	cor	is Exerr ne and Return			ent	F	199 ear begin	98		990	-T _/, 199_					
		r before the 15 s return to										-9009				
															Do not write above	this line
Name									Federal	- Federal employer identification number (FEIN)						
									Check all that apply.							
C/O or name of trust's fiduciary									Name or address change First return Final return							
Mailing address										If final,	write the da	te: Dis	continued _		or sold	
0										Indicat	e if vou are	taxed	as a: 🗖 (Corpor	ation 🔲 Trust	ł
City						State			ZIP		,			00.00		
										Nature	of unrelated	I trade	or business:			
Part I	1	Unrelated I	husines	s tavahl	e incor	ne (loss)) (See ir	etruction	s)					1		1
ratti		Illinois inco				, ,			,	ve				_		
		Base incor						-			side Illinois			_		
		or the trust	is an Illi	nois res	sident,	write this	s amoui	nt on Par	t III, Line 1;	otherwise,	continue to	Part II.		3 _		_
Part II	1				`	'		-								
	2	Business ir Business ir					rom Pa	rt I, Line 3	3.					2_		_
	5	Dusiness ii	icome a	pportio		1			2		3		4		5	
						everywh ot be negati			in Illinois be negative)		(Col. 2 ÷ Co to six decimal:		Weighted factors		Weighted tota	als
		a Propert	ty factor	3a						•		_ X	. <u>166667</u>	= •	·	
		b Payroll											. <u>166667</u>	= •	·	
		c Sales fa										_ X	. <u>666666</u>		·	
	4 5	Apportionn Base incor						-							·	
	6								is (See instr							•
	7										nt on Part III	, Line '	Ι.			
Part III	1	Base incor	ne (loss)) from F	Part I, L	ine 3 or	Part II,	Line 7						1_		
	2	a Replace														
	•	 b Recapture of investment credits from Schedule 4255 (See instruction 3 Total replacement tax before investment credits. Add Lines 2a and 2b. 									2b			_		
	3 4	Iotal replace												3_		_
		Net replace									/13./			5		-I I
Part IV	1										%. 1a					-1
- are re		b Recapt	ure of in	vestme	nt cred	lits from	Schedu	le 4255 (See instruct	ions.)	1b					
	2	Total incom	ne tax be	efore cro	edits. A	Add Line	s 1a and	d 1b.						2 _		_
	3	a Income									,					
			•		•				structions.) structions.)		3D 3C					
	4	Total credit							structions.)		JC		I	4		I.
	5					0		not be les	ss than zero).				5_		_
	6								and Part IV					6 _		_
	7	a Estimat		•		ude any	1997 ov	verpayme	nt credited t	o 1998 tax			I			
	•	b Tax pai									7b					
	8 9	Total paym Overpaym						D.						8_ 9		_
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	10	Tax due. S								ee instructi		full if \$	1 or more.	10		_
Jnder penali		f perjury, I sta													Do not write in this	s box.
							/	1		()					
Signature of a	uthoriz	zed officer					/	Date /		Phone	_/					_
	repare	er					/_	/ Date		Prepare	er's Social Sec	curity nu	mber or firm's	FEIN	Check if self-employed	
ignature of p						_							_ ()		
Bignature of pr Preparer firm's NS	•	e (or preparer ME	if self-em		NT	Add FI	lress (firn XX		arer's if self-e		AI		(Phone DR		ID	