

**2007 - QUESTIONS SPECIFIC FOR ILLINOIS**

1. Did you contribute to the "Bright Start", "Bright Directions", College Savings Pools or the "College Illinois" Prepaid Tuition Program in 2007? **YES / NO** If **YES**, amount contributed: \_\_\_\_\_

2. Did you pay for any Tuition, Book Fees or Lab Fees for any of your dependents (in Public, Non public, or Homeschool) for grades Kindergarten – 12? **YES / NO** (The school may provide you with a "Receipt for Qualified K – 12 Education Expenses, but it is not required)

If YES, Students:		SSN	What Grade in 2007? (must be K – 12)	School Name	The City the School is in?	Total Tuition Paid in 2007?
First Name	Last Name					
_____	_____	____ - ____ - ____	_____	_____	_____	_____
_____	_____	____ - ____ - ____	_____	_____	_____	_____

*(25% deductible if paid over \$250. Limit of \$500 / Family)*

3. Did you pay any Illinois Property Tax on your principle residence? **YES / NO**

If **YES**, Amount Paid in 2007 \_\_\_\_\_ *(Any Property tax claimed on Sch C, E, or F must be deducted from this amount)*

4. Would you like to donate to one or more of the following voluntary contribution funds? **YES / NO**

*(Any donation will reduce your refund, or increase the amount you owe)*

If **YES**, please fill in amount:

- |  |                                      |
|--|--------------------------------------|
| a. Wildlife Preservation _____                         | g. Military Family Relief _____      |
| b. Child Abuse Prevention _____                        | h. Illinois Veterans Home _____      |
| c. Alzheimer's Research _____                          | i. Diabetes Research _____           |
| d. Assistance to the Homeless _____                    | j. Autoimmune Disease Research _____ |
| e. Breast, Cervical, and Ovarian Cancer Research _____ | k. Lung Cancer Research _____        |
| f. Multiple Sclerosis _____                            |                                      |

5. Were you / your spouse called out on Active Military duty? **YES / NO**

If **Yes**, **Date of Deployment:** \_\_\_ / \_\_\_ / \_\_\_ **Place of Deployment:** \_\_\_\_\_

*(Active Duty Pay in the Military or National Guard can be excluded)*

6. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have?

**YES / NO** IF **YES**, what would you like to add? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_