

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20

Your first name and initial BRUCE V. Last name RAUNER See separate instructions. 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. 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. WINNETKA, IL 60093

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Filing Status 1 Single 2 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 6a. 6b Spouse. 6c 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. 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 5,736,925. 9a Ordinary dividends. Attach Schedule B if required 9a 8,226,156. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 6 STMT 8 10 339,146. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 35,401,450. 14 Other gains or (losses). Attach Form 4797 14 15,377,935. 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 <7,629,684.> 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 5 21 834,679. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 58,286,607.

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 76. 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 35 749,577. 36 Add lines 23 through 35 36 749,653. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 57,536,954.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	57,536,954.
Standard Deduction for - <input type="checkbox"/> People who check any box on lines 39a or 39b of who can be claimed as a dependent, see instructions. <input checked="" type="checkbox"/> All others: Single or Married filing separately, \$6,200 <input type="checkbox"/> Married filing jointly or Qualifying widow(er), \$12,400 <input type="checkbox"/> Head of household, \$9,100	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. if: <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	6,022,823.
	41	Subtract line 40 from line 38	41	51,514,131.
	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	51,514,131.
	44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	13,522,934.
	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	13,522,934.
48	Foreign tax credit. Attach Form 1116 if required	48	205,334.	
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		
55	Add lines 48 through 54. These are your total credits	55	205,334.	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	13,317,600.	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	151.
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	21,530.	
60b	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 type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	1,831,567.	
63	Add lines 56 through 62. This is your total tax	63	15,170,848.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	3.
65	2014 estimated tax payments and amount applied from 2013 return	65	12,842,374.	
66a	Earned income credit (EIC)	66a		
66b	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	4,500,000.	
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	17,342,377.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,171,529.
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 2015 estimated tax	77	2,164,257.	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	7,272.	

STATEMENT 12

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **EXECUTIVE** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **EXECUTIVE** If the IRS sent you an Identity Protection PIN, enter it here _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date **10/09/15** Check if self-employed PTIN _____

Firm's name **PLANTE & MORAN, PLLC** Firm's EIN _____
 10 S. RIVERSIDE PLAZA, 9TH FLOOR
 Firm's address **CHICAGO, IL 60606** 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.

BRUCE V. RAUNER
DIANA M. RAUNER

WINNETKA, IL 60093

- 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>57,536,954</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>1,022,987</u> .00
	3 Other additions. Attach Schedule M.		3 <u>970,212</u> .00
	4 Total income. Add Lines 1 through 3.		4 <u>59,530,153</u> .00

Staple W-2 and 1099 forms here

Step 3:	5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 _____ .00
Base Income	6 Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6 <u>174,004</u> .00
	7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 <u>679,598</u> .00
	8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 <u>853,602</u> .00
	9 Illinois base income. Subtract Line 8 from Line 4.	9 <u>58,676,551</u> .00

Step 4:	10 a Number of exemptions from your federal return. <u>5</u> x \$2,125	a <u>10,625</u> .00
Exemptions	b If someone can claim you as a dependent, see instructions. _____ x \$2,125	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 <u>10,625</u> .00

Step 5:	11 Residents: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11 <u>58,665,926</u> .00
Net Income	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 _____ .00

Step 6:	13 Residents: Multiply Line 11 by 5% (.05). Cannot be less than zero.	13 <u>2,933,296</u> .00
Tax	Nonresidents and part-year residents: Enter the tax from Schedule NR.	14 _____ .00
	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 <u>2,933,296</u> .00

Step 7:	16 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16 <u>96,799</u> .00
Tax After Non-refundable Credits	17 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17 <u>3,825</u> .00
	18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18 <u>9,676</u> .00
	19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19 <u>110,300</u> .00
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20 <u>2,822,996</u> .00



21 Tax after nonrefundable credits from Page 1, Line 20. 21 2,822,996 .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 2,822,996 .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 3,215,592 .00

28 Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 28 342 .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 3,215,934 .00

Step 10: 31 **Overpayment.** If Line 30 is greater than Line 25, subtract Line 25 from Line 30. 31 392,938 .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.

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 _____ .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. 36 392,938 .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

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

Routing number _____	<input type="checkbox"/> Checking or <input type="checkbox"/> 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. 39 392,938 .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 _____ Layurme phone number _____ Your spouse's signature _____ Date _____

Prepared preparer's signature _____ Date 10/09/15 Preparer's phone number _____ Preparer's FEIN, SSN, or PTIN _____

Third Party Designee

Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

Designee's name (please print) _____ Designee's phone number _____

Form 1099-G Information

If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

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01-14-15

ID: 2BX

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DR _____ AP _____ RR _____ DC _____ IR _____

