

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

JAY ROBERT

Last name

PRITZKER

Your social security number

If a joint return, spouse's first name and initial

MARY KATHRYN

Last name

PRITZKER

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.

CHICAGO, IL 60606

Foreign country name

Foreign province/state/county

Foreign postal code

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.

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)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ 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

THEODORA K PRITZKER

DAUGHTER

DONALD N PRITZKER

SON

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed

Income

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

8b 3,781.

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b 956,684.

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 7

STMT 9

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-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

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

SEE STATEMENT 6

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 ▶

710001 02-22-18

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

Tax and Credits		38		41,125,989.	
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, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. If: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.	Total boxes checked ...	39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) ... 6,686,191.			
	41	Subtract line 40 from line 38 ... 34,439,798.			
	42	Exemptions. If line 38 is \$156,000 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. ... 0.			
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- ... 34,439,798.			
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> ... 13,384,956.			
	45	Alternative minimum tax. Attach Form 6251 ... 236,444.			
	46	Excess advance premium tax credit repayment. Attach Form 8962 ...			
	47	Add lines 44, 45, and 46 ... 13,621,400.			
Other Taxes	48	Foreign tax credit. Attach Form 1116 if required ... 25,458.			
	49	Credit for child and dependent care expenses. Attach Form 2441 ...			
	50	Education credits from Form 8863, line 19 ...			
	51	Retirement savings contributions credit. Attach Form 8880 ...			
	52	Child tax credit. Attach Schedule 8812, if required ...			
	53	Residential energy credits. Attach Form 5695 ...			
	54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b 8801 c <input type="checkbox"/> ... 271,644.			
	55	Add lines 48 through 54. These are your total credits ... 297,102.			
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ... 13,324,298.			
	57	Self-employment tax. Attach Schedule SE ... 96,024.			
Payments	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 ...			
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required ...			
	60a	Household employment taxes from Schedule H ...			
	60b	First-time homebuyer credit repayment. Attach Form 5405 if required ...			
	61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> ...			
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) STATEMENT 14 ... 1,455,317.			
	63	Add lines 56 through 62. This is your total tax ... 14,875,639.			
	64	Federal income tax withheld from Forms W-2 and 1099 ...			
	65	2017 estimated tax payments and amount applied from 2016 return ... 4,554,444.			
	66a	EARNED INCOME CREDIT (EIC) ...			
Refund	66b	Nontaxable combat pay election ...			
	67	Additional child tax credit. Attach Schedule 8812 ...			
	68	American opportunity credit from Form 8863, line 8 ...			
	69	Net premium tax credit. Attach Form 8962 ...			
	70	Amount paid with request for extension to file ... 12,750,000.			
	71	Excess social security and tier 1 RRTA tax withheld ...			
	72	Credit for federal tax on fuels. Attach Form 4136 ...			
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved 8885 d <input type="checkbox"/> ...			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ... 17,304,444.			
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid ... 2,428,805.			
Amount You Owe	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 2018 estimated tax ... 2,428,805.			
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ...			
	79	Estimated tax penalty (see instructions) ...			
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
	Designee's name: [Redacted] Phone: [Redacted] Personal identification number (PIN): [Redacted]				
	Under penalties of perjury, I declare that I have prepared 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.				
	Your signature: [Redacted] Date: 10/15/18 Your occupation: ATTORNEY				
	Spouse's signature: [Redacted] Date: 10/15/18 Spouse's occupation: HOUSEWIFE				
	If the IRS sent you an Identity Protection PIN, enter it here: [Redacted]				
Paid Preparer Use Only					
Firm's name: DELOITTE TAX LLP					
180 EAST BROAD STREET					
COLUMBUS, OH 43215					
Firm's EIN: [Redacted]					
Date: 10/9/2018					
Check self-employed <input type="checkbox"/> PTIN: [Redacted]					

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

JAY ROBERT PRITZKER
 MARY KATHRYN PRITZKER
 CHICAGO, IL 60606

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	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
	4	Total income. Add Lines 1 through 3.		4	55,781,415 .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	145,131 .00
	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	645,549 .00
	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: 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: <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.	LIMITED	10	0 .00

Step 5: Net Income	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	54,990,735 .00
	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 <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: Tax	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. 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. <input type="checkbox"/>	13	2,394,792 .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	2,394,792 .00

Step 7: Tax After Non- refundable Credits	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	1,582,958 .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	.00
	19	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 .00
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	811,816 .00



21 Tax after nonrefundable credits from Page 1, Line 20. 21 811,816 .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. 25 811,816 .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, 27 546,919 .00
and including any overpayment applied from a prior year return.
Refundable 28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T. 28 .00
Credit 29 Earned Income Credit from Schedule IL-EIC. Attach Schedule IL-EIC. 29 .00
30 Total payments and refundable credit. Add Lines 26 through 29. 30 546,919 .00

Step 10: 31 If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 .00
Total 32 If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 32 264,897 .00

Step 11: Only complete this step for late-payment penalty for underpayment
Underpayment of estimated tax or to make a voluntary charitable donation.
of Estimated 33 Late-payment penalty for underpayment of estimated tax 33 4,243 .00
Tax Penalty a Check if at least two-thirds of your federal gross income is from farming. ☐
and b Check if you or your spouse are 65 or older and permanently ☐
Donations living in a nursing home.
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 4,243 .00

Step 12: 36 If you have an amount on Line 31 and this amount is greater than
Refund Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 .00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 .00
38 I choose to receive my refund by
a ☐ direct deposit - Complete the information below if you check this box.
Routing number ☐ Checking or ☐ Savings
Account number
b ☐ Illinois Individual Income Tax refund debit card
c ☐ paper check
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 13: 40 If you have an amount on Line 32, add Lines 32 and 35. - Or -
Amount You Owe 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 amount you owe. See instructions. 40 269,140 .00

Step 14: 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.

Sign Here	130540	10/15/16	10/15/16	10/15/16	Daytime phone number
Paid					<input type="checkbox"/> Check if
Preparer	Print/type paid preparer's name				<input type="checkbox"/> self-employed
Use Only	Firm's name ▶ DELOITTE TAX LLP				Paid Preparer's PTIN
	Firm's address ▶ 180 EAST BROAD STREET				Firm's FEIN ▶
					Firm's phone ▶
Third Party					<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
Designee	Designee's name (please print)				Designee's phone number

ID: 2BX

749002 01-22-18

IL-1040 page 2 (R-12/17)

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0301

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



DR _____ AP _____ RR _____ DC _____ IR _____