



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. 1545-0074	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 JAY ROBERT		Last name PRITZKER	Your social security number [REDACTED]
If a joint return, spouse's first name and initial MARY KATHRYN		Last name PRITZKER	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		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		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. ▶			
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 7			
8a Taxable interest. Attach Schedule B if required 8a 173,950.			
b Tax-exempt interest. Do not include on line 8a 8b 8,964.			
9a Ordinary dividends. Attach Schedule B if required 9a 1,001,273.			
b Qualified dividends 9b 911,799. STMT 11			
10 Taxable refunds, credits, or offsets of state and local income taxes STMT 7 STMT 9 10 67,886.			
11 Alimony received 11			
12 Business income or (loss). Attach Schedule C or C-EZ 12 1,412,443.			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 85,064.			
14 Other gains or (losses). Attach Form 4797 14 -1,380.			
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 13,189,177.			
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 6 21 50,444.			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 15,978,857.			
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 30,022.			
28 Self-employed SEP, SIMPLE, and qualified plans 28			
29 Self-employed health insurance deduction 29 26,652.			
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 35 971,737.			
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 or 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 <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b <input type="checkbox"/>		
	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) 8814 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.
Other Taxes	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.
	57	Self-employment tax. Attach Schedule SE	57	60,042.
Payments	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 14	62	502,586.
	63	Add lines 56 through 62. This is your total tax	63	4,140,357.
	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	
Refund	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"/> 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.
	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.
Amount You Owe	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	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 2017 estimated tax	77	3,879,444.
	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 amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature <input type="text"/> Date <input type="text"/> Your occupation <input type="text"/>			
	Spouse's signature <input type="text"/> Date <input type="text"/> Spouse's occupation <input type="text"/>			
If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>				
Paid Preparer Use Only Firm's name <input type="text"/> Firm's EIN <input type="text"/>				
180 EAST BROAD STREET				
Firm's address <input type="text"/> Phone no. <input type="text"/>				

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: Income	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
	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:

Base Income	5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
	6 Illinois Income Tax overpayment included in federal Form 1040, Line 10.	6	67,886 .00
	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:

Exemptions	10 a Number of exemptions from your federal return.	<u>4</u> x \$2,175	a	8,700 .00
	b If someone can claim you as a dependent, see instructions.	___ x \$2,175	b	.00
	c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ___ x \$1,000		c	.00
	d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ___ x \$1,000		d	.00
	Exemption allowance. Add Lines a through d.		10	8,700 .00

Step 5:

Net Income	11 Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	14,753,556 .00
	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

Step 6:

Tax	Fiscal filers see instructions before completing Step 6. Calendar-year filers continue to Line 13.			
	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 Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	553,258 .00	

Step 7:

Tax After Non-refundable Credits	16 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	87,916 .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	8,051 .00
	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
	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
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Step 8:	22 Household employment tax. See instructions.	22	.00
Other	23 Use tax on Internet, mail order, or other out-of-state purchases from	23	0 .00
Taxes	UT Worksheet or UT Table in the instructions. Do not leave blank.	24	.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
<hr/>			
Step 9:	26 Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	.00
Payments	27 Estimated payments from Forms IL-1040-ES and IL-505-I,	27	728,960 .00
and	Including any overpayment applied from a prior year return.	28	.00
Refundable	28 Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
Credit	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
<hr/>			
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
<hr/>			
Step 11:	33 Late-payment penalty for underpayment of estimated tax	33	.00
Underpayment	a Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
of Estimated	b Check if you or your spouse are 65 or older and permanently	<input type="checkbox"/>	
Tax Penalty	living in a nursing home.	<input type="checkbox"/>	
and Donations	c Check if your income was not received evenly during the year and you	<input type="checkbox"/>	
	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	<input type="checkbox"/>	
	return in the previous tax year.		
	34 Voluntary charitable donations. Attach Schedule G.	34	.00
	35 Total penalty and donations. Add Lines 33 and 34.	35	.00
<hr/>			
Step 12:	36 If you have an overpayment on Line 31 and this amount is greater than	36	272,169 .00
Refund or	Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	37	0 .00
Amount You	37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	.00
Owe	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	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
<hr/>			
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	10/12/17	10/12/17	
Date	Your signature	Daytime phone number	Your spouse's signature
	10/10/17	Preparer's phone number	Paid preparer's PTIN
	Paid preparer's signature	Date	Preparer's phone number
Third Party	<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		
Designee	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
Your first name and initial					Last name	See separate instructions.
JAY ROBERT					PRITZKER	Your social security number
If a joint return, spouse's first name and initial					Last name	Spouse's social security number
MARY KATHRYN					PRITZKER	
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.					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 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						
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						
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						
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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						
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						

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	9,974,627.
Standard Deduction for - • People who check any box on line 38a or 39b of who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$0,000 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$0,250	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 ... 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	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.
Other Taxes	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"/> 8805 d <input type="checkbox"/> 8885	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.
Payments	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.
	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	
Refund	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.
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	777,051.
Amount You Owe	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
	77	Amount of line 75 you want applied to your 2016 estimated tax	77	777,051.
	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)? <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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature <input type="text"/> Date <input type="text"/> Your occupation <input type="text"/>			
Spouse's signature <input type="text"/> Date <input type="text"/> Spouse's occupation <input type="text"/>				
Daytime phone number <input type="text"/>				
If the IRS sent you an Identity Protection PIN, enter it here <input type="text"/>				
Paid Preparer Use Only				
Firm's name <input type="text"/> Firm's EIN <input type="text"/>				
180 EAST BROAD STREET				
Firm's address <input type="text"/> Phone no. <input type="text"/>				
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.	(Whole dollars only)	1	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:

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.	7	553,801 .00
	Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>		
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:

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:

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:

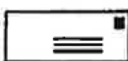
13	Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero.	13	389,757 .00
	Nonresidents and part-year residents: Enter the tax from Schedule NR.		
14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	389,757 .00

Step 7:

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



	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="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	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				
	Your signature	Date	Daytime phone number	Your spouse's signature
		10/11/16		
	Paid preparer's signature	Date	Preparer's phone number	Preparer's PEIN, SSN, or PTIN
		10/10/16		
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	
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

20

See separate instructions.

Your first name and initial

JAY ROBERT

Last name

PRITZKER

Your social security number

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

MARY KATHRYN

Last name

PRITZKER

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

CHICAGO, IL 60606

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.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ 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

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit

THEODORA K PRITZKER

DAUGHTER

DONALD N PRITZKER

SON

Boxes checked on 6a and 6b

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 lines above ▶

4

d Total number of exemptions claimed

Income

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

8a Taxable interest. Attach Schedule B if required

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

8b 2,404.

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b 53,077.

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

STMT 11

STMT 13

11 Alimony received

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

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

SEE STATEMENT 10

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

Adjusted Gross Income

410001

12-31-14

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	3,137,655.
Standard Deduction for: • People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions. • All others: Single or Married (filing separately, \$5,200) Married (filing jointly or Qualifying widow(er), \$12,400) Head of household, \$9,100	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 ... 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	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.
Other Taxes	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.
Payments	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.
	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	
Refund	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	1,000,000.
	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.
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	345,472.
Amount You Owe	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
	b	Refiling number <input type="checkbox"/> C Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/>		
Third Party Designee	77	Amount of line 75 you want applied to your 2015 estimated tax	77	345,472.
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
Sign Here	79	Estimated tax penalty (see instructions)	79	
	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			
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.		Personal identification number (PIN)	
	Your signature <i>Jay Pritzker</i> Date <i>10/09/2015</i> Your occupation ATTORNEY		Daytime phone number	
Sign Here	Spouse's signature <i>Mary Pritzker</i> Date <i>10/09/2015</i> Spouse's occupation HOUSEWIFE		If the IRS sent you an Identity Protection PIN, enter it here	
	Print/Type preparer's name <i>DELOITTE TAX LLP</i>		Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	Firm's name DELOITTE TAX LLP		Firm's EIN 180 EAST BROAD STREET	
	Firm's address COLUMBUS, OH 43215		Phone no. 	

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 ☐ 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:	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</u> .00
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</u> .00
	3 Other additions. Attach Schedule M.		3	<u>4,528</u> .00
	4 Total income. Add Lines 1 through 3.		4	<u>3,144,587</u> .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	<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</u> .00
	8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>230,715</u> .00
	9 Illinois base income. Subtract Line 8 from Line 4.	9	<u>2,913,872</u> .00

Step 4:	10 a Number of exemptions from your federal return. <u>4</u> x \$2,125	a	<u>8,500</u> .00
Exemptions	b If someone can claim you as a dependent, see instructions. <u> </u> x \$2,125	b	<u>.00</u>
	c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$1,000	c	<u>.00</u>
	d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$1,000	d	<u>.00</u>
	Exemption allowance. Add Lines a through d.	10	<u>8,500</u> .00

Step 5:	11 Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	<u>2,905,372</u> .00
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</u> .00
Tax	Nonresidents and part-year residents: Enter the tax from Schedule NR.	14	<u>.00</u>
	14 Recapture of investment tax credits. Attach Schedule 4255.	14	<u>.00</u>
	15 Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	<u>145,269</u> .00

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</u> .00
Non-refundable	18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	<u>144,769</u> .00
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</u> .00
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>0</u> .00



	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. <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number _____ </div>		
	<input type="checkbox"/> Illinois Individual Income Tax refund debit card <input checked="" type="checkbox"/> 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, it is true, correct, and complete.		
Sign and Date	<div style="display: flex; justify-content: space-between;"> <div> Taxpayer's signature Date 10/9/2015 </div> <div> Preparer's signature Date 10/9/2015 </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> Paid preparer's signature Date </div> <div> Preparer's phone number Preparer's FEIN, SSN, or PTIN </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.		
	Designee's name (please print) _____ Designee's phone number _____		
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 62728-0001

449002
01-14-15

ID: 2BX

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

DR _____ AP _____ RR _____ DC _____ IR _____

