U.S. Individual Income Tax Return

2024

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending Your first name and middle initial Last name								See separate instructions. Your social security number						
				Last name						Your social security number				
				PRITZKER						Spouse's social security number				
			Last nam						ľ	Spouse's social security humble			iuiiibci	
MARY KAT		ber and street). If you have a P.	PRITZ		uotiono.			Ant no		Drac	idential I	lection	Can	nnaian
								Apt. no.		Chec spou	ck here if ise if filin	you, or y g jointly,	our/ wa	 nt \$3 to
City, town, or post office. If you have a foreign address, also complete spaces below.											this fun			
CHICAGO IL									refur	w will not nd. —	. change	you	ii tax oi	
Foreign country name Foreign province/state/county Foreign postal co						ign postal code				You	<u> </u>	Spouse		
Filing Status Single Head of household (HOH)														
Check only Married filing jointly (even if only one had income)														
one box.	\Box	arried filing separately (MFS)		,		Qualify	ina survi	ving spouse (Q	SS)					
	_	checked the MFS box, enter the na	me of your	spouse	L. If you checked th		-			if the	e qualifvir	na persoi	n is	
		d but not your dependent:	,	-,	,			,				.9		
	_	treating a nonresident alien or dual-	status alien	spous	e as a U.S. residen	t for the e	entire tax	vear, check the b	ox and	and enter their name				
	_	ee instructions and attach statemen		•				,						
Digital		time during 2024, did you: (a)			ard, award, or p	avment f	or prope	ertv or services)	: or (b)	sell				
•	•	nge, or otherwise dispose of a	•			•						Yes	X	No
		ne can claim: You as a dep		$\overline{}$										
Deduction	П	pouse itemizes on a separate re				-								
_														
Age/Blindness	You:	Were born before January 2, 1	960 N	Are blin	d Spouse:	□ Was t	orn befo	re January 2, 196	io [\int_{Is}	blind			
Dependents (S					(2) Social security			elationship to you			the box if c	ualifies for	r (se	e instr.):
If more (1) F	irst naı	me Last na	ame		, ,		` ′					Credit for o		
than tollr		DDORA K PRITZKER					DAU	GHTER					X	
ents, see DOI		N PRITZKER					SON						X X	
instr. and check														
here														
Incomo	1a	Total amount from Form(s) W-2	2, box 1 (s	ee inst	tructions)				1	а				
Income	b	Household employee wages n								b				
Attach Form(s W-2 here. Also	1	Tip income not reported on lin								С				
attach Forms		Medicaid waiver payments not								d				
W-2G and 1099-R if tax	е	Taxable dependent care benef	fits from Fo	orm 24	141, line 26				1	е				
was withheld.		Employer-provided adoption benefits from Form 8839, line 29							lf					
If you did not			96						g					
get a Form		Other earned income (see inst								h				
W-2, see instructions.	i	Nontaxable combat pay election	on (see ins	tructio	ons)	1i								
	z								. 1	z				
Attach	2a	Tax-exempt interest	2a		158,771.	b Taxa	ble intere	st	2	b		812	, 8	43.
Sch. B if	<u>3a</u>	Qualified dividends	3a	1,	005,607.	b Ordii	nary divid	lends	3	b	3 ,	,858	, 1	97.
required.	_ 4a	IRA distributions	4a			b Taxa	ıble amou	nt	4	b				
Standard	ງ 5a	Pensions and annuities	5a			b Taxa	ıble amou	nt	5	b				
Deduction for -	6a	Social security benefits	6a			b Taxa	ıble amou	nt	6	b				
Single or Married	С	If you elect to use the lump-sum election method, check here (see instructions)							_					
filing separately, \$14,600	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here Additional income from Schedule 1, line 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26						╛╚	7		<u>, 209</u>			
 Married filing 	8							1	В	1,	791,	<u>,</u> 0	24.	
jointly or Qualifying	9								9	10	<u>,671</u>			
surviving spouse \$29,200	10							. 1	0				75.	
 Head of 	11	Subtract line 10 from line 9. This is your adjusted gross income						1	1		<u>,655</u>			
household, \$21,900	12	Standard deduction or itemiz	zed deduc	tions	(from Schedule	A)			1	2	4	<u>,752</u>		
If you checked	13	Qualified business income ded	duction fro	m Fori	m 8995 or Form	8995-A			1	3				84.
any box under Standard	14	Add lines 12 and 13							. 1	4		,789		
Deduction, see instructions.	15		act line 14 from line 11. If zero or less, enter -0 This is your taxable income							5	5	,866	, 8	85.
	J													

Form 1040 (2024)	JAY	ROBERT	& MARY	KATHRYN	PRIT	TZKER					STMT 3	Page 2
Tax and	16	Tax (see instructi	ons). Check if	any from Form	n(s): 1	8814 2	4972	2 3		16	1,334	1,808.
Credits	17	•		-			_			17		
	18	Amount from Schedule 2, line 3 Add lines 16 and 17							18	1,334	1,808.	
	19											
	20	O Amount from Schedule 3, line 8								20	104	1,051.
	21									21		1,051.
	22								22		757.	
	23									23		3,754.
	24								24		9,511.	
Payments	25											,
		- (),,,,,					25a					
		Form(s) 1099					25b					
		Other forms (see					25c		3.	-		
		Add lines 25a th								25d		3
		2024 estimated		and amount a				STATEM	ייייי <i>א</i>	26	3 670	9,806.
If you have a qualifying child,	<u> 26</u>						27		***************************************	20	3,07	,,,,,,,,,
attach Sch. EIC.	<u>27</u> 28	Earned income								-		
		Additional child					28			-		
	29	American oppor	•				29					
	30	Reserved for fut					30			-		
	31	Amount from Sc						<u> </u>		-		
	32	Add lines 27, 28, 2		-		-				32	2 670	200
Refund	33	Add lines 25d, 2								33		809.
Retund	34	If line 33 is more	•					•	verpaid	34	2,080	298.
		Amount of line 3	34 you want r e	efunded to you	u. If Forn				∐	35a		
Direct deposit? See instructions.		Routing number				сТ	уре:	Checking	Savings			
	d	Account number					1]			
	36	Amount of line 3					36	2,08	0,298.			
Amount	37	Subtract line 33			-							
You Owe		For details on ho					nstructi	ions		37		
	38	Estimated tax pe					38					
Third Party	Do	you want to allow	v another pers	son to discuss	this retu	rn with the l	IRS? S					
Designee	ins	tructions						🛚 X Yes.	Complete bel	OW.	∐ No	
	Des	ignee's			Ph	none			Personal idea	ntification	1	
		name no. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and					number (PIN)					
	Und corr	er penalties of perjury, lect, and complete. Dec	I declare that I have laration of prepare	e examined this retured the comments of the co	urn and acco er) is based	ompanying sche on all information	edules an	d statements, and t ch preparer has any	o the best of my knowledge.	knowled	ge and belief, they a	re true,
Sign	You	r signature			Date	Your	occupatio	on			If the IRS sent Protection PIN	you an Identity
Here											(see inst.)	i, enter it nere
Joint return?	Spo	use's signature. If a joir	nt return, both m	ust sign.	Date	Spous	se's occu	upation			If the IRS sent	
See instructions. Keep a copy for											enter it here (s	
your records.												
	Pho	ne no.			Email add	dress					<u>-</u>	
Paid	reparer's	s name		Preparer's signat	ture		[Date	PTIN		0	
Preparer											Check if:	
Use Only											Self-ei	mployed
-				•						Pho	ne no.	· · · · · · · · · · · · · · · · · · ·
Firm's DELO	ITTE	TAX LLP										
		A AVENUE	NW, SU	ITE 600						-	Firm's E	EIN
		PIDS, MI									86-106	55772

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2024)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number

JAY ROBERT & MARY KATHRYN PRITZKER

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal
items sold at a loss	

	STATEMENT 7
	<u> </u>
1 Taxable refunds, credits, or offsets of state and local income taxes STMT 6 STMT 8 1	0.
2a Alimony received 2a	
b Date of original divorce or separation agreement (see instructions)	
3 Business income or (loss). Attach Schedule C 3	372,180.
4 Other gains or (losses). Attach Form 4797	9,634.
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5	-17,750.
6 Farm income or (loss). Attach Schedule F	1,960.
7 Unemployment compensation 7	
8 Other income:	
a Net operating loss	
b Gambling 8b 1,425,000.	
c Cancellation of debt 8c	
d Foreign earned income exclusion from Form 2555 8d (
e Income from Form 8853	
f Income from Form 8889 8f	
g Alaska Permanent Fund dividends 8g	
h Jury duty pay	
i Prizes and awards 8i	
j Activity not engaged in for profit income	
k Stock options 8k	
I Income from the rental of personal property if you engaged in	
the rental for profit but were not in the business of renting such	
property 8I	
m Olympic and Paralympic medals and USOC prize money (see instructions) 8m	
n Section 951(a) inclusion (see instructions) 8n	
o Section 951A(a) inclusion (see instructions)	
p Section 461(I) excess business loss adjustment	
q Taxable distributions from an ABLE account (see instructions) 8q	
r Scholarship and fellowship grants not reported on Form W-2 8r	
s Nontaxable amount of Medicaid waiver payments included on Form	
1040, line 1a or 1d	
t Pension or annuity from a nonqualifed deferred compensation plan or	
a nongovernmental section 457 plan	
u Wages earned while incarcerated	
v Digital assets received as ordinary income not reported elsewhere. See	
instructions 8v	
z Other income. List type and amount:	
	4 405 555
9 Total other income. Add lines 8a through 8z	1,425,000.
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form	1 701 004
1040, 1040-SR, or 1040-NR, line 8 10 For Paperwork Reduction Act Notice, see your tay return instructions	1,791,024.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2024

Schedule 1 (Form 1040) 2024 Page **2**

Part	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment officials. Attach		
	Form 2106		12	
13	Health savings account deduction. Attach Form 8889			
14	Moving expenses for members of the Armed Forces. Attach Form 3903		1 1	
15	Deductible part of self-employment tax. Attach Schedule SE		15	15,575.
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	<u>i</u>		
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction			
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from			
	the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic			
	medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the			
	Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain			
	unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an			
	award from the IRS for information you provided that helped the			
	IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	. 24k		
z	Other adjustments. List type and amount:	-		
		-		
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			45
	Form 1040, 1040-SR, or 1040-NR, line 10		26	15,575.

Schedule 1 (Form 1040) 2024

SCHEDULE 2

(Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074

Your social security number

JAY	ROBERT & MARY KATHRYN PRITZKER			
Part	I Tax			
1	Additions to tax:			
а	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer			
	from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form			
	8936)	1b		
С	Repayment of previously owned clean vehicle credit(s) transferred to a			
	registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and			
	Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (I)	1d		
е	Excessive payments (EP) from Form 4255. Check applicable box and enter amount.			
	(i) Line 1a, column (n) (ii) Line 1c, column (n)			
	(iii) Line 1d, column (n) (iv) Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See			
	instructions			
	(i) Line 1a, column (o) (ii) Line 1c, column (o)			
	(iii) Line 1d, column (o) (iv) Line 2a, column (o)	1f		
у	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y			
2	Alternative minimum tax. Attach Form 6251		. 2	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		. 3	0.
Part	II Other Taxes			
4	Self-employment tax. Attach Schedule SE		. 4	31,150.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137 \dots			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	· ·		
7	Total additional social security and Medicare tax. Add lines 5 and 6		. 7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required			
	If not required, check here		8	
9	Household employment taxes. Attach Schedule H			
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			0.50
11	Additional Medicare Tax. Attach Form 8959		. 11	860.
12	Net investment income tax. Attach Form 8960		. 12	336,744.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life in			
	Form W-2, box 12			
14	Interest on tax due on installment income from the sale of certain residential lots a			
15	Interest on the deferred tax on gain from certain installment sales with a sales price			
16	Recapture of low-income housing credit. Attach Form 8611		. 16	
			(0	continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2024

Sched	ule 2 (Form 1040) 2024			Page 2
Part	II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation			
	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
	compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
	corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form			
	8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions			
	from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. E	nter here		
	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	368,754.

Schedule 2 (Form 1040) 2024

SCHEDULE 3

(Form 1040)

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

2024
Attachment
Sequence No. 03

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Go to www.irs.gov /Form1040 for instructions and the latest information.

JAY				
Part I	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	104,051.
2	Credit for child and dependent care expenses from Form 2441, line 11. Atta	ach		
	Form 2441		2	
3	Education credits from Form 8863, line 19			
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	1		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
- 1	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount:	_		
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-S	R, or		
			8	104,051.
Part I	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Section 1341 credit for repayment of amounts included in income from			
	earlier years	13b		
С	Net elective payment election amount from Form 3800, Part III, line 6,			
	column (j)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	1 1		
z	Other refundable credits (see instructions):	_		
		13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or	1040-NR,		
	line 31		15	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024