

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, ending 2017, 20

Your first name and initial **JAY ROBERT** Last name **PRITZKER** See separate instructions. 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. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **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 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 5 Qualifying widow(er) (see instructions)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked on 6a and 6b **2**
 b Spouse No. of children on 6c who:
 • lived with you **2**
 • did not live with you due to divorce or separation (see instructions)
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 [REDACTED] **DAUGHTER**
DONALD N PRITZKER [REDACTED] **SON**
 Dependents on 6c not entered above
 Add numbers on lines above **4**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
 8a Taxable interest. Attach Schedule B if required 8a **207,231.**
 b Tax-exempt interest. Do not include on line 8a 8b **3,781.**
 9a Ordinary dividends. Attach Schedule B if required 9a **1,049,987.**
 b Qualified dividends 9b **956,684.** **STMT 11**
 10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 7 STMT 9** 10 **184,699.**
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12 **2,914,357.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 **94,173.**
 14 Other gains or (losses). Attach Form 4797 14 **35.**
 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 **36,717,061.**
 18 Farm income or (loss). Attach Schedule F 18 **32,167.**
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount **SEE STATEMENT 6** 21 **154,558.**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 **41,354,268.**

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 **48,012.**
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29 **26,506.**
 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 **153,761.**
 36 Add lines 23 through 35 36 **228,279.**
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 **41,125,989.**

Tax and Credits 38 Amount from line 37 (adjusted gross income) 38 41,125,989.

39a Check [] You were born before January 2, 1953, [] Blind. Total boxes checked 39a []
If: [] Spouse was born before January 2, 1953, [] Blind. 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 6,686,191.

41 Subtract line 40 from line 38 41 34,439,798.

42 Exemptions. If line 38 is \$156,900 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 34,439,798.

44 Tax. Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 13,384,956.

45 Alternative minimum tax. Attach Form 6251 45 236,444.

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 13,621,400.

48 Foreign tax credit. Attach Form 1116 if required 48 25,458.

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 [X] 3800 b 8801 c [] 54 271,644.

55 Add lines 48 through 54. These are your total credits 55 297,102.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 13,324,298.

57 Self-employment tax. Attach Schedule SE 57 96,024.

58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 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 [X] 61

62 Taxes from: a [X] Form 8959 b [X] Form 8960 c [] Inst.; enter code(s) STATEMENT 14 62 1,455,317.

63 Add lines 56 through 62. This is your total tax 63 14,875,639.

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2017 estimated tax payments and amount applied from 2016 return 65 4,554,444.

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70 12,750,000.

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 [] 2439 b [] Reserved 8885 d [] 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 17,304,444.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 2,428,805.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a

b Routing number [] C Type: [] Checking [] Savings [] Account number []

77 Amount of line 75 you want applied to your 2018 estimated tax 77 2,428,805.

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

Sign Here Joint return? See instructions. Keep a copy for your records. Under penalties of perjury, I declare that I prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurate. I am not aware of any information that would cause this return to be incorrect. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: [Signature] Date: 10/15/18 Your occupation: ATTORNEY
Spouse's signature: [Signature] Date: 10/15/18 Spouse's occupation: HOUSEWIFE
Daytime phone number: []
If the IRS sent you an Identity Protection PIN, enter it here: []

Paid Preparer Use Only Firm's name: DELOITTE TAX LLP Date: 10/9/2018 Check: self-employed PTIN: []

Firm's EIN: []

Firm's address: 180 EAST BROAD STREET COLUMBUS, OH 43215

710002 02-22-18 Firm's address: COLUMBUS, OH 43215

Illinois Department of Revenue

2017 Form IL-1040

Individual Income Tax Return or for fiscal year ending _____

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

Step 1: Personal Information

[REDACTED]
 JAY ROBERT PRITZKER
 MARY KATHRYN PRITZKER
 [REDACTED]
 CHICAGO, IL 60606

C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.	(Whole dollars only)	1	<u>41,125,989 .00</u>
Income	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ.		2	<u>3,781 .00</u>
	3	Other additions. Attach Schedule M.		3	<u>14,651,645 .00</u>
	4	Total income. Add Lines 1 through 3.		4	<u>55,781,415 .00</u>

Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.		5	<u>.00</u>
Base	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10.		6	<u>145,131 .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>645,549 .00</u>
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	<u>790,680 .00</u>
	9	Illinois base income. Subtract Line 8 from Line 4.		9	<u>54,990,735 .00</u>

Step 4:	See instructions before completing Step 4.				
Exemptions	10 a	Number of exemptions from your federal return.	___ x \$2,175	a	<u>.00</u>
	b	If someone can claim you as a dependent, see instructions.	___ x \$2,175	b	<u>.00</u>
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___ x \$1,000	c	<u>.00</u>
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	___ x \$1,000	d	<u>.00</u>
		Exemption allowance. Add Lines a through d.	LIMITED	10	<u>0 .00</u>

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.		11	<u>54,990,735 .00</u>
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.		12	<u>.00</u>
Income					

Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA. <input type="checkbox"/>		13	<u>2,394,792 .00</u>
Tax	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>2,394,792 .00</u>

Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.		16	<u>1,582,958 .00</u>
Tax After	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.		17	<u>.00</u>
Non-refundable	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		18	<u>18 .00</u>
Credits	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		19	<u>1,582,976 .00</u>
	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.		20	<u>811,816 .00</u>

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



21 Tax after nonrefundable credits from Page 1, Line 20. 21 811,816 .00

Step 8: 22 Household employment tax. See instructions. 22 .00

Other 23 Use tax on internet, mail order, or other out-of-state purchases from
Taxes UT Worksheet or UT Table in the instructions. Do not leave blank. 23 0 .00

24 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge 24 .00

25 Total Tax. Add Lines 21, 22, 23, and 24. 25 811,816 .00

Step 9: 26 Illinois Income Tax withheld. Attach all W-2 and 1099 forms. 26 .00

Payments and 27 Estimated payments from Forms IL-1040-ES and IL-505-I,
and including any overpayment applied from a prior year return. 27 546,919 .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 IL-EIC. Attach Schedule IL-EIC. 29 .00

30 Total payments and refundable credit. Add Lines 26 through 29. 30 546,919 .00

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

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

Step 11: Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

Underpayment of Estimated Tax Penalty and Donations 33 Late-payment penalty for underpayment of estimated tax 33 4,243 .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.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.

d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. Attach Schedule G. 34 .00

35 Total penalty and donations. Add Lines 33 and 34. 35 4,243 .00

Step 12: 36 If you have an amount on Line 31 and this amount is greater than
Refund Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 .00

37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 .00

38 I choose to receive my refund by

a direct deposit - Complete the information below if you check this box.

Routing number _____ Checking or Savings

Account number _____

b Illinois Individual Income Tax refund debit card

c paper check

39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00

Step 13: 40 If you have an amount on Line 32, add Lines 32 and 35. - Or -
Amount You Owe If you have an amount on Line 31 and this amount is less than Line 35,
subtract Line 31 from Line 35. This is the amount you owe. See instructions. 40 269,140 .00

Step 14: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	<u>TSO/SA</u>	Date (mm/dd/yyyy)	10/15/16	Spouse's Signature	Date (mm/dd/yyyy)	10/15/16	Daytime phone number
Paid Preparer Use Only	Print/type paid preparer's name	[Redacted]		self-employed	<input type="checkbox"/> Check if [Redacted]		
	Firm's name	DELOITTE TAX LLP		Firm's FEIN	[Redacted]		
	Firm's address	180 EAST BROAD STREET		Firm's phone	[Redacted]		
Third Party Designee	Designee's name (please print)	[Redacted]		Designee's phone number	[Redacted]		