§ 1U4U	U.	S. Individual Inco	me Tax Return	2017	OMB No. 1545-0074	IRS Use Only - Do not	write or st	aple in this space.
	ar Jan, 1-Dec. 31, 2017, or other tax year beginning , 2017, ending ,20			1	See separate instructions.			
our first name and initial Last name			Yo	ur social security number				
JAY ROBER			PRITZKER					
lf a joint return, spoi			Last name				Sp	ouse's social security number
MARY KATH			PRITZKER					
lome address (num	DOT BY	dotroty. If you have a P	O. box, see Instructio	10.		And a	1.	Make sure the SSN(s) above
								and on line 6c are correct.
		and ZIP clide. If you have a for	eigh addrass also compl	de anenes below			ic	hack here if you, or your spous filing jointly, want \$3 to go to
CHICAGO,		60606	I.				th	is fund. Checking a box below ill not change your tax or refun
Foreign country nam	16		+ oreign	province/state/county		Foreign postal of	" BDO:	
	1	Single			4 Head	of household (with o	ualihdaa	You Spous person). If the qualifying
Filing Status		X Married filing joint	v (even if only one ha	d (ncome)				ndent, enter this child's
Ol t t	3		ately. Enter spouse's			here.	our ache	ndent, onto and onne o
Check only one box.		and full name here.		OON EBOTE		fying widow(er) (see	instructi	nns)
	6a	X Yourself. If someo		dependent, do not chec				Boxes checked 2
Exemptions								No. of children
	C	Dependents:		(2) Dependent's socia	(3)	Dependent's	(4)√ if chil under age 1	7 a lived with you 4
		(1) First name	Last name	security number	The state of the s	lationship to you	ualitying for tax credit	child e did not live with you due to divorce
	į	THEODORA K I	PRITZKER	Ī	DAUGH'	rer	X	or separation (see instructions)
If more than four	j	DONALD N PR	TZKER		SON		X	
dependents, see instructions and				TO COLUMN TO WORK				Dependents on 6c not entered above
check here								Add numbers
	_ d	Total number of exemp	tions claimed					on lines 4
Income	7	Wages, salaries, tips, et					7	
	8a	Taxable interest. Attacl	Schedule B if require	ed			Ba	207,231
Attach Form(s)	b	Tax-exempt interest. D	o not include on line l	За	8b	3,781	100	F . DW. TYP
W-2 here. Also	9a	Ordinary dividends. Att	ach Schedule B if requ	ilred			9a	1,049,987
attach Forms	b	Qualified dividends			9b	956,684	1000	STMT 11
W-20 and 1099-R if tax	10	Taxable refunds, credits	s, or offsets of state a	nd local income taxes	STMT 7	STMT 9	10	184,699
was withheld.	11	Alimony received				11		
	12	Business income or (lo	ss). Attach Schedule	C or C-EZ			12	2,914,357
If you did not	13			quired. If not required, o			13	94,173
get a W-2,	14						14 15b	35
see Instructions.	15a	IRA distributions			b Taxable amount			
	16a	Pensions and annuities b Taxable amount Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				16b		
	17							36,717,061
	18						18	32,167
	19		nsation				19	
	20a	Social security benefits		77	b Taxable at	mount		154 550
	21			EE STATEMEN			21	154,558
	22			for lines 7 through 21.		income	- 22	41,354,268
Adjusted	23	Certain business expenses	of reservists, performing	rtists, and fee-basis governm	nent 23		- 35	
Gross	24	officials. Attach Form 2108	or 2106-EZ	0000	24		- 500	
Income	25 26			rm 8889		30.00		
	27	Deductible part of colf-	amplayment tay Atta	oh Cohadula CE	27	48,012	- 100	1
	28	Deductible part of self-employment tax. Attach Schedule SE				40,012	1	
	29					26,506	- 62	
	30	Penalty on early withdrawal of savings 30				The state of		
	31a						- 100	
	32							
	33	Student loan interest d			2.44		1000	
	34					- 7		1
	35	Domastic production	etivities deduction A	tach Form 8903	35	153,761	200	
	36	Add lines 23 tirrough 3					36	228,279
710001 02-22-18	37			diusted gross income			37	41.125.989
(1000) V2*22*10	9/	Change of this 20 HOULE	una e.e. ibila la vitul A	UNDSTEED WITE BETTER TO THE PARTY OF THE PAR			1 3/	

		AY ROBERT & MARY KATHRYN PRITZKER		Page 2
ax and	38	Amount from line 37 (adjusted gross income)	38	41,125,989.
redits	394	Check You were born before January 2, 1953, Blind. Total boxes	100	III III WEBER
tandard leduction for -		If: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39s	(4,5,5)	V2
People who	b	If your spouse Itemizes on a separate return or you were a dual-status allen, check here	鯔	
heck any box n line 39a or	40	itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,686,191.
Ob Of who can a claimed as a	41	Subtract line 40 from line 38	41	34,439,798.
structions.	42	Exemptions. If line 38 is \$155,900 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	34,439,798.
	44	lax. Check II any from: a Form(s) 8814 b Form 49/2 c	44	13,364,956.
- 8	45	Alternative minimum tax. Attach Form 6251	45	236,444.
All others:	46	Excess advance premium tax credit repayment, Attach Form 8962	46	230,444.
ingle or larried filling	47	Add lines 44, 45, and 46		12 621 400
eperately, 8,350	48	Foreign tax credit. Attach Form 1116 if required 48 25,458.	47	13,621,400.
larried filing	49			
intly or		Credit for child and dependent care expenses. Attach Form 2441	320	
ustitying fdow(er).	50	Education credits from Form 8863, line 19 50		
12,700 and of	51	Retirement savings contributions credit. Attach Form 8880	100	
ousehold,	52	Child tax credit. Attach Schedule 8812, If required 52		
9,350	53	Residential energy cradits. Attach Form 5695	1000	
	541	Other credits from Form: a [X] 3800 b 8801 c 54 271,644.		
	55	Add lines 48 through 54. These are your total credits	55	297,102.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, anter -0-	58	13,324,298.
	57	Solf-employment tax. Attach Schedule SE	57	96,024.
ther	58	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form; a 4137 b 8919	58	Participation of the Participa
axes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	604	Household employment taxes from Schedule H	60a	
	0	rirst-time nomebuyer credit repayment. Attach Form 5405 if required	60b	Park Contract of
	61	Health care: Individual responsibility (see instructions) Full-year coverage X	61	Billion and the second
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s) STATEMENT 14	62	1,455,317
	63	Add lines 56 through 62. This is your total tax	63	14,875,639
ayments	64	Federal income tax withheld from Forms W-2 and 1099	5800	22,075,055
	65	2017 estimated tax payments and amount applied from 2016 return 65 4,554,444.	163	STATEMENT 1
you have a	66 a	Earned income credit (EIC) 66a	200	DINIBMONI I
tualilying thild, attach	ь	Nontaxable combat pay election 666		
Schedule EIC.	67	Additional shill be south from the first of the state of		i .
	68	And the state of t		
			1530	
	70			
		Amount paid with request for extension to file 70 12,750,000.		-
	71	Excess social security and tier 1 RRTA tax withheld 71		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439 b Reserved 8885 d 73	200	
and the second	74	Add lines 64, 65, 68a, and 67 through 73. These are your total payments	74	17,304,444
efund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,428,805
rect deposit?	76 =	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
10	> b	Robbing C Type: Checking Seriogs of december	1131	
structions,	77	Amount of line 75 you want applied to your 2018 estimated tax		
mount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
ou Owe	79	Estimated tax penalty (see instructions) 79	2,53399	NO. OF THE OWNER, WHEN
hird Part	-	o you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete be	low.	No
esignee	Di	Phone Phone	Person	nal identification
ign	7 1	the state of the state of account the law year. Declaration of prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other than targety) is the state of all internal ten of weak prepare (other ten other ten othe	enrer!	300
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		'Sname DELOITTE TAX LIN. Firm's EIN ▶		March Tomber 18
	_	180 EAST BROAD STREET		

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.

Step 1: Personal Information

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313 DX	Z TZ B COTTO S	OI DOTMERTO
MAK	KAULKI	'N PRITZKER

CHICAGO, IL 60606

ID: 2BX 749001 01-22-18

	С	Filing status (see instructions) Single or head of household X Married filing jointly Married filing s	eparately	Widowed
Step 2:	1			(Whole dollars only)
Income		1040EZ, Line 4.	1	41,125,989 .00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A,		
		Line 8b; or federal Form 1040EZ.	2	3,781 .00
	3	Other additions. Attach Schedule M.	3	14,651,645 .00
		Total income, Add Lines 1 through 3.	4	55,781,415 .00
Step 3:	5	Social Security benefits and certain retirement plan income	W	
Base		received if included in Line 1. Attach Page 1 of federal return.	.00	
Income	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10. 6 145, 1	31 .00	
	7	Other subtractions. Attach Schedule M. 7 645, 5	49 .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	790,680 .00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	54,990,735.00
Step 4:	Se	e instructions before completing Step 4.		
Exemptions		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:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	54,990,735 .00
Net	12	Nonresidents and part-year residents:		
Income		Check the box that applies to you during 2017 Nonresident Part-year residen	t, and	
		enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	
Step 6:	13			
Tax		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.	13	2,394,792.00
2	14	Recapture of Investment tax credits. Attach Schedule 4255.	14	.00.
	15		15	2,394,792.0
Step 7:	16	Income tax paid to another state while an Illinois resident.		
Tax After		Attach Schedule CR. 16 1,582,	958 .00	
Non-	17	Property tax and K-12 education expense credit amount from		
		Schedule ICR. Attach Schedule ICR. 17	.00	
refundable Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18	18 .00	
2		Add Lines 16, 17, and 18. This is the total of your credits.		
,		Cannot exceed the tax amount on Line 15.	19	1,582,976 .0
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15	20	811,816 .0

Use two not internet, mail order, or other and of state purchases from asses UT Worksheet or UT flabe in the instructions. On not see braint, 23 0.00 24 compassionals use of Medical Cannable Pilot Principle Not Principle 124 0.00 25 Total Tax. Add Line 21, 22, 23, and 24. 25 01 Illinois income Tax withheld. Attach all W2 and 1099 forms. 26 1 Illinois income Tax withheld. Attach all W2 and 1099 forms. 27 546, 919 00 28 Estimated payments from Forms L-1040ES and IL-5054, including any overspayment applied from a prior year return. 29 Earned Income Credit from Schedule IL-510. Attach Schedule IL-510. 29 0.00 30 Total payments and refundable or Cell. Add Line 28 form Line 29 0.00 31 If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 32 If Line 30 is greater than Line 30, subtract Line 20 from Line 30. 33 If Line 30 is greater than Line 30, subtract Line 20 from Line 30. 34 If Line 30 is greater than Line 30, subtract Line 20 from Line 32. 35 top 11: Indirect and the state of the state of the subtract Line 25 from Line 30. 35 top 14: Only complete this step for Inter-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. Late opyment penalty for underpayment of estimated tax and continued to the subtract Line 30 income is from Earning b. Check if you view not required to its an illinois individual income Tax return in the previous tox return in the previous tox return. 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 54. 36 Incose to a reactive Uniform of your derived great greater than Line 35, subtract Line 35 from Line 33. 37 Amount from Line 35, you went returned to the amount is greater than Line 35, subtract Line 35 from Line 33. 38 Line 12: 18 Illine 12 Septiment Line 35 from Line 32 and this amount is greater than Line 35. 39 Illine 13 Line 13		21	Tax after nonrefundable credits from Page 1, Line 20.	21_	811,81	6 .0	<u> </u>
Use tax on Internet, mail order, or other out-of-stale purchases from axes as Use tax on Internet, mail order, or other out-of-stale purchases from 24	Step 8:	22	Household employment tax. See instructions.	22			00
24 compositionals like of Medical Carambia Pillot Pronouns Act Surcharce 24 on 25 Total Tax. Add Lines 21; 22; 23, and 24. 25 811, 816 on 25 Total Tax. Add Lines 21; 22; 23, and 24. 25 811, 816 on 25 Total Tax. Add Lines 21; 22; 23, and 24. 25 811, 816 on 25 Total Tax. Add Lines 21; 22; 23, and 24. 26 Illinoids income Tax withhold. Attach all W2 and 1899 forms. 26 0.00 27 10 10 10 10 10 10 10 10 10 10 10 10 10	Other	23	Use tax on internet, mail order, or other out-of-state purchases from				
25 Total Tax. Add Lines 21, 22, 23, and 24. 26 Bisnote to comment of the comment	axes			23		0 .0	00
## Stephens 20 Blands Income Tax withheld, Attach all W2 and 1999 forms. 25 25 26 27 28 28 28 28 28 28 28		24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24			าก
27 Estimated payments from Forms IL-1940-ES and IL-506-I, including any overpayment applied from a prior year return. 27 546, 91.9 _00 28 Pass through withdolding payments. Attach Schedule IL-EIC. 29		25	Total Tax. Add Lines 21, 22, 23, and 24.		2	5 _	811,816.00
27 Estimated payments from Firm II. 1404-658 and II. 5054. Including any pureyayment applied from a prior year return. 27 5.46, 919_00 28 pass through withholding payments. Attach Schedule IIEC. 29	itap 8.	20	Illinois Income Tax withheld, Attach all W-2 and 1099 forms.	26		.0	00
Pass through withholding payments. Attach Schedule K-IP or K-IT. 28	ayments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,				_
Pass through withholding payments. Attach Schedule K-IP or K-IT. 28	nd		including any overpayment applied from a prior year return.	27	546,91	9 .	00
Earned Income Check from Schedule IL-EIC, 29	Refundable	28		. 28		_	
Step 10: Step 11: Inches 30 is greater than Line 25, subtract Line 25 from Line 30. Step 11: Inches 30 is greater than Line 25, subtract Line 25 from Line 30. Step 11: Inches 30 is greater than Line 20, subtract Line 30 from Line 30. Step 11: Inches 30: Inches 32 is greater than Line 20, subtract Line 30 from Line 30. Step 11: Inches 30 is greater than Line 20, subtract Line 30 from Line 30. Step 11: Inches 30: Inches 32 is greater than Line 20, subtract Line 30 from Line 30. Step 11: Inches 30: Inches 30	Credit	29					
Step 11: Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. If Estimated as a check if at least two-thirds of your federal gross income is from farming.		30			3	0_	546,919 .or
Step 11: Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation. If Estimated as a check if at least two-thirds of your federal gross income is from farming.	Step 10:	31	if I ine 30 is preater than I ine 25, subtract I ine 25 from I ine 30		2	н	
of estimated tax or to make a voluntary charitable donation. If Estimated 3 Late-payment penalty for underpayment of estimated tax 33 4, 243.00 a Check if a least two-thirds of your federal gross income is from farming. 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 you annualized 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 35 4, 243 d. 35tep 12: 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 overpayment. 37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to needle my refund by a direct deposit. Complete the information below if you check this box. Routing number Checking or Sawings Account number Descriptions. 40 If you have an amount on Line 32, add Lines 32 and 35 Or Sawings Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 35. See instructions. 30 If you have an amount on Line 32, add Lines 32 and 35 Or Sawings Amount to be credited forward. Subtract Line 37 from Line 35. See instructions. 40 If you have an amount on Line 31, his if the amount you check this box. Routing number Checking or Descriptions. 40 If you have an amount on Line 31, and this amount you check this box. Both of the Checking or Descriptions. 40 If you have an amount on Line 31, and this amount you check this box. 41 If you have an amount on Line 32 and Lines 32 and 35 Or Sawings and Sawings an	March Control					-	264,897 .00
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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					Total S		
annualized you were not required to file an illinoid individual income Tax return in the previous tax year. 34 Voluntary charitable donations. Attach Schedule G. 35 Total penalty and donations. Add Lines 33 and 34. 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 overpayment. 37 Amount from Line 39 you want refunded to you, Check one box on Line 38. See instructions. 38 I choose to receive my refund by a direct deposit - Complete the information below if you check this box. Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 Life you have an amount on Line 31 and this amount is less than Line 35, with return line 31 min Line 35. This is the amount you one. See instructions. 39 Life you have an amount on Line 31 and this amount is less than Line 35, with return line 31 min Line 36. This is the amount you one. See instructions. 30 Life you have an amount on Line 31 and this amount is less than Line 35, with return line 31 min Line 36. This is the amount you one. See instructions. 30 Life you have an amount on Line 31 and this amount is less than Line 35, with return line 31 min Line 36. This is the amount you one. See instructions. 30 Life you have an amount on Line 31 and this amount is less than Line 35, with return line 31 and this amount is less than Line 35, with return line 31 and this amount is less than Line 35, with	Jonadons			d			
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