

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 2015, ending _____, 2015. See separate instructions.

Your first name and initial **BRUCE V.** Last name **RAUNER** Your social security number _____

If a joint return, spouse's first name and initial **DIANA M.** Last name **RAUNER** Spouse's social security number _____

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 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 _____ You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **▶**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b **2**
 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
 _____ DAUGHTER
 _____ SON
 _____ DAUGHTER
 No. of children on 6c who:
 ● lived with you **3**
 ● did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above _____
 Add numbers on lines above **▶ 5**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**
 8a Taxable interest. Attach Schedule B if required **8a 4,395,435.**
 b Tax-exempt interest. Do not include on line 8a **8b 1,208,405.**
 9a Ordinary dividends. Attach Schedule B if required **9a 6,072,567.**
 b Qualified dividends **9b 2,935,797.** STMT 10
 10 Taxable refunds, credits, or offsets of state and local income taxes **10 323,613.** STMT 6 STMT 8
 11 Alimony received **11**
 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 **▶ 13 169,556,946.**
 14 Other gains or (losses). Attach Form 4797 **14 15,589,734.**
 15a IRA distributions **15a** b Taxable amount **15b**
 16a Pensions and annuities **16a** b Taxable amount **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 <8,445,617.>**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a** b Taxable amount **20b**
 21 Other income. List type and amount **21 699,972.** SEE STATEMENT 5
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 188,192,650.**

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**
 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 **35 589,396.**
 36 Add lines 23 through 35 **36 589,396.**
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 187,603,254.**

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of 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, \$9,250

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 187,603,254; 39a Check boxes for born before 1951, Blind, Spouse; 40 Itemized deductions 10,888,857; 41 Subtract line 40 from line 38 176,714,397; 42 Exemptions 0; 43 Taxable income 176,714,397; 44 Tax 36,952,331; 45 Alternative minimum tax 0; 46 Excess advance premium tax credit repayment; 47 Add lines 44, 45, and 46 36,952,331; 48 Foreign tax credit 254,486; 49 Credit for child and dependent care expenses; 50 Education credits; 51 Retirement savings contributions credit; 52 Child tax credit; 53 Residential energy credits; 54 Other credits from Form; 55 Add lines 48 through 54. These are your total credits 254,486; 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 57 Self-employment tax; 58 Unreported social security and Medicare tax from Form; 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required; 60a Household employment taxes from Schedule H 19,863; 60b First-time homebuyer credit repayment; 61 Health care: Individual responsibility (see instructions) Full-year coverage [X]; 62 Taxes from: a Form 8959 b [X] Form 8960 c Inst.; enter code(s); 63 Add lines 56 through 62. This is your total tax 43,346,514.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 64 Federal income tax withheld from Forms W-2 and 1099; 65 2015 estimated tax payments and amount applied from 2014 return 23,164,257; 66a Earned income credit (EIC); 66b Nontaxable combat pay election; 67 Additional child tax credit; 68 American opportunity credit from Form 8863, line 8; 69 Net premium tax credit; 70 Amount paid with request for extension to file 28,500,000; 71 Excess social security and tier 1 RRTA tax withheld; 72 Credit for federal tax on fuels; 73 Credits from Form: a 2439 b Reserved c 8885 d; 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 51,664,257.

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include: 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 8,317,743; 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here; 77 Amount of line 75 you want applied to your 2016 estimated tax 8,317,743.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions; 79 Estimated tax penalty (see instructions).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. No. Designee's name, Phone no., Personal identification number (PIN).

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation (EXECUTIVE), Daytime phone number, Spouse's signature, Date, Spouse's occupation (EXECUTIVE), If the IRS sent you an Identity Protection PIN, enter it here.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date (10/10/16), Check self-employed if PTIN, Firm's name, Firm's EIN, Phone no., Firm's address.

Illinois Department of Revenue
2015 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
- D** Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. You Spouse

Step 2: Income	1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. (Whole dollars only)	1	<u>187,603,254</u>	<u>.00</u>
	2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	2	<u>991,722</u>	<u>.00</u>
	3 Other additions. Attach Schedule M.	3	<u>1,267,357</u>	<u>.00</u>
	4 Total income. Add Lines 1 through 3.	4	<u>189,862,333</u>	<u>.00</u>

↓ **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	<u>.00</u>	<u>.00</u>
	6 Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6	<u>44,712</u>	<u>.00</u>
	7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C.	7	<u>1,646,274</u>	<u>.00</u>
	8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>1,690,986</u>	<u>.00</u>
	9 Illinois base income. Subtract Line 8 from Line 4.	9	<u>188,171,347</u>	<u>.00</u>

↓ **Step 4:**

Exemptions	10 a Number of exemptions from your federal return. <u>5</u> x \$2,150	a	<u>10,750</u>	<u>.00</u>
	b If someone can claim you as a dependent, see instructions. _____ x \$2,150	b	<u>.00</u>	<u>.00</u>
	c Check if 65 or older: You + Spouse = _____ x \$1,000	c	<u>.00</u>	<u>.00</u>
	d Check if legally blind: You + Spouse = _____ x \$1,000	d	<u>.00</u>	<u>.00</u>
	Exemption allowance. Add Lines a through d.	10	<u>10,750</u>	<u>.00</u>

↑ **Step 5:**

Net Income	11 Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	<u>188,160,597</u>	<u>.00</u>
	12 Nonresidents and part-year residents: Check the box that applies to you during 2015 Nonresident Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	<u>.00</u>	<u>.00</u>

▲ **Step 6:**

Tax	13 Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	13	<u>7,056,022</u>	<u>.00</u>
	14 Recapture of investment tax credits. Attach Schedule 4255.	14	<u>.00</u>	<u>.00</u>
	15 Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	<u>7,056,022</u>	<u>.00</u>

▼ **Step 7:**

Tax After Non- refundable Credits	16 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	<u>127,008</u>	<u>.00</u>
	17 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	<u>4,010</u>	<u>.00</u>
	18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	<u>2,185</u>	<u>.00</u>
	19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	<u>133,203</u>	<u>.00</u>
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>6,922,819</u>	<u>.00</u>



21 Tax after nonrefundable credits from Page 1, Line 20. 21 6,922,819 .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
Taxes UT Worksheet or UT Table in the instructions. **Do not** leave blank. 23 0 .00
 24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge 24 _____ .00
 25 **Total Tax.** Add Lines 21, 22, 23, and 24. 25 6,922,819 .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,
and including any overpayment applied from a prior year return. 27 8,092,938 .00
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 8,092,938 .00

Step 10: 31 **Overpayment.** If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 1,170,119 .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
Refund or Line 35, subtract Line 35 from Line 31. This is your remaining **overpayment.** 36 1,170,119 .00
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 1,170,119 .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 _____
 _____ 10/10/16 _____
 Paid preparer's signature _____ Date _____ Preparer's phone number _____ Preparer's FEIN, SSN, or 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 _____

Form 1099-G
Information If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.

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

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