

Attached are the state and federal tax return summaries for JB Pritzker from 2014 through 2016.

- In 2014, JB Pritzker paid federal taxes at a rate of 37.3%, in 2015 he paid federal taxes at a rate of 24.3% and in 2016 he paid federal taxes at a rate of 27.7%.
- Between 2014 and 2016, trusts benefitting JB Pritzker paid an additional \$24.95 million in Illinois taxes and \$128.97 million in federal taxes.
- JB Pritzker has made \$15.3 million in personal charitable donations and his Foundation has made charitable donations of \$53.8 million over that same period of time.

1040	U	S. Individual Incom	e Tax Retur	n (99) 201 (6 OMB No. 1	545-0074	IRS Use Or	lly - Do not	write or	staple in this space.	
For the year Jan. 1-De	c, 31, 2	016, or other tax year beginning		•	, 20 10, endir	9		20		See separate instr	ructions.
Your first name an	d initia		Last name							Your social security nu	ımber
JAY ROBEI	RT		PRITZKER	2							
		first name and initial	Last name							Spouse's social securi	ity number
MARY KATI			PRITZKEF						_		
Home address (nui	mber a	nd street). If you have a P.O.	box, see instruction	ons.				Apt. no		Make sure the SS	
									_	and on line 6c are	
		and ZIP code. If you have a foreign	n address, also compi	lete spaces below.					1100	Presidential Election C Check here if you, or y	All the second s
CHICAGO,	ΙĻ	60606								if filing jointly, want \$3 this fund. Checking a b	to go to
Foreign country na	me		Foreign	n province/state/coun	ty		Foreig	n postal c		You Vou	
Filing Status	1	Single			4 [_ Head o	of househol	d (with qu	alifyin	g person). If the qu	ualifying
i iiiig Otatus	2	X Married filing jointly (even if only one ha	d income)		persor	is a child	but not yo	ur dep	endent, enter this	child's
Check only	3	Married filing separate		SSN above		name	here. 🕨 _				
one box.		and full name here.			5	Qualify	ing widow	(er) with o	lepend		
Exemptions		X Yourself. If someone	can claim you as a	a dependent, do not o	heck box 6a					Boxes checked on 8a and 6b	_2
	ь	X Spouse						*********	*******	No. of children on 8a who:	
	C	Dependents:		(2) Dependent's s			ependent's tionship to		4) Jil ch nder age	17 . Bund with you	
		(1) First name	Last name	socurity numb			you	400	alfying to tax credi		rith rca
			ITZKER			UGHT	ER	_	X	or separation (see instructions	s)
If more than four dependents, see		DONALD N PRIT	ZKER		SC	N		\rightarrow	X	Dependents on	a.
instructions and	-							-		not entered also	
check here	٠,									Add numbers on lines	
resident and the second	d								(marco)	sbove	4
Income	7	Wages, salaries, tips, etc. A							7	100	٥٥٥
	8a	Taxable interest, Attach Sc			I			064	8a	173,	950.
Attach Form(s)	ь	Tax-exempt interest. Do no		A				964.	10000	1 001	072
W-2 here. Also	9a	Ordinary dividends. Attach		11111111111111111111111111111	The second secon			700	9a	1,001,	2/3.
attach Forms W-2G and	b						STM'	799.	129901	STMT 11	006
1099-R if tax	10	Taxable refunds, credits, or							10	67,	886.
was withheld.	11 12	Alimony received	Attach Cahadula (2 or 0 F7					11	1,412,	112
	13	Business income or (loss). Capital gain or (loss). Attac	h Schadula D if ra	guired. If not require	d obook boro				12		064.
If you did not	14								13		380.
get a W-2, see instructions.	15a	Other gains or (losses). Att	1 159	**************************************	l h Tay	able amo	unt	******	14 15b	-1,	300.
occ monaccions.	16a	Pensions and annuities					unt		16b		_
	17	Rental real estate, royalties,		ornorations trusts a			WITH SERVICE		17	13,189,	177.
	18	Farm income or (loss). Atta					***********		18	10/100/	-//-
	19	Unemployment compensati	on concount i				***********		19		
	20a	Social security benefits			l h Tay	ahle amo	unt		20b		
	21	Other income. List type and		EE STATEME	NT 6	abic amo	WITE - 2000000		21	50.	444.
	22	Combine the amounts in the				total inc	ome	•	22	15,978,	857.
	23					_			STATE OF THE PARTY.	20,3,0,	0071
Adjusted	24	Educator expenses Certain business expenses of res officials. Attach Form 2106 or 210	ervists, performing ar	tists, and fee-basis gover	nment 24	$\overline{}$					
Gross	25	Health savings account ded	uction. Attach For	m 8889	25						
Income	26	Moving expenses. Attach Fo				_					
	27	Deductible part of self-empl	oyment tax. Attacl	h Schedule SE	27		30,	022.			
	28	Self-employed SEP, SIMPLI	E, and qualified pla	ans	28		,				
	29	Self-employed health insura	nce deduction		29	_	26,	652.			
	30	Penalty on early withdrawal	of savings		30				MOR		
	31a	Alimony paid b Recipient		4 1	31				33.5		

32

33

34

971,737.

36

37

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

Add lines 23 through 35

32 IRA deduction

33 Student loan interest deduction

1,028,411.

14,950,446.

Form 1040 (2016		JAY ROBERT & MARY KATHRYN PRITZKER		Page 2
Tax and		Amount from line 37 (adjusted gross income)	38	14,950,446.
Credits		a Check \[\sum \] You were born before January 2, 1952, \[\sum \] Blind. \[\text{Total boxes}		
Standard) "	if: Spouse was born before January 2, 1952, Blind. checked > 39a		
People who	Ι.	of f your spouse itemizes on a separate return or you were a dual-status allen, check here	130	
check any box	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,263,562.
on line 39s or 39b Of who can be claimed as a	41		41	9,686,884.
dependent, see instructions.	42	Subtract line 40 from line 38 Exemptions, If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
mayacana,		Taxable income. Subtract fine 42 from line 41. If line 42 is more than line 41, enter -0-	43	9,686,884.
	43		44	3,592,397.
	44		45	0.
All others:	45	Alternative minimum tax, Attach Form 6251		<u> </u>
Single or Married Ging	46	Excess advance premium tex credit repayment. Attach Form 8962	46	3,592,397.
separately,	47	Add lines 44, 45, and 46	47 25000	3,332,3311
\$6,300 Married filing	48	Foreign tax credit. Attach Form 1116 if required 4B 14,362.	-	
jointly or	49	Credit for child and dependent care expenses, Attach Form 2441	- 照認	
Qualifying widow(or).	50	Education credits from Form 8863, line 19	- 2000 -	
\$12,600	51	Retirement savings contributions credit. Attach Form 8880	- WASS	
Hond of household,	52	Child tax credit. Attach Schedule 8812, if required 52		
\$9,300	53	Residential energy credits. Attach Form 5095	- 188	
	54	Other credits from Form: a 🗶 3800 b 🗌 8801 c 📗 54 306.		
	55	Add lines 48 through 54. These are your total credits	55	14,668.
	56	Subtract line 55 from line 47, If line 55 is more than line 47, enter -0-	56	3,577,729.
	57	Self-employment tax. Attach Schedule SE	57	60,042.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	þ	First-time homebuyer credit repayment, Attach Form 5405 if required	605	
	61	Health care: Individual responsibility (see instructions) Full-year coverage X Taxes from: a X Form 8959 b X Form 8960 a main and an analysis ode(s) STATEMENT 14	61	
	62	Taxes from: a X Form 8959 b X Form 8960 a mei ames mode(s) STATEMENT 14	62	502,586.
	63	Add lines 56 through 62. This is your total tax	63	4,140,357.
Payments	64	Federal income tax withheld from Forms W-2 and 1089	海龍	
	65	2016 estimated tax payments and amount applied from 2015 return 4 55 3 019 , 801 .		STATEMENT 15
If you have a	66a	Earned Income credit (EIC)	1	
child, attach	ь	Nontaxable combat pay election 66b	路接	
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812		
	68	American opportunity cradit from Form 8863, line 8	機器	
	69	Net premium tax credit. Attach Form 8962	翻網	
	70	Amount paid with request for extension to file	24	
	71	Excess social security and tier 1 RRTA tax withheld	额變	
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Footit a 2439 b E Reserved 8885 d 73	988	
		Add lines 64, 85, 56a, and 67 through 73. These are your total payments	74	8,019,801.
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,879,444.
	76a	Amount of line 75 you want reluvated to you. If Form 8888 is attached, check here	76a	
Direct deposit?	b	Fourling Savings ► 6 Type: Checking Savings ► d number	鑿	
instructions.		Amount of line 75 you want applied to your 2017 estimated tax 77 3,879,444.	1000	8 .
Amount		Amount year own Subtract line 74 from tine 52 For details on how to pay one instructions	78	
You Owe		Estimated tax penalty (see instructions) 79 1		以以初代中国
Third Party	Do	you want to allow another person to discuss this return with the IRS (see Instructions)? X Yes Complete he	ow.	No
Designee	Desi	Page 2	Personal	identification
Sign	U	to	, correct, an	1
Here	Y	Date Your cocupation	Dayti	ine phone number
ioint return? See instructions.		10/12/17 ATTORNEY		
Соер в сору	7	postsynylography of the strategy of the strategy. Date Spouso's occupation		IRS sent you an identity
or your scords.	11	10 12 17 HOUSEWIFE		etion PIN, It here
(1)	46	Preparario algnaturo Date Check	il PT	
Paid	0	self-employed		
Preparer		10/10/17		BON STOLENS COLOR
Use Only	Firm's	name ▶ DELOITTE TAX LLP		100000000000000000000000000000000000000
		180 EAST BROAD STREET Phone no.		
10002 11-30-16	Firm's	oddess ► COLUMBUS, OH 43215		

Illinois Department of Revenue 2016 Form IL-1040

Individual Income Tax Return or for fiscal year ending _

Over 80% of taxpa yers 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.

JAY ROBERT PRITZKER MARY KATHRYN PRITZKER

CHICAGO, IL 60606

		С	Filing status (see instructions) Single or head of household X Married filing jointly Married filing	cenarately	Widowed
	Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or	soparatery	(Whole dollars only)
	Income		1040EZ, Line 4.	1	14,950,446 .00
	moonio	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A,		22/200/220
		_	Line 8b; or federal Form 1040EZ.	2	8,964.00
		3	Other additions. Attach Schedule M.	3	501,303.00
			Total income, Add Lines 1 through 3.	4	15,460,713 .00
			Total income, Add Lines 1 diredgir 5.		13,400,713.00
	Step 3:	5	Social Security benefits and certain retirement plan income		
Ť	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 67, 8		
ē	moomo	7			
ř		•	Check if Line 7 includes any amount from Schedule 1299-C.	00. IT	
E S		Ω	Add Lines 5, 6, and 7. This is the total of your subtractions.	Ω	698,457.00
ş		9	Illinois base income. Subtract Line 8 from Line 4.	9 —	14,762,256 .00
Staple W-2 and 1099 forms here			illinois base income. Subtract Line 8 from Line 4,		14,702,230 .00
Ĕ	Step 4:	10	a Number of exemptions from your federal return. 4 x \$2,175 a 8,7	700 00	
ĕ	Exemptions		_ · · · · · · · · · · · · · · · · · · ·		
1-2	Exemptions	•		.00	
8					
녆				.00 10	8,700 .00
ŝ			Exemption allowance. Add Lines a through d.	10_	8,700.00
•	Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	14,753,556 .00
T	Net	12			14,750,000
	Income	-	Nonresidents and part-year residents: Check the box that applies to you during 2016 Nonresident Part-year resident	t and	
	meome		enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	t, and .00	
			enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	
	Step 6:	Ele	and filera and in attractions before completing Star S. Calandar, was filera and time to 1 in	- 10	
	Tax		cal filers see in structions before completing Step 6. Calendar-year filers continue to Lin- Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero.	e 13.	
•	IWA			13	553,258 .00
ģ		14	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	14	.00
ğ			Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	553,258 .00
≐,			Income tax. Add Lines 13 and 14. Cannot be less than zero.		00, 002,000
and IL-1040-V	Step 7:	16	Income tax paid to another state while an Illinois resident.		
~	Tax After			16 .00	
ş	Non-	17	Property tax and K-12 education expense credit amount from	00, 01	
	refundable	••		00.00	
Staple your		18		51 .00	
음			Add Lines 16, 17, and 18. This is the total of your credits.	.00	
Sta			Cannot exceed the tax amount on Line 15.	19	96,467 .00
7		20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	454 544
		20	Tax after nonretundable credits. Subtract Line 19 from Line 15.	20	456,791 .00

IL-1040 page 1 (R-07/17) ID: 2BX 649001 08-22-17

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



2016 IL 1040

	21	Tax after nonrefundable credits from Page 1, Line 20.	21_	456,	791 .00	
Step 8: Other Taxes		Use tax on Internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	22 _ 23 _ 24 _		0 .00 .00 .00	456,791 .00
Step 9: Payments and Refundable Credit	26 27 28 29 30	Illinois Income Tax withheld. Attach all W-2 and 1099 forms. Estimated payments from Forms IL-1040-ES and IL-505-I, Including any overpayment applied from a prior year return. Pass-through withholding payments. Attach Schedule K-1-P or K-1-1-Earned Income Credit from Schedule ICR. Attach Schedule ICR.		728,		728,960 .00
Step 10: Result	31				31	272,169 .00
Step 11: Underpaymen of Estimated Tax Penalty and Donations	34	 a Check If at least two-thirds of your federal gross income is from fab. 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. 	l you		.00	
	35					.00
Step 12: Refund or Amount You Owe	37	If you have an overpayment on Line 31 and this amount is greater the Line 35, subtract Line 35 from Line 31. This is your remaining overpower from Line 36 you want refunded to you. Check one box on I choose the receive may refund by if direct deposit - Complete the information below if you check the Routing number Check the Account number Check the Company of the Complete the Company of the Co	ayment Line 38	. See Instructions.	36	272,169 .00 0 .00
		paper check Amount to be applied to estimated tax. Subtract Line 37 from Line If you have an underpayment on Line 32, add Lines 32 and 35. Of If you have an overpayment on Line 31 and this amount is tess than to subtract Line 31 from Line 35. This is the amount you save. See Inst	Ine 35,		39	272,169 .00
Sign and Date	Inde	10/12/17	ne best o	You population		pertrand complete.
Third Party Designee	100	Check, and complete the designee's name and phone number below previous return that affects the liability reported on this return with the Designeo's name (please print)	v, to allo	ow another person s Department of R	to discuss evenue.	
		If no payment enclosed, mail to:	LINOIS	nt enclosed, mail to: DEPARTMENT OF RI ELD IL 62726-0001		
649002 08-22-17 ID: 2BX		DP AP BR DC	IR.			

5 104 0	J	J.S. Individual Inco	ne Tax F	Return (899)		OMB No. 1545-0	1RS Use C	nly - Do not	write or	staple in this space.	
		015, or other tax year beginning				2015, ending	37	, 20	7	See separate inst	ructions.
Your first name ar	nd initia	ı	Last nam	10						Your social security nu	mber
JAY ROBE			PRITZ	ZKER							
		first name and initial	Last nam	ALTERNATION OF						Spouse's social securi	ty number
MARY KAT			PRITZ		1727				_		
Home address (nu	imber a	and street). If you have a P.O). box, see in	structions.				Apt. no	0.	Make sure the SS	
										and on line 6c are Presidential Election C	
		, and ZIP code. If you have a fore	ign address, al:	so complete sp	aces below.				- 1	Chack here if you, or y	our spouse
CHICAGO,		60606			9990		-		_	If filing jointly, want \$3 this fund. Checking a l	woled xed
Foreign country na	ame			Foreign prov	ince/state/county		Foreig	n postal c	ode	You You	Spouse
Filing Status	1	Single				4 🔲 He	ad of househo	ld (with q	ualifyin	g person). If the q	
3	2	X Married filing jointly				pe	rson is a child	but not yo	our dep	endent, enter this	child's
Check only	3	Married filing separa		ouse's SSN	above	-	me here. 🕨 _				,
one box.		and full name here.					alifying widow	(er) with	depen d		
Exemptions		X Yourself. If someone	-		ndent, do not check	k box 6a	***************************************			Boxes checked on 8s and 6b	_2_
	-	X Spouse			<u>unitarijorumumom</u>				A. Jack	No. of children on 6c who:	_
	C	Dependents: (1) First name			(2) Dependent's social security number		(3) Dependent's relationship to	au au	(4) V if ch under age lastying to	17 • lived with you	
	1		Last name			DATE	you	- 1	lax credi	did not live w you due to divo or separation	
H the t		THEODORA K PI DONALD N PRI		R		DAUG	HTER	-	X	(see instructions	9 —
If more than four dependents, see		DUNKED N PKI	LAKER		-	SON		_	X	Dependents on	
instructions and check here	╗,			_		_		-		not entered abo	vo
CITOCK HOTO		Total number of exemption	ne daimad					- 9		Add numbers on lines	1
Income	7	Wages, salaries, tips, etc.	Attach Form	(s) W-2					7	80998	1.4
Income	Ba.	Taxable interest. Attach S	Schedule B if	required	******************			constant (8a	144,	572.
	b	Tax-exempt interest. Do	not include o	n line 8a		8b	31.	863.	Accessed to the last		512.
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Attach	n Schedule B	if required					9a	1,492,	118.
attach Forms	b	Qualified dividends				9b	1,463,	406.			
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes						10		0.	
1099-R if tax was withheld.	11							11			
	12	Business income or (loss). Attach Schedule C or C-EZ					12	2,473,	948.		
If you did not	13	Capital gain or (loss). Atta	ch Schedule	D if required	. If not required, ch	eck here			13	525,	779.
get a W-2,	14	Other gains or (losses). A	ttach Form 4	797			***************************************		14		-66.
see instructions.	15a	IRA distributions					amount		15b		
	16a	Pensions and annuities				b Taxable a	amount		16b		
	17	Rental real estate, royaltie			tions, trusts, etc. A	ttach Schedule	E		17	5,887,	336.
	18	Farm income or (loss). At			**,**;*,			0.000.000.000	18		
	19	Unemployment compensa	11-1						19		
	20a	Social security benefits	_	20a		b Taxable a	mount		20b		
	21	Other income. List type an Combine the amounts in ti		olumn for lin	as 7 through 04 Th	in in come total	tarana -	_	21	10,523,	607
	23						income		22	10,523,	68/.
Adjusted	24	Educator expenses Certain business expenses of re officials, Attach Form 2108 or 2	servists, perfo	rmlng artista, a	nd fee-basis governmen	23		_			
Gross	25	Health savings account de	duction Atta	ch Form 888	۵	25		_	355	1	
ncome	26	Moving expenses. Attach i									
	27	Deductible part of self-emp		Attach Sche	dule SF		41.	390.	ESE.		
	28	Self-employed SEP, SIMPI	LE, and quali	fied plans		28		-		20	
	29	Self-employed health insur	rance deduct	fon		29	23,	984.	100		
	30	Penalty on early withdrawa	of savings		Total makes the factor of the same of	30					
	31a	Alimony paid b Recipier	nt's SSN 🕨			31a					
	32			Contract of the Contract of th	and the state of t	0.000			0.5172		
	33	Student loan interest dedu	ction		Se sufficiently age lock.	33			33%		
	34	Tuition and fees. Attach Fo	rm 8917		295411-1000004-000000	34			1999		
	35	Domestic production activi	ties deduction	on. Attach Fo	m 8903	35	483,	686.	5405		
10001	36	Add lines 23 through 35							36	549,	
2-30-15	37	Subtract line 36 from line 2	2. This is yo	ur adjusted	gross income		********	>	37	9,974,	527.

Form 1040 (2015	5) J	AY ROBERT & MARY KATHRYN PRITZKER	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38 9,974,627.
Credits		Check You were born before January 2, 1951, Blind. Total boxes	
Standard Deduction for -	7	if: Spouse was born before January 2, 1951, Blind. checked > 39a	
People who	Ь	If your spouse Itemizes on a separate return or you were a dual-status alien, check here	
check any bax on line 30e or	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 3,013,987.
50 of who can	41	Subtract line 40 from line 38	41 6,960,640.
dopendent, see instructions.	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 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 6,960,640.
	44	Tax. Check If any from: a Form(s) 8814 b Form 4972 c X 1291 TAX	44 2,312,567.
	45	Alternative minimum tax. Attach Form 6251	45 0.
All others:	46	Excess advance premium tax credit repayment. Attach Form 8962	46
Single or Married filing	47	Add lines 44, 45, and 46	47 2,312,567.
separately, \$6,300	48	Foreign tax credit. Attach Form 1116 if required 48 132,854.	Contraction of the Contraction o
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49	
jointly or Qualifying	50	Education credits from Form 8863, line 19 50	
widow(ar),	51	Retirement savings contributions credit. Attach Form 8880 51	
\$12,600 Head of	52	Child tax credit. Attach Schedule 8812, if required	
household, \$9,250	53	Residential energy credits. Attach Form 5695 53	
\$9,250	54	Other credits from Form: a X 3800 b 8801 c 54 136,824.	
	55		269,678.
	56	Add lines 48 through 54. These are your total credits Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	58 2,042,889.
			57 82,780.
Other	57	Self-employment tax. Attach Schedule SE	
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58
Idves	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	50a	Household employment taxes from Schedule H	60a
		First-time homebuyer credit repayment. Attach Form 5405 If required	60b
	61	Health care: Individual responsibility (see Instructions) Full-year coverage X	61 200 752
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s) STATEMENT 15	62 300,752. 63 2,426,421.
Dayman		Add lines 56 through 62. This is your total tax	68 2,426,421.
Payments		Federal income tax withheld from Forms W-2 and 1099	- N/4739-04
If you have a		2015 estimated tax payments and amount applied from 2014 return	
qualifying [_66 a	Earned Income credit (EIC)	- 議職
child, altach Schodulo EIC.	b	Nontaxable combat pay election 66b 66b	1989
Semidario Ero.		Additional child tax credit. Attach Schedule 881267	- 22
		American opportunity credit from Form 8863, line 8	- 626
		Net premium tax credit. Attach Form 8962	- ANE
		Amount paid with request for extension to file	
		Excess social security and tier 1 RRTA tax withheld	- 376
	72	Credit for federal tax on fuels. Attach Form 4136	· \$ 60
		Credits from Form; a 2439 b Reserved 8885 d 73	2 202 472
5 / 1		Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74 3,203,472.
Refund		If line 74 is more than fine 63, subtract fine 63 from line 74. This is the amount you overpald	75 777,051.
Direct deposit?	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a
See Instructions.	_	outing On Type: Checking Savings of downber	
		Amount of line 75 you want applied to your 2016 estimated tax 777,051.	1200200
Amount		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78
You Owe		stimated tax penalty (see instructions) 79 0.	45%的五位群岛。2006年2
Third Party		you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete belief	low. No
Designee	nan	Phoes >	Personal Identification Inumber (PIN)
Sign	6	older penalties of porjury, I deciare that I have examined this return and accompanying achedules and statements, and to the best of my knowledge and conditional property of the state of which property has any knowledge. Date Your occupation Your occupation	bwicage and belier, triey are cue,
Here	Υ.		Daytime phone number
See instructions.	D -	1847 IO/II/IU ATTORNEY	
Keep a copy for your	7 8	Spouse's occupation	If the IRS sent you as family Protection PIN.
racorús.	_/	10/11/16 HOUSEWIFE	enter it here
. (STAIR	Preparate signature Date Check	H PTIN
Paid	1,00	10/10/16 self-employed	
Preparer	T		
Use Only	Fign's	marite ➤ DELOITTE TAX LLP	
6 10002	8	180 EAST BROAD STREET	
12-30-95	Pirm's	eddrosn ► COLUMBUS, OH 43215	

Illinois Department of Revenue 2015 Form IL-1040 Individual Income Tax Return or for fiscal year ending

Over 80% of taxpa yers 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.

JAY	ROBERT	PRI	TZKER
MARY	KATHRY	'N F	RITZKER

CHICAGO, IL 60606

	С	Filing status (see instructions)		
		Single or head of household X Married filing jointly Married filing se	parately	Widowed
	D	Check if you or your spouse are a military veteran and want your name and address shared wi		11,11,21,21,21
		Department of Veterans' Affairs. You Spouse		
Step 2	: 1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or		(Whole dollars only)
Income		U.S. 1040EZ, Line 4.	1	9,974,627 .00
	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;		2/2/2/02/
		or U.S. 1040EZ.	2	31,863 .00
	3		3	949,427 .00
	4		4	10,955,917.00
		Total mounts Add Enlos 1 though 6.		10,555,517.00
Step 3:	: 5	Social Security benefits and certain retirement plan income		
Base		received if included in Line 1. Attach Page 1 of federal return.	.00	
Income	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10. 6	.00	
9	7		1 .00	
P P		Check if Line 7 includes any amount from Schedule 1299-C.	00. 1	
Ĕ	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	553,801 .00
<u>ة</u>	9		<u>, –</u>	10,402,116 .00
Staple W-2 and 1099 forms here Exembtic		minors base income. Subtract Line 8 from Line 4,		10,402,110 .00
Step 4:	10	a Number of exemptions from your federal return. 4 x \$2,150 a 8,60	00 01	
Exemption		b If someone can claim you as a dependent, see instructions. X \$2,150 b		
\$		C Check if 65 or older: You + Spouse = X \$1,000 C	.00	
<u>•</u>		d Check if legally blind: You + Spouse = x \$1,000 d	.00	
dap			10	8,600 .00
<u></u>		Exemption allowance. Add Lines a through d.	10_	5,000 .00
Step 5:	- 11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	10,393,516 .00
Net		Nonresidents and part-year residents:		10,555,510 .00
Income		Check the box that applies to you during 2015 Nonresident Part-year resident.	and	
2000000000		enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	
- 127	W. High	Solice the famous base income non-out. Wit. Attach out. Wit.	.00	
Step 6:	13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero.		
> Tax		Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	389,757.00
4	14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00.
7-040		Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	389,757.00
╡				0027.07.00
	16	Income tax paid to another state while an Illinois resident.		
ថ្លី Tax After		Attach Schedule CR. 16 102,98	0 .00	
ซี Non-	17	Property tax and K-12 education expense credit amount from		
₹ refundab			0 .00	
Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 106, 23		
refundab Credits old g g g		Add Lines 16, 17, and 18. This is the total of your credits.	00	
ž.		Cannot exceed the tax amount on Line 15.	19	209,717.00
7	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20 —	180,040 .00
		THE HILL TO BE STREET OF STREET STREET STREET STREET STREET		

iL-1040 page 1 (R-12/15) 54900 1 ID: 2BX 01-07-16

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.



2016 14-1040 JB a MK 180,040 .00 21 Tax after nonrefundable credits from Page 1, Line 20. Step 8: 22 Household employment tax. See Instructions. Other 23 Use tax on internet, mail order, or other out-of-state purchases from 0 .00 UT Worksheet or UT Table in the Instructions. Do not leave blank. Taxes 24 Compassionate Use of Medical Cannabls Pilot Program Act Surcharge 180.040 .00 25 Total Tax. Add Lines 21, 22, 23, and 24. Step 9: 26 Illinois income Tax withheld. Attach all W-2 and 1099 forms. 26 .00 **Payments** Estimated payments from Forms IL-1040-ES and IL-505-I, 340,250 .00 and including any overpayment applied from a prior year return. Refundable Pass-through withholding payments. Attach Schedule K-1-P or K-1-T. 28 Credit 29 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 340,250 .00 Total payments and refundable credit. Add Lines 26 through 29. 160,210 .00 Step 10: 31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. Result 32 32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. Step 11: 33 Late-payment penalty for underpayment of estimated tax Underpayment a Check if at least two-thirds of your federal gross income is from farming. b Check if you or your spouse are 65 or older and permanently of Estimated living in a nursing home. Tax Penalty 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. 35 Total penalty and donations. Add Lines 33 and 34. Step 12: 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 ever payment, Amount You Amount from Line 36 you want refunded to you, Check one box on Line 38. See instructions. 38 I choose to receive my refund by Owe direct deposit - Complete the information below if you check this box. Checking or L Savings Routing number Account number Illinois Individual Income Tax refund debit card paper check 160,210 .00 39 Amount to be applied to estimated tax, Subtract Line 37 from Line 36, See instructions. 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. Step 13: perjury, I state that I have examined this return, and, to the best of my know and complete Sign and Date 10/10/16 s complete the designer's reme and phone number below, to allow snother person to discuss this return and any previous return that affects the liability this return with the liability that affects the liability this return with the liability that affects the liability is affected that affects the liability that affec Third Party Designee Dosignee's name (please print) Form 1099-G 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. Information 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 627 19-0001

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

549002 01-07-16 ID: 2BX

IL-1040 page 2 (R-12/15)

R AP

RR DC II



5 IU4L	JU	.S. Individual Incon	ne Tax Return	"" ZU 14	OMB No. 1545-	0074 RS Use 0	Only - Do n	ot write o	r staple in this space.	
		2014, or other tax year beginning			. 2014, ending		.20		See separate inst	ructions
Your first name an	id initia		Last name						Your social security ne	
JAY ROBE			PRITZKER							
2.74 Mary 1910 - 1240		first name and initial	Last name						Spouse's social secur	ity number
MARY KAT			PRITZKER							
Home address (No	moer a	and street). If you have a P.O.	Dox, see instruction	ns.			Apt. n	10.	Make sure the SSI	
								_	and on line 6c are Presidential Election C	
CHICAGO,		a, and ZIP code. If you have a forei	gn address, also comp	lete spaces below.				- 1	Check here if you, or y	your spaus
		00000	Translan						Check here if you, or y if filing jointly, want \$3 this fund. Checking a !	box below
Foreign country na	ime		Foreign	province/state/cour	ity	Foreig	gn postal	code	Will not change your to	Spouse
Filing Status	. 1	Single			4 L H	ead of househo	old (with o	qualifyin	g person). If the qu	
rining Ottatas	2	X Married filing jointly (e	our dep	endent, enter this	child's					
Check only	3	Married filing separate		SSN above		ame here. 🕨				
one box.		and full name here.				ualifying widov	v(er) with	depend		
Exemptions		X Yourself. If someone				***************************************			Boxes checked on 6a and 6b	_2
	- 7	X Spouse						····/	No. of children	
	C	Dependents:	70.00	(2) Dependent's a security number		(3) Dependent's relationship to		(4) √ if ch under age	17 A lived with you	
		(1) First name	Loct name	outonly name		you		ualifying fo lax credi		rith ree
Manage the state		THEODORA K PR				HTER	_	X	or separation (see instructions	s)
If more than four dependents, see	:	DOMALD N PRIT	ZKER		SON			X	Dependents on	- fic
instructions and check here	¬ ·				_		_		not entered abo	
CHECK Here	_ d	Trital number of availation	e chimed						Add numbers on lines above	1
	7	Total number of exemption Wages, salaries, tips, etc. A	Hach Form(e) WI-2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7	above	4
Income	8a	Taxable Interest: Attach Sc	hedule R if required				*********	8a	181	299.
	b	Tax-exempt interest. Do no	nt include on line 8a		8b	2	,404		101,	233.
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Attach	Schedule B if requir	ed			, 101	9a	82	773.
attach Forms	b	Qualified dividends	5 8 8 5000		9b	53	,077		027	,,,,,
W-2G and	10	Taxable refunds, credits, or	offsets of state and	local income taxes	STMT	11 STM	r 13	10	124.	796.
1099-R if tax was withheld.	11	Alimony received						11		
4 1	12	Business income or (loss).	Attach Schedule C	or C-EZ				12	2,726,	353.
If you did not	13	Capital gain or (loss). Attac	h Schedule D if requ	ired. If not required	t, check here	>		13	-3,	000.
get a W-2,	14	Other gains or (losses). Atta	ach Form 4797					14		157.
see instructions.	15a	IRA distributions	15a		b Taxable	amount		15b		
	16a	Pensions and annuities	16a		b Taxable	amount		16b		
	17	Rental real estate, royalties,	partnerships, S cor	porations, trusts, e	tc. Attach Schedul	e E		17	-5,	643.
	18	Farm income or (loss). Atta	ch Schedule F					18		
	19	Unemployment compensati	on			***************************************		19		
	20a 21	Social security benefits		CM3 MENT	b Taxable	amount		20b	100	000
	22	Other income. List type and Combine the amounts in the		STATEME		Herene	_	21	3,206,	735
	23	Educator expenses	ar right column to	r mies / unrough 2	23	i income		22	3,400,	133.
Adjusted	24	Educator expenses Certain business expenses of resofficials. Attach Form 2106 or 21	servists, performing arti	ists, and fee-basis gov	ernment 24			2363		
Gross	25	Health savings account ded	uction. Attach Form	8889	25			330		
Income	26	Moving expenses. Attach Fo	rm 3903		26			1532		
	27	Deductible part of self-empl	oyment tax. Attach	Schedule SE	27	45	101.			
	28	Self-employed SEP, SIMPLI	E, and qualified plan	s	28			100		
	29	Self-employed health insura	nce deduction		29	21,	746.	233		
	30	Penalty on early withdrawal	of savings	*************************	30			10233		
	31a	Alimony paid b Recipient	s SSN -	3	31a			158		
	32	IRA deduction			32					
	33	Student Ioan interest deduct	tion		33			2016		
	34	Tuition and fees, Attach For	n 8917		34			TO THE		
	35	Domestic production activiti					233.			
10001	36	Add lines 23 through 35						36		080.
12-31-14	37	Subtract line 36 from line 22	. This is your adjus	ted gross income				37	3,137,	055.

Form 1040 (2014	J	AY ROBERT & MARY KATHRYN PRITZKER				Page 2
Tax and		Amount from line 37 (adjusted gross income)			38	3,137,655.
Credits			Total box		4.43	
Standard	•••	it: Spouse was born before January 2, 1950, Blind.			200	
Deduction for People who		If your spouse itemizes on a separate return or you were a dual-status atien, chec	k here	▶ 39b	7,500	
check any box on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see left ma			40	274,660.
39b Of who can	41	Subtract line 40 from line 38			41	2,862,995.
dependent, see	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line			42	0.
inspections.	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, ent			43	2,862,995.
		Tax, Check if any from; a Form(s) 8814 b Form 4972 c X			44	1,072,526.
	44				45	0.
All others:	45	Alternative minimum tax, Attach Form 6251 Excess advance promise tax credit repayment. Attach Form 8962			46	
Single or	46				47	1,072,526.
Married filing separately.	47	Add lines 44, 45, 352 AS		14 505		1,012,520.
\$5,200	48	Foreign tax credit. Attack Form 1116 if required	48	14,585.	差数	
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441	49		4.7	
Qualifying widow(er).	50	Education credits from Form 8863, line 19	50		210	
\$12,400	51	Retirement savings contributions credit. Attach Form 8880	51			r "speri"
Head of household.	52	Child tax credit. Attach Schedule 8812, if required	52		N. C	
\$9,100	53	Residential energy credits, Attach Form 5695	53			
=	54	Other credits from Form; a X 3800 b X 8801 c	54			
	55	Add lines 48 through 54. These are your total credits			55	14,585.
	58	Subtract line 55 from line 47, If line 55 is more than line 47, enter -0-			56	1,057,941.
	57	Seff-employment tax, Attach Schedule SE			57	90,202.
Other	58	Unreported social security and Medicare tax from Form; a 4137 b	8919		58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if r			59	
		Household employment taxes from Schedule H			60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 If required			· 60b	
	61				61	
		Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s)			62	23,081.
		Add lines 56 through 62. This is your total tax			63	1,171,224.
Payments		Federal Income tax withheld from Forms W-2 and 1099	64		139.94	-/
rayments		2014 estimated tax payments and amount applied from 2013 return	65	516,696.	36.50	
d you have a		Earned Income credit (EIC)	68a	320,030.		
qualifying			004	N. ST. Washing	44.	
Schedule EIC.		resident destruction pay electrical property and a second property and a second pay of the second pay	67	不是 医骨头上		
	67	Additional child tax credit, Attach Schedule 8812	$\overline{}$			
	88	American opportunity credit from Form 8863, line 8	68		42.3	
	69	Net premium tax credit. Attach Form 8962	69	1,000,000.	561	
	70	Amount paid with request for extension to file	70	1,000,000.	435	
	71	Excess social security and tier 1 RRTA tax withheld	71		, and	
	72	Credit for federal tax on fuels. Attach Form 4136	72			
		Credits from Form; a 2439 b Reserved Freserved I Reserved	73		141	1 516 606
					74	1,516,696.
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you			75	345,472.
Direct descents		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	9		76a	
Direct deposit? See	- b	Routing			300	
instructions.	77	Amount of line 75 you want applied to your 2015 estimated tax	77	345,472.	27.50	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see ins	tructions		78	
YOU CHIE	79	Estimated tax penalty (see instructions)	79		1. 2.	
Third Part		you want to allow another person to discuss this return with the IRS (see instruc	tions)? L	X Yes. Complete bel		No
Designos	Des	Phora Phora P			number (identification >
Sign		Inder penaliles of perjury, I declare that I have examined this return and accompanying schedules orrect, and copplete. Declaration of preparer (other than taxpayer) is based on all information of v	s and statem which prepar	ents, and to the best of my er has any knowledge.	knowledg	e and belief, they are true,
Here		our glorditude 4 Your eccupation		A CONTRACTOR OF THE PROPERTY O	Doylir	ne phone number
Joint return? See instructions.		109/2015 ATTORNE	Y			
Кеер в сору		Spouse's skingly by the state of the state o	on			RS sent you an identity
far your records.		10/0 9/20/5HOUSEWIE	FE		enter	tion PIN,
	Print		Date	Check	If PTI	N
Pald				self-employed		
Preparer		Y				
Use Only	Flrm'	DELOITTE TAX LLP		Firm's EIN		
-		180 EAST BROAD STREET		Phone no.		
410002	Firm'	saddress ► COLUMBUS. OH 43215				

*

Illinois Department of Revenue

2014 Form IL-1040
Individual Income Tax Return or for fiscal year ending

Over 80% of taxpa vers file electronically, it is easy and you will get your refund faster. Visit tax, illinois, goy.

Step 1: Personal Information

Do not write above this line.

JAY	ROBERT	PRITZKE	R
MARY	KATHRY	N PRITZ	KER

CHICAGO, IL 60606

	Step 2: Income	1	Filing status (see instructions) Single or head of household Married filing jointly Married filing see Check if you or your spouse are a military veteran and want your name and address shared were pepartment of Veterans' Affairs. You Spouse 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.		Widowed inois (Whole dollars only) 3,137,655.00 2,404.00 4,528.00 3,144,587.00
099 forms here	Step 3: Base Income	7	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in U.S. 1040, Line 10. Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	.00 .00 15100	230,715.oo
Staple W-2 and 1099 forms here	Step 4: Exemptions	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: You + Spouse = X \$1,000 c Check if legally blind: You + Spouse = X \$1,000 c Exemption allowance. Add Lines a through d.	00 .00 .00 .00 .00	3,500.00
ı	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 2014 Nonresident Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	11 and 	2,905,372.00
_	Step 6: Tax		Residents: Multiply Line 11 by 5% (.05). Cannot be less than zero. Nonresidents and part-year residents: Enter 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	145,269 .00 .00 145,269 .00
your check	Step 7: Tax After Non- refundable Credits	17 18 19	income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. Tax after nonrefundable credits. Subtract Line 19 from Line 15.	.00 00 .00 59 .00 19	145,269 <u>.00</u> 0 .00

AURIGUEUL

	21 Tax after nonrefundable credits from Page 1, Line 20. 21000
Step 8: Other Taxes	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Pilot Program Act Surcharge Total Tax. Add Lines 21, 22, 23, and 24.
Step 9: Payments and Refundable Credit	26 tilinols income Tax withheld. Attach all W-2 and 1099 forms. 27 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 28 Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 29 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 20 00 30 Total payments and refundable credit. Add Lines 26 through 29.
Step 10:	31 Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 32 Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 33 32 35 36 36 37 37 38 39 39 39 39 39 39 39 39 39 39 39 39 39
Step 11: Underpayment of Estimated Tax Penalty and Donations	b Check if you or your spouse are 65 or older and permanently tiving in a nursing home.
Step 12: Refund or Amount You Owe	36 If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining overpayment. 37 Amount from Line 38 you want refunded to you. Check one box on Line 38. See instructions. 38 I choose to receive my refund by affect deposit. Complete the information below if you check this box. Routing number Account number 4 Illinois individual income Tax refund debit card 2 paper check 39 Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions. 39 50,00
	40 If you have an underpayment on Line 32, add Lines 32 and 35. Of 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.
Sign and Date	nder penalties of perjury, I state that I have examined this return, and, to the best of my local transfer or ask, and completely the state of the s
Third Party Designee Form 1099-G	The property is signature Date Property's phone number Property's signature Check, and complete the designed's name and phone number below, to allow another person to discuss this return with the Illinois Department of Revenus. Designee's name (please print) Designee's phone number
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 near the united and 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 62728-0001
01-14-15 ID: 2BX L-1040 page 2 (R-12	(14) DR AP RR DC IR