

Form	1040	EXTENSION GRANTED TO 10/16	2016	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning 2016, ending 20					
Your first name and initial		Last name		See separate instructions.	
BRUCE V.		RAUNER		Your social security number	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
DIANA M.		RAUNER			
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.				Presidential Election Campaign	
Foreign country name				Foreign province/state/county	Foreign postal code
				[X] You [X] Spouse	
Filing Status					
1 [] Single					
2 [X] Married filing jointly (even if only one had income)					
3 [] Married filing separately. Enter spouse's SSN above and full name here.					
4 [] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.					
5 [] Qualifying widow(er) with dependent child					
Check only one box.					
Exemptions					
6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a					
b [X] Spouse					
c Dependents:					
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit					
If more than four dependents, see instructions and check here []					
d Total number of exemptions claimed					
7 Wages, salaries, tips, etc. Attach Form(s) W-2					
8a Taxable interest. Attach Schedule B if required					
b Tax-exempt interest. Do not include on line 8a					
9a Ordinary dividends. Attach Schedule B if required					
b Qualified dividends					
10 Taxable refunds, credits, or offsets of state and local income taxes					
11 Alimony received					
12 Business income or (loss). Attach Schedule C or D-EZ					
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here []					
14 Other gains or (losses). Attach Form 4797					
15a IRA distributions					
16a Pensions and annuities					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					
18 Farm income or (loss). Attach Schedule F					
19 Unemployment compensation					
20a Social security benefits					
21 Other income. List type and amount					
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income					
Adjusted Gross Income					
23 Educator expenses					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ					
25 Health savings account deduction. Attach Form 8889					
26 Moving expenses. Attach Form 3903					
27 Deductible part of self-employment tax. Attach Schedule SE					
28 Self-employed SEP, SIMPLE, and qualified plans					
29 Self-employed health insurance deduction					
30 Penalty on early withdrawal of savings					
31a Alimony paid b Recipient's SSN					
32 IRA deduction					
33 Student loan interest deduction					
34 Tuition and fees. Attach Form 8917					
35 Domestic production activities deduction. Attach Form 8903					
36 Add lines 23 through 35					
37 Subtract line 36 from line 22. This is your adjusted gross income					

Tax and Credits

Standard Deduction for -
 • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
 Single or Married filing separately, \$6,300
 Married filing jointly or Qualifying widow(er), \$12,600
 Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	90,441,458.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,093,890.
41	Subtract line 40 from line 38	41	73,347,568.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	73,347,568.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	14,634,872.
45	Alternative minimum tax. Attach Form 6251	45	2,371,807.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	17,006,679.
48	Foreign tax credit. Attach Form 1116 if required	48	164,134.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	164,134.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	16,842,545.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	15,895.
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	2,645,582.
63	Add lines 56 through 62. This is your total tax	63	19,504,022.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2016 estimated tax payments and amount applied from 2015 return	65	21,817,743.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	6,200,000.
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	28,017,743.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	8,513,721.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	8,513,721.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

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)
		13579

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Date	Your occupation	Daytime phone number
Your signature		EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		EXECUTIVE	

Print/Type preparer's name
Preparer's signature
Date
Check ☐ if self-employed
PTIN

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
		10/12/17		
Firm's name	Firm's EIN	Phone no.		

Illinois Department of Revenue

2016 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.

BRUCE V. RAUNER
 DIANA M. RAUNER

C Filing status (see instructions)

☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2:

1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	(Whole dollars only)	1	90,441,458 .00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.		2	1,002,890 .00
3	Other additions. Attach Schedule M.		3	1,156,037 .00
4	Total income. Add Lines 1 through 3.		4	92,600,385 .00

Step 3:

5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
6	Illinois Income Tax overpayment included in federal Form 1040, Line 10.	6	230,315 .00
7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	1,004,337 .00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	1,234,652 .00
9	Illinois base income. Subtract Line 8 from Line 4.	9	91,365,733 .00

Step 4:

10 a	Number of exemptions from your federal return.	5	x \$2,175	a	10,875 .00	
b	If someone can claim you as a dependent, see instructions.		x \$2,175	b	.00	
c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x \$1,000	c	.00	
d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x \$1,000	d	.00	
Exemption allowance. Add Lines a through d.					10	10,875 .00

Step 5:

11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	91,354,858 .00
12	Nonresidents and part-year residents: Check the box that applies to you during 2016 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	.00

Step 6: Fiscal filers see instructions before completing Step 6. Calendar-year filers continue to Line 13.

13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	3,425,807 .00
14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	3,425,807 .00

Step 7:

16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	167,865 .00
17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	4,647 .00
18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	4,690 .00
19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	177,202 .00
20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	3,248,605 .00



21 Tax after nonrefundable credits from Page 1, Line 20. 21 3,248,605 .00

Step 8: 22 Household employment tax. See instructions. 22 .00

Other 23 Use tax on internet, mail order, or other out-of-state purchases from 23 0 .00

Taxes UT Worksheet or UT Table in the instructions. Do not leave blank. 24

24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge 24 .00

25 Total Tax. Add Lines 21, 22, 23, and 24. 25 3,248,605 .00

Step 9: 26 Illinois Income Tax withheld. Attach all W-2 and 1099 forms. 26 .00

Payments 27 Estimated payments from Forms IL-1040-ES and IL-505-I, 27 4,402,969 .00

and including any overpayment applied from a prior year return. 28

Refundable 28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T. 28 .00

Credit 29 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 29 .00

30 Total payments and refundable credit. Add Lines 26 through 29. 30 4,402,969 .00

Step 10: 31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 1,154,364 .00

Result 32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 32 .00

Step 11: 33 Late-payment penalty for underpayment of estimated tax 33 .00

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

of Estimated b Check if you or your spouse are 65 or older and permanently ☐

Tax Penalty living in a nursing home. ☐

and Donations 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 12: 36 If you have an overpayment on Line 31 and this amount is greater than 36 1,154,364 .00

Refund or Line 35, subtract Line 35 from Line 31. This is your remaining overpayment. 37

Amount You 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 0 .00

Owe 38 I choose to receive my refund by

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

Routing number ☐ Checking or ☐ Savings

Account number

☐ Illinois Individual Income Tax refund debit card

☐ paper check

39 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions. 39 1,154,364 .00

40 If you have an underpayment on Line 32, add Lines 32 and 35. Or

If you have an overpayment 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 13: 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.

Sign and
Date

Your signature

Date

Daytime phone number

Your spouse's signature

Date

Paid preparer's signature

Date

Preparer's phone number

Paid preparer's PTIN

Third Party
Designee



Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

Designee's name (please print)

Designee's phone number



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

