

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_, 20

Your first name and initial: **BRUCE V.** Last name: **RAUNER** Your social security number: \_\_\_\_\_

If a joint return, spouse's first name and initial: **DIANA M.** Last name: **RAUNER** Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_

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

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) 5 Qualifying widow(er) with dependent child

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

**Exemptions**

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

b  Spouse

(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
			DAUGHTER	
			SON	
			DAUGHTER	

d Total number of exemptions claimed: **5**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	4,395,435.
b	Tax-exempt interest. Do not include on line 8a	8b	1,208,405.
9a	Ordinary dividends. Attach Schedule B if required	9a	6,072,567.
b	Qualified dividends	9b	2,935,797.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	STMT 6 STMT 8 323,613.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	13	169,556,946.
14	Other gains or (losses). Attach Form 4797	14	15,589,734.
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	<8,445,617.>
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 <b>SEE STATEMENT 5</b>	21	699,972.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	188,192,650.

**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	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
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	589,396.
36	Add lines 23 through 35	36	589,396.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	187,603,254.

Tax and Credits

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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and personal identification number.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature section with fields for taxpayer and spouse signatures, dates, occupations, and phone numbers.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, signature, date, and PTIN.

**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](http://tax.illinois.gov).

Do not write above this line.

**Step 1: Personal Information**

BRUCE V. RAUNER  
 DIANA M. RAUNER

- 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

<b>Step 2:</b> Income	<b>1</b> 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)	<b>1</b>	<u>187,603,254</u>	<u>.00</u>
	<b>2</b> Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	<b>2</b>	<u>991,722</u>	<u>.00</u>
	<b>3</b> Other additions. <b>Attach</b> Schedule M.	<b>3</b>	<u>1,267,357</u>	<u>.00</u>
	<b>4 Total income.</b> Add Lines 1 through 3.	<b>4</b>	<u>189,862,333</u>	<u>.00</u>

↓ **Step 3:**

Staple W-2 and 1099 forms here	<b>Base Income</b>	<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b>	<u>.00</u>
	<b>6</b> Illinois Income Tax overpayment included in U.S. 1040, Line 10.	<b>6</b>	<u>44,712</u>	<u>.00</u>
	<b>7</b> Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C.	<b>7</b>	<u>1,646,274</u>	<u>.00</u>
	<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	<u>1,690,986</u>	<u>.00</u>
	<b>9 Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	<u>188,171,347</u>	<u>.00</u>

<b>Step 4:</b> Exemptions	<b>10 a</b> Number of exemptions from your federal return.	<u>5</u>	x \$2,150	<b>a</b>	<u>10,750</u>	<u>.00</u>
	<b>b</b> If someone can claim you as a dependent, see instructions.	<u>  </u>	x \$2,150	<b>b</b>	<u>  </u>	<u>.00</u>
	<b>c</b> Check if 65 or older:    You +    Spouse = <u>  </u>	<u>  </u>	x \$1,000	<b>c</b>	<u>  </u>	<u>.00</u>
	<b>d</b> Check if legally blind:    You +    Spouse = <u>  </u>	<u>  </u>	x \$1,000	<b>d</b>	<u>  </u>	<u>.00</u>
	<b>Exemption allowance.</b> Add Lines a through d.	<b>10</b>	<u>  </u>	<u>  </u>	<u>  </u>	<u>10,750</u>

<b>Step 5:</b> Net Income	<b>11</b> <i>Residents:</i> <b>Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	<b>11</b>	<u>188,160,597</u>	<u>.00</u>
	<b>12</b> <i>Nonresidents and part-year residents:</i> Check the box that applies to you during 2015    Nonresident    Part-year resident, and enter the <b>Illinois base income</b> from Sch. NR. <b>Attach</b> Sch. NR.	<b>12</b>	<u>  </u>	<u>.00</u>

<b>Step 6:</b> Tax	<b>13</b> <i>Residents:</i> Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	<b>13</b>	<u>7,056,022</u>	<u>.00</u>
	<b>14</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>14</b>	<u>  </u>	<u>.00</u>
	<b>15 Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.	<b>15</b>	<u>7,056,022</u>	<u>.00</u>

<b>Step 7:</b> Tax After Non-refundable Credits	<b>16</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>16</b>	<u>127,008</u>	<u>.00</u>
	<b>17</b> Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>17</b>	<u>4,010</u>	<u>.00</u>
	<b>18</b> Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>18</b>	<u>2,185</u>	<u>.00</u>
	<b>19</b> Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	<b>19</b>	<u>133,203</u>	<u>.00</u>
	<b>20 Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b>	<u>6,922,819</u>	<u>.00</u>



21 Tax after nonrefundable credits from Page 1, Line 20. 21 6,922,819 .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 \_\_\_\_\_

**Taxes** 23 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 6,922,819 .00

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**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, \_\_\_\_\_

**and** 27 including any overpayment applied from a prior year return. 27 8,092,938 .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 8,092,938 .00

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**Step 10:** 31 **Overpayment.** If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 1,170,119 .00

**Result** 32 **Underpayment.** If Line 25 is greater than Line 30, subtract Line 30 from Line 25. 32 \_\_\_\_\_ .00

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**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.

**of Estimated** b Check if you or your spouse are 65 or older and permanently

**Tax Penalty** living in a nursing home.

**and Donations** c Check if your income was not received evenly during the year and you

annualized your income on Form IL-2210. **Attach** Form IL-2210.

d Check if you were not required to file an Illinois Individual Income Tax

return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. 34 \_\_\_\_\_ .00

35 **Total penalty and donations.** Add Lines 33 and 34. 35 \_\_\_\_\_ .00

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**Step 12:** 36 If you have an overpayment on Line 31 and this amount is greater than \_\_\_\_\_

**Refund or** Line 35, subtract Line 35 from Line 31. This is your remaining **overpayment.** 36 1,170,119 .00

**Amount You** 37 Amount from Line 36 you want **refunded to you.** Check one box on Line 38. See instructions. 37 0 .00

**Owe** 38 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 _____		

**Illinois Individual Income Tax refund debit card paper check**

39 Amount to be **applied to estimated tax**. Subtract Line 37 from Line 36. See instructions. 39 1,170,119 .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

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**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 \_\_\_\_\_ Date \_\_\_\_\_

10/10/16

Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's phone number \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN \_\_\_\_\_

**Third Party**  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** Designee's name (please print) \_\_\_\_\_ Designee's phone number \_\_\_\_\_

**Form 1099-G** If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. 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

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