

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	ne Tax Retur	~ [®] 2016	OMB No. 1545-0074	IRS Use Only - Do n	ot write o	r staple in this space.	
For the year Jan. 1-De	c. 31, 20	016, or other tax year beginning			2016, ending	.20		See separate inst	tructions.
Your first name an	d initial		Last name			-		Your social security n	umber
JAY ROBEI	RT		PRITZKER	L					
If a joint return, sp	ouse's	first name and initial	Last name					Spouse's social secur	rity number
MARY KATI			PRITZKEF						
Home address (nu	mber a	nd street). If you have a P.O.	box, see instruction	ons.		Apt.	no.	▲ Make sure the SS	SN(s) above
								and on line 6c are	
		and ZIP code. If you have a foreig	n address, also compl	ete spaces below.			i	Presidential Election (Check here if you, or	vour spouse
CHICAGO,	ΙĻ	60606						if filing jointly, want \$3 this fund. Checking a	3 to go to
Foreign country na	me		Foreigr	province/state/county		Foreign posta	code	will not change your t	ax or refund.
		r=1						You L	Spouse
Filing Status	1	Single						ng person). If the q	
	2	X Married filing jointly (your de	pendent, enter this	child's
Check only	3	Married filing separate		SSN above	the second second second	here. 🕨			
one box.		and full name here. X Yourself. If someone		danaadant da ustabaa		ving widow(er) with) Boxes checker	1 2
Exemptions		(www.)						p on an and ob	
		Dependents:		(2) Dependent's social	(2) D	ependent's	(4) V if c	No. of children on 60 who:	2
	٠	(1) First name	Last name	security number	rela	tionship to	(4) vif ci under age qualifying for lax cred	or child lived with you	with
	7	THEODORA K PR	ITZKER		DAUGHT		X	or separation)/Ce
If more than four			ZKER		SON		X	(see instruction	15)
dependents, see								Dependents or not entered abo	
check here]]							Add numbers	
	d	Total number of exemption	s claimed				********	on lines above	4
Income	7	Wages, salaries, tips, etc. A				***************************************	7		
	8a	Taxable interest. Attach So	chedule B if require	ed			8a	173,	950.
Attach Form(s)	b	Tax-exempt interest. Do n			8b	8,964			
W-2 here. Also	9a	Ordinary dividends. Attach					9a	1,001,	273.
attach Forms W-2G and	þ	Qualified dividends				911,799	• 6220	STMT 11	
1099-R if tax	10	Taxable refunds, credits, or				STMT 9	10	67,	886.
was withheld.	11	Alimony received	Au O-b	0 57			11	1 410	442
	12	Business income or (loss).	Attach Schedule C	or U-EZ			12	1,412,	064.
If you did not	13 14	Capital gain or (loss). Attac					13		380.
get a W-2, see instructions.	15a	Other gains or (losses). Att	1 152 1	Y(4.0.40.40.40.40.40.40.40.40.40.40.40.40.		unt	14 15b		300.
det indu detions.	16a	Pensions and annuities				unt			
	17	Rental real estate, royalties		proporations, trusts, etc. A				13,189,	177.
	18	Farm income or (loss). Atta	ch Schadula E			***************************************	18		
	19	Unemployment compensat					19		
	20a	Social security benefits	[20a]		b Taxable amo	unt ,	20b		
	21	Other income. List type and		EE STATEMENT	r 6		21	50,	444.
	22	Combine the amounts in the	e far right column	for lines 7 through 21. TI	his is your total inc	ome	22	15,978,	857.
	23	Educator expenses Certain business expenses of re-	porvieta performing pr	tiele and too basis assert mo	23				
Adjusted	24	officials. Attach Form 2106 or 21	06-EZ		24		10		
Gross	25	Health savings account ded					1586	a de la companya de	
Income	26	Moving expenses. Attach Fo				20.000	- 1988	A .	
	27	Deductible part of self-emp				30,022			
	28	Self-employed SEP, SIMPL	E, and qualified pia	ins	28	26 652	-		
	29 30	Self-employed health insura	of cavings		29	26,652	N/S	1	
	30 31a	Penalty on early withdrawal Alimony paid b Recipient			30		SIE	1	
	31a	IRA deduction							
	33	Student loan interest deduc					THE STATE OF	1	
		Tuition and fees, Attach For						1	
	35	Domestic production activit	ies deduction. Atta	ch Form 8903	35	971,737	don	1	
	36	Add lines 23 through 35					36	1,028,	411.
		EVEN NEW YEAR OF THE	722					1 4 0 5 0	116

14,950,446.

Form 1040 (2016) i	JAY ROBERT & MARY KATHRYN PRITZKER	D 10			Page 2
Tax and	38	Amount from line 37 (adjusted gross income)			38	14,950,446.
Credits		a Check \[\sum You were born before January 2, 1952, \sum Blind. \]	Total boxes	5019714 	1	
Standard Deduction for -		If: Spouse was born before January 2, 1952, Blind.		39a		
People who		If your spouse itemizes on a separate return or you were a dual-status allen, chec		➤ 39b	13.2	
on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see left ma			40	5,263,562.
39b Of who can be claimed as a	41	Subtract line 40 from line 38			41	9,686,884.
dependent, see instructions.	42	Exemptions. If line 3B is \$155,650 or less, multiply \$4,050 by the number on line			42	0.
	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, en			43	9,686,884.
1	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c			44	3,592,397.
1 1	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				47	3,592,397.
separately,		Add lines 44, 45, and 46	48	14,362.	A PORCA	3,352,3511
\$6,300 Married filing	48	Foreign tax credit. Attach Form 1116 if required		14,302.		
jointly or	49	Credit for child and dependent care expenses. Attach Form 2441				
Qualifying widow(er).	50	Education credits from Form 8863, line 19	50		1	
\$12,600	51	Retirement savings contributions credit. Attach Form 8880	51			
Hoad of household,	52	Child tax credit. Attach Schedule 8812, If required	52			
\$9,300	53	Residential energy credits. Attach Form 5695	53			
	54		54	306.		88 681
	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	
	b	First-time homebuyer credit repayment, Attach Form 5405 if required			60b	
	61		X		61	
			STATEME	ENT 14	62	502,586.
		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		18021	
	65	2016 estimated tax payments and amount applied from 2015 return		19,801.		STATEMENT 15
If you have a		Earned income credit (EIC)	66a	2270021		
qualifying child, attach	-000	Nontaxable combat pay election 66b		13708001119		
Schedule EIC.	67			TOTAL		
		Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68	-	經	
	69	Net premium tax credit. Attach Form 8962	69	00,000.		
		Amount paid with request for extension to file		00,000.		
		Excess social security and tier 1 RRTA tax withheld	71			
	72	Credit for federal tax on fuels. Attach Form 4136	72		333	
		Credits from Form: a 2439 b Reserved 8885 d	73		题题	
.		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 yo	u overpaid	<u></u>	75	3,879,444.
Direct deposits	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	3	▶	76a	
Direct deposit?	ь	Routing Checking Savings d Account				
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax	77 3,8	79,444.		
	78	Amount you owe. Subtract line 74 from tine 63. For details on how to pay, see ins	tructions	- L	78	
	79	Estimated tax penalty (see instructions)	79	endrestonous	2.50	SALES ENGLISHED
Third Party	Do	you want to allow another person to discuss this return with the IRS (see Instruct	tions)? X Ye	s. Complete belo	w.	□ No
Designee	Desi	Phone Poor			CLSOUR!	Identification PIN)
Sign	U	no no. no. no. no. no. no. no.	the best of my knowledge :	and belief, they are true, o	orrect, an	1 ledge
Here	Y	our although Your occupation	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	On at Mining projects the	Dayti	ne phone number
ioint roturn? Soo inatructions.		10/12/17 ATTORNEY	7			
(өөр а сору	7	special property of the street both must sign. Date Spouse's occupation	on			IRS sent you an Identity
or your scords.	11		E			ction PIN, it here
1/1	40	111010111111	Date	Check	PT	
Paid	0	1		≠etf-employed	1.	
Preparer			10/10/17	77	1000	NA STOLENS TO STOLEN
the included	Firm's	name ▶DELOITTE TAX LLP		Firm's EIN	_	
- 0-	-	180 EAST BROAD STREET				
10002-11-10-14	Fkm's	address > COLUMBUS. OH 43215		Phone no.		

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 s	oparataly	Widowed
	Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or	ерагатету	(Whole dollars only)
	Income		1040EZ, Line 4.	1	14,950,446 .00
		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
ï	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 federal Form 1040, Line 10. 6 67,8		
e e		7			
s he			Check if Line 7 includes any amount from Schedule 1299-C.		
Ë		8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	698,457 .00
Staple W-2 and 1099 forms here		9	Illinois base income. Subtract Line 8 from Line 4.	9	14,762,256 .00
유	Step 4:	10	a Number of exemptions from your federal return. 4 x \$2,175 a 8,7	00.00	
ă	Exemptions		b If someone can claim you as a dependent, see instructions. X \$2,175 b	.00	
<u>۲-</u> 5	Exomptions		C Check if 65 or older: You + Spouse = X \$1,000 C	.00	
9			d Check if legally blind: You + Spouse = X \$1,000 d	.00	
ğ			Exemption allowance. Add Lines a through d.	10	8,700 .00
ŧ.	Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	14,753,556 .00
•	Net	12			
	Income		Check the box that applies to you during 2016 Nonresident Part-year resident,		
	-		enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	.00	
	Step 6:	Fis	cal filers see instructions before completing Step 6. Calendar-year filers continue to Line	13.	
•	Tax	13			
>			Nonresidents and part-year residents: Enter the tax from Schedule NR.	13	553,258 .00
즂		14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
and IL-1040-V		15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	553,258 .00
pue	Step 7:	16	Income tax paid to another state while an Illinois resident.		
쑹	Tax After		Attach Schedule CR. 16 87,9	16 no	
check	Non-	17	Property tax and K-12 education expense credit amount from	_ 00.	
	refundable	•		00.00	
Staple your	Credits	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18		
함			Add Lines 16, 17, and 18. This is the total of your credits.		
ŝ			Cannot exceed the tax amount on Line 15.	19	96,467 .00
▼ .		20	Tax after nonrefundable credits, Subtract Line 19 from Line 15.	20	456,791 .00
•			lax after from elufidable credits. Cubilact Line 15 from Line 15.		230,131 ,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 pensity.



2016 IL 1040

	21	Tax after nonrefundable credits from Page 1, Line 20.	21_	456,	791 .00	
Step 8:	22 23	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from	22_		.00	
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23_		0 .00	
		Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24_		.00	456,791 .00
	25	Total Tax. Add Lines 21, 22, 23, and 24.				450,791.00
Step 9:	26	Illinols Income Tax withheld. Attach all W-2 and 1099 forms.	26_		.00	
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,			0.00	
and		including any overpayment applied from a prior year return.	27_	728,	960 .00	
Refundable	28	,	29 -		.00	
Credit	29 30	Earned Income Credit from Schedule ICR. Attach Schedule ICR. Total payments and refundable credit. Add Lines 26 through 29.			30	728,960 .00
		Total payments and relundable Gredit. Add Exies 20 direction 25.			****	
Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 fro	m Line	30.	31	272,169 .00
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 f	rom Lin	e 25.	32	.00
Step 11:	33	Late-payment penalty for underpayment of estimated tax	33		.00	
Underpaymer		a Check If at least two-thirds of your federal gross income is from fa				
of Estimated	•	b Check if you or your spouse are 65 or older and permanently				
Tax Penalty		living in a nursing home.				
and Donation	S	c Check if your income was not received evenly during the year and	d you			
		annualized your income on Form IL-2210. Attach Form IL-2210.	_			
		d Check if you were not required to file an IIIInols Individual Income	Tax			
	34	return in the previous tax year. Voluntary charitable donations. Attach Schedule G.	34		.00	
	35	•	3.00		35	.00.
		Total periody and defications and Entre of the one				
Step 12:	36	If you have an overpayment on Line 31 and this amount is greater the	an			000 160
Refund or		Line 35, subtract Line 35 from Line 31. This is your remaining overpose.			36	272,169 .00
Amount You		Amount from Line 36 you want refunded to you. Check one box on	Line 38	3. See Instructions.	37	0 .00
Owe	30	I choose to receive my refund by direct deposit - Complete the information below if you check the	le hov			
			ecking		1	
		Account number				1
				W10-0-1		
		Illinois Individual Income Tax refund debit card				
	20	paper check	00 0	- lttions	39	272,169 .00
	40	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. Or	30. Set	mstructions.		2727275
	40	If you have an overpayment on Line 31 and this amount is less than t	Jne 35.			
		subtract Une 31 from Line 35. This is the amount you owe. See inst			. 40	.00.
Step 13: (Index	penalies of pertury, I state that I have examined this return, and, to the	ne best	of my knowledge.	Kis tole Kon	et and complete.
Sign and	11	10/12/17		1 777	11/1/4	10/12/17
Date 3	OUTAID		-	You spouse albillion		Qato
		10/10/17				
	ald pre	Date Date Preparer's phone number		Paid preparer's PTIN		
Third Party	X	Check, and complete the designee's name and phone number below	v, to all	ow another person	to discuss th	nis return and any
Designee		previous return that affects the liability reported on this return with the	ne tilino	is Department of H	tevenue.	
		Designos's name (please print)		Designe	e's phone number	
	_		. 185502			
		ILLINOIS DEPARTMENT OF REVENUE	LLINOIS	nt enclosed, mail to: DEPARTMENT OF R IELD IL 62726-0001		
440000 00 00 42						
649002 08-22-17 ID: 2BX				IIIIII		HILLIANITANICIMI
ID: 20A II -1040 page 2 (8-07	/17)	DR AP RR DC	IR			

E 1040) u	.S. Individual Incor	ne Tax R	eturn (99)	2015	OMB No. 1545-00	1RS Use C	only - Do not	t write or	r staple in this space.	
		015, or other tax year beginning				, 2015, ending	77	, 20		See separate inst	ructions.
Your first name ar			Last name	е						Your social security nu	mber
JAY ROBE			PRITZ								
		first name and initial	Last name							Spouse's social secur	ity number
MARY KAT		ind street). If you have a P.O	PRITZ					Apt. n	_		
THOMAS AND THE		and strooty. If you have a rice	7 bon, 300 me	A dollono.				Apt. 11	٥.	Make sure the SS and on line 6c are	
City, town or post offi	ce, state	, and ZIP code. If you have a forei	ign address, els	o complete spa	ces below.					Presidential Election C	
CHICAGO,	ΙĻ	60606								Check here if you, or y If filing jointly, want \$3	to go to
Foreign country na	ame		Į,	Foreign provi	nce/state/county		Foreig	n postal o		this fund. Checking a l will not change your te	x or refund
F::: Ot-t	1	Single				4 \ \ \ \ \ \ \	ad of househo	old (with a	walifyir	You ng person). If the q	Spouse
Filing Status	2	X Married filing jointly	(even if only	one had inco	me)					pendent, enter this	
Check only	3	Married filing separat			,		me here. 🕨			,	
one box.		and full name here.					alifying widov				·
Exemptions		X Yourself. If someone								Boxes checked on 6a and 6b	2
		X Spouse							70.7110	No. of children on 6c who:	
	C	Dependents: (1) First name			(2) Dependent's soc security number		(3) Dependent's relationship to	a)	(4)√ if ch under age uaifving fo	17 • lived with yo	
	3	THEODORA K PI	Last name	D		DATIO	you		lax cred	odd not live w you due to divo or separation	rce
If more than four		DONALD N PRIT				DAUG	TER	-	X	(see instruction	s)
dependents, see	8	DOMINED IN THE	Latent		-	13014				Dependents on	
instructions and check here	٦,									not entered abo	ve
	d	Total number of exemption	ns claimed					L		on lines	4
Income	7	Wages, salaries, tips, etc.	Attach Form(s) W-2		***************************************			7		
	8a	Taxable interest. Attach S	Schedule B if i	required			*****************		8a	144,	572.
Attach Form(s)	b	Tax-exempt interest. Do r	not include or	ı line 8a	***************************************	8b	31	863.			
W-2 here. Also	9a	Ordinary dividends. Attach	n Schedule B	if required					9a	1,492,	118.
attach Forms W-2G and	b	Qualified dividends				9b	1,463	406.	_		
1099-R if tax	10	Taxable refunds, credits, o	or offsets of s	tate and loca	l income taxes				10	-	0.
was withheld.	11 12	Alimony received	Attach Scho	dula C or C-I	 7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	11	2,473,	918
	13	Capital gain or (loss). Atta	ch Schedule	D if required	If not required of	heck here			13		779.
If you did not get a W-2,	14	Other gains or (losses). At	ttach Form 47	797	ii not roquirou, t	data:	Restat.		14		-66.
see instructions.	15a	IRA distributions				b Taxable a			15b		
	16a	Pensions and annuities	1	6a		b Taxable a	mount		16b		
	17	Rental real estate, royalties	s, partnership	s, S corpora	tions, trusts, etc.	Attach Schedule	E		17	5,887,	336.
	18	Farm income or (loss). Att							18		
	19	Unemployment compensa	tion						19		
	20a 21	Social security benefits Other income, List type an	_			b Taxable a	mount		20b		
	22	Combine the amounts in th			e 7 through 21	This is your total	Income	-	21	10,523,	687
	23	Educator expenses Certain business expenses of re					illeoille	.,	22	10,323,	007.
Adjusted	24	Certain business expenses of re officials. Attach Form 2108 or 2	servists, perfor 106-EZ	ming artists, an	d fee-basis governm	ent 24			Jim.		
Gross	25	Health savings account de	duction. Attac	ch Form 8889)	25			130		
ncome	26	Moving expenses. Attach F	orm 3903		····	26					
	27	Deductible part of self-emp	oloyment tax.	Attach Schei	dule SE	27	41,	390.			
	28	Self-employed SEP, SIMPL	LE, and qualif	ied plans		28					
	29	Self-employed health insur	rance deducti	ou		29	23,	984.			
	30 31a	Penalty on early withdrawa									
	31a	Alimony paid b Recipien							3		
	33	Student loan interest deduc	ction			33	·		F-700		
	34	Tuition and fees. Attach For	rm 8917			34					
	35	Domestic production activi	ties deduction	n. Attach For	m 8903	35	483,	686.			
10001	36	Add lines 23 through 35		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					36	549,	
2-30-15	37	Subtract line 36 from line 2	2. This is you	ır adjusted g	ross income			🕨	37	9,974,	627.

Form 1040 (2015) J	AY ROBERT & MARY KATHRYN PRITZKER	Page 2
Tax and		Amount from line 37 (adjusted gross income)	38 9,974,627.
Credits		Check You were born before January 2, 1951, Blind. Total boxes	67590
Standard	1 "	if: Spouse was born before January 2, 1951, Blind. checked > 39a	_
People who	Ι.	Management Residence of the second section of the section	
check any box on line 38a or	1000		40 3,013,987.
39b Of who can	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	
be claimed as a dependent, see	41	Subtract line 40 from line 38	41 6,960,640.
instructions.	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	
	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c X 1291 TAX	
	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	
separately. \$6,300	48	Foreign tax credit. Attach Form 1116 if required 48 1.32,854	
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(or),		RetIrement savings contributions credit. Attach Form 8880 51	-15323
\$12,600	51		- 439
Hond of household,	52	Child tax credit, Attach Schedule 8812, if required52	- 1450 - 1450
\$9,250	53	Residential energy credits. Attach Form 569553	•
	54	Other credits from Form: a X 3800 b 8801 c 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.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
,			
			60b
		First-time homebuyer credit repayment. Attach Form 5405 If required	
	61	Health care: Individual responsibility (see Instructions) Full-year coverage X	61
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s) STATEMENT 15	62 300,752.
		Add lines 56 through 62. This is your total tax	63 2,426,421.
Payments 4 8 1	64	Federal income tax withheld from Forms W-2 and 1099	
	65	2015 estimated tax payments and amount applied from 2014 return	- 33
tf you have a		Earned Income credit (EIC)	
child, attach	b	Nontaxable combat pay election 666 666	
Schodule EIC.		Additional child tax credit. Attach Schedule 8812 67	
		American opportunity credit from Form 8863, line 8	
		Net premium tax credit. Attach Form 8962 69	
		Amount paid with request for extension to file 70 1,915,000	
		Excess social security and tier 1 RRTA tax withheld 71	74331
		Credit for federal tax on fuels. Attach Form 4136	
		suresconding the state of the s	3 202 472
D-6		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 line 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
Soo	- bi	outing Checking Savings of number	
Instructions.	77	Amount of line 75 you want applied to your 2016 estimated tax 77 777,051.	Suppres Suppre
Amount	78	Amount you owe. Subtract line 74 from line 63, For details on how to pay, see instructions	78
You Owe	79	Estimated tax penalty (see instructions) 79 0	中的問題的問題的問題的
Third Party	/ Do	you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete b	elow. No
Designee	Desi	Phone Phone	Personal Identification
Sign	1)	oder papellies of portury. I declare that I have examined this return and accompanying achieviles and statements, and to the best of my k	nowledge and belief, they are true,
Here	Y	rrect, and complete Declaration of preparer (other than taxpayor) is based on all information of which preparer has any knowledge. Date Your occupation Your occupation	Daytime phone number
Joint return?		INCLUMENTAL ATTORNEY	l.
See instructions. Keep a copy	7 -	posto signatural description both must sign. Data Spouse's occupation	If the IRS sent you an Identity
for your	/		Protection PIN,
records.	1	10/11/16 HOUSEWIFE	enter it here
Daid	JUN 1	Property's alignative Date Check	H PTIN
Paid	92	10/10/16 self-omployed	
Preparer			
Use Only	Firm's	namo ► DELOITTE TAX LLP Fim's EIN	
540000		180 EAST BROAD STREET	
610002 12-30-15	Firm's	address ► COLUMBUS, OH 43215	11

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.

x		ΑT	RT PRITZKER HRYN PRITZKER IL 60606		
	Step 2:	C D	Filing status (see instructions) Single or head of household X Married filing jointly Married filing s		Widowed nois (Whole dollars only) 9,974,627.00 31,863.00 949,427.00 10,955,917.00
99 forms here	Step 3: Base Income	5 6 7 8 9	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 01 .00 8	553,801 .oc 10,402,116 .oc
Staple W-2 and 1099 forms here	Step 4:	10	a Number of exemptions from your federal return. 4	.00 .00 .00 .00	8,600 .00
†	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 2015 Nonresident Part-year resident enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	11 , and .00	10,393,516 .00
and IL-1040-V	Step 6: Tax	13 14 15	Residents: Multiply Line 11 by 3.75% (.0375). 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	389,757 .00 .00 389,757 .00
è	Step 7: Tax After Non- refundable Credits	18	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 16 102,9 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. 17 5 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 18 106,2 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	209,717 .00 180,040 .00

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. Disciosure of this information is required. Failure to provide information could result in a penalty.



1000 OFFI		2015 1L-1040 JB		MK		
	21	Tax after nonrefundable credits from Page 1, Line 20.	21	180,	040 .00	2
Step 8: Other Taxes	23 24	Household employment tax. See Instructions. Use tax on internet, mall order, or other out-of-state purchases from UT Worksheet or UT Table in the Instructions. Do not leave blank. Compassionate Use of Medical Cannabls Pilot Program Act Surcharge Total Tax. Add Lines 21, 22, 23, and 24.	22 23 24		0 .00 .00 25	1
Step 9: Payments and Refundable Credit	26 27 28 29 30	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.	26 27 28 29	340,	.00 250 .00 .00 .00]]
Step 10: Result	31 32	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 fro Underpayment. If Line 25 is greater than Line 30, subtract Line 30 fr			31 32	160,210 .oo
Step 11: Underpaymer of Estimated Tax Penalty and Donation:	s 34	Late-payment penalty for underpayment of estimated tax a Check if at least two-thirds of your federal gross income is from fat 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. Total penalty and donations. Add Lines 33 and 34.	you		.00	•
Step 12: Refund or Amount You Owe	36 37	If you have an overpayment on Line 31 and this amount is greater tha Line 35, subtract Line 35 from Line 31. This is your remaining overpa	ymen Line 31	B. See instructions.	36	160,210 .oo
		paper check Amount to be applied to estimated tax. Subtract Line 37 from Line 3 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 Lisubtract Line 31 from Line 35. This is the amount you owe. See instr	lne 35	,	39 40	160,210 .00
Sign and Date ⊽	oursign	ating Date 10/10/16 10/10/16 Date 10/10/16 Preparer's signature Date Date Preparer's phone number	e best	You appears august		10/11/16
Third Party Designee Form 1099-G Information	X	Check, and complete the designee's name and phone number below, to allow another person reported on this return with the itinois Department of Revenue. Designee's name (please print) If you are unable to obtain your Form 1099-G from our website, you now we will mail you a 1099-G form if you meet the criteria requiring us to	nay ch	Designe	evious return th	ber
549002 11-07-16		If no payment enclosed, mail to:	payme LINOIS	nt enclosed, mail to DEPARTMENT OF R IELD IL 62726-0001		
D: 2BX L-1040 page 2 (R-12	/15)	DR AP RR DC II	R			

₽ 104t	Ju	J.S. Individual Incor	ne Tax Retu	um 2074	OMB N	o. 1545-0074	IRS Use Only - D	o not write	or stag	le in this space.	
		2014, or other tax year beginning			. 2014, er	-	.20			separate Instru	uctions.
Your first name as	nd initia	al .	Last name							social security nur	
JAY ROBE			PRITZKE	R		_					
		s first name and initial	Last name						Spour	se's social securit	y number
MARY KAT			PRITZKE								
Home address (nu	ımber	and street). If you have a P.O	. box, see instruc	tions.	-		Ap	ot. no.		lake sure the SSN	
										nd on line 6c are c	
		e, and ZIP code. If you have a fore	eign address, also co	implete spaces below.					Check	dential Election Ca k here if you, or yo	impaign our spous
CHICAGO,		60606							if filing	k here if you, or yo g jointly, want \$3 t und. Checking a b ot change your tax	to go to ax below
Foreign country n	ame		Foreig	gn province/state/coun	ty		Foreign pos	tal code	will no		s or refund Spouse
Filing Status	1	Single			4	Head o	f household (w	th qualify	ing pe	rson). If the qu	alifying
J	2	Married filing jointly (is a child but n	ot your de	pende	ent, enter this c	hild's
Check only	3	Married filing separat		's SSN above			ere				
one box.		and full name here.			5		ng widow(er) v	ith depen	dento	THE RESIDENCE OF THE PARTY OF T	
Exemptions		Yourself. If someone							}	Boxes checked on 6a and 6b	_2
		X Spouse						1 765/11	inita	No. of children on 6c who:	•
	C	Dependents: (1) First name	Last name	(2) Dependent's s security numb	social er	relati	pendent's onship to	(4) V if of under ag qualifying lax cre	e 17 for child	lived with you	
		THEODORA K PI			3-		you			 did not live with you due to divord or separation 	in ce
If more than four		DONALD N PRI				DAUGHT:	ER	X	_	(see instructions)	
dependents, see	3	DONALD W FRI.	ZKEK			OIN		X	\rightarrow	Dependents on 6	3c
instructions and check here	¬ '				_			+-	_	not entered abov	•=
VIII III III III III III III III III II	d	Total number of exemption	ns claimed	10000000000000000000000000000000000000					_	Add numbers on lines above	1
Income	7	Wages, salaries, tips, etc.	Attach Form(s) W	1-2			***************************************	7		above	1 4
Income	8a		chedule B if requi	red				8a	_	181,2	299.
	b		ot include on line	8a	·	8b	2,40	4.		101,2	3,7,1
Attach Form(s) W-2 here, Also	9a		Schedule B if red	uired			-/	9a		82 . '	773.
attach Forms	b	Qualified dividends	2.0.0.0			9b	53,07	***	8		
W-2G and	10	Taxable refunds, credits, o	r offsets of state	and local income taxes	sī	MT 11	STMT 1	3 10	7	124,	796.
1099-R if tax was withheld.	11	Alimony received					111777000000000000000000000000000000000	11	\top		
	12	Business income or (loss)	. Attach Schedule	C or C-EZ				12		2,726,3	353.
If you did not	13	Capital gain or (loss). Atta	ch Schedule D if r	equired. If not required	t, check he	re	▶∟	13		-3,0	000.
get a W-2,	14	Other gains or (losses). At	tach Form 4797			£		14		1	157.
see instructions,	15a	IRA distributions			Ь Т	Taxable amou	int	15b)		
	16a				b 1	Faxable amou	nt	16b)		
	17	Rental real estate, royalties	, partnerships, S	corporations, trusts, et	tc. Attach S	ichedule E		17		-5,6	543.
	18	Farm income or (loss). Att	ach Schedule F		•••••			18			
	19	Unemployment compensa	tion	***************************************				19	-		
	20a	Social security benefits		EE CONTRACT	b 1	faxable amou	nt		-	100 (
	21 22	Other income. List type and		EE STATEME			400	21		100,0	
	23	Combine the amounts in the					me	22	+	3,206,7	35.
Adjusted	24	Educator expenses Certain business expenses of re officials. Attach Form 2 106 or 2	servists, performing	artists, and fee-basis gove	ernment	23		128	1		
Gross	25	Health savings account de	duction Attach Fo	rm 8889		25		100	0		
ncome	26	Moving expenses. Attach F				26		9353	1		
	27	Deductible part of self-emp	lovment tax. Atta	ch Schedule SF		27	45,10	1	11		
	28	Self-employed SEP, SIMPL	E, and qualified p	lans		28	10,10	7000			
	29	Self-employed health insur	ance deduction			29	21,74	6.	fi .		
	30	Penalty on early withdrawa	l of savings			30		17.8	8		
	31a	Alimony paid b Recipien	t's SSN 🕨	1		31a		134			
	32	IRA deduction				32			8		
	33	Student loan interest deduc	ction	***************************************		33			1		
	34	Tuition and fees, Attach For	rm 8917			34		102	4		
	35	Domestic production activity	ties deduction. At	tach Form 8903		35	2,23	3.			
10001	36	Add lines 23 through 35		***************************************				36		69,0	80.
2-31-14	37	Subtract line 36 from line 2	2. This is your ad	justed gross income)	> 37	3	3,137,6	55.

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		Check You were born before January 2, 1950, Blind. Total boxes	4.435	
Standard		it: Spouse was born before January 2, 1950, □ Blind. checked > 39a		
Deduction for People who		If your spouse itemizes on a separate return or you were a dual-status allen, check here		
check any box on line 39a or 39b 01who can	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	274,660.
39b Of who can	41		41	2,862,995.
be claimed as a dependent, see		Subtract line 40 from line 38	_	0.
instructions.	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst.	42	
1 1	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	2,862,995.
1 1	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c X 1291 TAX	44	1,072,526.
_	45	Alternative minimum tax. Attach Form 6251	45	0.
All others: Single or	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Married filing separately,	47	Add lines 44, 45, and 46	47	1,072,526.
\$6,200	48	Foreign tax credit. Attach Form 1116 if required 48 14,585.	74.25	
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	100	
widow(er), \$12,400	51	Retirement savings contributions credit. Attach Form 8880 51	1	
Head of	52	Child tax credit. Attach Schedule 8B12, if required 52		
household,	53	Residential energy credits. Attach Form 5695 53	7	
\$9,100		Other credits from Form; a X 3800 b X 8801 c 54		
	54		55	14,585.
	55	Add lines 48 through 54. These are your total credits		1,057,941.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	
	57	Self-employment tax, Attach Schedule SE Unreported social security and Medicare tax from Form; a 4137 b 8919	57	90,202.
Other	58		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	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	- 60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage X	61	
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s) STATEMENT 17	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	139.90	
raymenta		2014 estimated tax payments and amount applied from 2013 return 65 516,696.	35.80	
If you have a				
qualifying		and the state (and) th	15.0	
child, attach Schedule EIC.		Nontaxable combat pay election66b		
COMMUNICATION	67	Additional child tax credit, Attach Schedule 8812 67		
	88	American opportunity credit from Form 8863, line 8	$d\Omega$	
	69	Net premium tax credit. Attach Form 8962		
	70	Amount paid with request for extension to file	1.32	
	71	Excess social security and tier 1 RRTA tax withheld	1.2.	
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: a 2439 b Reserved Reserved 73	4	
			74	1,516,696.
		Add lines 04, 00, 00d, and 07 line digit 75. These are your total payments		345,472.
Refund	_	Add lines 64, 65, 66a, and 67 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	34312140
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	_	343,274.
Direct deposit?	75 76a	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75 76a	3#3,#12*
Direct deposit?	75 76a - b	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Savings Onumber Checking Savings Onumber Checking Savings Onumber Checking C	_	373,372
Direct deposit? See Instructions.	75 76 a - b 77	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	76a	343,472.
Direct deposit? See Instructions.	75 76a - b 77 78	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here losting Dec Type: Checking Savings Office of number Amount of line 75 you want applied to your 20 15 estimated tax 77 345, 472. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	_	343,472.
Orect deposit? See Instructions. Amount You Owe	75 76a - b 77 78 79	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Louting Louting Louting Savings of Account Louting	76a 76	
Direct deposit? See Instructions. Amount You Owe Third Party	75 76a - b 77 78 79	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpald Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Losting Savings of Account Amount of line 75 you want applied to your 20 15 estimated tax Form 177 Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see Instructions)? LX Yes. Complete bell	76a 76	No dentification
Direct deposit? See instructions. Amount You Owe Third Party Designee	75 76a 77 78 79	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Locating Savings of Account Amount of line 75 you want applied to your 20 15 estimated tax 77 345,472. Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) You want to allow another person to discuss this return with the IRS (see Instructions)? Yes. Complete belease the second	76a 78	U No dentification ►
Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign	75 76a 77 78 79	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpald Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Losting Savings of Account Amount of line 75 you want applied to your 20 15 estimated tax Form 177 Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) To you want to allow another person to discuss this return with the IRS (see Instructions)? LX Yes. Complete bell	76a 78 OW. Personal Inumber (Pknowledge	No dentification No No No No No No No
Orect deposit? See instructions. Amount You Owe Third Party Designee Sign Here	75 76a 77 78 79	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Louing Louin	76a 78 OW. Personal Inumber (Pknowledge	□ No dentification ▶
Orect deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions.	75 76a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a 78 OW. Personal inumber (Piknowledge) Deylin	No dentification No No No No No No No
Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? Keep a copy	75 76a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a 78 OW. Personal in the lifthe l	No dentification No
Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for your	75 76a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a 78 OW. Personal in the lifthe l	No dentification No
Orect deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your	75 76 a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	768 OW. Personal inumber (Pknowledge) Deylin	No dentification No
Orect deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your	75 76 a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a OW. Personal Intelligence (Personal Inte	No dentification No
Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	75 76 a 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a OW. Personal Intelligence (Personal Inte	No dentification No
Orect deposit? See to deposit? Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Pald Preparer	75 76 a 5 77 78 79 De:	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a OW. Personal Intelligence (Personal Inte	No dentification No
Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	75 76 a 5 77 78 79 De:	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a OW. Personal Intelligence (Personal Inte	No dentification No

.

Illinois Department of Revenue

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

Over 80% of taxoa vers file electronically. It is easy and you will get your refund faster. Visit tax.lilinois.gov.

Step 1: Personal Information

Do not write above this line.

JAY ROBERT PRITZKER MARY KATHRYN PRITZKER

CHICAGO, IL 60606

	Step 2:	1 2	Filing status (see instructions) Single or head of household Married filing jointly Check if you or your spouse are a military veteran and want your name and address shared vegetare and use 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	6 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.	.00 .00 15 .00 8	230,715.oc 2,913,872.oc
Staple W-2 and 1099 forms here	Step 4: Exemption		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 d Exemption allowance. Add Lines a through d.	.00 .00 .00 .00 .00	8,500.00
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, enter the Illinois base income from Sch. NR. Attach Sch. NR. 12	11 and 	2,905,372.00
	Step 6: Tax	13 14 15	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 cneck	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 .00



Other 23 Taxes 24 25 Step 9: 26 Payments 27 and Refundable 28 Credit 29 30 Step 10: 31 Result 32 Step 11: 33 Underpayment of Estimated Tax Penalty and Donations	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 Pregram Act Surcharge Total Tax. Add Lines 21, 22, 23, and 24. 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 entity tax payments. Attach Schedule K-1-P or K-1-T. Earned Income Credit from Schedule ICR. Attach Schedule ICR. Total payments and refundable credit. Add Lines 26 through 29. Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. Late-payment penalty for underpayment of estimated tax 33 .00 a Check If at least two-thirds of your federal gross income is from farmling. b Check If you or your spouse are 65 or older and permanently living in a nursing home. c Check If your income was not received evenly during the year and you
Payments 27 and Refundable 28 Credit 29 30 Step 10: 31 Result 32 Step 11: 33 Underpayment of Estimated Tax Penalty and Donations	Estimated payments from Forms IL-1040-ES and IL-505-I, Including any overpayment applied from a prior year return. Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. Earned Income Credit from Schedule ICR. Attach Schedule ICR. Total payments and refundable credit. Add Lines 26 through 29. Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. Late-payment penalty for underpayment of estimated tax Check If at least two-thirds of your federal gross income is from farming. Check If you or your spouse are 65 or older and permanently Ilving in a nursing home.
Result 32 Step 11: 33 Underpayment of Estimated Tax Penalty and Donations	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. Late-payment penalty for underpayment of estimated tax 33 .00 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 living in a nursing home.
Underpayment of Estimated Tax Penalty and Donations	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 living in a nursing home.
	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. Voluntary charitable donations. Attach Schedule G. Total penalty and donations. Add Lines 33 and 34.
Refund or Amount You 37 Owe 38	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. Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. I choose to receive my refund by direct deposit · Complete the information below if you check this box. Routing number Checking or Savings Account number Checking or Savings Illinois Individual Income Tax refund debit card Description Description Description Description
Sign and Date	penalties of periury, I state that I have examined this return, and, to the best of my knowledge, the sufficiency, and completely a sufficiency of the periury of the periu
Third Party Designee Form 1099-G	To Charle and complete the decigned's pages and phone number below to allow expeller persons to discuss this return and any previous return that affects the Ilability