTAL</b>  | <b>55.70</b>                 |                         | <b>16.52</b>          |                         |                          | <b>DIEMS</b>   |                     | <b>RET PLAN</b>          |                       |                   |                |                |        |
| <b>FED TAXES</b>  | Wage Period<br>55.70         | Wage YTD<br>7028.25     | M/S/H<br>S            | Mult Jobs<br>E          | Dep 17 Under<br>00       | Other Dep<br>00  | Add'l Tax<br>.00    | Other Deds<br>.00        | Other Income<br>.00   | Tax YTD<br>623.35 |                |                |        |
| <b>FICA TAXES</b>   | Wage Period<br>55.70         | Soc Wage YTD<br>7028.25 | Soc Tax YTD<br>435.76 | Med Wage YTD<br>7028.25 | Med Tax YTD<br>101.90    | <b>STATE TAXES</b>   | St<br>IL            | Wage Period<br>55.70     | Wage YTD<br>7028.25   | M/S<br>S          | Ex<br>00       | Tax YTD<br>.00 |        |
| <b>PAY DATA</b>   | BAQ Type<br>W/O DEP          | BAQ Depn<br>NO DEP      | VHA Zip<br>00000      | Rent Amt                | Share                    | Stat   | JFTR                | Depns                    | 2D JFTR               | BAS Type          | Charity YTD    | TPC<br>A       | PACIDN |
| <b>TRADITIONAL PLAN (TSP)</b>   | Base Pay Rate<br>0           | Base Pay Current<br>.00 | Spec Pay Rate<br>0    | Spec Pay Current<br>.00 | Inc Pay Rate<br>0        | Inc Pay Current<br>.00   | Bonus Pay Rate<br>0 | Bonus Pay Current<br>.00 |                       |                   |                |                |        |
| <b>ROTH PLAN</b>  | Base Pay Rate<br>0           | Base Pay Current<br>.00 | Spec Pay Rate<br>0    | Spec Pay Current<br>.00 | Inc Pay Rate<br>0        | Inc Pay Current<br>.00   | Bonus Pay Rate<br>0 | Bonus Pay Current<br>.00 |                       |                   |                |                |        |
| <b>CONTRIBUTIONS TOTALS</b>   | YTD Deductions<br>.00        | YTD TSP Deferred<br>.00 | YTD TSP Exempt<br>.00 | YTD ROTH<br>.00         | YTD TSP AGCY-AUTO<br>.00 | YTD TSP AGCY-MATCH<br>.00  |                     |                          |                       |                   |                |                |        |
| <b>CM AGCY CONTR</b>  | AGCY-AUTO<br>.00             | AGC-MATCH<br>.00        | <b>LEAVE</b>          | BF Bal<br>.0            | Ernd<br>.0               | Used<br>0  | Cr Bal<br>.0        | ETS Bal                  | Lv Lost<br>.0         | Lv Paid<br>.0     | Use/Lose<br>.0 |                |        |
| <b>REMARKS:</b>   |                              |                         |                       |                         |                          |  |                     |                          |                       |                   |                |                |        |
| YTD ENTITLE 7981.26   |                              |                         |                       | YTD DEDUCT 1833.43      |                          |  |                     |                          |                       |                   |                |                |        |
| YOUR CHECK WAS SENT TO: BLACKHAWK STATE BANK                            |                              |                         |                       |                         |                          | SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000           |                     |                          |                       |                   |                |                |        |
| DIRECT DEPOSIT DATE: 11/17/23 AMOUNT: \$39.18                           |                              |                         |                       |                         |                          | YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) |                     |                          |                       |                   |                |                |        |
| * AS OF 22 DEC 10, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED               |                              |                         |                       |                         |                          | SPOUSE SGLI COVERAGE: \$100,000                                  |                     |                          |                       |                   |                |                |        |
| SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)                     |                              |                         |                       |                         |                          | PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME     |                     |                          |                       |                   |                |                |        |
| TOTAL PERFORMANCE FY 24: UTA 08 AFTP 00 ET 00 ATA 00                    |                              |                         |                       |                         |                          | TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM   |                     |                          |                       |                   |                |                |        |
| JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00                           |                              |                         |                       |                         |                          | 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.          |                     |                          |                       |                   |                |                |        |
| MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000                                    |                              |                         |                       |                         |                          | -RESERVE COMPONENT MEMBERS AND FAMILY ARE ELIGIBLE FOR FEDVIP    |                     |                          |                       |                   |                |                |        |
| PROMOTION DATE: 23OCT23 GRADE: E05                                      |                              |                         |                       |                         |                          | VISION COVERAGE IF ENROLLED IN A TRICARE HEALTH PLAN. LEARN      |                     |                          |                       |                   |                |                |        |
| PROMOTION/PAY DATE CHANGE PAY: \$55.70                                  |                              |                         |                       |                         |                          | MORE THIS OPEN SEASON AT BENEFEDS.COM/MILITARY.                  |                     |                          |                       |                   |                |                |        |
| YOUR CURRENT STATE CLAIMED IS: ILLINOIS                                 |                              |                         |                       |                         |                          |  |                     |                          |                       |                   |                |                |        |

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**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT**

| ID   | NAME (Last, First,MI)   | SOC. SEC. NO.      | GRADE            | PAY DATE         | YRS SVC           | ETS                | BRANCH          | ADSN/DSSN         | PERIOD COVERED    |              |          |             |         |        |
|--|---|--------------------|------------------|------------------|-------------------|--------------------|-----------------|-------------------|-------------------|--------------|----------|-------------|---------|--------|
|  | EVANS ZACHARY C   | ***-**-4171        | E04              | 101222           | 12                | 251221             | ARNG            | 5570              | CHK DT 231013     |              |          |             |         |        |
| ENTITLEMENTS   |   | DEDUCTIONS         |                  |                  | ALLOTMENTS        |                    |                 | SUMMARY           |                   |              |          |             |         |        |
| Type   | Amount  | Type               | Amount           | Type             | Amount            | +Amt Fwd           |                 |                   |                   |              |          |             |         |        |
| A<br>B<br>C<br>D<br>E<br>F<br>G<br>H<br>I<br>J<br>K<br>L<br>M<br>N<br>O  | BASIC PAY   | 405.24             | FED INC TAX      | 35.55            |                   |                    |                 |                   |                   | +TOT ENT     | 405.24   |             |         |        |
|  |   |                    | FICA TAX         | 31.01            |                   |                    |                 |                   |                   | -TOT DED     | 211.88   |             |         |        |
|  |   |                    | SGLI             | 31.00            |                   |                    |                 |                   |                   | -TOT ALMT    |          |             |         |        |
|  |   |                    | SSLI             | 47.32            |                   |                    |                 |                   |                   | =NET AMT     | 193.36   |             |         |        |
|  |   |                    | DEBT PAYMENT     | 62.50            |                   |                    |                 |                   |                   | -CR FWR      |          |             |         |        |
|  |   |                    | SGLI FAM/SPOUSE  | 4.50             |                   |                    |                 |                   |                   | =EOM PAY     |          |             |         |        |
|  |   |                    |                  |                  |                   |                    |                 |                   |                   | DIEMS        | RET PLAN |             |         |        |
|  | TOTAL   | 405.24             |                  | 211.88           |                   |                    |                 |                   |                   |              |          |             |         |        |
|  | FED TAXES   | Wage Period        | Wage YTD         | M/S/H            | Mult Jobs         | Dep 17 Under       | Other Dep       | Add'l Tax         | Other Deds        | Other Income | Tax YTD  |             |         |        |
|  |   | 405.24             | 6162.07          | S                | E                 | 00                 | 00              | .00               | .00               | .00          | 539.99   |             |         |        |
|  | FICA TAXES  | Wage Period        | Soc Wage YTD     | Soc Tax YTD      | Med Wage YTD      | Med Tax YTD        | STATE TAXES     | St IL             | Wage Period       | Wage YTD     | M/S      | Ex          | Tax YTD |        |
|  |   | 405.24             | 6162.07          | 382.05           | 6162.07           | 89.35              |                 |                   | 405.24            | 6162.07      | S        | 00          | .00     |        |
|  | PAY DATA  | BAQ Type           | BAQ Depn         | VHA Zip          | Rent Amt          | Share              | Stat            | JFTR              | Depns             | 2D JFTR      | BAS Type | Charity YTD | TPC     | PACIDN |
|  |   | W/O DEP            | NO DEP           | 00000            |                   |                    |                 |                   |                   |              |          |             | A       |        |
|  | TRADITIONAL PLAN (TSP)  | Base Pay Rate      | Base Pay Current | Spec Pay Rate    | Spec Pay Current  | Inc Pay Rate       | Inc Pay Current | Bonus Pay Rate    | Bonus Pay Current |              |          |             |         |        |
|  | 0   | .00                | 0                | .00              | 0                 | .00                | 0               | .00               |                   |              |          |             |         |        |
| ROTH PLAN  | Base Pay Rate   | Base Pay Current   | Spec Pay Rate    | Spec Pay Current | Inc Pay Rate      | Inc Pay Current    | Bonus Pay Rate  | Bonus Pay Current |                   |              |          |             |         |        |
|  | 0   | .00                | 0                | .00              | 0                 | .00                | 0               | .00               |                   |              |          |             |         |        |
| CONTRIBUTIONS TOTALS   | YTD Deductions  | YTD TSP Deferred   | YTD TSP Exempt   | YTD ROTH         | YTD TSP AGCY-AUTO | YTD TSP AGCY-MATCH |                 |                   |                   |              |          |             |         |        |
|  | .00   | .00                | .00              | .00              | .00               | .00                |                 |                   |                   |              |          |             |         |        |
| CM AGCY CONTR  | AGCY-AUTO   | AGC-MATCH          | LEAVE            | BF Bal           | Ernd              | Used               | Cr Bal          | ETS Bal           | Lv Lost           | Lv Paid      | Use/Lose |             |         |        |
|  | .00   | .00                |                  | .0               | .0                | 0                  | .0              |                   | .0                | .0           | .0       |             |         |        |
| REMARKS:   | YTD ENTITLE 7115.08   | YTD DEDUCT 1624.65 |                  |                  |                   |                    |                 |                   |                   |              |          |             |         |        |
| YOUR CHECK WAS SENT TO: BLACKHAWK STATE BANK<br>DIRECT DEPOSIT DATE: 10/13/23 AMOUNT: \$193.36<br>* AS OF 22 DEC 10, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED<br>SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 MAR 23 01 MAR 23<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 APR 23 01 APR 23<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 MAY 23 01 MAY 23<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 JUN 23 01 JUN 23<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 JUL 23 01 JUL 23<br>FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 01 AUG 23 01 AUG 23<br>SERV GP LIFE INSURANCE DEBT BALANCE \$.00<br>ORIGINAL DEBT \$31.00 21 SEP 23 21 SEP 23 | FAM SER GROUP LIFE INSUR DEBT BALANCE \$.00<br>ORIGINAL DEBT \$4.50 21 SEP 23 21 SEP 23<br>UNPAID DEBT BALANCE *TOTAL*: \$.00<br>TOTAL PERFORMANCE FY 24: UTA 00 AFTP 00 ET 00 ATA 00<br>JPT 00 AATA 00 AANT 00 RMA 00 SUP IDT TNG 00<br>MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000<br>INACTIVE DUTY TRAINING 23 SEP 23 1 23 SEP 23 2 24 SEP 23 1<br>INACTIVE DUTY TRAINING 24 SEP 23 2<br>YOUR CURRENT STATE CLAIMED IS: ILLINOIS<br>SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000<br>YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)<br>SPOUSE SGLI COVERAGE: \$100,000<br>PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.<br>-RESERVE COMPONENT MEMBERS AND FAMILY ARE ELIGIBLE FOR FEDVIP VISION COVERAGE IF ENROLLED IN A TRICARE HEALTH PLAN. LEARN MORE THIS OPEN SEASON AT BENEFEDS.COM/MILITARY. |                    |                  |                  |                   |                    |                 |                   |                   |              |          |             |         |        |

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OMB No. 1545-0008 This information is being furnished to the return, a negligence penalty or other sanction may be imposed

State, City, Local Filing Copy  
W-2 Wage and Tax Statement 2022  
Copy 2 to be filed with employee's State/City/Local Income Tax Return

**W-2** Federal Filing Copy  
Wage and Tax Statement 2022  
Copy B to be filed with employee's Federal Income Tax Return

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>39387.52   | 2 Federal income tax withheld<br>4226.76      |
| 3 Social security wages<br>41160.14  | 4 Social Security tax withheld<br>2551.93     |
| 5 Medicare wages and tips<br>41160.14  | 6 Medicare tax withheld<br>596.82             |
| d Control number Employer use only   |   |
| c Employer's name, address, and ZIP code<br>FAIRCHILD EQUIPMENT INC.<br>2140 HUTSON ROAD<br>GREEN BAY WI 54303 |   |
| b Employer's FED ID number<br>36-3392836   | a Employee's SSA number<br>310-13-4171        |
| 7 Social security tips   | 8 Allocated tips                              |
| 9  | 10 Dependent care benefits                    |
| 11 Nonqualified plans  | 12a See instructions for box 12<br>D 1772.62  |
| 14 Other   | 12b DD 9974.12                                |
|  | 12c   |
|  | 12d   |
|  | 13 Stat emp Ret. plan 3rd party sick pay<br>X |
| e Employer's name, address, and ZIP code<br>ZACHARY C EVANS<br>520 HANNA COURT APT 6<br>LOVES PARK IL 61111    |   |
| 15 State IL Employer's state ID no. 36-3392836 16 State wages, tips, etc. 39387.52                             |   |
| WI 036000015448804   |   |
| 17 State income tax 2209.71  | 18 Local wages, tips, etc.                    |
| 19 Local income tax  | 20 Locality name                              |

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

Number

|                                       |                                    |  |                        |
|---------------------------------------|------------------------------------|--|------------------------|
| 1 Wages, Tips, other comp.<br>5907.85 | 3 Social Security Wages<br>5907.85 | 5 Medicare Wages and Tip<br>5907.85            | 7 Social Security tips |
| 9                                     | 12 See instructions for box        | 13 <input type="checkbox"/> Statutory Employee |                        |
| s, Tips, etc                          | 17 State Income Tax                | 18 Local wages, tips                           |                        |
| s, Tips, etc                          | 17 State Income Tax                | 18 Local wages, tips                           |                        |

Dep  
Copy C For EMPLOYEE'S RECORD

State, City, Local Filing Copy  
W-2 Wage and Tax Statement 2022  
Copy 2 to be filed with employee's State/City/Local Income Tax Return

|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>39387.52   | 2 Federal income tax withheld<br>4226.76      |
| 3 Social security wages<br>41160.14  | 4 Social Security tax withheld<br>2551.93     |
| 5 Medicare wages and tips<br>41160.14  | 6 Medicare tax withheld<br>596.82             |
| d Control number Employer use only   |   |
| c Employer's name, address, and ZIP code<br>FAIRCHILD EQUIPMENT INC.<br>2140 HUTSON ROAD<br>GREEN BAY WI 54303 |   |
| b Employer's FED ID number<br>36-3392836   | a Employee's SSA number<br>310-13-4171        |
| 7 Social security tips   | 8 Allocated tips                              |
| 9  | 10 Dependent care benefits                    |
| 11 Nonqualified plans  | 12a See instructions for box 12<br>D 1772.62  |
| 14 Other   | 12b DD 9974.12                                |
|  | 12c   |
|  | 12d   |
|  | 13 Stat emp Ret. plan 3rd party sick pay<br>X |
| e Employer's name, address, and ZIP code<br>ZACHARY C EVANS<br>520 HANNA COURT APT 6<br>LOVES PARK IL 61111    |   |
| 15 State WI Employer's state ID no. 036000015448804 16 State wages, tips, etc.                                 |   |
| 17 State income tax  | 18 Local wages, tips, etc.                    |
| 19 Local income tax  | 20 Locality name                              |

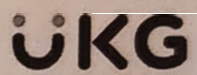
Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

**W-2** Employee Reference Copy  
Wage and Tax Statement 2022  
Copy C for Employee Records


|  |   |
|--|---|
| 1 Wages, tips, other comp.<br>39387.52   | 2 Federal income tax withheld<br>4226.76      |
| 3 Social security wages<br>41160.14  | 4 Social Security tax withheld<br>2551.93     |
| 5 Medicare wages and tips<br>41160.14  | 6 Medicare tax withheld<br>596.82             |
| d Control number Employer use only   |   |
| c Employer's name, address, and ZIP code<br>FAIRCHILD EQUIPMENT INC.<br>2140 HUTSON ROAD<br>GREEN BAY WI 54303 |   |
| b Employer's FED ID number<br>36-3392836   | a Employee's SSA number<br>310-13-4171        |
| 7 Social security tips   | 8 Allocated tips                              |
| 9  | 10 Dependent care benefits                    |
| 11 Nonqualified plans  | 12a See instructions for box 12<br>D 1772.62  |
| 14 Other   | 12b DD 9974.12                                |
|  | 12c   |
|  | 12d   |
|  | 13 Stat emp Ret. plan 3rd party sick pay<br>X |
| e Employer's name, address, and ZIP code<br>ZACHARY C EVANS<br>520 HANNA COURT APT 6<br>LOVES PARK IL 61111    |   |
| 15 State WI Employer's state ID no. 036000015448804 16 State wages, tips, etc. 39387.52                        |   |
| 17 State income tax 2209.71  | 18 Local wages, tips, etc.                    |
| 19 Local income tax  | 20 Locality name                              |

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

## 2022 W-2 and EARNINGS SUMMARY



You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:  
<https://turbotax.intuit.com/affiliate/ultipaper>



This Earning Summary section is included with your W-2 to help describe portions in more detail.

**1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement**

| Earnings Description                           | Wages, Tips, Other Comp.        | Social Security Wages           | Medicare Wages                  |
|--|---------------------------------|---------------------------------|---------------------------------|
| Gross Wages                                    | 44315.50                        | 44315.50                        | 44315.50                        |
| Less Exempt Wages                              |                                 |                                 |                                 |
| Less Deferred Comp                             | 1772.62                         |                                 |                                 |
| Less Housing/Transportation                    |                                 |                                 |                                 |
| Less Dependent Care                            |                                 |                                 |                                 |
| Less Sec 125                                   | 3155.36                         | 3155.36                         | 3155.36                         |
| Less Excess Wages                              |                                 |                                 |                                 |
| <b>Taxable Wages</b><br>(Reported on Form W-2) | <b>39387.52</b><br>Box 1 of W-2 | <b>41160.14</b><br>Box 3 of W-2 | <b>41160.14</b><br>Box 5 of W-2 |

**2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department**

FIT: S 0 SIT Res: ILSIT S 0 SIT Work: WISIT S 0

Page 1 of 1



|   |  |  |  |                           |                     |                  |
|---|--|--|--|---------------------------|---------------------|------------------|
| a. Employee's Social Security Number<br>*****4171   |  | OMB No. 1545-0008  |  |                           |                     |                  |
| b. Employer's Identification Number (EIN)<br>35-1819323   |  | d. Control number  |  |                           |                     |                  |
| c. Employer's Name, Address, and ZIP Code<br>DFAS ATTN:DFASIN/JAREA<br>8899 EAST 56TH STREET<br>INDIANAPOLIS IN 46249 |  | 1 Wages, Tips, and other compensation<br>5907.85   | 2 Federal Income Tax withheld<br>538.39  |                           |                     |                  |
|   |  | 3 Social Security Wages<br>5907.85   | 4 Social Security Tax withheld<br>366.29 |                           |                     |                  |
|   |  | 5 Medicare Wages and Tips<br>5907.85   | 6 Medicare Tax withheld<br>85.66         |                           |                     |                  |
|   |  | 7 Social Security tips   | 8 Allocated Tips                         |                           |                     |                  |
| e/f. Employee's Name, Address, and ZIP Code<br>ZACHARY C EVANS<br>1622 FAIRVIEW COURT<br>ROCKFORD IL 61107            |  | 9  | 10 Dependent Care Benefits               |                           |                     |                  |
|   |  | 12 See instructions for box 12   | 14 See instructions for box 14           |                           |                     |                  |
|   |  | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay |  |                           |                     |                  |
| 5 State IL  | Employer's State ID Number<br>35-1819323 | 16 State Wages, Tips, etc  | 17 State Income Tax                      | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 5 State   | Employer's State ID Number               | 16 State Wages, Tips, etc  | 17 State Income Tax                      | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

|  |  |  |  |                           |                     |                  |
|--|--|--|--|---------------------------|---------------------|------------------|
| Employee's Social Security Number<br>*****4171   |  | OMB No. 1545-0008  |  |                           |                     |                  |
| Employer's Identification Number (EIN)<br>35-1819323   |  | d. Control Number  |  |                           |                     |                  |
| Employer's Name, Address, and ZIP Code<br>DFAS ATTN:DFASIN/JAREA<br>8899 EAST 56TH STREET<br>INDIANAPOLIS IN 46249 |  | 1 Wages, Tips, other compensation<br>5907.85   | 2 Federal Income Tax withheld<br>538.39  |                           |                     |                  |
|  |  | 3 Social Security Wages<br>5907.85   | 4 Social Security Tax withheld<br>366.29 |                           |                     |                  |
|  |  | 5 Medicare Wages and Tips<br>5907.85   | 6 Medicare Tax withheld<br>85.66         |                           |                     |                  |
|  |  | 7 Social Security tips   | 8 Allocated Tips                         |                           |                     |                  |
| Employee's Name, Address, and ZIP Code<br>ZACHARY C EVANS<br>1622 FAIRVIEW COURT<br>ROCKFORD IL 61107              |  | 9  | 10 Dependent Care Benefits               |                           |                     |                  |
|  |  | 12 See instructions for box 12   | 14 See instructions for box 14           |                           |                     |                  |
|  |  | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay |  |                           |                     |                  |
| 5 State IL   | Employer's State ID Number<br>35-1819323 | 16 State Wages, Tips, etc  | 17 State Income Tax                      | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 5 State  | Employer's State ID Number               | 16 State Wages, Tips, etc  | 17 State Income Tax                      | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

**W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return



Form **W-2 Wage and Tax Statement 2022**

**c** Employer's name, address, and ZIP code  
 STAPLES CONTRACT & COMMERCIAL  
 500 STAPLES DRIVE  
 FRAMINGHAM MA 01702

**e** Employee's name, address, and ZIP code  
 JESSICA NICHOLS  
 1622 FAIRVIEW CT  
 ROCKFORD IL 61107

|   |  |   |
|---|--|---|
| 7 Social security tips  | 1 Wages, tips, other comp.<br>33314.18 | 2 Federal income tax withheld<br>3646.55    |
| 8 Allocated tips  | 3 Social security wages<br>33826.37    | 4 Social security tax withheld<br>2097.23   |
| 9   | 5 Medicare wages and tips<br>33826.37  | 6 Medicare tax withheld<br>490.48           |
| 10 Dependent care benefits                                      | 11 Nonqualified plans                  | 12a See instructions for box 12<br>D 512.19 |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X | 14 Other                               | 12b DD 7934.94                              |
| b Employer identification number (EIN)<br>04-3390816            |  | 12c   |
| a Employee's social security no.<br>332-90-9946                 |  | 12d   |
| 15 State IL 04-3390816  | 16 State wages, tips, etc.<br>33314.18 | 17 State income tax<br>1649.10              |
|   | 18 Local wages, tips, etc.             | 19 Local income tax                         |
|   |  | 20 Locality name                            |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

Form **W-2 Wage and Tax Statement 2022**

**c** Employer's name, address, and ZIP code  
 STAPLES CONTRACT & COMMERCIAL  
 500 STAPLES DRIVE  
 FRAMINGHAM MA 01702

**e** Employee's name, address, and ZIP code  
 JESSICA NICHOLS  
 1622 FAIRVIEW CT  
 ROCKFORD IL 61107

|   |  |   |
|---|--|---|
| 7 Social security tips  | 1 Wages, tips, other comp.<br>33314.18 | 2 Federal income tax withheld<br>3646.55    |
| 8 Allocated tips  | 3 Social security wages<br>33826.37    | 4 Social security tax withheld<br>2097.23   |
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| a Employee's social security no.<br>332-90-9946                 |  | 12d   |
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|   | 18 Local wages, tips, etc.             | 19 Local income tax                         |
|   |  | 20 Locality name                            |

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2022**

**c** Employer's name, address, and ZIP code  
 STAPLES CONTRACT & COMMERCIAL  
 500 STAPLES DRIVE  
 FRAMINGHAM MA 01702

**e** Employee's name, address, and ZIP code  
 JESSICA NICHOLS  
 1622 FAIRVIEW CT  
 ROCKFORD IL 61107

|   |  |   |
|---|--|---|
| 7 Social security tips  | 1 Wages, tips, other comp.<br>33314.18 | 2 Federal income tax withheld<br>3646.55    |
| 8 Allocated tips  | 3 Social security wages<br>33826.37    | 4 Social security tax withheld<br>2097.23   |
| 9   | 5 Medicare wages and tips<br>33826.37  | 6 Medicare tax withheld<br>490.48           |
| 10 Dependent care benefits                                      | 11 Nonqualified plans                  | 12a See instructions for box 12<br>D 512.19 |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X | 14 Other                               | 12b DD 7934.94                              |
| b Employer identification number (EIN)<br>04-3390816            |  | 12c   |
| a Employee's social security no.<br>332-90-9946                 |  | 12d   |
| 15 State IL 04-3390816  | 16 State wages, tips, etc.<br>33314.18 | 17 State income tax<br>1649.10              |
|   | 18 Local wages, tips, etc.             | 19 Local income tax                         |
|   |  | 20 Locality name                            |

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2022**

**c** Employer's name, address, and ZIP code  
 STAPLES CONTRACT & COMMERCIAL  
 500 STAPLES DRIVE  
 FRAMINGHAM MA 01702

**e** Employee's name, address, and ZIP code  
 JESSICA NICHOLS  
 1622 FAIRVIEW CT  
 ROCKFORD IL 61107

|   |  |   |
|---|--|---|
| 7 Social security tips  | 1 Wages, tips, other comp.<br>33314.18 | 2 Federal income tax withheld<br>3646.55    |
| 8 Allocated tips  | 3 Social security wages<br>33826.37    | 4 Social security tax withheld<br>2097.23   |
| 9   | 5 Medicare wages and tips<br>33826.37  | 6 Medicare tax withheld<br>490.48           |
| 10 Dependent care benefits                                      | 11 Nonqualified plans                  | 12a See instructions for box 12<br>D 512.19 |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X | 14 Other                               | 12b DD 7934.94                              |
| b Employer identification number (EIN)<br>04-3390816            |  | 12c   |
| a Employee's social security no.<br>332-90-9946                 |  | 12d   |
| 15 State IL 04-3390816  | 16 State wages, tips, etc.<br>33314.18 | 17 State income tax<br>1649.10              |
|   | 18 Local wages, tips, etc.             | 19 Local income tax                         |
|   |  | 20 Locality name                            |

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Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (Jessica A Nichols), social security number (332-90-9946), home address (1622 Fairview Ct, Rockford, IL 611071931), and marital status options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, household employee wages, tip income, etc., with a total of 33,314.

Table for Taxable Income section with rows 2a through 15, including Tax-exempt interest, qualified dividends, IRA distributions, pensions, capital gain, and total income of 33,314, leading to a taxable income of 20,364.

|                        |           |   |           |        |
|------------------------|-----------|---|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b> | 2,240. |
|                        | <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17   | <b>18</b> | 2,240. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8  | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20   | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b> | 2,240. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b> | 2,240. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 3,647. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 3,647. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC) NO   | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 3,647. |

|                                      |            |   |            |        |
|--------------------------------------|------------|---|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 1,407. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 1,407. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 071923857 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 669342   |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**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) \_\_\_\_\_

**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<br>worker | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation       | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (608) 208-8026                                      | Email address |                           |   |

**Paid Preparer Use Only**

|                              |                      |      |      |   |
|------------------------------|----------------------|------|------|---|
| Preparer's name              | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>Self-Prepared | Firm's address       |      |      | Phone no.   |
| Firm's EIN                   |                      |      |      |   |

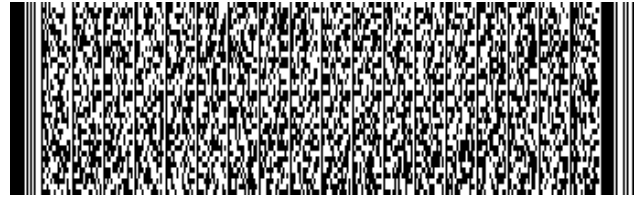


Illinois Department of Revenue  
**2022 Form IL-1040**  
 Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

**Step 1: Personal Information** Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

332-90-9946 1994  
 Jessica A Nichols  
 1622 Fairview Ct  
 Rockford IL 611071931 WINNEBAGO



- B** Filing status:  Single  Married filing jointly  Married filing separately  Widowed  Head of household  
**C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.  You  Spouse  
**D** Check the box if this applies to you during 2022:  Nonresident - **Attach** Sch. NR  Part-year resident - **Attach** Sch. NR

**Step 2: Income**

(Whole dollars only)

|   |                    |
|---|--------------------|
| <b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> 33,314.00 |
| <b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> .00       |
| <b>3</b> Other additions. <b>Attach</b> Schedule M.   | <b>3</b> .00       |
| <b>4</b> <b>Total income.</b> Add Lines 1 through 3.  | <b>4</b> 33,314.00 |

**Step 3: Base Income**

|  |                    |
|--|--------------------|
| <b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return. | <b>5</b> .00       |
| <b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  | <b>6</b> .00       |
| <b>7</b> Other subtractions. <b>Attach</b> Schedule M.   | <b>7</b> .00       |
| <b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.  | <b>8</b> .00       |
| <b>9</b> <b>Illinois base income.</b> Subtract Line 8 from Line 4.   | <b>9</b> 33,314.00 |

**Step 4: Exemptions**

|  |                    |
|--|--------------------|
| <b>10 a</b> Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>                                      | <b>a</b> 2,425.00  |
| <b>b</b> Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 =   | <b>b</b> .00       |
| <b>c</b> Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes <b>X</b> \$1,000 = | <b>c</b> .00       |
| <b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC. | <b>d</b> 0.00      |
| <b>Exemption allowance.</b> Add Lines 10a through 10d.   | <b>10</b> 2,425.00 |

**Step 5: Net Income and Tax**

|  |                     |
|--|---------------------|
| <b>11</b> <b>Residents: Net income.</b> Subtract Line 10 from Line 9.  |                     |
| <b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR. | <b>11</b> 30,889.00 |
| <b>12</b> <b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.                                       | <b>12</b> 1,529.00  |
| <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.   | <b>13</b> .00       |
| <b>13</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.  | <b>13</b> .00       |
| <b>14</b> <b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.  | <b>14</b> 1,529.00  |

**Step 6: Tax After Nonrefundable Credits**

|   |                    |
|---|--------------------|
| <b>15</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.               | <b>15</b> .00      |
| <b>16</b> Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.  | <b>16</b> .00      |
| <b>17</b> Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.                                    | <b>17</b> .00      |
| <b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> 0.00     |
| <b>19</b> <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.                                | <b>19</b> 1,529.00 |

**Step 7: Other Taxes**

|  |                    |
|--|--------------------|
| <b>20</b> Household employment tax. See instructions.  | <b>20</b> .00      |
| <b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank. | <b>21</b> 0.00     |
| <b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  | <b>22</b> .00      |
| <b>23</b> <b>Total Tax.</b> Add Lines 19, 20, 21, and 22.  | <b>23</b> 1,529.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 1,529.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,649.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,649.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 120.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
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. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 120.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 120.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number 0 7 1 9 2 3 8 5 7 X Checking or Savings
Account number 6 6 9 3 4 2

b paper check.

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. - or -
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. 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.

Table with columns for Sign Here, Paid Preparer Use Only, and Third Party Designee. Includes fields for signature, date, phone number, and checkboxes for self-employed and third party designee.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

# 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|--------------------------|-----------|--------------------------|
| W-2       | W                        | 1099-DIV  | D                        |
| W-2G      | WG                       | 1099-INT  | I                        |
| 1099-R    | R                        | 1042-S    | S                        |
| 1099-G    | G                        | 1099-B    | B                        |
| 1099-MISC | M                        | 1099-K    | K                        |
| 1099-OID  | O                        | 1099-NEC  | N                        |

### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Jessica A Nichols

Your name as shown on Form IL-1040

3 3 2 - 9 0 - 9 9 4 6  
Your Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W                   | 04-3390816  | \$ 33,314.00  | \$ 33,314.00   | \$ 1,649.00                                 |
| 2                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 3                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 4                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 5                     |   | \$ .00  | \$ .00   | \$ .00                                      |

### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

| Column A<br>Form type | Column B<br>Employer/Payer<br>Identification Number | Column C<br>Federal Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column D<br>Illinois Wages, Winnings, Gross<br>Distributions, Compensation, etc. | Column E<br>Illinois Income<br>Tax Withheld |
|-----------------------|---|---|--|---|
| 6                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 7                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 8                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 9                     |   | \$ .00  | \$ .00   | \$ .00                                      |
| 10                    |   | \$ .00  | \$ .00   | \$ .00                                      |

### Step 3: Total Illinois withholding

**11** Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 1,649.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔





Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2022, or other tax year beginning \_\_\_\_\_, 2022 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (NICHOLS), Legal first name (JESSICA), M.I. (A), Your social security number (332909946), Home address (1622 FAIRVIEW CT), City (ROCKFORD), State (IL), Zip code (61107-1931), Filing status (Single), Resident status (Nonresident of Wisconsin).



Resident status: You [ ] Spouse [ ] Full-year resident of Wisconsin [ ] Nonresident of Wisconsin; state of residence IL (2-letter state abbreviation) [X] Part-year resident of Wisconsin from \_\_\_\_\_ to \_\_\_\_\_ Note: Complete residence questionnaire, page 59.

PAPER CLIP check or money order here

Table with 5 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing income sources like Wages, interest, dividends, etc.

1-0501

| <b>Adjustments to Income</b> |   | A. Federal column | B. Wisconsin column |
|------------------------------|---|-------------------|---------------------|
| <b>17</b>                    | Educator expenses (see page 23) . . . . .   | .00               | .00                 |
| <b>18</b>                    | Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23) . . . . .                                   | .00               | .00                 |
| <b>19</b>                    | Health savings account deduction (see page 23) . . . . .  | .00               | .00                 |
| <b>20</b>                    | Moving expenses for members of the armed forces (see page 23) . . . . .   | .00               | .00                 |
| <b>21</b>                    | Deductible part of self-employment tax (see page 24) . . . . .  | .00               | .00                 |
| <b>22</b>                    | Self-employed SEP, SIMPLE, and qualified plans (see page 24) . . . . .  | .00               | .00                 |
| <b>23</b>                    | Self-employed health insurance deduction (see page 25) . . . . .  | .00               | .00                 |
| <b>24</b>                    | Penalty on early withdrawal of savings (see page 25) . . . . .  | .00               | .00                 |
| <b>25</b>                    | Alimony paid (see page 25) . . . . .  | .00               | .00                 |
| <b>26</b>                    | IRA deduction (see page 25) . . . . .   | .00               | .00                 |
| <b>27</b>                    | Student loan interest deduction (see page 26) . . . . .   | .00               | .00                 |
| <b>28</b>                    | Other adjustments (see page 26). Include Schedule M if line 28b has an amount . . . . .   | .00               | .00                 |
| <b>29</b>                    | Total adjustments to income. Add lines 17 through 28 . . . . .  | .00               | .00                 |
| <b>Adjusted Gross Income</b> |   |                   |                     |
| <b>30</b>                    | Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .   |                   | 0.00                |
| <b>31</b>                    | Federal income. Subtract line 29, column A from line 16, column A . . . . .   | 33314.00          |                     |
| <b>32</b>                    | Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) . . . . . |                   | 1.0000              |

| <b>Tax Computation</b> |  |            |                          |
|------------------------|--|------------|--------------------------|
| <b>33</b>              | Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . . | <b>33</b>  | 0.00                     |
| <b>34a</b>             | If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28 . . . . .                                  | <b>34a</b> | <input type="checkbox"/> |
| <b>34b</b>             | Aliens (see page 27 to determine if you must check line 34b) . . . . .   | <b>34b</b> | <input type="checkbox"/> |
| <b>34c</b>             | Find the standard deduction for amount on line <b>31</b> using table on page 48 . . . . .  | <b>34c</b> | 9839.00                  |
| <b>35</b>              | Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .   | <b>35</b>  | 0.00                     |
| <b>36</b>              | Exemptions ( <b>Caution: see page 28</b> )   |            |                          |
| <b>a</b>               | Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .  | <b>36a</b> | 700.00                   |
| <b>b</b>               | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .   | <b>36b</b> | .00                      |
| <b>c</b>               | Add lines 36a and 36b . . . . .  | <b>36c</b> | 700.00                   |
| <b>37</b>              | Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .   | <b>37</b>  | 0.00                     |
| <b>38</b>              | Tax (see table on page 50) . . . . .   | <b>38</b>  | 0.00                     |
| <b>39</b>              | Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .   | <b>39</b>  | .00                      |
| <b>40</b>              | Additional child and dependent care tax credit   |            |                          |
|                        | Federal credit . . . . . <input type="checkbox"/> <u>.00</u> x 50% =   | <b>40</b>  | .00                      |
| <b>41</b>              | School property tax credits (part-year and full-year residents only)   |            |                          |
| <b>a</b>               | Rent paid in 2022—heat included <u>.00</u> } Find credit from table page 32 . . . . .  | <b>41a</b> | .00                      |
|                        | Rent paid in 2022—heat not included <u>.00</u> }   |            |                          |
| <b>b</b>               | Property taxes paid on home in 2022 <u>.00</u> } Find credit from table page 33 . . . . .  | <b>41b</b> | .00                      |
| <b>42</b>              | Add credits on lines 39, 40, 41a, and 41b . . . . .  | <b>42</b>  | .00                      |
| <b>43</b>              | Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) . . . . .   | <b>43</b>  | 0.00                     |
| <b>44</b>              | Fill in ratio from line 32 . . . . .   | <b>44</b>  | 1.0000                   |
| <b>45</b>              | Multiply line 43 by ratio on line 44 . . . . .   | <b>45</b>  | 0.00                     |

|  |  |  |
|--|--|--|
| Name(s) shown on Form 1NPR<br><b>JESSICA A NICHOLS</b> |  | Your social security number<br><b>332909946</b>  |
| <b>46</b>  | Fill in amount from line 45  | <b>46</b> <u>0.00</u>                            |
| <b>47</b>  | Working families tax credit. (Full-year Wisconsin residents only)  | <b>47</b> <u>.00</u>                             |
| <b>48</b>  | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)   | <b>48</b> <u>.00</u>                             |
| <b>49</b>  | Nonrefundable credits from Schedule CR, line 34. Include Schedule CR   | <b>49</b> <u>.00</u>                             |
| <b>50</b>  | Net income tax paid to another state. Include Schedule OS  | <b>50</b> <u>.00</u>                             |
| <b>51</b>  | Add lines 47 through 50  | <b>51</b> <u>.00</u>                             |
| <b>52</b>  | Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax   | <b>52</b> <u>0.00</u>                            |
| <b>53</b>  | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36)<br>If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> | <b>53</b> <u>.00</u>                             |
| <b>54</b>  | Donations (decreases refund or increases amount owed)  |  |
| <b>a</b>   | Endangered resources <u>.00</u>  | <b>e</b> Military family relief <u>.00</u>       |
| <b>b</b>   | Cancer research <u>.00</u>   | <b>f</b> Second Harvest/Feeding Amer. <u>.00</u> |
| <b>c</b>   | Veterans trust fund <u>.00</u>   | <b>g</b> Red Cross WI Disaster Relief <u>.00</u> |
| <b>d</b>   | Multiple sclerosis <u>.00</u>  | <b>h</b> Special Olympics Wisconsin <u>.00</u>   |
|  | Total (add lines a through h) →  | <b>54i</b> <u>.00</u>                            |
| <b>55</b>  | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$   | <b>55</b> <u>.00</u>                             |
| <b>56</b>  | Other penalties (see page 38)  | <b>56</b> <u>.00</u>                             |
| <b>57</b>  | Add lines 52 through 56  | <b>57</b> <u>0.00</u>                            |

**Payments and Credits**

|           |   |                       |
|-----------|---|-----------------------|
| <b>58</b> | Wisconsin income tax withheld. Include readable withholding statements  | <b>58</b> <u>.00</u>  |
| <b>59</b> | 2022 Wisconsin estimated tax paid and amount applied from 2021 return   | <b>59</b> <u>.00</u>  |
| <b>60</b> | Earned income credit. (Full-year Wisconsin residents only)<br>Number of qualifying children <input type="checkbox"/><br>Federal credit $.00 \times \text{ } \% =$ | <b>60</b> <u>.00</u>  |
| <b>61</b> | Farmland preservation credit. <b>a.</b> Schedule FC, line 17  | <b>61a</b> <u>.00</u> |
|           | <b>b.</b> Schedule FC-A, line 13  | <b>61b</b> <u>.00</u> |
| <b>62</b> | Repayment credit  | <b>62</b> <u>.00</u>  |
| <b>63</b> | Homestead credit. (Full-year Wisconsin residents only)  | <b>63</b> <u>.00</u>  |
| <b>64</b> | Eligible veterans and surviving spouses property tax credit   | <b>64</b> <u>.00</u>  |
| <b>65</b> | Refundable credits from Schedule CR, line 40  | <b>65</b> <u>.00</u>  |
| <b>66</b> | AMENDED RETURN ONLY – amount previously paid (see page 44)  | <b>66</b> <u>.00</u>  |
| <b>67</b> | Add lines 58 through 66   | <b>67</b> <u>.00</u>  |
| <b>68</b> | AMENDED RETURN ONLY – amount previously refunded (see page 44)  | <b>68</b> <u>.00</u>  |
| <b>69</b> | Subtract line 68 from line 67   | <b>69</b> <u>.00</u>  |

**Refund or Amount You Owe**

|           |  |                       |
|-----------|--|-----------------------|
| <b>70</b> | If line 69 is more than line 57, subtract line 57 from line 69. This is the <b>AMOUNT OVERPAID</b> | <b>70</b> <u>0.00</u> |
| <b>71</b> | Amount of line 70 you want <b>REFUNDED TO YOU</b>  | <b>71</b> <u>0.00</u> |
| <b>72</b> | Amount of line 70 to be <b>APPLIED TO YOUR 2023 ESTIMATED TAX</b>                                  | <b>72</b> <u>0.00</u> |



Paper clip a copy of your federal income tax return and schedules to this return.

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>73</b> | If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b> | <b>73</b> | .00 |
| <b>74</b> | Underpayment interest. Fill in exception code – see Sch. U → _____                                       | <b>74</b> | .00 |
| <b>75</b> | Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>   | <b>75</b> | .00 |
| <b>76</b> | Interest (see page 47)   | <b>76</b> | .00 |

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 47)?  **Yes** Complete the following.  **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

**Sign here** ▶ Your signature Date Wisconsin Identity Protection PIN (7 characters)

**Sign here** ▶ Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue

(if tax is due) PO Box 268 Madison WI 53790-0001

(if refund or no tax due) PO Box 59 Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

|          |  |          |              |
|----------|--|----------|--------------|
| <b>1</b> | Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . . | <b>1</b> | .00          |
| <b>2</b> | Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .               | <b>2</b> | .00          |
| <b>3</b> | Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .            | <b>3</b> | .00          |
| <b>4</b> | Casualty losses from federal Schedule A (Form 1040) . . . . .  | <b>4</b> | .00          |
| <b>5</b> | Add lines 1 through 4 . . . . .  | <b>5</b> | .00          |
| <b>6</b> | Wisconsin standard deduction from Form 1NPR, line 34c . . . . .  | <b>6</b> | .00          |
| <b>7</b> | Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .                     | <b>7</b> | .00          |
| <b>8</b> | Rate of credit is .05 (5%) . . . . .   | <b>8</b> | <b>x .05</b> |
| <b>9</b> | Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .                              | <b>9</b> | .00          |

**Schedule 2 – Married Couple Credit** May be claimed only when both spouses have earned income taxable by Wisconsin.

|          | (A) YOURSELF  | (B) YOUR SPOUSE |              |     |
|----------|---|-----------------|--------------|-----|
| <b>1</b> | Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .     | <b>1</b>        | .00          | .00 |
| <b>2</b> | Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . . | <b>2</b>        | .00          | .00 |
| <b>3</b> | Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .   | <b>3</b>        | .00          | .00 |
| <b>4</b> | Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .  | <b>4</b>        | .00          | .00 |
| <b>5</b> | Subtract line 4 from line 3. This is your qualified earned income . . . . .   | <b>5</b>        | .00          | .00 |
| <b>6</b> | Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .  | <b>6</b>        | .00          | .00 |
| <b>7</b> | Rate of credit is .03 (3%). . . . .   | <b>7</b>        | <b>x .03</b> |     |
| <b>8</b> | Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480. . . . .   | <b>8</b>        | .00          | .00 |

# Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, include an additional sheet describing your particular circumstances.

NAME(S) JESSICA A NICHOLSSOCIAL SECURITY NUMBER 332909946

Please  one: (If married filing joint return check one box for each spouse.)

You    Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2022.
- Changed legal residence from Wisconsin during 2022; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2022; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from \_\_\_\_\_ (state or country) on \_\_\_\_\_ (date) during 2022; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2022. Resident of IL  
(Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2021 or 2022 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? \_\_\_\_\_  
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. \_\_\_\_\_
2. Did you establish a legal residence in another state? \_\_\_\_\_ If yes, in which state and on what date? \_\_\_\_\_
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. \_\_\_\_\_
4. When were you physically present in your new state of legal residence (please list dates)? \_\_\_\_\_
5. Did your spouse and dependent children (if any) move to your new state of legal residence? \_\_\_\_\_ If yes, when? \_\_\_\_\_
6. a. On what date did you begin working in your new state of legal residence? \_\_\_\_\_  
b. Was your job  permanent,  temporary, or  seasonal? Check one and explain \_\_\_\_\_
7. In your new state of legal residence, referred to in question 2, did you:
  - a. Register to vote? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - b. Purchase a home? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - c. Obtain a driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - d. Register an auto or other vehicle? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - e. File resident income tax returns? \_\_\_\_\_ If yes, what years filed? \_\_\_\_\_ If no, why not? \_\_\_\_\_
8. Since changing your legal residence from Wisconsin, have you:
  - a. Performed services for income in Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - b. Purchased/renewed Wisconsin auto license plates? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - c. Renewed a Wisconsin driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - d. Voted in Wisconsin, in person or by absentee ballot? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - e. Attended or sent your children to Wisconsin schools? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Type of license? \_\_\_\_\_ County purchased in? \_\_\_\_\_
  - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? \_\_\_\_\_
  - h. Listed Wisconsin as your state of legal residence for purposes of your will? \_\_\_\_\_
  - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? \_\_\_\_\_ If yes, when? \_\_\_\_\_
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. \_\_\_\_\_
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? \_\_\_\_\_ If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often? \_\_\_\_\_
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2022 tax returns, please explain. \_\_\_\_\_



**DEPARTMENT OF THE ARMY**  
**ECHO COMPANY, 634TH BRIGADE SUPPORT BATTALION**  
**5550 OCEAN TRAIL ROAD**  
**DECATUR, ILLINOIS 62521**


NGIL-BSB-ECO

11 December 2023

**MEMORANDUM FOR RECORD**

**SUBJECT: SGT Zachary Charles Evans – Current standing in the ILARNG**

1. SGT Zachary Charles Evans is currently serving in an Honorable Status.
  - a. Social Security Number: xxx-xx-4171
  - b. DOB – 19921206
  - c. Branch of Service – Illinois Army National Guard
  - d. Rank – Sergeant
  - e. PEBD – 20101222
  - f. ETS – 20251221
2. Currently at this time SGT Evans is a traditional soldier serving as a Tactical Power Generation Noncommissioned Officer for the 3637<sup>th</sup> Support Maintenance Company. SGT Evans is currently not flagged and eligible for reenlistment.
3. The point of contact for this memorandum is the undersigned at 217-761-3179 or [benjamin.j.mccauley2.mil@army.mil](mailto:benjamin.j.mccauley2.mil@army.mil).

  
**BENJAMIN J. MCCAULEY**  
CPT, LG  
Commanding