Illinois Exempt Organization Income and Replacement

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

| Name |  |  |
| :--- | :--- | :--- |
| C/O or name of trust's fiduciary |  |  |
| Mailing address | State | ZIP |

Federal employer identification number (FEIN)
Check all that apply.
If final, write the date: Discontinued ___ First return $\quad \square$ Final return
Indicate if you are taxed as a: $\square$ Corporation $\square$ Trust
Nature of unrelated trade or business:


