Illinois Department of Revenue

2024 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____

Step 1: Personal Information

JAY ROBERT PRITZKER
MARY KATHRYN PRITZKER
CHICAGO, IL

B	Filing status:	Single	[X] Married filing jointly	Married filing separately	Widowed	Head of household
C	**Check** If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.				You	Spouse
D	**Check** the box if this applies to you during 2024:	Nonresident - **Attach** Sch. NR		Part-year resident - **Attach** Sch. NR		

Step 2: Income (Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	10,655,910 .00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. **Attach** Sch. M.	3	564,053 .00
4	**Total income.** Add Lines 1 through 3.	4	11,219,963 .00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income if included in Line 1. (generally on fed. Forms 1040/1040-SR, Lines 4b, 5b, and 6b) **Attach** fed. Form 1040/1040-SR	5	.00	
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Sch. 1, Ln. 1.	6	.00	
7	Other subtractions. **Attach** Sch. M.	7	874,112 .00	
8	Add Lines 5, 6, and 7. This is the total of your subtractions.			8 874,112 .00
9	**Illinois base income.** Subtract Line 8 from Line 4.			9 10,345,851 .00

Step 4: Exemptions - *See instructions for income limitations*

10	**a** Enter the exemption amount for yourself and your spouse. **See instructions.**	**a**	.00	
	b **Check** if 65 or older: You + Spouse **# of checkboxes** x $1,000 =	**b**	.00	
	c **Check** if legally blind: You + Spouse **# of checkboxes** x $1,000 =	**c**	.00	
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Sch. IL-E/EITC.	**d**	.00	
	Exemption allowance. Add Lines 10a through 10d.		LIMITED	10 0 .00

Step 5: Net Income and Tax

11	*Residents:* **Net income.** Subtract Line 10 from Line 9. *Nonresidents and part-year residents:* Enter the **Illinois net income** from Sch. NR. **Attach** Sch. NR.	11	10,345,851 .00
12	*Residents:* Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. *Nonresidents and part-year residents:* Enter the tax from Sch. NR.	12	512,120 .00
13	Recapture of investment tax credits. **Attach** Sch. 4255.	13	.00
14	**Income tax.** Add Lines 12 and 13. Cannot be less than zero.	14	512,120 .00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. **Attach** Sch. CR.	15	.00	
16	Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. **Attach** Sch. ICR.	16	.00	
17	Credit amount from Schedule 1299-C. **Attach** Sch. 1299-C.	17	.00	
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.			18 .00
19	**Tax after nonrefundable credits.** Subtract Line 18 from Line 14.			19 512,120 .00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	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.	21	0 .00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	**Total Tax.** Add Lines 19, 20, 21, and 22.	23	512,120 .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

ID: 2BX 449001 01-09-25

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.

24 Total tax from Page 1, Line 23. **24** 512,120 .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Sch. IL-WIT. **25** .00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. **26** 745,411 .00

27 Pass-through withholding. **Attach** Sch. K-1-P or K-1-T. **27** .00

28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T. **28** 124,003 .00

29 Earned Income Tax credit from Sch. IL-E/EITC, Step 4, Line 9. **Attach** Sch. IL-E/EITC. **29** .00

30 Child Tax credit from Sch. IL-E/EITC, Step 5, Line 12. **Attach** Sch. IL-E/EITC. **30** .00

31 **Total payments and refundable credit.** Add Lines 25 through 30. **31** 869,414 .00

Step 9: Total

32 If Line 31 is greater than Line 24, subtract Line 24 from Line 31. **32** 357,294 .00

33 If Line 24 is greater than Line 31, subtract Line 31 from Line 24. **33** .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

34 Late-payment penalty for underpayment of estimated tax. **34** .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.

35 Voluntary charitable donations. **Attach** Sch. G. **35** .00

36 **Total penalty and donations.** Add Lines 34 and 35. **36** .00

Step 11: Refund or Amount you owe

37 If you have an amount on Line 32 and this amount is greater than Line 36, subtract Line 36 from Line 32. This is your **overpayment.** Otherwise, go to Line 41. **37** 357,294 .00

38 Amount from Line 37 you want **refunded to you.** Check **one** box on Line 39. See instructions. **38** 0 .00

39 I choose to receive my refund by

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

You may also contribute to college savings funds here. See instructions!

Routing number _____ Checking or Savings

Account number _____

b ☐ **paper check.**

40 Amount to be **credited forward**. Subtract Line 38 from Line 37. See instructions. **40** 357,294 .00

41 **If you have an amount on Line 33**, add Lines 33 and 36. **If you have an amount on Line 32,** and this amount is less than Line 36, subtract Line 32 from Line 36. **If Lines 32 and 33 are blank (zero)**, enter the amount from Line 36. This is the **amount you owe**. See instructions. **41** .00

Step 12: Health Insurance Checkbox and Signature

42 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: 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	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	Check if self-employed / Paid Preparer's PTIN
	Firm's name ▶ DELOITTE TAX LLP			Firm's FEIN ▶	86 1065772
	Firm's address ▶ 37 OTTAWA AVENUE NW, SUITE 600			Firm's phone ▶	
Third Party Designee	Designee's name (please print)			Designee's phone number	☒ Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2024 IL-1040 Instructions for the address to mail your return.