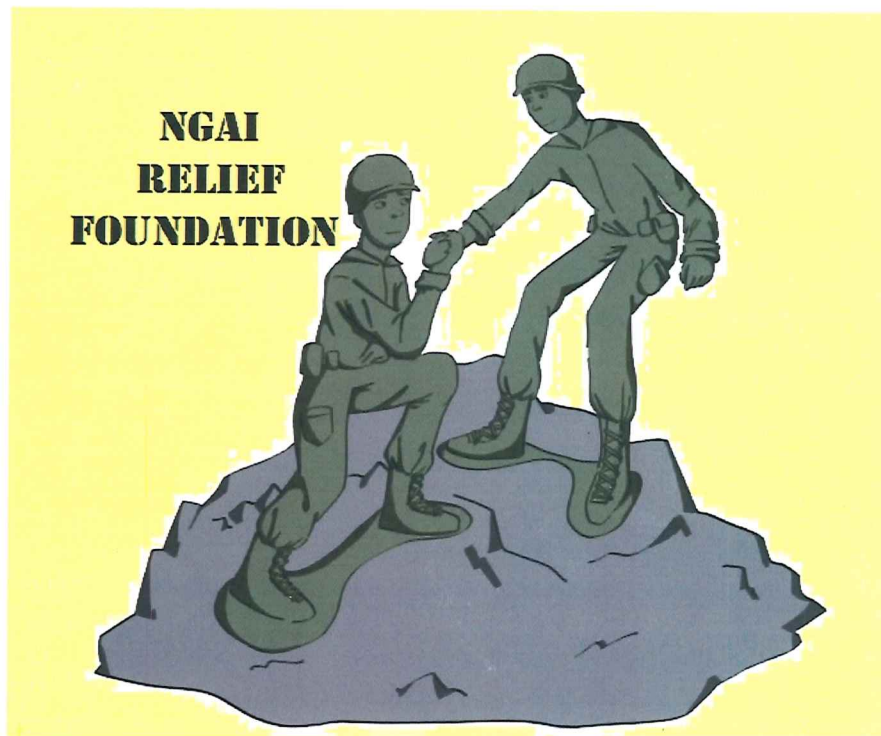


# **NGAI Relief Foundation, Inc.**

## **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

## NGAI Relief Foundation (NGAIRF) Overview

Overview:	
<p>The NGAI Relief Fund is a private, non-profit, tax exempt activity of the National Guard Association of Illinois. It is not an Army or Department of Defense organization. Funds are not for use by the Army and the government cannot dictate the use of funds. Our mission is accomplished by giving funds to service members and their families for limited financial relief.</p>	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> <li>• Meet eligibility requirements</li> <li>• Submit written application packet</li> <li>• Provide required documents</li> <li>• <b>Note: This is NOT an emergency relief fund (approximate processing time is 30 days)</b></li> </ul>	<p>Illinois Army or Air National Guard Service Members (SM) in good standing are eligible to apply.  <i>(*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event(s) beyond his or her control)</i></p>
National Guard Hardship Grant	
<ul style="list-style-type: none"> <li>• Up to \$5,000 (Max)</li> <li>• Targeted towards Title 32 status (AGR, Dual Status, and MDay)</li> <li>• Prove an unexpected financial hardship beyond his/her control</li> <li>• National Guard Member in good standing</li> <li>• Benefit paid directly to identified creditors</li> </ul> <p><b><i>(Members on T10 status should apply to AER, AFAS, or IMFRF)</i></b></p>	
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> <li>• Non-receipt of pay</li> <li>• Loss of income</li> <li>• Medical, dental, &amp; hospital expenses</li> <li>• Clothing</li> <li>• Utilities</li> <li>• Fire or other disasters</li> <li>• Essential repairs to privately owned vehicle</li> <li>• Unexpected major home repairs</li> <li>• Dependent funerals expenses</li> <li>• Rent/Mortgage payments</li> <li>• Food</li> <li>• Other essential expenses approved by the committee</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce/marriage expenses</li> <li>• Lease or purchase of a vehicle</li> <li>• Ordinary leave</li> <li>• Continuing assistance (same hardship, multiple applications)</li> <li>• Bad checks</li> <li>• Liquidation or consolidation of debts</li> <li>• Business ventures or investments</li> <li>• Goods/items of convenience or luxury</li> <li>• Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support</li> <li>• Civil suits/bankruptcies</li> <li>• Credit cards</li> <li>• Student loans/college tuition</li> <li>• Cell phone bills</li> <li>• Personal Loans</li> </ul>

**If Granted:** Checks will not be issued to the service member or family member. All checks will be made payable to the creditor/service provider directly

## NGAIRF Application - Service Member Basic Information

### **Military Member's Information**

Name: <u>Wyatt Sparks</u>		Birth Date: <u>12-30-02</u>	
Home Address: <u>2322 N State Highway 37</u>			
City: <u>Mason</u>		State: <u>IL</u>	ZIP: <u>62443</u>
Best Contact Phone: <u>217-994-3096</u>		Civilian Email: <u>wsparks3096@gmail.com</u>	
Rank: <u>SPC</u>	SSN (last 4) <u>5955</u>		
<b>Employment Status (pick one):</b> Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>			
Home station Unit of Assignment: <u>233rd MP Co Camp Lincoln</u>			
Is Member married? <u>NO</u> 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: _____		SSN (last 4): _____	
Mailing Address: _____			
City: _____		State: _____	ZIP: _____
Phone: _____		Relationship to Military Member: _____	
<b>Employment Status (pick one):</b> Employed: <input type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>			

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

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

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

Name: ROBERT ELMORE

Position/Title: 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:** Cathy Fagan MFBS  
**Location:** Comp Lndk

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

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

\_\_\_\_\_

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

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

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



## NGAIRF Application - Ineligible Expense Disclosure

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

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

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

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

### Budgeting Sheet for Ineligible Expenses:

Expense Name	Brief Description	Recurring? (Yes/No)	Cost (\$)
Auto Loan	monthly Vehicle Loan Payment	yes	\$364
personal Loan	monthly Payment of Financed mower	yes	\$121
Cell Phone	monthly Cell Phone bill	yes	\$125
Cable	monthly Cable/whiti bill	yes	\$64
<b>TOTAL</b>			<b>\$674</b>

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

All above expenses are monthly minimum charges to stay on top of bills for non mortgage/utility needs.

**Income:**

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

Total SM civilian monthly income (after taxes; before deployment): \$ 3,171.26  
 Total Military monthly income (after taxes): \$ 226.41  
 Total Household monthly income (include spouse, roommates, etc.): \$ 2,897.67  
 Estimated total monthly living expenses: \$ 2,753.66

I (Printed Name) Wyatt Sparks 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>Deductible Payment</u>	<u>Eric Insurance 217-329-5851</u>	\$ <u>1,000</u>
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ 1,000

**Required Documents**

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

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

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

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

Yes \_\_\_\_\_ No ✓


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

Organization Name(s) \_\_\_\_\_

Amount Requested (\$) \_\_\_\_\_

Amount Received to date (\$) \_\_\_\_\_

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

  
Applicant Signature

3-11-24  
Date

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

Tax ID: 92-3612826

### Verification of *Financial Services Meeting*

Applicant's Name: Wyatt Sparks

Financial Counseling Organization: Magellan Federal

Financial Counseling Contact Information:

Name: JAMES S. THOMPSON

Phone: 217 420 3337

Email: pfcspringfieldil@magellanfederal.com

This is to serve as verification that Wyatt Sparks  
(Applicant name)

met **IN PERSON** with JAMES THOMPSON  
(Financial counselor name)

on 3/27/2024  
(Date)

[Signature]  
Applicant Signature

[Signature]  
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.



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

Tax ID: 92-3612826

## Verification of *Employment Services Meeting*

Applicant's Name:

Employment Services Organization:

Employment Services Contact Information: Name:

Phone:

Email:

This is to serve as verification that \_\_\_\_\_  
(Applicant name)

met **IN PERSON** with \_\_\_\_\_  
(Employment Specialist name)

on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Employment Specialist Signature

### **NOTICE TO APPLICANT:**

If you are unemployed/underemployed, this is a **REQUIRED** form. Grant requests **WILL NOT BE** reviewed until this form is filled out, signed and returned to INGRF by your Employment Specialist or Military and Family Readiness Specialist / Airmen and Family Readiness Specialist.

## Personal Statement

I am applying for the NGAI Relief Grant due to a significant hardship. Recently the ceiling in the living room of my home began to leak water. After filing an insurance claim, it was inspected and found the cause was due to the roofing being overworn. Furthermore, it was discovered that my roof required a full replacement along with the gutters. The amount I would have to pay out of pocket would be \$1,000. Due to other past hardships, I am unable to come up with such funds. In January of this year the water pipes under my home busted causing me to have to pay money out of pocket to replace. Also, during this time, I had to pay for new brake pads, rotors, and calipers for my truck. The current state of interest rates has caused significant rise in prices for many Americans, including myself. As a service member of the Illinois Army National Guard, I am asking for help from the NGAI Relief Foundation to assist me in making urgent repairs to my home.

Sincerely,

Wyatt N. Sparks

A handwritten signature in black ink, appearing to read "Wyatt N. Sparks", with a stylized flourish at the end.



**Erie Insurance**  
 P. O. Box 2410  
 East Peoria, IL 61611-0410  
 Phone: (888) 335-3743 / Fax: (888) 339-3743

Description	Quantity	Unit Price	Per	RC	Depreciation	ACV
<b>ESTIMATE: Structure (Erie - 099)</b>						
<input checked="" type="checkbox"/> In progress				Claim #A00005696694, WYATT SPARKS		

**ROOFPLAN: Roofplan**

<p><b>Roof</b></p> <p><b>Roof area:</b> 2,429.29 SF <b>Squares:</b> 24.3 SQ <b>Soffit:</b> 451.20 SF  <b>Eaves:</b> 157.58 LF <b>Ridge:</b> 96.86 LF</p>	
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**DEBRIS REMOVAL**

1 Dumpster 20 Yard	1	\$566.42	EA	\$566.42	\$0.00	\$566.42
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**SHINGLES**

2 ITEL, Shingles, 3-Tab, Tear Out	24.29	\$61.11	SQ	\$1,484.36	\$0.00	\$1,484.36
3 ITEL, Shingles, 3-Tab, Supply	24.29 (26.72)	\$99.68	SQ	\$2,663.45	\$1,198.55 ✓	\$1,464.90
Includes 10% waste on material quantity.						
4 ITEL, Shingles, 3-Tab, Install	24.29 (26.72)	\$120.81	SQ	\$2,942.16	\$38.00 ✓	\$2,904.16
Includes 10% waste on material quantity.						
5 Shingles, Starter Row, Continuous - Replace	157.58 (173.34)	\$1.91	LF	\$310.75	\$48.36 ✓	\$262.39
Includes 10% waste on material quantity.						
6 Ridge Cap Shingles, 3-Tab - Replace	96.86 (106.55)	\$4.32	LF	\$430.06	\$57.54 ✓	\$372.52
Includes 10% waste on material quantity.						

**UNDERLAYMENTS**

7 Felt, Single Layer, 15 lb. - Replace	18.73	\$30.78	SQ	\$576.51	\$75.52 ✓	\$500.99
8 Ice/Water Shield, Single Row, LF - Replace	185.30 (194.57)	\$4.52	LF	\$863.88	\$198.93 ✓	\$664.95
Includes 5% waste on material quantity.						
Conversion: 0.03 SQ per LF						
9 The quantity of felt has been reduced by the amount of ice and water shield used.						

**VENTS AND FLASHINGS**

10 Drip Edge, Rake, Aluminum, Pre-Finished Color - Tear Out	108.23	\$0.63	LF	\$68.18	\$0.00	\$68.18
11 Drip Edge, Rake, Aluminum, Pre-Finished Color - Replace	108.23 (113.64)	\$2.87	LF	\$317.11	\$61.37 ✓	\$255.74
Includes 5% waste on material quantity.						
12 Gutter Apron, Aluminum, Pre-Finished Color, 5" - Tear Out	157.58	\$0.63	LF	\$99.28	\$0.00	\$99.28
13 Gutter Apron, Aluminum, Pre-Finished Color, 5" - Replace	157.58 (165.46)	\$2.36	LF	\$377.33	\$51.38 ✓	\$325.95
Includes 5% waste on material quantity.						
14 Step Flashing, Aluminum, Mill Finish - Tear Out	5.25	\$1.57	LF	\$8.24	\$0.00	\$8.24
15 Step Flashing, Aluminum, Mill Finish - Replace	5.25 (5.51)	\$5.25	LF	\$27.94	\$4.08 ✓	\$23.86
Includes 5% waste on material quantity.						
16 Roof to Wall Flashing, Aluminum - Tear Out	7.00	\$0.69	LF	\$4.83	\$0.00	\$4.83



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 Phone: (888) 335-3743 / Fax: (888) 339-3743

Description	Quantity	Unit Price	Per	RC	Depreciation	ACV
<b>ESTIMATE: Structure (Erie - 099)</b>						
				Claim #A00005696694, WYATT SPARKS		
<input checked="" type="checkbox"/> In progress						
17 Roof to Wall Flashing, Aluminum - Replace	7.00 (7.35)	\$5.23	LF	\$37.03	\$4.00 ✓	\$33.03
Includes 5% waste on material quantity.						
18 Flashing, Pipe Jack, Plastic - Tear Out	2	\$11.27	EA	\$22.54	\$0.00	\$22.54
19 Flashing, Pipe Jack, Plastic - Replace	2	\$32.62	EA	\$65.24	\$7.41 ✓	\$57.83
20 Vent Cap, Furnace Aluminum - Tear Out	2	\$2.09	EA	\$4.18	\$0.00	\$4.18
21 Vent Cap, Furnace Aluminum - Replace	2	\$69.80	EA	\$139.60	\$38.77 ✓	\$100.83
<b>ADDITIONAL ITEMS</b>						
22 Satellite Dish - Rem/Reset	2	\$135.66	EA	\$271.32	\$2.23 ✓	\$269.09
23 Gutter, K-Style, Aluminum, 5" - Tear Out	157.58	\$1.27	LF	\$200.13	\$0.00	\$200.13
24 Gutter, K-Style, Aluminum, 5" - Replace	157.58 (165.46)	\$8.75	LF	\$1,405.86	\$283.77 ✓	\$1,122.09
Includes 5% waste on material quantity.						
25 Downspout, Aluminum, 2"x3" - Tear Out	57.58	\$1.00	LF	\$57.58	\$0.00	\$57.58
26 Downspout, Aluminum, 2"x3" - Replace	57.58 (60.46)	\$5.23	LF	\$309.21	\$76.18 ✓	\$233.03
Includes 5% waste on material quantity.						
<b>Roof - Subtotal (31 items)</b>				<b>\$13,253.19</b>	<b>\$2,146.09</b>	<b>\$11,107.10</b>
<b>Roofplan - Subtotal (31 items)</b>				<b>\$13,253.19</b>	<b>\$2,146.09</b>	<b>\$11,107.10</b>

<b>FLOORPLAN: Floorplan</b>						
<b>LIVING ROOM/KITCHEN</b>						
<b>Length:</b> 16'9"	<b>Width:</b> 17'	<b>Height:</b> 8' Flat				
<b>Walls:</b> 540.00 SF	<b>Walls-subs:</b> 540.00 SF	<b>Walls-subs-cas-bsbd:</b> 520.30 SF				
<b>Doors:</b> 0.00 SF	<b>Windows:</b> 0.00 SF	<b>Openings:</b> 0.00 SF	<b>Missing Walls:</b> 0.00 SF			
<b>Floor:</b> 284.75 SF	<b>Ceiling:</b> 284.75 SF	<b>Perim (F):</b> 67.50 LF	<b>Perim (C):</b> 67.50 LF			
27 Drywall, 1/2", Taped, Ceilings - Tear Out	32.00	\$0.32	SF	\$10.24	\$0.00	\$10.24
28 Drywall, 1/2", Taped, Ceilings - Replace	32.00 (33.60)	\$2.91	SF	\$94.06	\$2.38 ✓	\$91.68
Includes 5% waste on material quantity.						
29 Texture, Hand, Heavy, Ceilings - Replace	32.00	\$3.04	SF	\$97.28	\$23.85 ✓	\$73.43
30 Drywall/Plaster Ceiling - Prime	32.00	\$0.63	SF	\$20.16	\$3.60 ✓	\$16.56
31 Drywall/Plaster Ceiling - Paint, 2 Coats	284.75	\$1.26	SF	\$358.79	\$64.07 ✓	\$294.72
32 Minimum Charge, Drywall, 1 Trip	1	\$299.84	LS	\$299.84	\$0.00	\$299.84
33 Minimum Charge, Painter	1	\$254.58	LS	\$254.58	\$0.00	\$254.58
<b>LIVING ROOM/KITCHEN - Subtotal (7 items)</b>				<b>\$1,134.95</b>	<b>\$93.90</b>	<b>\$1,041.05</b>
<b>Floorplan - Subtotal (7 items)</b>				<b>\$1,134.95</b>	<b>\$93.90</b>	<b>\$1,041.05</b>
<b>Subtotal</b>				<b>\$14,388.14</b>	<b>\$2,239.99</b>	<b>\$12,148.15</b>



**Erie Insurance**  
P. O. Box 2410  
East Peoria, IL 61611-0410  
Phone: (888) 335-3743 / Fax: (888) 339-3743

**ESTIMATE:** Structure (Erie - 099)

Claim #A00005696694, WYATT SPARKS

In progress

Total Materials:	\$5,608.03
Total Labor:	\$8,780.11
<b>Subtotal:</b>	<b>\$14,388.14</b>
Sales Tax 6.500% (applies to materials only):	\$364.52
<b>Replacement Cost Value:</b>	<b>\$14,752.66</b>
Replacement Cost on Coverage Dwelling (\$149,500.00 limit):	\$14,752.66
Less Recoverable Depreciation:	\$(2,385.58)
<b>Net Actual Cash Value on Coverage Dwelling:</b>	<b>\$12,367.08</b>
Coverage Dwelling Deductible (\$1,000.00) applied:	\$(1,000.00)
Net Actual Cash Value on Coverage Dwelling after Deductible:	\$11,367.08
<b>Estimate Total on Coverage Dwelling:</b>	<b>\$11,367.08</b>
Recoverable Depreciation:	\$2,385.58
Net Coverage Dwelling after Deductible if Depreciation Is Recovered:	\$13,752.66
<b>Estimate Total on Coverage Dwelling if Depreciation Is Recovered:</b>	<b>\$13,752.66</b>
<b>Net Estimate:</b>	<b>\$11,367.08</b>
Total Net Recoverable Depreciation:	\$2,385.58
<b>Net Estimate if Depreciation Is Recovered:</b>	<b>\$13,752.66</b>

Notice: This is a repair estimate only. Should any additional repairs be required beyond what has been agreed upon, these repairs need to be reviewed by the claims handler prior to the commencement of these repairs. Erie Insurance does not recommend contractors or vendors and you are under no obligation to use any contractor or vendor that Erie Insurance may have suggested or used on the Erie's behalf. No contractor or vendor is affiliated with Erie Insurance and we do not warrant their work. Please contact Carrie Park (217) 329-5851 with any questions or concerns, prior to start of repairs outside of this estimate.  
ERIE insureds can now access policy, billing and claim information by creating an online account at [www.ERIEInsurance.com/account](http://www.ERIEInsurance.com/account)

Finalization





**Erie Insurance**

P. O. Box 2410  
East Peoria, IL 61611-0410  
Phone: (888) 335-3743 / Fax: (888) 339-3743

03/19/2024

WYATT SPARKS

2322 N STATE HIGHWAY 37  
MASON IL 62443

Re: Erie Claim #: A00005696694  
Policy #: Q597807413  
Loss Date: 02/28/2024

Dear WYATT SPARKS :

We have enclosed an estimate of the repairs needed to restore your property. Most contractors experienced in this type of restoration work should be able to complete the work specified for the price stated in this estimate. You are free to choose your own contractor. Should you select a contractor who charges more than the amount of our estimate, you may be personally responsible for the charges in excess of our estimate unless you have obtained prior approval from ERIE. Please provide the contractor with a copy of the estimate. They may call us with any questions.

Your policy is an Actual Cash Value (ACV) policy. As stated under the Loss Settlement provision of your policy, we only owe the actual cash value (ACV) of the items. Actual cash value (ACV) equals the replacement cash value (RCV) less depreciation (DEP) as listed on your estimate.

As we discussed, the breakdown for your loss is as follows:

Structure (Erie - 099)	
Replacement Cost of Repairs:	\$14,752.66
Less Depreciation:	\$2,385.58
Total Claim:	\$12,367.08
Less Deductible:	\$(1,000.00)
Actual Cash Value Settlement:	\$11,367.08
Less Prior Payments:	\$10,319.03
Net Payment:	\$1,048.05

Payment for the ACV settlement outlined above has been issued. Your mortgage company may be included on your settlement check. If so, please contact them in regards to their endorsement procedures.

Please call the number below if we can be of any further assistance.

Sincerely,

Carrie Park

Property Adjuster  
(217) 329-5851  
Carrie.Park@erieinsurance.com

**WHITNEY ROOFING**

Whitney Roofing Inc.  
 IL LIC# 104.017881,  
 10102 Illinois 33  
 Effingham, IL 62401  
 (217) 454-3541

**Sales Representative**  
 Dave Beliz  
 (217) 500-6274  
 dave@whitneyroofinginc.com



**Wyatt Sparks**  
**Job #WR-4941 - Wyatt Sparks**  
**2322 N. State Hwy 37**  
**Mason, IL 62443**

<b>Estimate #</b>	8794
<b>Date</b>	3/12/2024

Item	Description
REMOVE/REPLACE SHINGLES/FELT	
ALCOA 1 3/4" DRIP EDGE	REMOVE AND REPLACE ALL DRIP EDGE 10' PER PIECE
WINTERGUARD ICE AND WATER	INSTALL ICE AND WATER ON ALL EAVES, VALLEYS, ENDWALL, SIDEWALL AND ALL PENETRATIONS THROUGH THE ROOF.
CERTAINTEED ROOF RUNNER	10SQ/ROLL
IPS 4N1 ALUM BASE PIPE FLASHING	LIFETIME OF ROOF WARRANTY PIPE FLASHING
1.25" Coil Nails	1 BOX PER 17SQ
1.25" Plastic Cap Nails	1 BOX PER 30SQ
SPRAY PAINT	BLACK
Certaiteed Rolled Ridgevent	28' UNFILTERED W/NAILS
CERTAINTEED LANDMARK PRO	
CERTAINTEED STARTER	116'4" LINEAL FOOT PER BUNDLE
CERTAINTEED SHADOWRIDGE	HIP AND RIDGE 30' PER BUNDLE
ALUMINUM STEP FLASH 8X8 MIL	PRICE PER LINEAR FOOT
Loctite Caulking	Pro Line Roof & Flashing Black

**SPECIAL INSTRUCTIONS**

Estimate valid for 10 days.

All Jobs include applicable permits, Clean-up and Haul Away of Debris.

\*We require 50% Down at Signing

\*Financing Available-visit our website to apply

All Residential Full Replacement Projects come with a 5 year Workmanship Warranty.

All Commercial Full Replacement Projects come with a 10 year Workmanship Warranty.

Repair work comes with a 30 Day Warranty.

<b>Sub Total</b>	\$11,061.09
<b>Total</b>	\$11,061.09

***\*THIS ESTIMATE ONLY INCLUDES THE AMOUNT OF LAYERS LISTED IN THE DESCRIPTION. EACH ADDITIONAL LAYER DISCOVERED UPON TEAR OFF WILL BE CHARGE \$40/SQ***

***\*THIS ESTIMATE ONLY INCLUDES AMOUNT OF DECKING LISTED IN THE DESCRIPTION. EACH ADDITIONAL SHEET OF OSB WILL BE CHARGED AT \$35/SHEET PLUS CURRENT MARKET VALUE OF DECKING OR \$7.00/LF OF 1X6 DECKING.***

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C U S T O M E R   N O T E S

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**W H I T N E Y   R O O F I N G   -   G U T T E R S**

Whitney Roofing Inc.  
 IL LIC# 104.017881,  
 10102 Illinois 33  
 Effingham, IL 62401  
 (217) 454-3541

**Sales Representative**  
 Dave Beliz  
 (217) 500-6274  
 dave@whitneyroofinginc.com



**Wyatt Sparks**  
**Job #WR-4941 - Wyatt Sparks**  
**2322 N. State Hwy 37**  
**Mason, IL 62443**

<b>Estimate #</b>	8795
<b>Date</b>	3/12/2024

Item	Description	Amount
<b>GUTTERS</b>	<b>Remove and Replace 6" Gutters Install new seamless 6" gutters</b>	<b>\$1,972.78</b>
Install 6" Gutters	Install new 6" seamless aluminum gutters and downspouts	\$0.00
3x4 Downspouts	10' sections	\$0.00
A- 3x4 Elbow	Downspout Elbow	\$0.00
B- 3x4 Elbow	Downspout Elbow	\$0.00
Zip Mill 10 x 1 1/2	Zip Mill 10x1 1/2	\$0.00
Zip 8x1/2 Screw		\$0.00
3x4 Rectangular Outlet		\$0.00
GEOCEL 2300 TUBE CAULKING	*****Clear/White*****	\$0.00
END CAPS L & R		\$0.00
Gutter Tear Off		\$1,972.78

**\*We Require 50% Down at Signing- Financing is Available on our Website  
 217roofing.com**  
**This estimate only includes installation of gutters listed in the description. We  
 may encounter rotted/damaged Fascia which will be an additional charge  
 (\$5/LF) If we need to Reset existing gutters there will be an additional charge  
 (\$3/LF)**

**S P E C I A L   I N S T R U C T I O N S**



**Central Roofing LLC Illinois**  
 317 Dewitt Ave East  
 Mattoon, IL 61938  
 Lic. 104-017077  
 Phone: (217) 728-7663

03/13/2024  
**Claim Information**

**Company Representative**  
 Dylan Koester  
 Phone: (217) 994-6855  
 dylanK@centralroofingllc.net

**Wyatt Nelson**  
 2322 N st Hwy 37  
 Mason, IL 62443  
 (217) 994-3096

Job: Wyatt Nelson

**Shingle Roof Section**

- Remove existing shingles down to deck.
- Re-nail any loose wood. If bad or rotten wood is discovered, it will be replaced at an additional charge.
- Install minimum of 3' of ice and water shield at all eaves and valleys.
- Install Owens Corning RhinoRoof Synthetic underlayment to keep roof dry and breathable.
- Install Owens Corning Starter Strip Shingles along all eaves and rake edges.
- Install Owens Corning TruDefinition Duration Limited Lifetime Dimensional Shingles per specifications.
- Install Owens Corning ProEdge Hip & Ridge Shingles
- Install new ridge vent.
- Install new flashings at pipes and chimney.
- Clean up all job related debris.
- Provide 5 yr workmanship warranty and provide owner with an OWENS CORNING MANUFACTURER'S WARRANTY.

	Qty	Unit
Owens Corning TruDefinition Duration AR	24.60	SQ
Owens Corning ProEdge AR (33')	3.00	BD
Owens Corning Starter Strip Plus - 7 3/4" (105')	3.00	BD
Owens Corning RhinoRoof U20 Synthetic Underlayment (10 sq) - Cen Roofing	2.00	RL
Tarco LeakBarrier MS300 Ice & Water Shield (2 sq)	8.00	RL
ABC Electro Galvanized Coil Nails - 1 1/4" (7200 Cnt)	2.00	BX
Electro Galvanized Plastic Cap Nails - Ring Shank - 1 1/4" (2000 Cnt)	2.00	BX
Hard Plastic Base Pipe Flashing - 1"-4"	3.00	EA
Owens Corning VentSure Rigid Strip w/ Weather PROtector - 15" (4')	24.00	PC
ACM Aluminum Drip Edge - .019 - 1.85" (10')	30.00	PC
Mule-Hide JTS1 Joint & Termination Sealant (10 oz)	2.00	EA
Generic Touch Up Spray Paint (12 oz)	1.00	EA
Labor		

**\$12,172.32**


**Gutters Section**

	Qty	Unit
5" Seamless Gutter	160.00	LF
K-Style Seamless Gutter		
Color:		



Hardware for White Gutters	1.00	EA
Includes Zip Screws, Rivets, Paint, Sealant, and Waste for an average home. Add additional units for large or cut up jobs.		
Gutter Hanger- Quick Screw with Clip	80.00	EA
Maximum 2' on center		
5" Right End Cap	6.00	EA
5" Left End Cap	6.00	EA
2X3 Rectangle Outlet	6.00	EA
2X3 Downspout	60.00	LF
Color:		
2X3 A-Elbow	10.00	EA
2X3 B-Elbow	10.00	EA
2X3 Downspout Strap	12.00	EA
Labor		
		<b>\$2,217.51</b>

**TOTAL \$14,389.83**

Starting at \$227/month with  • APPLY

ALL PROJECTS INCLUDE APPLICABLE PERMITS, LANDSCAPE PROTECTION, CLEAN UP, AND HAUL AWAY OF WASTE UNLESS OTHERWISE DIRECTED.

CENTRAL ROOFING LLC WILL GIVE A 5 YEAR CRAFTSMANSHIP WARRANTY ON ALL RESIDENTIAL FULL ROOF REPLACEMENTS AND 10 YEARS ON COMMERCIAL ROOF REPLACEMENTS. \*\*\*THERE ARE NO WARRANTIES ON REPAIRS SINCE CENTRAL ROOFING IS NOT RESPONSIBLE FOR BUILD QUALITY AROUND THE REPAIR AREA.\*\*\*

MATERIAL WARRANTIES MAY VARY, HOWEVER MOST ROOFING SYSTEMS INSTALLED BY CENTRAL ROOFING CARRY A LIMITED LIFETIME WARRANTY.

ESTIMATE ONLY INCLUDES THE AMOUNT OF LAYERS LISTED IN DESCRIPTION FOR REMOVAL

EACH ADDITIONAL LAYER DISCOVERED UPON REMOVAL WILL BE AN ADDITIONAL CHARGE

ESTIMATE MAY NOT INCLUDE ROTTED OR BROKEN DECKING

ALL DECKING (PLYWOOD, OSB, 1X6 ETC) REPLACED WILL BE AN ADDITIONAL CHARGE.

BY SIGNING THIS AGREEMENT, THE HOMEOWNER ACKNOWLEDGES CENTRAL ROOFING AND SIDING, LLC AS A GENERAL CONTRACTOR, AND AGREES TO PAY THE PROJECT TOTAL NOTED ABOVE, IN FULL, UPON COMPLETION OF THE PROJECT AGREED UPON, AND HEREBY AGREES TO THE SPECIFICATIONS ON THE REVERSE SIDE OF THIS DOCUMENT.

Both sides of this document, including the terms and conditions below, and any agreement executed in writing, pursuant thereto, between **CENTRAL ROOFING, LLC** (the "Company") and the property owner(s) or property owner's representative(s), hereby referred to as the "customer", are subject to the laws in effect in the State in which it has been signed and executed.

3/22/2024

One Thousand Four Hundred One and 59/100-----

CHECK AMOUNT
\$*****1401.59

\*\*\*\*NON - NEGOTIABLE\*\*\*\*

\*\*\*\*Direct Deposit Amount\*\*\*\*

WYATT N SPARKS  
 2322 N STATE HWY 37  
 MASON IL 62443

Employee Number	Employee Name	Check Date	Period End	Check Number	Check Amt				
1044	WYATT N SPARKS	3/22/2024	3/16/2024	1599137	\$1,401.59				
Categ	Description	Rate	Hours	Income	Y-T-D	Categ	Description	Deduct	Y-T-D
HRS9	CORRECTIONAL	27.450	80.00	\$2,196.00	\$12,981.44	ACH1	ACH1	\$400.00	\$2,400.00
INCE	Insurance Incentive	300.000	0.00	\$0.00	\$300.00	DSDUE	FOP Union Dues	\$25.50	\$153.00
OT9	Overtime Hourly R	41.175	6.00	\$247.08	\$2,017.82	FED	Federal Withholding	\$203.67	\$1,438.88
OTRG	Correctional Officer	27.450	0.00	\$0.00	\$645.11	FICA	Fica Withholding	\$151.47	\$988.54
			86.00	\$2,443.08	\$15,944.37	MED	Medicare Withholding	\$35.42	\$231.18
						RG03	IMRF Rate Tier 2	\$109.94	\$704.00
						STATE	State Withholding	\$115.49	\$754.39
								\$1,041.49	\$6,669.99
Effingham County		101 N 4th Street		Effingham, IL		62401			

3/8/2024

One Thousand Three Hundred Twenty Two and  
90/100-----

\*\*\*NON - NEGOTIABLE\*\*\*

CHECK AMOUNT
\$*****1322.90

\*\*\*Direct Deposit Amount\*\*\*

WYATT N SPARKS  
2322 N STATE HWY 37

MASON IL 62443

Employee Number	Employee Name	Check Date	Period End	Check Number	Check Amt				
1044	WYATT N SPARKS	3/8/2024	3/2/2024	1598937	\$1,322.90				
Categ	Description	Rate	Hours	Income	Y-T-D	Categ	Description	Deduct	Y-T-D
HRS9	CORRECTIONAL	27.450	80.00	\$2,196.00	\$10,785.44	ACH1	ACH1	\$400.00	\$2,000.00
INCE	Insurance Incentive	300.000	0.00	\$0.00	\$300.00	DSDUE	FOP Union Dues	\$25.50	\$127.50
OT9	Overtime Hourly R	41.175	3.00	\$123.54	\$1,770.74	FED	Federal Withholding	\$191.08	\$1,235.21
OTRG	Correctional Officer	27.450	0.50	\$13.73	\$645.11	FICA	Fica Withholding	\$144.66	\$837.07
			83.50	\$2,333.27	\$13,501.29	MED	Medicare Withholding	\$33.83	\$195.76
						RG03	IMRF Rate Tier 2	\$105.00	\$594.06
						STATE	State Withholding	\$110.30	\$638.90
								\$1,010.37	\$5,628.50
Effingham County		101 N 4th Street		Effingham, IL		62401			

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

ID	NAME (Last, First,MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	SPARKS WYATT N	***-**-5955	E04	200319	03	260318	ARNG	5570	CHK DT 240117

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd	
A	BASIC PAY		389.12				
B		FED INC TAX	32.04			+TOT ENT	389.12
C		FICA TAX	29.77				
D		SGLI	31.00			-TOT DED	131.72
E		TSP CONTRIBUTION	38.91				
F						-TOT ALMT	
G						=NET AMT	257.40
H						-CR FWR	
I						=EOM PAY	
J							
K							
L							
M							
N							
O							
	TOTAL		389.12		131.72	DIEMS	RET PLAN

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD
	389.12	389.12	S	E	00	00	.00	.00	.00	32.04

FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St IL	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	389.12	389.12	24.13	389.12	5.64			389.12	389.12	S	00	.00

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	.00	0	.00	0	.00	0	.00

ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	10	38.91	0	.00	0	.00	0	.00

CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH
	38.91	.00	.00	38.91	3.89	15.56

CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	3.89	15.56		6.5	.0	0	6.5		.0	.0	.0

<p><b>REMARKS:</b></p> <p>YOUR CHECK WAS SENT TO: MIDLAND STATES BANK          DIRECT DEPOSIT DATE: 01/17/24 AMOUNT: \$257.40          * AS OF 19 MAR 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED          SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)          TOTAL PERFORMANCE FY 24: UTA 14 AFTP 00 ET 00 ATA 00          JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00          MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000          INACTIVE DUTY TRAINING 06 JAN 24 1 06 JAN 24 2 07 JAN 24 1          INACTIVE DUTY TRAINING 07 JAN 24 2          YOUR CURRENT STATE CLAIMED IS: ILLINOIS</p>	<p><b>YTD ENTITLE 389.12</b></p> <p><b>YTD DEDUCT 131.72</b></p> <p>SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000          YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)          SPOUSE SGLI COVERAGE: NONE          PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME          TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM          2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.          -MILTAX SERVICES, INCLUDING FREE TAX PREP AND FILING SOFTWARE          AND PERSONALIZED TAX SUPPORT, ARE AVAILABLE FROM THE DEFENSE          DEPARTMENT AND MILITARY ONESOURCE. 100% FREE, NO HIDDEN          SURPRISES. VISIT:WWW.MILITARYONESOURCE.MIL</p>
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**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT**

ID	NAME (Last, First,MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	SPARKS WYATT N	***--5955	E04	200319	04	260318	ARNG	5570	CHK DT 240320

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd	
A B C D E F G H I J K L M N O	BASIC PAY	389.12	FED INC TAX	32.04		+TOT ENT 389.12	
			FICA TAX	29.78		-TOT DED 100.73	
			TSP CONTRIBUTION	38.91		-TOT ALMT	
						=NET AMT 288.39	
						-CR FWR	
						=EOM PAY	
TOTAL	389.12		100.73			DIEMS	RET PLAN

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD
	389.12	1167.36	S	E	00	00	.00	.00	.00	96.12

FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St IL	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	389.12	1167.36	72.38	1167.36	16.93			389.12	1167.36	S	00	.00

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	.00	0	.00	0	.00	0	.00

ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	10	38.91	0	.00	0	.00	0	.00

CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH
	116.73	.00	.00	116.73	11.67	46.68

CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Ernd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	3.89	15.56		6.5	.0	0	6.5		.0	.0	.0

<b>REMARKS:</b> YOUR CHECK WAS SENT TO: MIDLAND STATES BANK DIRECT DEPOSIT DATE: 03/20/24 AMOUNT: \$288.39 * AS OF 19 MAR 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE) TOTAL PERFORMANCE FY 24: UTA 22 AFTP 00 ET 00 ATA 00 JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00 MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000 INACTIVE DUTY TRAINING 09 MAR 24 1 09 MAR 24 2 10 MAR 24 1 INACTIVE DUTY TRAINING 10 MAR 24 2 YOUR CURRENT STATE CLAIMED IS: ILLINOIS	YTD ENTITLE 1167.36 YTD DEDUCT 395.16 SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000 YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) SPOUSE SGLI COVERAGE: NONE PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -MILTAX SERVICES, INCLUDING FREE TAX PREP AND FILING SOFTWARE AND PERSONALIZED TAX SUPPORT, ARE AVAILABLE FROM THE DEFENSE DEPARTMENT AND MILITARY ONESOURCE. 100% FREE, NO HIDDEN SURPRISES. VISIT:WWW.MILITARYONESOURCE.MIL
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Copy B - To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 331-02-5955	1 Wages, tips, other comp. 56386.52	2 Federal income tax withheld 4753.51	
b Employer ID number (EIN) 376000771	3 Social security wages 58986.94	4 Social security tax withheld 3657.22	
	5 Medicare wages and tips 58986.94	6 Medicare tax withheld 855.29	
c Employer's name, address, and ZIP code Effingham County 101 N 4th Street  Effingham IL 62401			
d Control number 008 1			
e Employee's name, address, and ZIP code Suff. WYATT N SPARKS 2322 N STATE HWY 37  MASON, IL 62443			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other IMRF 2600.42	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
IL 376000771	56386.52	2791.11	
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 Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 331-02-5955	1 Wages, tips, other comp. 56386.52	2 Federal income tax withheld 4753.51	
b Employer ID number (EIN) 376000771	3 Social security wages 58986.94	4 Social security tax withheld 3657.22	
	5 Medicare wages and tips 58986.94	6 Medicare tax withheld 855.29	
c Employer's name, address, and ZIP code Effingham County 101 N 4th Street  Effingham IL 62401			
d Control number 008 2			
e Employee's name, address, and ZIP code Suff. WYATT N SPARKS 2322 N STATE HWY 37  MASON, IL 62443			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other IMRF 2600.42	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
IL 376000771	56386.52	2791.11	
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 Dept. of the Treasury -- IRS

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 331-02-5955	1 Wages, tips, other comp. 56386.52	2 Federal income tax withheld 4753.51	
b Employer ID number (EIN) 376000771	3 Social security wages 58986.94	4 Social security tax withheld 3657.22	
	5 Medicare wages and tips 58986.94	6 Medicare tax withheld 855.29	
c Employer's name, address, and ZIP code Effingham County 101 N 4th Street  Effingham IL 62401			
d Control number 008 3			
e Employee's name, address, and ZIP code Suff. WYATT N SPARKS 2322 N STATE HWY 37  MASON, IL 62443			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other IMRF 2600.42	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
IL 376000771	56386.52	2791.11	
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 Dept. of the Treasury -- IRS  
This information is being furnished to the IRS. 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.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 331-02-5955	1 Wages, tips, other comp. 56386.52	2 Federal income tax withheld 4753.51	
b Employer ID number (EIN) 376000771	3 Social security wages 58986.94	4 Social security tax withheld 3657.22	
	5 Medicare wages and tips 58986.94	6 Medicare tax withheld 855.29	
c Employer's name, address, and ZIP code Effingham County 101 N 4th Street  Effingham IL 62401			
d Control number 008 4			
e Employee's name, address, and ZIP code Suff. WYATT N SPARKS 2322 N STATE HWY 37  MASON, IL 62443			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other IMRF 2600.42	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
IL 376000771	56386.52	2791.11	
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 Dept. of the Treasury -- IRS  
L4UP 5205

a. Employee's Social Security Number *****5955		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) d. Control number 35-1819323			1 Wages, Tips, and other compensation 4521.59		2 Federal Income Tax withheld 447.82		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249			3 Social Security Wages 4030.68		4 Social Security Tax withheld 249.90		
			5 Medicare Wages and Tips 4030.68		6 Medicare Tax withheld 58.44		
			7 Social Security tips		8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code WYATT N SPARKS 2322 N STATE HIGHWAY 37 MASON IL 62443			9		10 Dependent Care Benefits		
			12 See instructions for box 12  AA 403.08		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	

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 *****5955		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) d. Control number 35-1819323			1 Wages, Tips, and other compensation 4521.59		2 Federal Income Tax withheld 447.82		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249			3 Social Security Wages 4030.68		4 Social Security Tax withheld 249.90		
			5 Medicare Wages and Tips 4030.68		6 Medicare Tax withheld 58.44		
			7 Social Security tips		8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code WYATT N SPARKS 2322 N STATE HIGHWAY 37 MASON IL 62443			9		10 Dependent Care Benefits		
			12 See instructions for box 12  AA 403.08		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	

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)

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

Personal information section including name (Wyatt Sparks), social security number (331-02-5955), address (2322 N State Highway 37, Mason, IL), and ZIP code (624432601).

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

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

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

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

Main income table with rows 1a through 15. Includes sub-rows for interest, dividends, IRA distributions, pensions, and social security benefits. Total income is 50,129 and taxable income is 37,179.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	4,256.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	4,256.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,256.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,256.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	4,155.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	4,155.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	4,155.

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

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	101.
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes. Complete below.**  **No**

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

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>Correctional Officer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (217) 994-3096 Email address \_\_\_\_\_

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

## Qualified Business Income Deduction Simplified Computation

2022

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

Wyatt Sparks

Your taxpayer identification number

331-02-5955

**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	Wyatt Sparks	331-02-5955	0.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	0.		
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	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.	
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		0.	
11	Taxable income before qualified business income deduction (see instructions)	11	37,179.		
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	37,179.		
14	Income limitation. Multiply line 13 by 20% (0.20)	14		7,436.	
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		0.	
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. )		



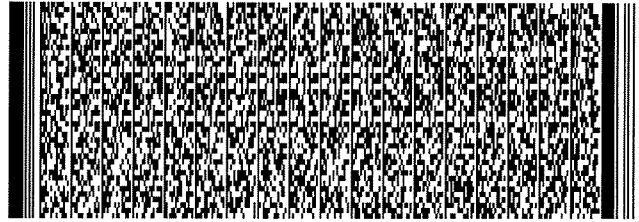


Illinois Department of Revenue  
**2022 Form IL-1040**  
 Individual Income Tax Return

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

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

331-02-5955      2002  
 Wyatt                                  Sparks  
  
 2322 N State Highway 37  
 Mason                                  IL      624432601      EFFINGHAM



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

**Step 2: Income** (Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	50,129.00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. <b>Attach</b> Schedule M.	3	.00
4	<b>Total income.</b> Add Lines 1 through 3.	4	50,129.00

**Step 3: Base Income**

5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00
7	Other subtractions. <b>Attach</b> Schedule M.	7	4,915.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	4,915.00
9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	9	45,214.00

**Step 4: Exemptions**

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

**Step 5: Net Income and Tax**

11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9.	11	42,789.00
12	<b>Residents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR.	12	2,118.00
13	<b>Residents and part-year residents:</b> Enter the tax from Schedule NR.	13	.00
14	<b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.	14	2,118.00

**Step 6: Tax After Nonrefundable Credits**

15	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	15	.00
16	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	16	.00
17	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	17	.00
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
19	<b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	19	2,118.00

**Step 7: Other Taxes**

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	21	0.00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	<b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	23	2,118.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 2,118.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 2,238.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00

29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 .00

30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 2,238.00

**Step 9: Total**

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

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

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

33 Late-payment penalty for underpayment of estimated tax. 33 .00

a  Check if at least two-thirds of your federal gross income is from farming.

b  Check if you or your spouse are 65 or older and permanently living in a nursing home.

c  Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d  Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. 34 .00

35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

**Step 11: Refund or Amount you owe**

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 120.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 120.00

38 I choose to receive my refund by

a  **direct deposit** - Complete the information below if you check this box.

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

Routing number	0 8 1 2 0 4 5 4 0	<input checked="" type="checkbox"/> Checking or	Savings
Account number	1 0 0 0 6 4 1 5 9 7		

b  **paper check**.

39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00

40 If you have an amount on Line 32, add Lines 32 and 35. - or -  
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. 40 .00

**Step 12: Health Insurance Checkbox and Signature**

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

**Signature - Note:** If this is a joint return, both you and your spouse must sign below.  
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					(217) 994-3096
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
			Self-Prepared		<input type="checkbox"/> Check if self-employed
	Firm's name ▶		Firm's FEIN ▶		
	Firm's address ▶		Firm's phone ▶		( )
<b>Third Party Designee</b>	Designee's name (please print)			Designee's phone number	
				( )	
	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.				

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





### 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. 14 \_\_\_\_\_ .00  
Enter the subtractions from Column A on this line.
- 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 \_\_\_\_\_ 4,915.00
- 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 \_\_\_\_\_ 4,915.00



### Step 3: Continued

<b>33</b>	Enter the amount from Page 2, Line 32.	<b>33</b>	<u>4,915.00</u>
<b>34</b>	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.		
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>34a</b>	<u>.00</u>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>34b</b>	<u>.00</u>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>34c</b>	<u>.00</u>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>34d</b>	<u>.00</u>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>34e</b>	<u>.00</u>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>34f</b>	<u>.00</u>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>34g</b>	<u>.00</u>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>34h</b>	<u>.00</u>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>34i</b>	<u>.00</u>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>34j</b>	<u>.00</u>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>34k</b>	<u>.00</u>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>34l</b>	<u>.00</u>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>34m</b>	<u>.00</u>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>34n</b>	<u>.00</u>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>34o</b>	<u>.00</u>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>34p</b>	<u>.00</u>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>34q</b>	<u>.00</u>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>34r</b>	<u>.00</u>
<b>s</b>	Illinois Urban Development Authority bonds	<b>34s</b>	<u>.00</u>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>34t</b>	<u>.00</u>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>34u</b>	<u>.00</u>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>34v</b>	<u>.00</u>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>34w</b>	<u>.00</u>
<b>x</b>	Export Development Act of 1983 bonds	<b>34x</b>	<u>.00</u>
<b>y</b>	New Harmony Bridge Authority bonds	<b>34y</b>	<u>.00</u>
<b>z</b>	New Harmony Bridge Bi-State Commission bonds	<b>34z</b>	<u>.00</u>
<b>35</b>	Interest on the following non-U.S. government bonds.		
<b>a</b>	Bonds issued by the government of Guam	<b>35a</b>	<u>.00</u>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>35b</b>	<u>.00</u>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>35c</b>	<u>.00</u>
<b>d</b>	Bonds issued by the government of American Samoa	<b>35d</b>	<u>.00</u>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>35e</b>	<u>.00</u>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>35f</b>	<u>.00</u>
<b>36</b>	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.	<b>36</b>	<u>.00</u>
<b>37</b>	Railroad sick pay and railroad unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>37</b>	<u>.00</u>
<b>38</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>38</b>	<u>.00</u>
<b>39</b>	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.	<b>39</b>	<u>.00</u>
<b>40</b>	<b>Total Subtractions.</b> Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	<b>40</b>	<u>4,915.00</u>



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)

Wyatt Sparks

Your name as shown on Form IL-1040

3 3 1 - 0 2 - 5 9 5 5  
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	37-6000771	\$ 45,214.00	\$ 45,214.00	\$ 2,238.00
2		\$ .00	\$ .00	\$ .00
3		\$ .00	\$ .00	\$ .00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

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

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

Your spouse's Social Security number

Column A 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		\$ .00	\$ .00	\$ .00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

### Step 3: Total Illinois withholding

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

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

11 \$ 2,238.00

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



Illinois Department of Revenue

Submission ID [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Wyatt Sparks 3 3 1 - 0 2 - 5 9 5 5
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2322 N State Highway 37
Mailing address
Mason IL 62443-2601 (217) 994-3096
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 42,789 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 2,118 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 2,238 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 120 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Widowed [ ] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 8 1 2 0 4 5 4 0
8 Account no. (AN): 1 0 0 0 6 4 1 5 9 7
9 Type of account: [X] Checking [ ] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[ ] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Self-Prepared ERO's signature Date
Check if paid preparer: [ ] (See instructions.)
ERO use only Firm's name or your name if self-employed Your PTIN
Mailing address Federal employer identification number (FEIN)
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

