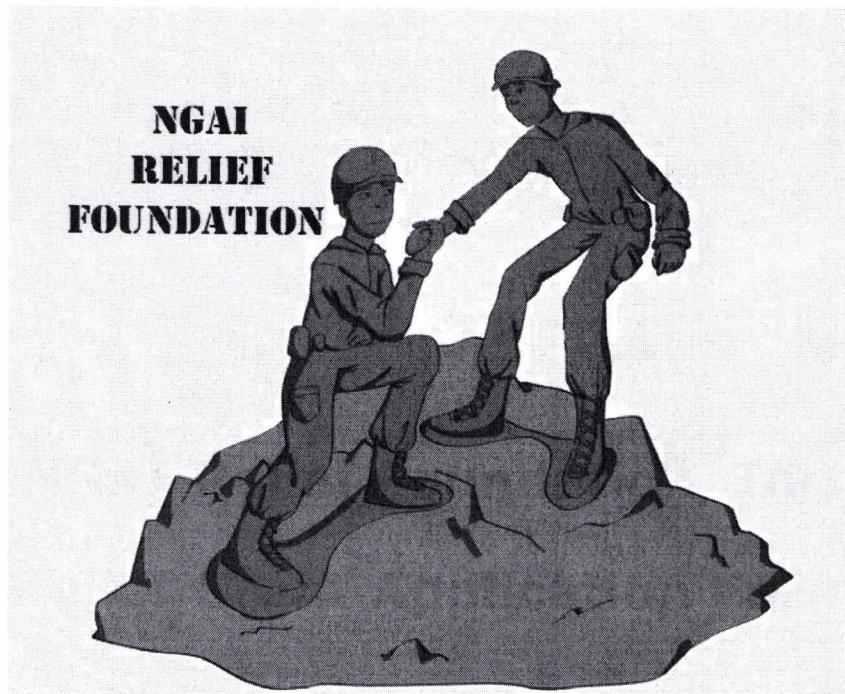


NGAI Relief Foundation, Inc.

Relief Grant Application Form



Mission Statement:

"To provide emergency assistance and relief to members of the Illinois National Guard and their families during periods of personal or financial distress"

Contact your local Military and Family Readiness Specialist / Airmen and Family Readiness

Specialist for NGAI for application assistance.

Visit: <https://www.ngai.com> for more information

NGAIRF Application - Service Member Basic Information

Military Member's Information

Name: <u>Boyle, Hannah R</u>		Birth Date: <u>9 DEC 1995</u>	
Home Address: <u>40 Longbow Ln.</u>			
City: <u>Springfield</u>		State: <u>IL</u>	ZIP: <u>62704</u>
Best Contact Phone: <u>(217) 741-8861</u>		Civilian Email: <u>boyle.h95@gmail.com</u>	
Rank: <u>SFC</u>		SSN (last 4) <u>5905</u>	
Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>			
Home station Unit of Assignment: <u>233d Military Police Company</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>Boyle, Zachary J.</u>		SSN (last 4): <u>16619</u>	
Mailing Address: <u>40 Longbow Ln.</u>			
City: <u>Springfield</u>		State: <u>IL</u>	ZIP: <u>62704</u>
Phone: <u>(217) 410-8668</u>		Relationship to Military Member: <u>Spouse</u>	
Employment Status (pick one): Employed: <input type="checkbox"/> Unemployed/Underemployed: <input checked="" 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: SFC Robert Elmore



Digitally signed by
ELMORE,ROBERT.PAUL.1091113461
Date: 2024.01.23 14:06:08 -06'00'

Position/Title: Unit Readiness NCO

Phone Number: 217-761-3362

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: Mrs. Cathy Fagan

Location: Springfield; Camp Lincoln; 1301 N MacArthur Blvd 62902

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

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

Unexpected home repairs - A/C & Electrical

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

	Expense Type	1	2	3
1	Medical / Dental Expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Rent / Mortgage Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Car Payments for Essential Vehicle(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Funeral Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A			
5	Insurance Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Unexpected Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Utilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Other (any eligible expense not covered in above categories)	<input type="checkbox"/>	<input checked="" 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? (Yes/No)	Cost (\$)
Credit card	utilities, gas, groceries, toiletries + clothing previously on credit card	Yes	\$4,000 +
cell phone	family loan to cover monthly expense required for one of my jobs	Yes	\$60 + 95 = 155
Personal loans	family helped with medical bills + monthly expenses. NO luxury items. Utility + mortgage would have gone unpaid.	NO	\$7,000
TOTAL			\$ 11,155. ⁰⁰

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

Our credit card was used to pay all utilities, groceries, clothing, medications + copays because the money did not exist in our bank account. We've also received loans from family members (3 different people) to help cover those costs. I work 4 jobs but cannot get ahead of expenses + debts myself.

Income:

NGAIRF Application - Eligible Expense Disclosure & Documentation

Total SM civilian monthly income (after taxes; before deployment): \$ 2,403.60
 Total Military monthly income (after taxes): \$ 129.13
 Total Household monthly income (include spouse, roommates, etc.): \$ 2,532.73
 Estimated total monthly living expenses: \$ 5,000.00

I (Printed Name) Hannah Boyle 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 (Repair, Electric, Rent, etc.)	Service Provider (Company Name & Phone Number)	Amount (\$)
1. <u>mortgage</u>	<u>Fannie May (800) 232-66613</u>	\$ <u>1,086.00</u>
2. <u>Electric + water</u>	<u>CNLP (217) 789-200</u>	\$ <u>231.00</u>
3. <u>Gas</u>	<u>Ameren IL (800) 755-5000</u>	\$ <u>85.00</u>
4. <u>Car payment</u>	<u>Hearland CU (217) 726-8877</u>	\$ <u>311.00</u>
5. <u>Insurance</u>	<u>State Farm (217) 546-6228</u>	\$ <u>191.37</u>
6. <u>Child care</u>	<u>Emily Wault (217) 622-9639</u>	\$ <u>1,040.00</u>
7. <u>Repair (AC)</u>	<u>Synchrony Bank (800) 419-4096</u>	\$ <u>1,000.00</u>
	<u>↳ Hearland Heating + Cooling (217) 670-2161</u>	
(Please use extra sheets if additional space if necessary) Total Amount Requested \$		<u>5,000.00</u>

Required Documents

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

X	(TAB A) 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
X	(TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
+	(TAB C) Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
X	(TAB D) Attach a copy of two of your most recent military (LES) Salary
X	(TAB E) Attach a copy of your most recent W-2s AND 1040 Tax Return
X	(TAB F) 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 - SARGE

Amount Requested (\$) 500.00

Amount Received to date (\$) 500.00 1/18/2024

*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.***

AM Bape

Applicant Signature

23 Jan 2024

Date

TAB A

To whom it may concern,

I am writing you today, January 25, 2024 to humbly request \$5,000.00 of financial assistance. My family has experienced a slue of various medical emergencies which has heavily affected both my and my husband's, ability to work. Our cumulative time away from work has sent us into a snowball of debt. We have so much to be grateful for as we have family in town who helps provide meals, two healthy children as well as parents who have loaned us money to keep interest charges as low as possible. A grant in any amount would make a positive impact on my family and help alleviate stress in our home and rebuild our emergency savings account.

In an effort to be respectful of your time, I am summarizing as much as I can; I have the following explanation to provide some context regarding the two major emergencies we've experienced: my husband was diagnosed with a traumatic brain injury (TBI), and I had an emergency cesarian section at 36 weeks gestation due to cord prolapse. The nature of my delivery made for a very long and very hard recovery and took me out of work about a month earlier than my family budgeted for. the majority of 2022 I did not feel as though I could leave my home out of fear that my husband, Zach would kill himself. He detailed it to me frequently and had me convinced that killing himself is the only thing that could ever possibly make him happy. His injury unlocked PTSD and reactions to stress and babies crying that we never thought imaginable for Zach. Again, we had a newborn at the time and her cries and fussing caused uncontrollable, sometimes violent fight or flight reactions. This misery for all of us lasted through January 12, 2023, when I caught him trying to take his life in our kitchen. To elaborate further, I have attached, with his permission, a letter from his Neuropsychiatrist to detail some of the results of my husband's injury that have impacted our family (in addition to the suicidal ideations and attempt). The letter does not detail the financial responsibility we have taken on, but it speaks to his inability to work up until this point in time.

Our families, as I mentioned above, have given so much of their time and attention to us and offered childcare in emergency situations, refuge for each of us at various times. Zach has a heart to protect and care for others – this physical injury to his brain just destroyed the safe home we had previously built together; even though Zach was not working for most of 2022, he could not be left alone to care for our children while I worked. Our family has been so caring and generous but are unable to give any more than they already have. Both sets of parents work full-time and have their own homes and other children to take care of and are only available to help with our daughters after work hours – sometimes. Zach spent most of last year in treatment 6 days per week in Deerfield, IL at The Neuroscience Center of Chicago. We had to pay out of pocket for these treatments, his food, extended hotel stays, gas, prescriptions, etc. The City has admitted fault in court but refuses to pay disability, medical bills, travel expenses and so on. Since his treatment, he has improved drastically and is now working closely with a vocational rehabilitation professional who has advised him, after extensive testing, to attend school and pursue a new career. He's currently attending University of Illinois Springfield to pursue a career as a Physical Therapist. Zach is still relearning how to handle the stress of school in addition to daily life with toddlers, the weight of my work schedule, stepping into a primary parent role, and the guilt and shame acquired with the inability to provide for his family financially like he used to. It is unwise for him to pursue his schooling as well as a career

currently, which is why I work so often. We're still learning about his new disabilities and want to approach this stage as carefully as possible as there is always risk for reinjury with TBI's.

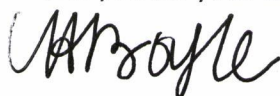
The assistance I am requesting will not go to pay any of the medical bills resulting from the injuries above. We are entering year five of a workers compensation battle against the City of Springfield who is at fault for my husband's brain injury. Despite being in substantial debt from his diagnosis and treatments, we have been instructed by our attorney not to ask for help with bills pertaining to his TBI because of how it could negatively affect our legal case. We are so thankful to not have seen any bills yet from my delivery, but we are struggling to get ahead financially given all the time spent playing defense and trying to heal our home from the inside for fear of it crumbling if I left.

Going forward, we are working tirelessly to prioritize our mental health. We have pursued counseling, both individually and as a couple and when we can afford it, will also take our oldest daughter who witnessed many of Zach's fits and often mimicked his reactions. I have reached out to The Rush Road Home Program and applied to attend a marriage counseling retreat with the Army. The amount of stress and turmoil we're trying to manage day to day is exhausting and heavy. Any amount of help your foundation can offer us will bring peace and give us hope that this is not what was meant when we were warned about how hard it is to be married, to have children or how much it takes to be an adult. We crave to have a safe, happy, healthy family and not have to consistently charge our credit card for utilities, groceries, clothes, gas etc. because the money is simply not available in our bank account at our time of need.

As mentioned above, I am currently working four jobs to make ends meet, to include: Title 32 HR Position full time (started December 17, 2023), PRN in Radiology at Memorial Medical Center, I am actively drilling with my National Guard Unit, and I am an Office Manager for a small company that invests in land and property – I am also on that company's marketing team. A grant would give me hope that I could quit one of my jobs eventually, allow us room in our budget to build our emergency savings and start repaying family debts we are working to pay off.

In my application I stated we have had unforeseen emergency home repairs. In the heat of the summer, we had to replace our AC (\$10,000.00) and most recently we had to rewire some of our house to prevent an electrical fire (\$150.00 – done by a licensed family member at a heavy discount), leaving us without power in part of the house during negative temperatures until we were able to find help. We have negotiated payment plans with family members, Heartland Heating and Cooling for our AC and others. Despite having payment plans and only spending money as needed, I am unable to move charges from our credit card to our bank because the money is just not there. Any amount of debt you could help us with would be such a blessing. I hope to be in a place at some point that I can donate to families in need as well.

Thank you for your time and consideration,



SPC Hannah Boyle

TAB B

synchrony

Summary of Account Activity		Payment Information	
Previous Balance	\$9,978.00	New Balance	\$9,840.00
+ New Purchases	\$0.00	Total Minimum Payment Due	\$220.00
- Payments	\$179.00	Payment Due Date	<u>12/12/2023</u>
+/- Credits, Fees & Adjustments (net)	\$41.00	PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.	
+/- Interest Charge (net)	\$0.00	We may convert your payment into an electronic debit. See reverse side.	
New Balance	\$9,840.00	Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$41.00.	
Credit Limit	\$12,900.00	Minimum Payment Warning: Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:	
Available Credit	\$3,060.00	If you make no additional charges using this card and each month you pay ...	You will pay off the balance shown on this statement in about ...
Days in Billing Period	30	Only the minimum payment	5 years
Pay online for free at: mysynchrony.com		And you will end up paying an estimated total of ...	\$9,841.00
For Synchrony Bank customer service or to report your card lost or stolen, call 1-800-250-5411.		If you would like information about credit counseling services, call 1-877-302-8797.	
Best times to call are Wednesday - Friday.			

Promotional Purchase Summary					
Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
07/20/2028	\$9,799.00	\$0.00	07/06/2023	Equal Payment No Interest	\$10,695.00
A summary of your promotional purchase is provided above.					
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date.					
To make more than one payment see Make Payment To address or pay online at mysynchrony.com.					

Transaction Summary				
Tran Date	Post Date	Reference Number	Description	Amount
11/15/2023	11/15/2023	8534812A0019LNPWF	PAYMENT - THANK YOU	(\$179.00)
			FEEES	
11/12/2023	11/12/2023		LATE FEE	\$41.00
			TOTAL FEES FOR THIS PERIOD	\$41.00
			INTEREST CHARGED	
11/19/2023	11/19/2023		INTEREST CHARGE ON PURCHASES	\$0.00
			TOTAL INTEREST FOR THIS PERIOD	\$0.00
2023 Totals Year-to-Date				
			Total Fees Charged in 2023	\$100.00
			Total Interest Charged in 2023	\$0.00
			Total Interest Paid in 2023	\$0.00

* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.



Summary of Account Activity		Payment Information										
Previous Balance	\$9,840.00	New Balance	\$9,620.00									
+ New Purchases	\$0.00	Total Minimum Payment Due	\$179.00									
- Payments	\$220.00	Payment Due Date	01/12/2024									
+/- Credits, Fees & Adjustments (net)	\$0.00	PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.										
+/- Interest Charge (net)	\$0.00	We may convert your payment into an electronic debit. See reverse side.										
New Balance	\$9,620.00	Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$41.00.										
Credit Limit	\$12,900.00	Minimum Payment Warning: Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:										
Available Credit	\$3,280.00	<table border="1"> <thead> <tr> <th>If you make no additional charges using this card and each month you pay ...</th> <th>You will pay off the balance shown on this statement in about ...</th> <th>And you will end up paying an estimated total of ...</th> </tr> </thead> <tbody> <tr> <td>Only the minimum payment</td> <td>5 years</td> <td>\$9,620.00</td> </tr> <tr> <td>\$267.00</td> <td>3 years</td> <td>\$9,620.00 (Savings = \$0.00)</td> </tr> </tbody> </table>		If you make no additional charges using this card and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...	Only the minimum payment	5 years	\$9,620.00	\$267.00	3 years	\$9,620.00 (Savings = \$0.00)
If you make no additional charges using this card and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...										
Only the minimum payment	5 years	\$9,620.00										
\$267.00	3 years	\$9,620.00 (Savings = \$0.00)										
Days in Billing Period	31	If you would like information about credit counseling services, call 1-877-302-8797.										
Pay online for free at: mysynchrony.com For Synchrony Bank customer service or to report your card lost or stolen, call 1-800-250-5411. Best times to call are Wednesday - Friday.												

1-2

Promotional Purchase Summary					
Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
07/20/2028	\$9,620.00	\$0.00	07/06/2023	Equal Payment No Interest	\$10,695.00

A summary of your promotional purchase is provided above.
 If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date.
 To make more than one payment see Make Payment To address or pay online at mysynchrony.com.

Transaction Summary				
Tran Date	Post Date	Reference Number	Description	Amount
12/12/2023	12/12/2023	F912300AU00CHGDDA	AUTOMATIC PAYMENT - THANK YOU	(\$220.00)
			FEES	
			TOTAL FEES FOR THIS PERIOD	\$0.00
			INTEREST CHARGED	
12/20/2023	12/20/2023		INTEREST CHARGE ON PURCHASES	\$0.00
			TOTAL INTEREST FOR THIS PERIOD	\$0.00
2023 Totals Year-to-Date				
			Total Fees Charged in 2023	\$100.00
			Total Interest Charged in 2023	\$0.00
			Total Interest Paid in 2023	\$0.00

* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.



**Morton
Community
Bank**

P.O. Box 104, Morton, IL 61550
309-266-5337 866-991-9953

000 062 01 01100
Line:

Page: 1
609964 12/19/2023

ZACHARY J BOYLE
40 LONGBOW LN
SPRINGFIELD IL 62704-5324

FANNIE MAE Loan Statement

----- Payment Information -----

Account Number 1020181148
Payment Due Date 01/01/2024
Amount Due *** 1,086.00 ***
If regular monthly payment is received
after 01/16/2024, 28.50 late fee
will be charged.
As you requested, 1,086.00 will be
charged by ACH to Checking Account
01000XXXXX0900 on 01/02/2024

----- Account Information -----	----- Explanation of Amount Due -----
Outstanding Principal 101,962.32	Principal 187.66
Interest Rate 4.500000	Interest 382.36
	Escrow 515.98

	Regular Monthly Payment ** 1,086.00 **

	Total Amount Due ** 1,086.00 **

Collateral/Property: 40 LONGBOW LN SPRINGFIELD IL 62704

----- Past Payments Breakdown -----	
Paid Last Period Paid Year to Date	
Principal 186.96	2,197.99
Interest 383.06	4,642.25
Escrow 515.98	6,074.85
Fees and Charges .00	.00
Total 1,086.00	12,915.09

----- Transaction Activity Since Your Last Statement -----

Date	Description	-----Payment Split-----		Transaction Amount	Principal Balance
		Principal	Interest		
11/17/2023	Balance Last Statement				102,149.28
12/01/2023	MORTON BANK LOAN PYMT				
		186.96	383.06	1,086.00	101,962.32
	Escrow:	515.98			

----- C o n t i n u e d -----



Car loan through
Heartland Credit Union

\$8,602.39

Payoff Balance

Account Information

Payoff Balance	\$8,602.39
Account	540
Description	ROUGE
Date Opened	10/31/2019
Account Nickname	ROUGE

Loan Information

Amount Due	\$251.00
Due Date	1/30/2024
Regular Payment	\$311.00
Disbursement Limit	\$21,270.74
Maturity Date	5/30/2026
Interest Rate	4.090%
Delinquent	No
Payment Frequency	MONTHLY



QUICKSILVER ONE

Payment Information

Payment Due Date **Feb 15, 2024**
For online and phone payments, the deadline is 8pm ET.

New Balance **\$3,803.65**
Minimum Payment Due **\$214.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to \$40.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	20 Years	\$12,173

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$8,334.05
Payments <i>abnormally large due</i>	- \$7,700.00
Other Credits <i>to bonus' + grant</i>	- \$207.91
Transactions <i>earned</i>	+ \$3,165.19
Cash Advances	+ \$0.00
Fees Charged	+ \$39.00
Interest Charged	+ \$173.32
New Balance	= \$3,803.65
Credit Limit	\$14,500.00
Available Credit (as of Jan 21, 2024)	\$10,696.35
Cash Advance Credit Limit	\$3,500.00
Available Credit for Cash Advances	\$3,500.00

Rewards Summary

Rewards as of: 01/19/2024

Rewards Balance
\$13.76

Track and redeem your rewards with our mobile app or on capitalone.com

Previous Balance
\$20.05

Earned This Period
\$45.81

Redeemed this period
-\$52.10

Account Notifications

i Welcome to your account notifications. Check back here each month for important updates about your account.

Pay or manage your account at capitalone.com

Customer Service: 1-800-227-4825

See reverse for Important Information



HANNAH R BOYLE
40 LONGBOW LN
SPRINGFIELD, IL 62704-5324



Save time, stay informed.
Discover new features with
the Capital One Mobile app.

Scan this QR Code with your phone's camera to download the top-rated Capital One Mobile app.

Payment Due Date: **Feb 15, 2024**

Account ending in 8308

New Balance **\$3,803.65**
Minimum Payment Due **\$214.00**
Amount Enclosed \$ _____

Capital One
P.O. Box 4069
Carol Stream IL 60197-4069



Please send us this portion of your statement and only one check (or one money order) payable to Capital One to ensure your payment is processed promptly. Allow at least seven business days for delivery.

1 5178057630628308 21 3803651200000214003

Billing Date

December 27, 2023

Account # - Customer #

131823820-00274795



AMOUNT DUE

\$231.00

AMOUNT ENCLOSED

DUE DATE

Jan. 17, 2024

Check here and make changes on the reverse side.

HANNAH R BOYLE
40 LONGBOW LN
SPRINGFIELD IL 62704

40 LONGBOW LN



0027479513182382000002310020240117 8

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Account # - Customer # 131823820-00274795		Service Address 40 LONGBOW LN				Last Payment Amount \$231.00CR		Last Payment Received On 12/18/23		
Service	Meter Number	Rate	Read Date	Days	Read Type	Meter Read		Meter Multiplier	Usage	Current Billing
						Previous	Current			
Electric Water 5/8"	133570	30	12/21	30	A	97368	98409	1.00	1041 KWh	
	230483216	10	12/22	30	A	11.00	16.00	1.00	5.00 Units	

CWLP Services (217-789-2030)

You are on our Level Pay - Auto Debit Payment Plan. \$231.00 will be drawn from your bank account on 1/17/2024.

Level Payment Plan

Previous Transactions	Amount
Payment - Thank You Billing	\$231.00CR
	\$225.45
Net Balance Forward	\$5.55CR
Electric Monthly Customer Charge Rate 30	\$14.76
Winter KWh Energy	1,041 x \$0.0988 /KWh \$102.85
Fuel Adjustment	1,041 x \$0.010719 /KWh \$11.16
State Utility Tax Rate 30	\$3.33
Electric Charges	\$132.10
Water Monthly Customer Charge 5/8 inch meter	\$6.60
First 5 Units	5 x \$1.64 /Unit \$8.20
Water Charges	\$14.80
Current CWLP Charges	\$146.90

Customer Name HANNAH R BOYLE

Reverse Side For Billing Explanation

	12/27/2023	\$ 4.40	34.70	01/21/2024	\$231.00
	Billing Date	Average Daily Electric Cost	Average Daily Water Charge	Next Scheduled Billing Date	PLEASE PAY BY



AmerenIllinois.com
Customer Service 1.800.755.5000

Statement Issued 01/05/2024
Amount Due \$103.00
Due Date Jan 26, 2024
Last Payment \$103.00
Payment received. Thank you.

Account Number 9545574001
Customer Name HANNAH R BERENDT
Service Address 40 LONGBOW LN
SPRINGFIELD, IL 62704

The amount of this bill will be automatically deducted from your bank account Jan 26, 2024.

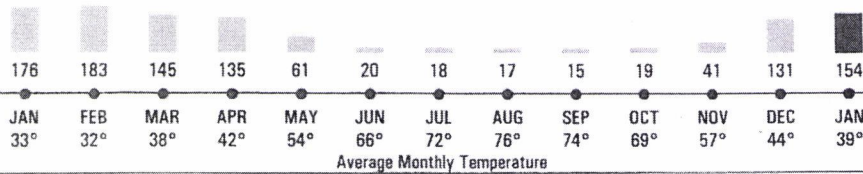
Current Charge Summary for Statement 01/05/2024

Total Gas Charge	\$162.31
Budget Bill Adjustment	\$-59.31
Total Amount Due	\$103.00

Important Account Messages

Your monthly Budget Billing payment amount is \$103.00.
Your Budget Billing balance is ahead \$67.12 after paying this bill.
Your Budget Bill amount was reviewed this month and it will change to \$84.00 effective with your next bill.

Gas Usage History in Therms



Average Daily Gas Use (Therms)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	4.53 Therms
LAST MONTH	4.23 Therms
LAST YEAR	5.03 Therms

67005
01065 2257204 002130 004259 00010002
INTERNAL USE ONLY

Take Advantage of Energy Savings This Winter
Find winter energy-saving tips to reduce energy costs at AmerenIllinoisSavings.com/WinterTips.



See page 2 for account messages and tips from Ameren Illinois.

Keep this portion for your records.

Page 1 of 4



See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number 9545574001
Amount Due \$103.00
Due Date 01/26/2024
Amount Enclosed _____



>001065 2257204 0001 092139 10Z

*****AUTO**5-DIGIT 62704

HANNAH R BERENDT
40 LONGBOW LN
SPRINGFIELD, IL 62704-5324



AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60680-1034

7040000 0095455740001 00035880 00103000 00103000

i3 Broadband Invoice

billing@i3broadband.com <billing@i3broadband.com>
 Reply-To: billing@i3broadband.com
 To: Boyle.h95@gmail.com

2 December 2023 at 06:08



INVOICE
2023-12-02

Remit Payment To:
i3 Broadband - Springfield IL
 602 High Point Lane
 East Peoria, IL 61611

Office Address:
i3 Broadband - Springfield IL
 602 High Point Lane
 East Peoria, IL 61611

Pay My Bill Online



Phone: (309) 689-0711

Toll Free: (877) 976-0711

Fax: (309) 689-1897

BILL TO	SERVICE DATE	DUE BEFORE	INVOICE #	ACCT #
Hannah Boyle	01/02/2024 - 02/01/2024	12/30/2023	3155086-1	485102

Refer a Friend Today and Save 50% on your services next month!

Tell your Friends and neighbors about i3 Broadband's Nationally recognized symmetrical speeds. Simply tell them to call us at 877-639-6664. When they sign up for service and provide us with your name as the person who referred them, we'll give you 50% off per each referral. Happy Savings!

INVOICE SUMMARY

Current Charges	\$104.49
Previous Balance	\$0.00
Sub Total	\$104.49
i3 Smart WiFi - Free with Gig	- \$12.00
Total Amount Due	\$92.49

You are on auto deduction, please do not remit further payment. Your payment will be auto deducted from your account on 12/30/2023.

INVOICE DETAIL

1/2

BANDWIDTH	
Fiber Internet - 40 Long Bow LN Springfield, IL 62704: Port 1: 1000Mbps / 1000Mbps	\$89.99
Bandwidth Total	\$89.99

OTHER SERVICES	
i3 Smart Wi-Fi: Boyle.h95@gmail.com: 1 Wi-Fi 5 Pod @ \$7.00 each 1 Wi-Fi 5 Pod @ \$5.00 each	\$12.00
Other Services Total	\$12.00

ADDITIONAL ITEMS	
Processing Fee: payment to post on 12/30/2023	\$2.50
Additional Items Total	\$2.50

There is a \$25.00 fee on all returned checks. This amount reflects the amount i3 Broadband is being charged.

TAB C

MEMORIAL HEALTH SYSTEM
 701 NORTH FIRST STREET
 SPRINGFIELD, IL 62781-0001 United States of America

Number 10312759
 Check Date 01/12/2024

VOID VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

HANNAH R. BOYLE
 40 LONGBOW LANE
 SPRINGFIELD, IL 62704
 US

Net Pay 459.72

NON-NEGOTIABLE

Name	Social Number	Employee Number	Affiliate	Department	Period End
HANNAH R. BOYLE	5905	33869	MMC	7210	01/06/2024

Summary

Description	Hours	Current	Year to Date
Total Gross	32.50	543.73	543.73
Total Deductions		84.01	84.01
Total Net		459.72	459.72

Earnings

Description	Hours	Rate	Current	Year to Date
<u>HOLIDAY BONUS</u>	<u>8.00</u>	20.78	166.24	166.24
REGULAR WAGES	16.25	20.78	352.74	352.74
WEEKEND SHIFT DIFFERENTIAL	8.25	3.00	24.75	24.75
Total	32.50		543.73	543.73

Taxes

Description	Current	Year to Date
FEDERAL TAX WITHHOLDING		
MEDICARE WITHHOLDING EMPLOYEE	7.88	7.88
SOCIAL SECURITY W/H EMPLOYEE	33.71	33.71

STATE TAX WITHHOLDING IL	26.11	26.11
Total	67.70	67.70

Pretax Deductions

Description	Current	Year to Date
DC 401K FIDELITY	16.31	16.31
Total	16.31	16.31

Auto Deposit Distributions

Routing	Account	Description	Amount
xxxxx9446	xx0900	HEARTLAND CREDIT UNION	459.72

This check is abnormally high due to Holiday Bonus

MEMORIAL HEALTH SYSTEM
 701 NORTH FIRST STREET
 SPRINGFIELD, IL 62781-0001 United States of America

Number 10319489
 Check Date 01/26/2024

VOID VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

HANNAH R. BOYLE
 40 LONGBOW LANE
 SPRINGFIELD, IL 62704
 US

Net Pay 305.18

NON-NEGOTIABLE

Name	Social Number	Employee Number	Affiliate	Department	Period End
HANNAH R. BOYLE	5905	33869	MMC	7210	01/20/2024

Summary

Description	Hours	Current	Year to Date
Total Gross	20.25	370.17	913.90
Total Deductions		64.99	149.00
Total Net		305.18	764.90

Earnings

Description	Hours	Rate	Current	Year to Date
HOLIDAY BONUS				166.24
REGULAR WAGES	16.00	20.78	357.42	710.16
WEEKEND SHIFT DIFFERENTIAL	4.25	3.00	12.75	37.50
Total	20.25		370.17	913.90

Taxes

Description	Current	Year to Date
FEDERAL TAX WITHHOLDING		
MEDICARE WITHHOLDING EMPLOYEE	5.37	13.25
SOCIAL SECURITY W/H EMPLOYEE	22.95	56.66

STATE TAX WITHHOLDING IL	17.77	43.88
Total	46.09	113.79

Pretax Deductions

Description	Current	Year to Date
DC 401K FIDELITY	11.11	27.42
Total	11.11	27.42

Aftertax Deductions

Description	Current	Year to Date
EMPLOYEE MEALS WITHHOLDING	7.79	7.79
Total	7.79	7.79

Auto Deposit Distributions

Routing	Account	Description	Amount
xxxxx9446	xx0900	HEARTLAND CREDIT UNION	305.18

2024-01-05
*** 732.26

Hannah Boyle
**** seven hundred thirty-two point two six

Hannah Boyle
Hannah Boyle 40 Longbow Lane Springfield, IL
62704

EMPLOYER
S AND Z PROPERTY BROTHERS OF
CENTRAL ILLINOIS, INC.
110 E. SHERIDAN IL 62675

PAY PERIOD

Period Beginning: 2023-12-16
Period Ending: 2023-12-29
Pay Date: 2024-01-05
Total Hours: 5.00

EMPLOYEE
Hannah Boyle
Hannah Boyle 40 Longbow Lane Springfield, IL 62704

OTHER PAY **Current** **YTD**

SSN: ***-**-5905

MEMO: Direct Deposit

BENEFITS **Used** **Available**

NET PAY: \$732.26

PAY	Hours	Rate	Current	YTD
Land Letters	1.0	214.5	214.5	214.5
<u>Bonus</u>		<u>648.0</u>	648.0	648.0
Hourly Wages	4.0	15.0	60.0	60.0

ADJUSTMENTS **Current** **YTD**

TAXES	Current	YTD
IL - Withholding	45.66	45.66
Medicare Employee Addl Tax	0.0	0.0
Social Security Employee	57.2	57.2
Medicare Employee	13.38	13.38
Federal Withholding	74.0	74.0

SUMMARY	Current	YTD
Total Pay	922.5	922.5
Taxes	190.24	190.24
Adjustments	0	0

Net Pay \$732.26

This paycheck is abnormally large due to bonus

2024-01-19
*** 1214.32

Hannah Boyle
**** one thousand two hundred fourteen point
three two

Hannah Boyle
Hannah Boyle 40 Longbow Lane Springfield, IL
62704

EMPLOYER

S AND Z PROPERTY BROTHERS OF
CENTRAL ILLINOIS, INC.
110 E. SHERIDAN IL 62675

PAY PERIOD

Period Beginning: 2023-12-30
Period Ending: 2024-01-12
Pay Date: 2024-01-19
Total Hours: 6.15

EMPLOYEE

Hannah Boyle
Hannah Boyle 40 Longbow Lane Springfield, IL 62704

OTHER PAY **Current** **YTD**

SSN: ***-**-5905

MEMO: Direct Deposit

BENEFITS **Used** **Available**

NET PAY: \$1214.32

PAY	Hours	Rate	Current	YTD
Bonus		1242.5	1242.5	1890.5
Hourly Wages	5.15	15.0	78.75	138.75
Land Letters	1.0	240.9	240.9	455.4

ADJUSTMENTS **Current** **YTD**

TAXES	Current	YTD
Social Security Employee	96.85	154.05
Medicare Employee	22.65	36.03
Medicare Employee Addl Tax	0.0	0.0
IL - Withholding	77.33	122.99
Federal Withholding	151.0	225.0

SUMMARY	Current	YTD
Total Pay	1562.15	2484.65
Taxes	347.83	538.07
Adjustments	0	0

Net Pay \$1214.32

This paycheck is abnormally large due to Bonus

DEPARTMENT OF DEFENSE

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL

1. Pay Period End

12/30/23

2. Pay Date

01/11/24

3. Name BOYLE HANNAH R		4. Pay Plan/Grade/Step GS 09 01		5. Hourly/Daily Rate 27.37	6. Basic OT Rate 0.00	7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 49028.00 8090.00 57118.00					
8. Soc Sec No ***--**-5905		9. Locality % 16.50		10. FLSA Category E	11. SCD Leave 12/17/23	12. Max Leave Carry Over 240		13. Leave Year End 01/13/24			
14. Financial Institution - Net Pay HEARTLAND CREDIT UNION				15. Financial Institution - Allotment #1			16. Financial Institution - Allotment #2				
17. Tax	Marital Status	Exemptions	Add'l	18. Tax	Marital Status	Exemptions	Add'l	Taxing Authority	19. Cumulative Retirement FERS: 96.34		20. Military Deposit
FED	Y	0	0			0	0				
IL	M	3	0								

21. GROSS PAY		Current	Year to Date	22. TSP DATA		5%
TAXABLE WAGES		2189.60	2189.60			
NONTAXABLE WAGES		2080.12	2080.12			
TAX DEFERRED WAGES		109.48	109.48			
DEDUCTIONS		473.19	473.19			
AEIC						
NET PAY		1716.41	1716.41			

CURRENT EARNINGS									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE
REGULAR PAY	80.00	2189.60							

DEDUCTIONS									
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE
FEGLI	C0	9.60	9.60	MEDICARE		31.75	31.75		
OASDI		135.76	135.76	RETIRE, FERS	NF	96.34	96.34		
TAX, FEDERAL				TAX, STATE	IL	90.26	90.26		
TSP SAVINGS		109.48	109.48						

LEAVE									
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE	
ANNUAL		4.00	4.00				4.00		
SICK		4.00	4.00				4.00		
HOLIDAY				8.00	8.00				

BENEFITS PAID BY GOVERNMENT FOR YOU									
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE				
FEGLI	4.80	4.80	MEDICARE	31.75	31.75				
OASDI	135.76	135.76	RETIRE, FERS	409.46	409.46				
TSP BASIC	21.90	21.90	TSP MATCHING	87.58	87.58				

REMARKS

YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE.
 THINGS CHANGE! VERIFY YOUR DISABILITY STATUS IN MYBIZ (COMPO.DCPDS.CPMS.OSD.MIL/)!
 YOUR INFORMATION IS PROTECTED UNDER THE PRIVACY ACT. THIS DATA IS ONLY USED TO TRACK AND ASSESS THE HIRING AND ADVANCEMENT EFFORTS OF INDIVIDUALS WITH DISABILITIES.
 NET PAY BANK/ACCOUNT NUMBER/ACCOUNT TYPE CHANGED.
 NAME, SSN, DOB, OR MAILING ADDRESS CHANGED.
 FEDERAL TAX WITHHOLDING INFORMATION CHANGED.
 TAX DEDUCTION CHANGED FOR STATE #1.
 TSP/ROTH DEDUCTION ADDED/CHANGED.

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

start date was 12/17/2023 for this job

DEPARTMENT OF DEFENSE

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL

1. Pay Period End
01/13/24

2. Pay Date
01/25/24

3. Name BOYLE HANNAH R		4. Pay Plan/Grade/Step GS 09 01		5. Hourly/Daily Rate 27.37		6. Basic OT Rate 0.00		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 49028.00 8090.00 57118.00			
8. Soc Sec No ***-**-5905		9. Locality % 16.50		10. FLSA Category E		11. SCD Leave 12/17/23		12. Max Leave Carry Over 240		13. Leave Year End 01/13/24	
14. Financial Institution - Net Pay HEARTLAND CREDIT UNION				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax Marital Exemptions Add'l Status FED Y 0 0 IL M 3 0				18. Tax Marital Exemptions Add'l Taxing Authority Status 0 0				19. Cumulative Retirement FERS: 192.68		20. Military Deposit	

21. GROSS PAY		Current	Year to Date	22. TSP DATA		5%
TAXABLE WAGES		2189.60	4379.20			
NONTAXABLE WAGES		2080.12	4160.24			
TAX DEFERRED WAGES		109.48	218.96			
DEDUCTIONS		473.18	946.37			
AEIC						
NET PAY		1716.42	3432.83			

CURRENT EARNINGS

TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2189.60						

DEDUCTIONS

TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	CO	9.60	19.20	MEDICARE		31.75	63.50
OASDI		135.75	271.51	RETIRE, FERS	NF	96.34	192.68
TAX, FEDERAL				TAX, STATE	IL	90.26	180.52
TSP SAVINGS		109.48	218.96				

LEAVE

TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL		4.00	8.00				8.00	
SICK		4.00	8.00				8.00	
HOLIDAY				8.00	16.00			

BENEFITS PAID BY GOVERNMENT FOR YOU

TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	4.80	9.60	MEDICARE	31.75	63.50
OASDI	135.75	271.51	RETIRE, FERS	409.46	818.92
TSP BASIC	21.90	43.80	TSP MATCHING	87.58	175.16

REMARKS

YOUR PAYROLL OFFICE ID NUMBER IS 97380800 - DEPARTMENT OF DEFENSE.
 THINGS CHANGE! VERIFY YOUR DISABILITY STATUS IN MYBIZ (COMPO.DCPDS.CPMS.OSD.MIL/)!
 YOUR INFORMATION IS PROTECTED UNDER THE PRIVACY ACT. THIS DATA IS ONLY USED TO TRACK AND
 ASSESS THE HIRING AND ADVANCEMENT EFFORTS OF INDIVIDUALS WITH DISABILITIES.

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

TAB D

TAB E

a. Employee's Social Security Number *****5905		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 6479.38	2 Federal Income Tax withheld 568.28		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 6479.38		4 Social Security Tax withheld 401.72	
				5 Medicare Wages and Tips 6479.38		6 Medicare Tax withheld 93.95	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code HANNAH RENAE BOYLE 40 LONGBOW LN SPRINGFIELD IL 62704				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	
15 State	Employer's State ID Number IL 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 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 **2023**

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****5905		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 6479.38	2 Federal Income Tax withheld 568.28		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 6479.38		4 Social Security Tax withheld 401.72	
				5 Medicare Wages and Tips 6479.38		6 Medicare Tax withheld 93.95	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code HANNAH RENAE BOYLE 40 LONGBOW LN SPRINGFIELD IL 62704				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	
15 State	Employer's State ID Number IL 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 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 **2023**

Department of the Treasury - Internal Revenue Service
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

PART I Employee

1 Name of employee (First name, middle initial, last name) HANNAH R BOYLE	2 Social security number (SSN) *****5905	7 Name of employer DEPARTMENT OF DEFENSE (DFAS)	8 Employer identification number (EIN) 311575142
3 Street address (including apartment no.) 40 LONGBOW LN	5 State or province IL	9 Street address (including room or suite no.) 1240 E 9th Street RM 1907 B Kearns Code ATLRA	10 Contact telephone number 8883327411
4 City or town SPRINGFIELD	6 Country and ZIP or foreign postal code 62704-5324	11 City or town Cleveland	12 State or province OH

Applicable Large Employer Member (Employer)

13 Country and ZIP or foreign postal code 44199-2001

PART II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions) \$	1H	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D
17 Zip Code													

Plan Start Month (Enter 2-digit number): 00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C(2023)

Filing Status [] Single [X] 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:

Your first name and middle initial: ZACHARY
Last name: BOYLE
Your social security number: [REDACTED]-6619
If joint return, spouse's first name and middle initial: HANNAH R
Last name: BOYLE
Spouse's social security number: [REDACTED]-5905
Home address (number and street): 40 LONGBOW LANE
Apt. no.:
City, town, or post office: SPRINGFIELD
State: IL
ZIP code: 62704
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes entries for AVERY J BOYLE and HAYDEN M BOYLE.

Income table with rows 1a through 15. Includes sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Total income reported as 49,403. Taxable income reported as 16,652.

00000000

00000000

00000000

00000000

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1,668.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,668.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,068.
	20	Amount from Schedule 3, line 8	20	600.
	21	Add lines 19 and 20	21	1,668.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,376.
	24	Add lines 22 and 23. This is your total tax	24	5,376.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	260.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	260.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	1,854.
	28	Additional child tax credit from Schedule 8812	28	2,932.
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	4,786.
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,046.

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

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	330.
	38	Estimated tax penalty (see instructions)	38	

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 **TROY WASHKO, CPA** Phone no. **(217) 522-3300** Personal identification number (PIN)

3	7	0	3	2
---	---	---	---	---

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 TRAINER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation TECHNICIAN	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no.	Email address ZACH.BOYLE91@GMAIL.COM								

Paid Preparer Use Only

Preparer's name TROY WASHKO, CPA	Preparer's signature TROY WASHKO, CPA	Date 08/23/2023	PTIN P00981113	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name TROY A WASHKO CPA PC	Firm's address 1924 E SANGAMON AVE SPRINGFIELD IL 62702			Phone no. (217) 522-3300
Firm's EIN				37-1321363

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ZACHARY & HANNAH R BOYLE

Your social security number

██████████-6619

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	38,045.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	38,045.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	2,688.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,688.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ZACHARY & HANNAH R BOYLE

Your social security number

██████████-6619

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	5,376.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			5,376.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ZACHARY & HANNAH R BOYLE

Your social security number

██████████ 6619

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	600.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	600.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor ZACHARY BOYLE		Social security number (SSN) ██████████-6619
A Principal business or profession, including product or service (see instructions) NUTRITION COUNSELING	B Enter code from instructions 8 1 2 9 9 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 40 LONGBOW LANE City, town or post office, state, and ZIP code SPRINGFIELD, IL 62704		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2022, check here		<input type="checkbox"/>
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	45,429.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	45,429.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	45,429.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	45,429.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	20.	18 Office expense (see instructions)	18	156.
9 Car and truck expenses (see instructions)	9	763.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	600.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	81.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	605.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	3,659.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>2149</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			28	28	5,884.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29	29	39,545.
			31	31	38,045.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2022

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 1,260 b Commuting (see instructions) 0 c Other 14,740

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

CELL PHONE	1,100.
Internet	1,254.
Dues and Memberships	1,305.
48 Total other expenses. Enter here and on line 27a	48 3,659.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2022
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income **██████-6619**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	38,045.
3 Combine lines 1a, 1b, and 2	3	38,045.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	35,135.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	35,135.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0.

6 Add lines 4c and 5b	6	35,135.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	7	147,000

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11	8a	4,933.
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	4,933.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	142,067.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	4,357.
11 Multiply line 6 by 2.9% (0.029)	11	1,019.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	5,376.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	2,688.
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Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,060, **or (b)** your net farm profits² were less than \$6,540.

14 Maximum income for optional methods	14	6,040
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,040. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. ³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method. ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form2441 for instructions and the latest information.

Attachment
Sequence No. **21**

Name(s) shown on return: **ZACHARY & HANNAH R BOYLE**
Your social security number: **[REDACTED]-6619**

- A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box
- B** If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I **Persons or Organizations Who Provided the Care**—You must complete this part.
If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
THE GODDARD SCHOOL	3411 HEDLEY ROAD SPRINGFIELD IL 62711	82-3808873	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7,115.
CHRIST THE KING	1930 BARBERRY DR SPRINGFIELD IL 62704	TAXEXEMPT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4,925.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
First	Last			
AVERY J	BOYLE	[REDACTED]-7728	<input type="checkbox"/>	12,040.
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3	Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	3,000.																																																																								
4	Enter your earned income . See instructions	4	40,290.																																																																								
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	6,425.																																																																								
6	Enter the smallest of line 3, 4, or 5	6	3,000.																																																																								
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	46,715.																																																																								
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	X .20																																																																								
<table border="1"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$25,000—27,000</td> <td></td> <td>.29</td> <td>\$37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>29,000—31,000</td> <td></td> <td>.27</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>31,000—33,000</td> <td></td> <td>.26</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>33,000—35,000</td> <td></td> <td>.25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>35,000—37,000</td> <td></td> <td>.24</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		If line 7 is:			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23	15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22	17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21	19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20	21,000—23,000		.31	33,000—35,000		.25				23,000—25,000		.30	35,000—37,000		.24				9a	600.
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9a	Multiply line 6 by the decimal amount on line 8	9a																																																																									
9b	If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b	0.																																																																								
9b		9b																																																																									
9c	Add lines 9a and 9b and enter the result	9c	600.																																																																								
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	1,668.																																																																								
11	Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11	600.																																																																								

10/10/10

10/10/10

**SCHEDULE EIC
(Form 1040)**

**Earned Income Credit
Qualifying Child Information**

OMB No. 1545-0074

2022

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service

**Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return
ZACHARY & HANNAH R BOYLE

Your social security number
[REDACTED]-6619

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	AVERY J BOYLE		HAYDEN M BOYLE			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	[REDACTED]-7728		[REDACTED]-8103			
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>9</u> <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>2</u> <u>2</u> <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2022?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter			
6 Number of months child lived with you in the United States during 2022 • If the child lived with you for more than half of 2022 but less than 7 months, enter "7." • If the child was born or died in 2022 and your home was the child's home for more than half the time he or she was alive during 2022, enter "12."	_____ 12 months <i>Do not enter more than 12 months.</i>		_____ 12 months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return

ZACHARY & HANNAH R BOYLE

Your social security number

██████████-6619

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	46,715.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c	2d			0.
3	Add lines 1 and 2d	3			46,715.
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by \$2,000	5			4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0		
<p>Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.</p>					
7	Multiply line 6 by \$500	7			
8	Add lines 5 and 7	8			4,000.
9	Enter the amount shown below for your filing status.	9			400,000.
<ul style="list-style-type: none"> • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 					
10	Subtract line 9 from line 3.	10			0.
<ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 					
11	Multiply line 10 by 5% (0.05)	11			0.
12	Is the amount on line 8 more than the amount on line 11?	12			4,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.					
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from the Credit Limit Worksheet A	13			1,068.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14			1,068.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	2,932.
b	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	3,000.
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	2,932.
18a	Earned income (see instructions)	18a	46,715.
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	44,215.
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	6,632.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	2,932.
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Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return ZACHARY & HANNAH R BOYLE	Your taxpayer identification number ██████████-6619
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Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ZACHARY BOYLE	██████████-6619	35,357.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	35,357.		
3 Qualified business net (loss) carryforward from the prior year	3	()		
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	35,357.		
5 Qualified business income component. Multiply line 4 by 20% (0.20)			5	7,071.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10	7,071.
11 Taxable income before qualified business income deduction (see instructions)	11	20,815.		
12 Net capital gain (see instructions)	12	0.		
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	20,815.		
14 Income limitation. Multiply line 13 by 20% (0.20)			14	4,163.
15 Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	4,163.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)		
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)		

10-11-12

10-11-12

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
 Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return ZACHARY & HANNAH R BOYLE	Taxpayer identification number ██████████ 6619
Preparer's name TROY WASHKO, CPA	Preparer tax identification number P00981113

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Late Penalties and Interest Worksheet

2022

▶ Keep for your records

Name(s) Shown on Return
ZACHARY & HANNAH R BOYLE

Social Security Number
██████████-6619

Part I Late Payment and Filing Penalties

Check to **Not** calculate (See Help) Late Payment Late Filing Interest

- 1 Date return will be received by IRS (mm/dd/yyyy) 08/25/2023
- 2 Date balance due will be paid, if later than date above (mm/dd/yyyy) _____
- 3 a Check if valid extension(s) Form 4868 Out of country
- b Or, Check the box to manually enter due date including extensions (mm/dd/yyyy) 04/18/2023
- 4 a Balance due on original due date. 330.
- b Balance due is not more than 10% of total tax and will be paid by time to file on Form 4868
- 5 a Number of months, or fraction thereof, that payment was late 5
- b Number of months, or fraction thereof, that an installment agreement was in effect _____
- 6 a Late payment penalty percentage, smaller of 0.25 or line 5a multiplied by 0.005 0.02500000
- b Installment agreement offset, smaller of 0.125 or line 5b multiplied by 0.0025 _____
- 7 **Total Late Payment Penalty.** Line 4a multiplied by line 6a less line 6b 8.
- 8 Number of months, or fraction thereof, that return was filed late. _____
- 9 a Late filing penalty percentage, smaller of 0.25 or line 8 multiplied by .05 _____
- b Late payment penalty offset (max of .025). _____
- 10 **Total Late Filing Penalty.** Line 4a multiplied by line 9a less line 9b (or \$450 minimum) 0.

Part II Interest on Balance Due and Late Filing Penalty

11	(a) Balance Due Late Filing Penalty	(b) Interest Rate Periods	(c) Interest Rates*	(d) Days Late	(e) Compounded Interest Rate	(f) Interest Amount
a	330.	04/15/2023 - 06/30/2023	7 %	73	0.01409704	5.
b	335.	07/01/2023 - 09/30/2023	7 %	56	0.01079652	4.
c		10/01/2023 - 12/31/2023	__ %			
d		01/01/2024 - 03/31/2024	__ %			
e		04/01/2024 - 06/30/2024	__ %			
f		07/01/2024 - 09/30/2024	__ %			
g		10/01/2024 - 12/31/2024	__ %			
h		01/01/2025 - 03/31/2025	__ %			
i		04/01/2025 - 06/30/2025	__ %			
j		07/01/2025 - 09/30/2025	__ %			
k		10/01/2025 - 12/31/2025	__ %			
l		01/01/2026 - 03/31/2026	__ %			
m		04/01/2026 - 06/30/2026	__ %			
12	Total interest. Sum of lines 11a through 11m, column f					8.

1000

1000



24 Total tax from Page 1, Line 23. 24 1,621.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 543.00
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. 29 334.00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 877.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 .00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 744.00

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 .00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 .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 Checking or Savings
Account number
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. 40 744.00

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 5 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes sections for Paid Preparer Use Only and Third Party Designee.

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



2022 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL Attachment No. 15



Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

ZACHARY & HANNAH R BOYLE

Your name as shown on Form IL-1040

Your Social Security number 6 6 1 9

Step 2: Figure your additions for Form IL-1040, Line 3

Enter the amount of

(Whole dollars only)

- 1 Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814. 1 _____ .00
- 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate. 2 _____ .00
Attach Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.
- 3 Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income. 3 _____ .00
- 4 Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.) 4 _____ .00
- 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562. 5 _____ .00
- 6 Business expense recapture (nonresidents only). 6 _____ .00
- 7 Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan. 7 _____ .00
- 8 Student-Assistance Contribution Credit taken on Schedule 1299-C. 8 _____ .00
- 9 Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded. 9 _____ .00
- 10 RESERVED 10 _____ .00
- 11 Other income - Identify each item. _____ 11 _____ .00
- 12 **Total Additions.** Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3. 12 _____ .00

Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

- 13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>

Total - Add Column B, Lines 1-10 and enter here.

13a _____ .00

ID: 3WM REV 02/01/23 PRO Continue Line 13 calculation on Page 2. →



Step 3: Continued

- 13 Enter the lesser amount from Page 1, Line 13a or \$10,000 (\$20,000 if married filing a joint return). 13 _____ .00
- 14 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. Enter the subtractions from Column A on this line. 14 _____ .00
- 15 Restoration of amounts held under claim of right under IRC Section 1341. 15 _____ .00
- 16 Contributions to a job training project. 16 _____ .00
- 17 Expenses related to federal credits or federally tax-exempt income. 17 _____ .00
- 18 RESERVED 18 _____ .00
- 19 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 11. **Attach** Form IL-4562. 19 _____ .00
- 20 Contributions made to a qualified Illinois ABLE account - Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>

- Total - Add Column B, Lines 1-4 and enter here. 20a _____ .00
- Enter the lesser amount of Line 20a or \$10,000 (\$20,000 if married filing a joint return). 20 _____ .00

Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- 21 Military pay earned. **Attach** military W-2. 21 _____ 387.00
- 22 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040 or 1040-SR. **Attach** a copy of federal Form 1040 or 1040-SR, Schedule B, if required federally. 22 _____ .00
- 23 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms. 23 _____ .00
- 24 River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C. 24 _____ .00
- 25 Recovery of items previously deducted on federal Form 1040 or 1040-SR, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040 or 1040-SR, Page 1, Schedule 1, and any other required federal forms. 25 _____ .00
- 26 Ridesharing money and other benefits. See instructions. 26 _____ .00
- 27 Payment of life insurance, endowment, or annuity benefits received. 27 _____ .00
- 28 Lloyd's plan of operation income if reported on your behalf on Form IL-1065. 28 _____ .00
- 29 Income from Illinois pre-need funeral, burial, and cemetery trusts. 29 _____ .00
- 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act. 30 _____ .00
- 31 Reparations or other amounts received as a victim of persecution by Nazi Germany. 31 _____ .00
- 32 Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33. 32 _____ 387.00



Step 3: Continued

33	Enter the amount from Page 2, Line 32.	33	387.00
34	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	34a	.00
b	Tri-County River Valley Development Authority bonds	34b	.00
c	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	34c	.00
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	34d	.00
e	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	34e	.00
f	Illinois Sports Facilities Authority bonds	34f	.00
g	Higher Education Student Assistance Act bonds	34g	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	34h	.00
i	Rural Bond Bank Act bonds and notes	34i	.00
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	34j	.00
k	Quad Cities Interstate Metropolitan Authority bonds	34k	.00
l	Southwestern Illinois Development Authority bonds	34l	.00
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	34m	.00
n	Illinois Power Agency bonds issued by the Illinois Finance Authority	34n	.00
o	Central Illinois Economic Development Authority bonds	34o	.00
p	Eastern Illinois Economic Development Authority bonds	34p	.00
q	Southeastern Illinois Economic Development Authority bonds	34q	.00
r	Southern Illinois Economic Development Authority bonds	34r	.00
s	Illinois Urban Development Authority bonds	34s	.00
t	Downstate Illinois Sports Facilities Authority bonds	34t	.00
u	Western Illinois Economic Development Authority bonds	34u	.00
v	Upper Illinois River Valley Development Authority Act bonds	34v	.00
w	Will-Kankakee Regional Development Authority bonds	34w	.00
x	Export Development Act of 1983 bonds	34x	.00
y	New Harmony Bridge Authority bonds	34y	.00
z	New Harmony Bridge Bi-State Commission bonds	34z	.00
35	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	35a	.00
b	Bonds issued by the government of Puerto Rico	35b	.00
c	Bonds issued by the government of the Virgin Islands	35c	.00
d	Bonds issued by the government of American Samoa	35d	.00
e	Bonds issued by the government of the Northern Mariana Islands	35e	.00
f	Mutual mortgage insurance fund bonds	35f	.00
36	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	36	.00
37	Railroad sick pay and railroad unemployment income. Attach Form 1099-G or W-2 and a copy of your federal return.	37	.00
38	Unjust imprisonment compensation awarded by Illinois Court of Claims.	38	.00
39	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	39	.00
40	Total Subtractions. Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	40	387.00



Illinois Department of Revenue
2022 Schedule ICR
 Attach to your Form IL-1040



Illinois Credits

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- **Illinois Property Tax Credit** - See Publication 108.
- **K-12 Education Expense Credit** - See Publications 112, 119, and 132.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax due.

Step 1: Provide the following information

ZACHARY & HANNAH R BOYLE

Your name as shown on your Form IL-1040

6 6 1 9
 Your Social Security number

Step 2: Figure your nonrefundable credit

- | | | | |
|---|--|---|-----------------|
| 1 | Enter the amount of tax from your Form IL-1040, Line 14. | 1 | <u>1,813.00</u> |
| 2 | Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15. | 2 | <u>.00</u> |
| 3 | Subtract Line 2 from Line 1. | 3 | <u>1,813.00</u> |

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

- | | | | |
|-----|--|----|-----------------|
| 4 a | Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence. | 4a | <u>3,848.00</u> |
| b | Enter the county and property number of your principal residence. See instructions. | | |
| 4b | <u>SANGAMON</u> County <u>22-07,0-426-010</u> Property number | | |
| c | Enter the county and property number of an adjoining lot, if included in Line 4a. | | |
| 4c | _____ County _____ Property number | | |
| d | Enter the county and property number of another adjoining lot, if included in Line 4a. | | |
| 4d | _____ County _____ Property number | | |
| e | Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction. | 4e | <u>.00</u> |
| f | Subtract Line 4e from Line 4a. | 4f | <u>3,848.00</u> |
| g | Multiply Line 4f by 5% (.05). | 4g | <u>192.00</u> |
| 5 | Compare Lines 3 and 4g, and enter the lesser amount here. | 5 | <u>192.00</u> |
| 6 | Subtract Line 5 from Line 3. | 6 | <u>1,621.00</u> |

Section B - K-12 Education Expense Credit

Note You must complete the **K-12 Education Expense Credit Worksheet** on the back of this schedule and **attach** any receipt(s) you received from your student's school to claim an education expense credit.

- | | | | |
|-----|---|----|---------------|
| 7 a | Enter the total amount of K-12 education expenses from Line 11 of the worksheet on the back of this schedule. | 7a | <u>.00</u> |
| b | You may not take a credit for the first \$250 paid. | 7b | <u>250.00</u> |
| c | Subtract Line 7b from Line 7a. If the result is negative, enter "zero." | 7c | <u>.00</u> |
| d | Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here. | 7d | <u>.00</u> |
| 8 | Compare Lines 6 and 7d, and enter the lesser amount here. | 8 | <u>.00</u> |

Section C - Total Nonrefundable Credit

- | | | | |
|---|--|---|---------------|
| 9 | Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16. | 9 | <u>192.00</u> |
|---|--|---|---------------|



K-12 Education Expense Credit Worksheet

Note You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	-----	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

11 Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

11 _____ .00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.



Illinois Department of Revenue
2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

Attach to your Form IL-1040

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

ZACHARY & HANNAH R BOYLE

Your name as shown on your Form IL-1040

• • • - • • - 6 6 1 9
 Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
AVERY	BOYLE	██████████ 7728	Daughter	01/26/2019	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
HAYDEN	BOYLE	██████████ 8103	Daughter	01/14/2022	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,425. 2 X \$2,425
 Enter the result here and on Form IL-1040, Line 10d.

1 4,850.00

Continue to Page 2 to calculate Illinois Earned Income Credit

2 0 25 0 0

100000

100000



Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **Note** If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. 1 11,358.00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 38,045.00
If you report an amount on Line 2, you must answer the question in Line 2a below.
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes No
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3 If you are filing your 2022 federal return as married filing jointly but are filing your 2022 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. 3 .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a - - - - -
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. 5 1,854.00
- 6 Multiply the amount on Line 5 by 18% (.18). 6 334.00
- 7 **Illinois residents:** Enter 1.0. 7 1.00000
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit. 8 334.00
 Enter this amount here and on your Form IL-1040, Line 29. ➔ 8 334.00

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act



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)

ZACHARY BOYLE

Your name as shown on Form IL-1040

• • • - • • - 6 6 1 9
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	85-0826410	\$ 4,933.00	\$ 4,933.00	\$ 244.00
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)

HANNAH R BOYLE

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

• • • - • • - 5 9 0 5
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	37-1366717	\$ 4,538.00	\$ 4,538.00	\$ 225.00
7 W	85-0826410	\$ 1,500.00	\$ 1,500.00	\$ 74.00
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 \$ 543.00

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

• • • • •

• • • • •



2022 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19



Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information

ZACHARY & HANNAH R BOYLE

Your name as shown on Form IL-1040

6 6 1 9
Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number than the number above, enter that number here.

Step 2: Figure your required installments

	A This year	B Prior year
1 Enter your total income tax, compassionate use of medical cannabis, and sale of assets by gaming licensee surcharges from each tax return. See instructions.	1,813	2,141
2 Enter the amount of credits from each tax return. See instructions.	526	189
3 Subtract Line 2 from Line 1. If the result is a negative number, enter "0."	1,287	1,952
4a Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	543	
4b Enter the total amount of pass-through withholding made on your behalf.		
4c Add Lines 4a and 4b and enter the result here.	543	
5 Subtract Line 4c from Line 3.	744	
6 Multiply Column A, Line 3, by 90% (.9).	1,158	
7 If Line 5 is \$1,000 or less or if you are not required to make estimated tax payments, enter "0," and go to Step 3. Otherwise, enter the lesser of Column A, Line 6, or Column B, Line 3.	0	
8 Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	0	

	Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year
9a Enter the installment due date for each quarter. See instructions.	/ /	/ /	/ /	/ /
9b Enter the required installment. See instructions.				
10a Enter the amount of tax withheld.				
10b Enter the amount of pass-through.				
10c Add Lines 10a and 10b in each column.				
11 Subtract Line 10c from Line 9b. If the amount is negative, use brackets.				
12 If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0." <small>Skip this line for Quarter 1.</small>				
13 Subtract Line 12 from Line 11. If the amount is negative, use brackets.				

Continue with Step 3 on Page 2 →

Step 3: Figure your unpaid tax



- 14 Enter the amount from Column A, Line 3. 14 1,287
- 15 Enter the amount of household employment tax from Form IL-1040, Line 20. 15 _____
- 16 Enter the amount of use tax from Form IL-1040, Line 21. 16 0
- 17 Add Lines 14 through 16. Enter the total amount here. 17 1,287
- 18 Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), your total estimated payments made this year, Form IL-505-I payments, the pass-through withholding made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 9b, Quarters 1 through 4, and enter the **greater** amount here. 18 543
- 19 Subtract Line 18 from Line 17. If the amount is
 - positive**, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4.
 - zero or negative**, enter that amount here and, if negative, use brackets. 19 744

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.
Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

Note You must follow the instructions in order to properly complete the penalty worksheets.

- 20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

Amount	Date paid	Amount	Date paid	Amount	Date paid
a _____	___/___/___	e _____	___/___/___	i _____	___/___/___
b _____	___/___/___	f _____	___/___/___	j _____	___/___/___
c _____	___/___/___	g _____	___/___/___	k _____	___/___/___
d _____	___/___/___	h _____	___/___/___	l _____	___/___/___

Penalty rates

Number of days late	Penalty rate
1 - 30.....	.02
31 or more10

Penalty Worksheet 1 – Late-payment penalty for underpayment of estimated tax

Note If you paid the required amount from Line 13 by the payment due date for each quarter, **do not** complete this worksheet.

- 21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1	0 4/1 8/2 0 2 2	_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
Qtr 2	0 6/1 5/2 0 2 2	_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
Qtr 3	0 9/1 5/2 0 2 2	_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
Qtr 4	0 1/1 7/2 0 2 3	_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____
		_____	_____	_____	___/___/___	_____	_____	_____

- 22 Add Column I, Quarters 1 through 4. This is your **late-payment penalty for underpayment of estimated tax**. Enter the total amount here and on your Form IL-1040, Line 33 (round to whole dollars). 22 _____

Note You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.



Penalty Worksheet 2 – Late-payment penalty for unpaid tax

23 Enter any positive amount from Line 19 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See Page 2)	Penalty
04/18/2023	8/20/23	744	0	744	/ /		0.10	74.40
					/ /			
					/ /			
					/ /			

24 Add Column I. This is your **late-payment penalty for unpaid tax**.

Enter the total amount here and on Step 5, Line 34.

24 74.40

Step 5: Figure your late-filing penalty and the amount you owe

Note → Figure your late-filing penalty only if

- you are filing your tax return after your extended due date, and
- your tax was not paid on or before your original due date.

Figure your late-filing penalty.

- 25 Enter the amount from Form IL-1040, Line 14. 25 _____
- 26 Enter the amount of household employment tax from Form IL-1040, Line 20. 26 _____
- 27 Enter the amount of use tax from Form IL-1040, Line 21. 27 _____
- 28 Enter the amount of compassionate use of medical cannabis and sale of assets by gaming licensee surcharges from Form IL-1040, Line 22. 28 _____
- 29 Add Lines 25 through 28. Enter the total amount here. 29 _____
- 30 Enter the total amount of credits and payments made on or before your original due date. 30 _____
- 31 Subtract Line 30 from Line 29. 31 _____
- 32 Multiply the amount on Line 31 by 2% (.02). 32 _____
- 33 Enter the lesser of Line 32 or \$250. This is your **late-filing penalty**. 33 _____

Figure the amount you owe.

- 34 Enter any **late-payment penalty for unpaid tax** from Line 24. 34 74.40
- 35 Enter any **late-filing penalty** from Line 33. 35 _____
- 36 If you have an overpayment on Form IL-1040, Line 36, enter that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 40, enter that amount as a positive number. 36 744
- 37 Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a positive number, this is the amount you owe. See Form IL-1040, Line 40, instructions for your payment options. 37 818

Continue to Step 6 on Page 4, if annualizing your income. →



Step 6: Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet **only** if your income was not received evenly throughout the year and you choose to annualize your income. **Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.**

	A First 3 months	B First 5 months	C First 8 months	D All 12 months
38 Enter your Illinois base income for each period. See instructions. 38	_____	_____	_____	_____
39 Annualization factors. 39	4	2.4	1.5	1
40 Multiply Line 38 by Line 39. This is your annualized income. 40	_____	_____	_____	_____
41 Exemptions. See instructions. 41	_____	_____	_____	_____
42 Subtract Line 41 from Line 40. This is your Illinois net income. 42	_____	_____	_____	_____
43 Multiply Line 42 by 4.95% (.0495). See instructions. 43	_____	_____	_____	_____
44 Compassionate use of medical cannabis and sale of assets by gaming licensee surcharges. See instructions. 44	_____	_____	_____	_____
45 Add Lines 43 and 44. 45	_____	_____	_____	_____
46 For each period, enter the amount you entered on Step 2, Line 2, Column A. 46	_____	_____	_____	_____
47 Subtract Line 46 from Line 45. If less than zero, enter "0." 47	_____	_____	_____	_____
48 Applicable percentage. 48	22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
49 Multiply Line 47 by Line 48. This is your annualized installment. 49	_____	_____	_____	_____
50 Add the amounts on Line 56 of each of the preceding columns and enter the total here. 50	Skip this line for Column A.	_____	_____	_____
51 Subtract Line 50 from Line 49. If less than zero, enter "0." 51	_____	_____	_____	_____
52 Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing. 52	_____	_____	_____	_____
53 Enter the amount from Line 55 of the preceding column. 53	Skip this line for Column A.	_____	_____	_____
54 Add Lines 52 and 53. 54	_____	_____	_____	_____
55 If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0." 55	_____	_____	_____	Skip this line for Column D.
56 Enter the lesser of Line 51 or Line 54 here and on Step 2, Line 9b. This is your required installment. 56	_____	_____	_____	_____

Department of the Treasury--Internal Revenue Service

d Control number 33869	1 Wages, tips, other compensation 762.24	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages 785.81	4 Social security tax withheld 48.72
	5 Medicare wages and tips 785.81	6 Medicare tax withheld 11.39
c Employer's name, address and ZIP code MEMORIAL HEALTH SYSTEM 701 NORTH FIRST STREET SPRINGFIELD IL 62781-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 23.57
12b	12c	12d
b Employer identification number (EIN) 37-1110690		a Employee's social security number 331-92-5905
13 Statutory employee	Retirement plan X	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code HANNAH R. BOYLE 40 LONGBOW LANE SPRINGFIELD IL 62704		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2022 Form W-2 Wage and Tax Statement	15 State IL W/H 37-1110690	16 State wages, tips, etc. 762.24
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 37.73	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 33869	1 Wages, tips, other compensation 762.24	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages 785.81	4 Social security tax withheld 48.72
	5 Medicare wages and tips 785.81	6 Medicare tax withheld 11.39
c Employer's name, address and ZIP code MEMORIAL HEALTH SYSTEM 701 NORTH FIRST STREET SPRINGFIELD IL 62781-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 23.57
12b	12c	12d
b Employer identification number (EIN) 37-1110690		a Employee's social security number 331-92-5905
13 Statutory employee	Retirement plan X	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code HANNAH R. BOYLE 40 LONGBOW LANE SPRINGFIELD IL 62704		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2022 Form W-2 Wage and Tax Statement	15 State IL W/H 37-1110690	16 State wages, tips, etc. 762.24
Copy B To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 37.73	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 33869	1 Wages, tips, other compensation 762.24	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages 785.81	4 Social security tax withheld 48.72
	5 Medicare wages and tips 785.81	6 Medicare tax withheld 11.39
c Employer's name, address and ZIP code MEMORIAL HEALTH SYSTEM 701 NORTH FIRST STREET SPRINGFIELD IL 62781-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 23.57
12b	12c	12d
b Employer identification number (EIN) 37-1110690		a Employee's social security number 331-92-5905
13 Statutory employee	Retirement plan X	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code HANNAH R. BOYLE 40 LONGBOW LANE SPRINGFIELD IL 62704		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2022 Form W-2 Wage and Tax Statement	15 State IL W/H 37-1110690	16 State wages, tips, etc. 762.24
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return	17 State income tax 37.73	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 33869	1 Wages, tips, other compensation 762.24	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages 785.81	4 Social security tax withheld 48.72
	5 Medicare wages and tips 785.81	6 Medicare tax withheld 11.39
c Employer's name, address and ZIP code MEMORIAL HEALTH SYSTEM 701 NORTH FIRST STREET SPRINGFIELD IL 62781-0001		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 23.57
12b	12c	12d
b Employer identification number (EIN) 37-1110690		a Employee's social security number 331-92-5905
13 Statutory employee	Retirement plan X	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code HANNAH R. BOYLE 40 LONGBOW LANE SPRINGFIELD IL 62704		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2022 Form W-2 Wage and Tax Statement	15 State IL W/H 37-1110690	16 State wages, tips, etc. 762.24
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return	17 State income tax 37.73	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

a Employee's SSN 5905		b Employer identification number (EIN) 85-0826410			OMB No. 1545-0008	
c Employer's name, address, and ZIP code BARBELL HOLDINGS, LLC 4600 ALEX BLVD SPRINGFIELD IL 62707		1 Wgs, tips, other compn 1500.00	2 Fed inc tax withheld	3 Social security wages 1500.00	Form W-2 Wage and Tax Statement 2022 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	
		4 SS tax withheld 93.00	5 Medicare wages & tips 1500.00	6 Medicare tax withheld 21.75		
		7 Social security tips	8 Allocated tips	9		
d Control number 15537877		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. HANNAH BOYLE 40 LONGBOW LANE SPRINGFIELD IL 62704		13 Statutory employee, <input type="checkbox"/>	14 Other	12b		
		Retirement plan, <input type="checkbox"/>		12c		
		Third-party sick pay, <input type="checkbox"/>		12d		
15 State IL	Employer's state ID No. 85-0826410000	16 State wages, tips, etc 1500.00	17 State income tax 74.26	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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a. Employee's Social Security Number *****5905		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 387.40	2 Federal Income Tax withheld 35.30	
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249		3 Social Security Wages 387.40		4 Social Security Tax withheld 24.02		
		5 Medicare Wages and Tips 387.40		6 Medicare Tax withheld 5.62		
		7 Social Security tips		8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code HANNAH RENAE BOYLE 40 LONGBOW LN SPRINGFIELD IL 62704		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				
15 State IL	Employer's State ID Number 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
15 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

Department of the Treasury - Internal Revenue Service

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

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a Employee's SSN [REDACTED]-6619		b Employer identification number (EIN) 85-0826410			OMB No. 1545-0008	
c Employer's name, address, and ZIP code BARBELL HOLDINGS, LLC 4600 ALEX BLVD SPRINGFIELD IL 62707		1 Wgs, tips, other compn 4932.50	2 Fed inc tax withheld 51.87	3 Social security wages 4932.50	Form W-2 Wage and Tax Statement 2022 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	
		4 SS tax withheld 305.82	5 Medicare wages & tips 4932.50	6 Medicare tax withheld 71.52		
		7 Social security tips	8 Allocated tips	9		
d Control number 15537877		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. ZACH BOYLE 40 LONGBOW LN SPRINGFIELD IL 62704		13 Statutory employee, <input type="checkbox"/>	14 Other	12b		
		Retirement plan, <input type="checkbox"/>		12c		
		Third-party sick pay, <input type="checkbox"/>		12d		
15 State IL	Employer's state ID No. 85-0826410000	16 State wages, tips, etc 4932.50	17 State income tax 244.18	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 01/09/23 OSP

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SECRET

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2022	OMB No. 1545-0008
a Employee's SSN XXX-XX-5905	1 Wages, tips, other comp. 4537.50	2 Federal income tax withheld 173.42	
b Employer ID number 37-1366717	3 Social security wages 4537.50	4 Social security tax withheld 281.33	
	5 Medicare wages and tips 4537.50	6 Medicare tax withheld 65.79	
c Employer's name, address, and ZIP code REAL ESTATE GROUP INC 3701 WABASH AVE SPRINGFIELD IL 62711			
d Control number 28			
e Employee's name, address, and ZIP code HANNAH BOYLE 46 LONGBOW LN SPRINGFIELD IL 62704			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
IL 37-1366717	4537.50	224.59	
15 State Empir.'s state I.D. #	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
DAA

Dept. of the Treasury -- IRS

TAB F

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

Tax ID: 92-3612826

Verification of Financial Services Meeting

Applicant's Name: Boyle, Hannah R

Financial Counseling Organization: 183rd Air Wing (Springfield)

Financial Counseling Contact Information: Magellan Federal

Name: Jim Thompson CFP, ChFC

Phone: (217) 720-3337

Email: pfc.springfield@magellanfederal.com

This is to serve as verification that Hannah Boyle
(Applicant name)

met **IN PERSON** with Jim Thompson CFP, ChFC
(Financial counselor name)

on 16 Jan 2024
(Date)

Hannah Boyle
Applicant Signature

Jim S. Thompson
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.