

Form	1040	U.S. Individual Income Tax Return	(99)	2017	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning					2017, 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.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.					Presidential Election Campaign	
WINNETKA, IL 60093					Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name			Foreign province/state/county		Foreign postal code	
					<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse	
Filing Status						
1 <input type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶				
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶		5 <input type="checkbox"/> Qualifying widow(er) (see instructions)				
Check only one box.						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b 2				
b <input checked="" type="checkbox"/> Spouse		No. of children on 6c who:				
c Dependents:		3				
(1) First name Last name		(2) Dependent's social security number		(3) Dependent's relationship to you		
				(4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit		
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				Dependents on 6c not entered above		
				Add numbers on lines above ▶ 5		
d Total number of exemptions claimed						
Income						
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7		8		
8a Taxable interest. Attach Schedule B if required		8a		8,296,912.		
b Tax-exempt interest. Do not include on line 8a		8b		1,238,354.		
9a Ordinary dividends. Attach Schedule B if required		9a		6,177,762.		
b Qualified dividends		9b		3,289,641.		
10 Taxable refunds, credits, or offsets of state and local income taxes		STMT 8 STMT 10		10		
11 Alimony received		11		0.		
12 Business income or (loss). Attach Schedule C or C-EZ		12				
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13		35,196,436.		
14 Other gains or (losses). Attach Form 4797		14		19,877,615.		
15a IRA distributions		15a		b Taxable amount		
16a Pensions and annuities		16a		b Taxable amount		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		17,365,394.>		
18 Farm income or (loss). Attach Schedule F		18				
19 Unemployment compensation		19				
20a Social security benefits		20a		b Taxable amount		
21 Other income. List type and amount		SEE STATEMENT 7		21		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income		22		52,983,842.		
Adjusted Gross Income						
23 Educator expenses		23				
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24				
25 Health savings account deduction. Attach Form 8889		25				
26 Moving expenses. Attach Form 3903		26				
27 Deductible part of self-employment tax. Attach Schedule SE		27		9,902.		
28 Self-employed SEP, SIMPLE, and qualified plans		28				
29 Self-employed health insurance deduction		29				
30 Penalty on early withdrawal of savings		30				
31a Alimony paid b Recipient's SSN ▶		31a				
32 IRA deduction		32				
33 Student loan interest deduction		33				
34 Tuition and fees. Attach Form 8917		34				
35 Domestic production activities deduction. Attach Form 8903		35		292,598.		
36 Add lines 23 through 35		36		302,500.		
37 Subtract line 36 from line 22. This is your adjusted gross income		37		52,681,342.		

**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, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>52,681,342.</b>
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ... <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... <b>39b</b>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	<b>11,808,594.</b>
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>40,872,748.</b>
<b>42</b>	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	<b>42</b>	<b>0.</b>
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>40,872,748.</b>
<b>44</b>	Tax. Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>9,676,473.</b>
<b>45</b>	Alternative minimum tax. Attach Form 6251	<b>45</b>	<b>2,913,425.</b>
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	<b>12,589,898.</b>
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	<b>182,575.</b>
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input checked="" type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	<b>28,898.</b>
<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	<b>211,473.</b>
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>12,378,425.</b>

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	<b>19,804.</b>
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	<b>15,599.</b>
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Inst.; enter code(s)	<b>62</b>	<b>1,532,189.</b>
<b>63</b>	Add lines 56 through 62. This is your total tax	<b>63</b>	<b>13,946,017.</b>

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	<b>20,713,721.</b>
<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	<b>20,713,721.</b>

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	<b>6,767,704.</b>
<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	<b>76a</b>	
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>d</b> Account number <input type="text"/>		
<b>77</b>	Amount of line 75 you want applied to your 2018 estimated tax	<b>77</b>	<b>6,767,704.</b>

**Amount You Owe**

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

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

**Sign Here**

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

Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <b>EXECUTIVE</b>
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <b>EXECUTIVE</b>
		Daytime phone number <input type="text"/>
		If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's E

Phone no.

Illinois Department of Revenue

2017 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](http://tax.illinois.gov).

Step 1: Personal Information

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:  
Income

1 Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4. (Whole dollars only) **1** 52,681,342 .00

2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ. **2** 1,079,738 .00

3 Other additions. **Attach** Schedule M. **3** 806,885 .00

4 Total income. Add Lines 1 through 3. **4** 54,567,965 .00

Step 3:

Base  
Income

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** .00

7 Other subtractions. **Attach** Schedule M. **7** 405,593 .00

Check if Line 7 includes any amount from Schedule 1299-C. ☐

8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** 405,593 .00

9 Illinois base income. Subtract Line 8 from Line 4. **9** 54,162,372 .00

Step 4:

See instructions before completing Step 4.

Exemptions

10 a Number of exemptions from your federal return.      x \$2,175 **a** .00

b If someone can claim you as a dependent, see instructions.      x \$2,175 **b** .00

c Check if 65 or older: ☐ You + ☐ Spouse =      x \$1,000 **c** .00

d Check if legally blind: ☐ You + ☐ Spouse =      x \$1,000 **d** .00

Exemption allowance. Add Lines a through d.

LIMITED **10** 0 .00

Step 5:

Net  
Income

11 Residents: Net income. Subtract Line 10 from Line 9. **11** 54,162,372 .00

12 Nonresidents and part-year residents: Check the box that applies to you during 2017 ☐ Nonresident ☐ Part-year resident, and enter the Illinois base income from Sch. NR. **Attach** Sch. NR. **12** .00

Step 6:

Tax

13 Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. **13** 2,358,717 .00

Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. **Attach** Schedule SA. ☐ **14** .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** 2,358,717 .00

Step 7:

Tax After  
Non-  
refundable  
Credits

16 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **16** 203,841 .00

17 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **17** .00

18 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **18** 6 .00

19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. **19** 203,847 .00

20 Tax after nonrefundable credits. Subtract Line 19 from Line 15. **20** 2,154,870 .00



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	2,154,870 .00
<b>Step 8:</b>	22	Household employment tax. See instructions.	22	.00
<b>Other Taxes</b>	23	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.	23	0 .00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	<b>Total Tax.</b> Add Lines 21, 22, 23, and 24.	25	2,154,870 .00

<b>Step 9:</b>	26	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	26	.00
<b>Payments and Refundable Credit</b>	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	3,049,794 .00
	28	Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule IL-EIC. <b>Attach</b> Schedule IL-EIC.	29	.00
	30	<b>Total payments and refundable credit.</b> Add Lines 26 through 29.	30	3,049,794 .00



<b>Step 10:</b>	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	894,924 .00
<b>Total</b>	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00

<b>Step 11:</b>	<b>Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.</b>			
<b>Underpayment of Estimated Tax Penalty and Donations</b>	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.	<input type="checkbox"/>	
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.	<input type="checkbox"/>	
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
	34	Voluntary charitable donations. <b>Attach</b> Schedule G.	34	.00
	35	<b>Total penalty and donations.</b> Add Lines 33 and 34.	35	.00

<b>Step 12:</b>	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 <b>overpayment</b> .	36	894,924 .00
<b>Refund</b>	37	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	37	0 .00
	38	I choose to receive my refund by		
	a	<input type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
		Routing number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number <input type="text"/>		
	b	<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
	c	<input type="checkbox"/> paper check		
	39	Amount to be <b>credited forward</b> . Subtract Line 37 from Line 36. See instructions.	39	894,924 .00

<b>Step 13:</b>	40	If you have an amount on Line 32, add Lines 32 and 35. - <b>OR</b> - 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 <b>amount you owe</b> . See instructions.	40	.00
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<b>Step 14:</b>	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
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> self-employed	Paid Preparer's PTIN
	Firm's name	Firm's FEIN	Firm's phone		
	Firm's address				
<b>Third Party Designee</b>	Designee's name (please print)	Designee's phone number	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.		

ID: 2BX  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

