| E 1040 | J | J.S. Individual Incor | ne Tax Return | ⁽⁹⁹⁾ 2012 | OMB No. 1545-0074 | IRS Lise Only - Do | Bot write | or staple in this space. | | |
|-----------------------------------|-----------|---|--|---|-----------------------|--|-----------|---|----------------------|--|
| For the year Jan. 1-D | Dec. 31, | 2012, or other tax year beginning | | | 2012, ending | | not write | T | | |
| Your first name and initial | | | Last name | , 40 | | | | See separate instructions. Your social security number | | |
| BRUCE V | | | RAUNER | | | | | ***_**_* | | |
| | | s first name and initial | Last name | | | | | Spouse's social security | | |
| DIANA M. | | | RAUNER | | | | | ***_**_* | *** | |
| nome adoress (no | umber | and street). If you have a P.O | box, see instruction | 15. | | Apt | no. | Make sure the SSN | l(s) above | |
| City town or post off | lice stat | o and 710 and 16 | | | | | | and on line 6c are c | correct. | |
| WINNETKA | T | e, and ZIP code. If you have a fore | ign address, also compl | ete spaces below. | | | | Presidential Election Ca | ampaign our spous | |
| Foreign country na | | L 60093 | | | | | | Check here if you, or yo if filing jointly, want \$3 t this fund. Checking a bo will not change your tax | to go to | |
| t or eight country ha | ame | | Foreign p | province/state/county | | Foreign posta | code | | | |
| | 1 | Single | | | | | | X You X S | Spouse | |
| Filing Status | | X Married filing jointly (| even if only one had | incoma) | . 4 Head o | f household (with | qualifyi | ng person). If the qua | alifying | |
| Chack ank | 3 | Married filing separate | ely Enter shouse's S | (SN above | | | your de | pendent, enter this ch | hild's | |
| Check only one box. | | and full name here. | >y. Enter spouse s o | SIN above | name h | | | 1 | | |
| Evanuation. | 6a | X Yourself, If someone | | lenendent de net cheel | hay En | ng widow(er) wit | |) Boxes checked | 2 | |
| Exemptions | b | | | | | | | on 6a and 6b | | |
| | C | Dependents: | | (2) Dependent's social | (3) De | pendent's | (4)√ if c | No. of children on 6c who: | 3 | |
| | | (1) First name | Last name | security number | relati | onship to | under age | e 17 • lived with you or child • did not live with | th | |
| | | RAUN | ER | ***_** | * DAUGHT | | tax cred | you due to divorce or separation | ce | |
| If more than four | | RAUNE | R | ***_** | * SON | | | (see instructions) | | |
| dependents, see instructions and | | RAU | NER | ***_**_** | * DAUGHT | ER | | Dependents on 60 not entered above | ic | |
| check here | ╝, | | | | | and the second test or remove to the second test | | Add numbers | | |
| | d | Total number of exemption | s claimed | | ,,-,,, | | | on lines | 5 | |
| Income | 7 | wages, salaries, tips, etc. A | Attach Form(s) W-2 | | | | 7 | | | |
| | 8a | Taxable Interest. Attach So | hedule B if required | | | | 8a | 7,628,2 | 206. | |
| Attach Form(s) | b | Tax exempt interest. Do no | of include on line 8a | | 8b 2 | .070.126 | • | 8 | | |
| W-2 here. Also attach Forms | 9a | Ordinary dividends. Attach | Schedule B if require | ed | | | 9a | 9,022,5 | 590. | |
| W-2G and | 10 | Qualified dividends | | | 96 6 | ,543,339 | • | STMT 5 | | |
| 1099-R if tax | 11 | Taxable refunds, credits, or | offsets of state and | local income taxes | STMT 2 | STMT 3 | 10 | 315,4 | 155. | |
| was withheld. | 12 | Alimony received | Attach Cohedula O - | - 0.57 | | | 11 | | | |
| | 13 | Business income or (loss). Capital gain or (loss). Attac | Attacii Schedule U o | r G-EZ | | | | | | |
| If you did not | 14 | Other gains or (Insses) Atte | ach Form 4707 | irea. Il not requirea, che | eck nere | > | 13 | 25,146,6 | 68. | |
| get a W-2, see instructions. | 15a | Other gains or (losses). Atta IRA distributions | 1 150 1 | | h Tauchle and | A | 14 | 11,723,6 | 11. | |
| | 16a | Pensions and annuities | 16a | | b Taxable amou | nt | 15b | | | |
| | 17 | Rental real estate, royalties, | partnerships S corr | onrations trusts atc At | tach Schadula E | nt | 16b | 240 0 | 220 | |
| Enclose, but do | 18 | Farm income or (loss). Atta | ch Schedule F | | mach Schedule E | | 18 | 249,8 <664,0 | | |
| not attach, any payment. Also, | 19 | Unemployment compensati | on | | | | 19 | 2004,0 | 770. | |
| olease use | 20a | Social security benefits | 20a | | b Taxable amou | nt | 20b | <u> </u> | | |
| Form 1040-V. | 21 | Other income. List type and | amount SEE | STATEMENT | 1 | | 21 | 65,5 | 20. | |
| | 22 | Combine the amounts in the | far right column for | lines 7 through 21. Th | is is your total inco | me > | 22 | 53,487,8 | | |
| | 23 | F 1 (| | | The second second | | | | | |
| Adjusted | 24 | Certain business expenses of resorticials. Attach Form 2106 or 21 | 06-EZ | ts, and fee-basis governme | 24 | | - Regions | *************************************** | | |
| Gross ncome | 25 | Health savings account ded | uction. Attach Form | 8889 | 25 | | | | | |
| ncome | 26 | Moving expenses. Attach Fo | | | 26 | | | | | |
| | 27 | Deductible part of self-emple | oyment tax. Attach S | chedule SE | 27 | 8,989 | | | | |
| | 28 | Self-employed SEP, SIMPLE | and qualified plans | (************************************** | 28 | 15,000 | | | | |
| | 29 30 | Self-employed health insura | of southers | *************************************** | 29 | 16,605 | 1 | 1 | | |
| | | Penalty on early withdrawal Alimony paid b Recipient | | | | | | | | |
| | 32 | 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m | the same of the sa | | 31a | | | | | |
| | | Student loan interest deduct | | | | | | | | |
| | 33 | | | | 33 | | | | | |
| | | | | | . 34 | | | | | |
| | 34 | Tuition and fees. Attach Forr | n 8917 | | 34 | 377 300 | | | | |
| 10001 | 34 35 | | n 8917 es deduction. Attach | Form 8903 | 34 | 377,399. | 36 | 417,99 | 0.2 | |

| Form 1040 (2012 |) E | RUCE V & DIANA M. RAUNER | ***_**_*** | | Page 2 | |
|----------------------------------|----------------------------------|---|--|---------------|--|--|
| Tax and | 38 | Amount from line 37 (adjusted gross income) | | 38 | 53,069,810. | |
| Credits | 398 | Check You were born before January 2, 1948, Blind. | Total boxes | 30 | 33,003,010. | |
| Standard | | if: Spouse was born before January 2, 1948, Blind. | | | | |
| Deduction for - | b | If your spouse itemizes on a separate return or you were a dual-status alien, che | ock here | | | |
| People who check any | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left m. | argin) | 40 | 7,489,149. | |
| box on line 39a or 39b or | 41 | Subtract line 40 from line 38 | 40 | 45,580,661. | | |
| who can be claimed as a | 42 | Subtract line 40 from line 38 Exemptions, Multiply \$3,800 by the number on line 6d | *************************************** | - | 19,000. | |
| dependent. | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, er | nter -0- | 42 | 45,561,661. | |
| | 44 | Tax. Check if any from: a Form(s) 8814 b Form 4972 c | 43 | 10,071,259. | | |
| | 45 | Alternative minimum tax. Attach Form 6251 | 302 6166(101) | 45 | 186,505. | |
| All others: | 46 | Add lines 44 and 45 | | 46 | 10,257,764. | |
| Single or Married filing | 47 | Foreign tax credit. Attach Form 1116 if required | 47 153,533. | 40 | 10,237,704. | |
| separately, \$5,950 | 48 | Credit for child and dependent care expenses. Attach Form 2441 | | | | |
| Married filing | 49 | Education credits from Form 8863, line 19 | 49 | | | |
| jointly or Qualifying | 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | | | |
| widow(er), \$11,900 | 51 | Child tax credit. Attach Schedule 8812, if required | 51 | | | |
| Head of | 52 | Residential energy credits. Attach Form 5695 | 52 | | | |
| household, \$8,700 | 53 | Other credits from Form: a X 3800 b 8801 c | 53 | | | |
| | 54 | Add lines 47 through 53. These are your total credits | | 54 | 153,533. | |
| | 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | > | 55 | 10,104,231. | |
| Other | 56 | Self-employment tax. Attach Schedule SE | | 56 | 15,777. | |
| Taxes | 57 | Unreported social security and Medicare tax from Form; a 4137 _ b | 8919 | 57 | 13,7774 | |
| | 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if | required | 58 | | |
| | 59a | | | 59a | 16,126. | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | | 59b | 10/120: | |
| | 60 | Other taxes. Enter code(s) from instructions | | 60 | | |
| | 61 | Add lines 55 through 60. This is your total tax | | 61 | 10,136,134. | |
| Payments | 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 6. | | STATEMENT 8 | |
| | 63 | 2012 estimated tax payments and amount applied from 2011 return | 63 6,852,220. | | | |
| If you have a qualifying | 64 a | Earned income credit (EIC) | 64a | | | |
| child, attach | b | Nontaxable combat pay election 64b | 1000 S. V. V. 1000 S. V. | | | |
| Schedule EIC. | 65 | Additional child tax credit. Attach Schedule 8812 | 65 | | | |
| | 66 | American opportunity credit from Form 8863, line 8 | 66 | | | |
| | 67 | Reserved | 67 | | | |
| | 68 | Amount paid with request for extension to file | 68 7,500,000. | | | |
| | 69 | Excess social security and tier 1 RRTA tax withheld | 69 | | | |
| | 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | | | |
| | /1 | Greats from Form: a 2439 b Reserved c 8801 d 8885 | 71 | | | |
| | 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | | 72 | 14,352,226. | |
| Refund | | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount yo | | 73 | 4,216,092. | |
| Direct deposit? | 74 a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check her | e | 74a | | |
| See Instructions. | | Routing Checking Savings d Account Checking Savings d Account | | | | |
| | 75 | Amount of line 73 you want applied to your 2013 estimated tax | 75 4,216,092. | | | |
| Amount | 76 | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see ins | structions | 76 | | |
| You Owe Third Party | | Estimated tax penalty (see instructions) | 77 | in Procession | The state of the s | |
| Designee | | you want to allow another person to discuss this return with the IRS (see instruc | |)W. | No identification | |
| Sign | U | nder penalties of perjury. I declare that I have examined this return and accompanying schedule | c and statements and to the best of the | | | |
| Here | - | of the clandring | which preparer has any knowledge. | | | |
| Joint return? | | Date Your occupation | 5.7.7.3 | Dayti | me phone number | |
| See instructions. Keep a copy | - | EXECUTI Spouse's signature, if a joint return, both must sign. Date Spouse's occupal | | M Alex | 170 | |
| for your records. | | | | | IRS sent you an Identity ction PIN, | |
| | Print/ | [EXECUTI] Type preparer's name Preparer's signature | | - | it here | |
| Paid | · cary | Type preparer's name Preparer's signature | | if PT | IN | |
| Preparer | | | 10/11/13 self-employed | 1 | | |
| Use Only | Firm's | name ▶ PLANTE & MORAN, PLLC | | + + 4 | ***** | |
| • | 10 C DIVERGEDE DI AZA OMU DI COD | | | | | |
| 210002 01-11-13 | Firm's | address CHICAGO, IL 60606 | Phone no.(3 | 4/ | 207-1040 | |
| - 1 1 1 10 | | , J J , TH J J J J J J J J | | | | |

Illinois Department of Revenue 2012 Form II -1040

| | | bFile | | | |
|-----------------------------------|---|----------------|---|----------------|--|
| | Step 1: | Pers | sonal Information | | Do not write above this line |
| Staple W-2 and 1099 forms here | ***_* | *_* | **** | | |
| | BRUCE DIANA | | RAUNER RAUNER | | |
| | WINNE | TKA | , IL 60093 | | |
| | | D | Single or head of household X Married filing jointly Married filing se | eparately | Widowed |
| | Step 2: Income | 3 | Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3. | 1 2 3 | (Whole dollars only) 53,069,810.00 1,748,555.00 992,082.00 55,810,447.00 |
| | Step 3: Base Income | 6 7 8 | Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. | | 671,862.00 |
| | Step 4: Exemption | 9 10 s | a Number of exemptions from your federal return. b If someone can claim you as a dependent, see instructions. c Check if 65 or older: d Check if legally blind: You + Spouse = X \$1,000 c Check if legally blind: You + Spouse = X \$1,000 d Exemption allowance. Add Lines a through d. | 9 | 55,138,585.00 10,250.00 |
| | Step 5: Net Income | 11 12 | Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12. Nonresidents and part-year residents: Check the box that applies to you during 2012 Nonresident Part-year resident, a write the Illinois base income from Sch. NR. Attach Sch. NR. 12 | 11and | 55,128,335.00 |
| | Step 6: | 13 | Residents: Multiply Line 11 by 5% (.05). | | |
| | 1 dX | 14 15 | Nonresidents and part-year residents: Write the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 13 and 14. Cannot be less than zero. | 13 14 15 | 2,756,417.00 .00 2,756,417.00 |
| ■ Staple your check and IL-1040-V | Step 7: Tax After Non- refundable Credits | 17 18 19 | Tour of the state | 7 .00 | 99,225.00 2,657,192.00 |
| | | | and a same substant line to note the to. | 20 | 4,057,194.00 |

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This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



| | 21 | Tax after nonrefundable credits from Page 1, Line 20. | 21_ | 2,657,192 | 2 .00 | |
|---|----------------------------|--|-----------------------------------|---|-------|------------------------------|
| Step 8: Other Taxes | | Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from | 22_ | W 44 1 | .00 | |
| | 24 | UT Worksheet or UT Table in the instructions. Do not leave blank. Total Tax. Add Lines 21, 22, and 23. | 23 _ | 24 | 2,65 | 7,192.00 |
| Step 9: Payments and Refundable Credit | 25 26 27 28 29 | Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2011 return. | 25 _ 26 _ 27 _ 28 _ | 3,536,859 29 | .00 | 6,872 _{.00} |
| Step 10: Result | 30 31 | Overpayment. If Line 29 is greater than Line 24, subtract Line 24 fro Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from the contract Line 29 from the co | m Line | 29. 30 ne 24. 31 | 87 | 9,680 .00 |
| Step 11: Underpayment of Estimated Tax Penalty and Donation | s 33 | Late-payment penalty for underpayment of estimated tax. a Check if at least two-thirds of your federal gross income is from fa 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 annualized your income on Form IL-2210. Attach Form IL-2210. d Check if you were not required to file an Illinois Individual Income return in the previous tax year. Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 32 and 33. | I you | | .00 | .00. |
| Step 12: Refund or Amount You Owe | 35 36 37 38 | If you have an overpayment on Line 30 and this amount is greater the Line 34, subtract Line 34 from Line 30. This is your remaining overpath Amount from Line 35 you want refunded to you. If you want to deposit in Complete to direct deposit your refund Routing number Checking Account number Subtract Line 36 from Line 35. This amount will be applied to your 20 flyou have an underpayment on Line 31, add Lines 31 and 34. Or If you have an overpayment on Line 30 and this amount is less than I subtract Line 30 from Line 34. This is the amount you owe. | yment sit you oformat or | refund directly tion on Line 37. 36 Savings timated tax. 38 | | 9,680.00 0.00 9,680.00 |
| Sign and Date | our sìg | | 0 4 0 | Your spouse's signature | | complete. |
| Third Party Designee | X | Check, and complete below, to allow another person to discuss this | return | with the Illinois Departm | | 7-1040 |
| Form 1099-G Information | | We no longer automatically mail 1099-G forms. Instead, we ask that Check the box if you still want us to mail you a paper Form 1099-G n | | t this information from o | | |
| 249002 01-03-13 | ********* | ILLINOIS DEPARTMENT OF REVENUE | LINOIS | nt enclosed, mail to: DEPARTMENT OF REVENU IELD IL 62726-0001 | E | |
| ID: 2BX IL-1040 page 2 (R-1 | 2/12) | DRAP RR DC | | | | |