



General Information:

С	ounty of residence			<u> </u>	
E	nter the total property tax paid applicable to				
	Property index number			· · · · · <u> </u>	
	County name			· · · · · · · · · · · · · · · · · · ·	
	nter the amount of general merchandise for nter the amount of qualifying food, non-pre- which you did not pay any sales tax	scription drugs and	medical appliances for		
	re you a member, shareholder, partner, ber holds a medical cannabis cultivation cente o you or your spouse have income from the	er or medical cannal	bis dispensary registrat	tion?	
Е	nter the amount of Illinois income tax you w	vithheld from a hous	sehold employee		
Resi	dency Information:			(N	From To (Mo/Da/Yr)
	you did not live in Illinois for all of 2023, enter the state names other than Illinois whe			<u> </u>	
	cation Savings:				
	you or your spouse make any contribution College Savings Program, or College Illinois If Yes, enter the following:			<u> </u>	
TS			Social Security	X if contribution was a gift Account Number	2023 Amount
	,		Number		Contributed
	E Savings Account: you or your spouse make any contribution	s to a qualified Illino	ois ABLE savings accou	unt?	Yes No
	If Yes, enter the following:			X if contribution was a	
TS	Name of Designated Benef	iciary	Social Security Number	Account Number	2023 Amount Contributed
	ntary Contributions:				
En	Alzheimer's Disease Research, Care, and				



Illinois Information (Page 2 of 2)

Dependent Name	Grade (K-12)	School Name	School City	School Type	Tuition, Book/Lab Fee
	,			71	
re you including a receipt for qualified educa	tion expenses?		Yes	No	
IDOD alternative to describe the described	- A				
an IDOR share your income information to d	etermine neaith	insurance benefits?	Yes	No	
er Any Additional Illinois Informati	on:				
-					