



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.

Form	1040	U.S. Individual Income Tax Return	(99)	2016	OMB No. 1545-0047	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning 2016, ending 20					See separate instructions.	
Your first name and initial			Last name		Your social security number	
JAY ROBERT			PRITZKER		[REDACTED]	
If a joint return, spouse's first name and initial			Last name		Spouse's social security number	
MARY KATHRYN			PRITZKER		[REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	
[REDACTED]					▲ 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	
CHICAGO, IL 60606					Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name			Foreign province/state/county		Foreign postal code	
					<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status						
1 <input type="checkbox"/> Single						
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶						
4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶						
5 <input type="checkbox"/> Qualifying widow(er) with dependent child						
Check only one box.						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a						
b <input checked="" type="checkbox"/> Spouse						
c Dependents:						
(1) First name		Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit
THEODORA K		PRITZKER		[REDACTED]	DAUGHTER	X
DONALD N		PRITZKER		[REDACTED]	SON	X
If more than four dependents, see instructions and check here <input type="checkbox"/>						
d Total number of exemptions claimed						
4						
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 8,964.						
9a Ordinary dividends. Attach Schedule B if required						
b Qualified dividends						
9b 911,799.						
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 <input type="checkbox"/>						
14 Other gains or (losses). Attach Form 4797						
15a IRA distributions						
15b Taxable amount						
16a Pensions and annuities						
16b 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						
20b 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						
15,978,857.						
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 ▶						
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						
35 971,737.						
36 Add lines 23 through 35						
36 1,028,411.						
37 Subtract line 36 from line 22. This is your adjusted gross income						
37 14,950,446.						

2016 CA 1040

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	14,950,446.
Standard Deduction for - • People who check any box on line 39a or 39b. If 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, \$9,300.	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <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)	40	5,263,562.
	41 Subtract line 40 from line 38	41	9,686,884.
	42 Exemptions. If line 38 is \$155,650 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	9,686,884.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	3,592,397.
	45 Alternative minimum tax. Attach Form 6251	45	0.
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	3,592,397.
48 Foreign tax credit. Attach Form 1116 if required	48	14,362.	
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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.	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	60,042.
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a Household employment taxes from Schedule H	60a		
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62 Taxes from: a <input checked="" type="checkbox"/> Form 9959 b <input checked="" type="checkbox"/> Form 9960 c <input type="checkbox"/> (incl. other codes) 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 1099	64	
65 2016 estimated tax payments and amount applied from 2015 return	65	3,019,801.	
66a Earned income credit (EIC)	66a		
b Nontaxable combat pay election 66b	66b		
67 Additional child tax credit. Attach Schedule 8812	67		
68 American opportunity credit from Form 8863, line 8	68		
69 Net premium tax credit. Attach Form 8962	69		
70 Amount paid with request for extension to file	70	5,000,000.	
71 Excess social security and tier 1 RRTA tax withheld	71		
72 Credit for federal tax on fuels. Attach Form 4136	72		
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 20 Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	8,019,801.	
Refund	75 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 refunded to you. If Form 8888 is attached, check here	76a		
Routing number <input type="text"/> b Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>			
77 Amount of line 75 you want applied to your 2017 estimated tax	77	3,879,444.	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79 Estimated tax penalty (see instructions)	79		
Third Party Designee	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 <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>	
Sign Here	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 accurately list all income 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.		
Joint return? See instructions. Keep a copy for your records.	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
	10/12/17	ATTORNEY	
	10/12/17	HOUSEWIFE	
Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> self-employed <input type="checkbox"/> if PTIN <input type="text"/>	
10/10/17			
Paid Preparer Use Only	Firm's name <input type="text"/>	Firm's EIN <input type="text"/>	Phone no. <input type="text"/>
DELOITTE TAX LLP			
180 EAST BROAD STREET			
COLUMBUS, OH 43215			

Illinois Department of Revenue

2016 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.

Do not write above this line.

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:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	1	(Whole dollars only) 14,950,446 .00
Income	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.	2	8,964 .00
	3	Other additions. Attach Schedule M.	3	501,303 .00
	4	Total income. Add Lines 1 through 3.	4	15,460,713 .00

Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
Base	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10.	6	67,886 .00
Income	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	630,571 .00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	698,457 .00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	14,762,256 .00

Step 4:	10 a	Number of exemptions from your federal return.	4	x \$2,175	a	8,700 .00
Exemptions	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.	10			8,700 .00

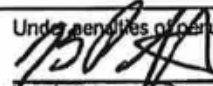

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	14,753,556 .00
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2016 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	.00
Income				

Step 6:	Fiscal filers see instructions before completing Step 6. Calendar-year filers continue to Line 13.				
Tax	13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero.	13	553,258 .00	
	14	Nonresidents and part-year residents: Enter the tax from Schedule NR.	14	.00	
	15	Recapture of investment tax credits. Attach Schedule 4255.	15	553,258 .00	
		Income tax. Add Lines 13 and 14. Cannot be less than zero.			

Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	87,916 .00
Tax After	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	500 .00
Non-	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	8,051 .00
refundable	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	96,467 .00
Credits	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	456,791 .00



2016 IL 1040

	21	Tax after nonrefundable credits from Page 1, Line 20.	21	456,791 .00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other Taxes	23	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.	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	456,791 .00
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	728,960 .00
	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	728,960 .00
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	272,169 .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 of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>	
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
	34	Voluntary charitable donations. 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 Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	36	272,169 .00
Refund or Amount You Owe	37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	0 .00
	38	I choose to receive my refund by		
		<input type="checkbox"/> direct deposit - Complete the information below if you check this box.		
		Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number _____		
		<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
		<input type="checkbox"/> paper check		
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.	39	272,169 .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		10/12/17		10/12/17
	_____ Your signature	Date	_____ Daytime phone number	_____ Your spouse's signature
	_____ Paid preparer's signature	10/10/17 Date	_____ Preparer's phone number	_____ Paid preparer's PTIN
Third Party Designee	<input checked="" type="checkbox"/> 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	

☐ 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



Form 1040 U.S. Individual Income Tax Return (99) 2015		OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 26		See separate instructions.	
Your first name and initial JAY ROBERT		Last name PRITZKER	
If a joint return, spouse's first name and initial MARY KATHRYN		Last name PRITZKER	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. CHICAGO, IL 60606		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county	
Foreign postal code			
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit THEODORA K PRITZKER DAUGHTER X DONALD N PRITZKER SON X If more than four dependents, see instructions and check here <input type="checkbox"/> d Total number of exemptions claimed 4		Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on line above 4	
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 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 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 <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 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 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income		7 8a 144,572. 8b 31,863. 9a 1,492,118. 9b 1,463,406. 10 0. 11 12 2,473,948. 13 525,779. 14 -66. 15a 15b 16a 16b 17 5,887,336. 18 19 20a 20b 21 22 10,523,687.	
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		23 24 25 26 27 41,390. 28 29 23,984. 30 31a 32 33 34 35 483,686. 36 549,060. 37 9,974,627.	

Tax and Credits

Standard Deduction for -
 • People who check any box on line 38a or 38b. 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

38	Amount from line 37 (adjusted gross income)	38	9,974,627.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ... <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	3,013,987.
41	Subtract line 40 from line 38	41	6,960,640.
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 <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input checked="" type="checkbox"/> 1291 TAX	44	2,312,567.
45	Alternative minimum tax. Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	2,312,567.
48	Foreign tax credit. Attach Form 1116 if required	48	132,854.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	136,824.
55	Add lines 48 through 54. These are your total credits	55	269,678.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,042,889.
57	Self-employment tax. Attach Schedule SE	57	82,780.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
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 15	62	300,752.
63	Add lines 56 through 62. This is your total tax	63	2,426,421.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2015 estimated tax payments and amount applied from 2014 return	65	1,288,472.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	1,915,000.
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	3,203,472.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	777,051.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
77	Amount of line 75 you want applied to your 2016 estimated tax	77	777,051.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	0.

Third Party Designee

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

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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 10/11/16 Your occupation ATTORNEY Daytime phone number

Spouse's signature Date 10/11/16 Spouse's occupation HOUSEWIFE If the IRS sent you a Identity Protection PIN, enter it here

Paid

Preparer's signature Date 10/10/16 Check ☐ self-employed ☐ PTIN

Use Only

Firm's name DELOITTE TAX LLP Firm's EIN

180 EAST BROAD STREET Phone no.

Firm's address COLUMBUS, OH 43215

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.

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

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.	1	(Whole dollars only) 9,974,627 .00
	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	2	31,863 .00
	3	Other additions. Attach Schedule M.	3	949,427 .00
	4	Total income. Add Lines 1 through 3.	4	10,955,917 .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 U.S. 1040, Line 10.	6	.00
	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	553,801 .00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	553,801 .00
	9	Illinois base income. Subtract Line 8 from Line 4.	9	10,402,116 .00

Step 4: Exemptions	10 a	Number of exemptions from your federal return.	4	x \$2,150	a	8,600 .00
	b	If someone can claim you as a dependent, see instructions.		x \$2,150	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.	10			8,600 .00

Step 5: Net Income	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	10,393,516 .00
	12	Nonresidents and part-year residents: Check the box that applies to you during 2015 <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 3.75% (.0375). Cannot be less than zero.	13	389,757 .00
	14	Nonresidents and part-year residents: Enter the tax from Schedule NR.	14	.00
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	389,757 .00

Step 7: Tax After Non- refundable Credits	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	102,980 .00
	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	500 .00
	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	106,237 .00
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	209,717 .00
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	180,040 .00



2015 IL-1040 JB & MK

	21	Tax after nonrefundable credits from Page 1, Line 20.	21	180,040 .00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other Taxes	23	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.	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	180,040 .00
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	340,250 .00
	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	340,250 .00
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	160,210 .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 of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/>		
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/>		
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. <input type="checkbox"/>		
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. <input type="checkbox"/>		
	34	Voluntary charitable donations. 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 Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	36	160,210 .00
Refund or Amount You Owe	37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	0 .00
	38	I choose to receive my refund by		
		<input type="checkbox"/> direct deposit - Complete the information below if you check this box.		
		Routing number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		Account number <input type="text"/>		
		<input type="checkbox"/> Illinois Individual Income Tax refund debit card		
		<input type="checkbox"/> paper check		
	39	Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions.	39	160,210 .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	<div style="display: flex; justify-content: space-between;"> <div> <p><i>[Signature]</i> 10/11/16</p> <p>Your signature Date</p> </div> <div> <p><i>[Signature]</i> 10/11/16</p> <p>Daytime phone number Your spouse's signature Date</p> </div> </div>			
	<div style="display: flex; justify-content: space-between;"> <div> <p><i>[Signature]</i> 10/10/16</p> <p>Paid preparer's signature Date</p> </div> <div> <p><i>[Signature]</i> 10/10/16</p> <p>Preparer's phone number Preparer's PEIN, SSN, or PTIN</p> </div> </div>			
Third Party Designee	<input checked="" type="checkbox"/> 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.			
	<div style="display: flex; justify-content: space-between;"> <div> <p><i>[Signature]</i></p> <p>Designee's name (please print)</p> </div> <div> <p><i>[Signature]</i></p> <p>Designee's phone number</p> </div> </div>			
Form 1099-G Information	<input type="checkbox"/> 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

549002
01-07-16

ID: 2BX

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

DR _____ AP _____ RR _____ DC _____ IR _____



For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

2014, ending

26

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 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Exemptions

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

THEODORA K PRITZKER

DAUGHTER

DONALD N PRITZKER

SON

No. of children on 6c who:
• lived with you 2
• did not live with you due to divorce or separation (see instructions)If more than four dependents, see instructions and check here ▶ ☐

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8a Taxable interest. Attach Schedule B if required

8a

181,299.

b Tax-exempt interest. Do not include on line 8a

8b

2,404.

9a Ordinary dividends. Attach Schedule B if required

9a

82,773.

b Qualified dividends

9b

53,077.

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

STMT 11 STMT 13

10

124,796.

11 Alimony received

11

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

12

2,726,353.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

-3,000.

14 Other gains or (losses). Attach Form 4797

14

157.

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

-5,643.

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

SEE STATEMENT 10

21

100,000.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

3,206,735.

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

45,101.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

21,746.

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

2,233.

36 Add lines 23 through 35

36

69,080.

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

3,137,655.

Tax and Credits

Standard Deduction for:

- People who check any box on line 38a or 38b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$9,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38	Amount from line 37 (adjusted gross income)	38	3,137,655.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	274,660.
41	Subtract line 40 from line 38	41	2,862,995.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 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	2,862,995.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input checked="" type="checkbox"/> 1291 TAX	44	1,072,526.
45	Alternative minimum tax. Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	1,072,526.
48	Foreign tax credit. Attach Form 1116 if required	48	14,585.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	14,585.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,057,941.
57	Self-employment tax. Attach Schedule SE	57	90,202.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
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 17	62	23,081.
63	Add lines 56 through 62. This is your total tax	63	1,171,224.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2014 estimated tax payments and amount applied from 2013 return	65	516,696.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	1,000,000.
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,516,696.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	345,472.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	345,472.

Amount


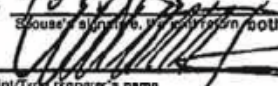
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party**Designee**

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 <input type="text"/>	Personal identification number (PIN) <input type="text"/>

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 <input type="text"/> 10/09/2015
Spouse's signature 	Date <input type="text"/> 10/09/2015
Your occupation ATTORNEY	Daytime phone number <input type="text"/>
Spouse's occupation HOUSEWIFE	If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>

Paid**Preparer****Use Only**

Print/Type preparer's name <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name DELOITTE TAX LLP	Firm's EIN <input type="text"/>	Phone no. <input type="text"/>	
180 EAST BROAD STREET			
COLUMBUS, OH 43215			

Illinois Department of Revenue

2014 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.

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 ☐ WidowedD 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:	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>3,137,655.00</u>
Income	2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.		2	<u>2,404.00</u>
	3	Other additions. Attach Schedule M.		3	<u>4,528.00</u>
	4	Total income. Add Lines 1 through 3.		4	<u>3,144,587.00</u>

Step 3:	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>
Base	6	Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6	<u>.00</u>
Income	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>230,715.00</u>
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>230,715.00</u>
	9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>2,913,872.00</u>

Step 4:	10 a	Number of exemptions from your federal return.	<u>4</u>	x \$2,125	a	<u>8,500.00</u>
Exemptions	b	If someone can claim you as a dependent, see instructions.		x \$2,125	b	<u>.00</u>
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x \$1,000	c	<u>.00</u>
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =		x \$1,000	d	<u>.00</u>
		Exemption allowance. Add Lines a through d.	10			<u>8,500.00</u>

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	<u>2,905,372.00</u>
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2014 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	<u>.00</u>
Income				

Step 6:	13	Residents: Multiply Line 11 by 5% (.05). Cannot be less than zero.	13	<u>145,269.00</u>
Tax	14	Nonresidents and part-year residents: Enter the tax from Schedule NR.	14	<u>.00</u>
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	<u>145,269.00</u>

Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	<u>.00</u>
Tax After	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	<u>500.00</u>
Non-refundable	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	<u>144,769.00</u>
Credits	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	<u>145,269.00</u>
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>0.00</u>



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	0 .00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other Taxes	23	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.	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	.00

Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	27	50,000 .00
	28	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	50,000 .00

Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	50,000 .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 of Estimated Tax Penalty and Donations	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b	Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c	Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>	
	d	Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
	34	Voluntary charitable donations. 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 Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	36	50,000 .00
Refund or Amount You Owe	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		

<input type="checkbox"/> direct deposit - Complete the information below if you check this box.
Routing number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account number <input type="text"/>

☐ 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	50,000 .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 and belief, it is true, correct, and complete.

Sign and Date

[Signature] 10/9/2015

Date Daytime phone number

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 62728-0001

449002
01-14-15

ID: 2BX

IL-1040 page 2 (R-12/14)

DR _____ AP _____ RR _____ DC _____ IR _____

