



## Step 4: Figure your refund or balance due

<b>15 Total net income and replacement taxes.</b> Add Lines 8 and 14.	<b>15</b> _____	<b>.00</b>
<b>16 Payments.</b>		
<b>a</b> Credit from 2011 overpayment.	<b>16a</b> _____	<b>.00</b>
<b>b</b> Form IL-1023-CES payments.	<b>16b</b> _____	<b>.00</b>
<b>c</b> Form IL-505-B (extension) payment.	<b>16c</b> _____	<b>.00</b>
<b>d</b> Pass-through entity payments. <b>Attach</b> Schedule(s) K-1-P and K-1-T.	<b>16d</b> _____	<b>.00</b>
<b>17 Total payments.</b> Add Lines 16a through 16d.	<b>17</b> _____	<b>.00</b>
<b>18 Overpayment.</b> If Line 17 is greater than Line 15, subtract Line 15 from Line 17.	<b>18</b> _____	<b>.00</b>
<b>19 Amount to be credited to 2013.</b>	◆ <b>19</b> _____	<b>.00</b> ◆
<b>20 Refund.</b> Subtract Line 19 from Line 18. This is the amount to be refunded.	<b>20</b> _____	<b>.00</b>
<b>21 Tax due.</b> If Line 15 is greater than Line 17, subtract Line 17 from Line 15. This is the amount you owe.	<b>21</b> _____	<b>.00</b>

▶ If you owe tax on Line 21, complete a payment voucher, Form IL-1023-C-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

**Note** → Write the amount of your payment on the top of Page 1 in the space provided.

## Step 5: Sign here

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 and that each of the qualifying partners or shareholders is aware of, and complies with, the rules and regulations set forth and made binding by this composite return.

_____ Signature of authorized officer	_____ Date	_____ Title	(_____)_____ Phone	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
_____ Signature of preparer	_____ Date	_____ Preparer's Social Security number or firm's FEIN		
_____ Preparer's firm name (or yours, if self-employed)		_____ Address		

▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**



# Schedule BC

Attach to your Form IL-1023-C

## Composite Return Membership

Year ending

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1023-C.

Write your federal employer identification number (FEIN).

### Identify the members included in your composite return

A Name and Address	B Social Security number or FEIN	C Partner or Shareholder type (See instructions.)	D Share of income or loss (%)	E Check the box if the member is an Illinois resident and is included based on department-approved petition.	F Composite return payment amount reported to this member on Schedule K-1-P. (See instructions.)
1 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
2 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
3 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
4 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
5 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
6 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
7 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____
8 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____