



**Illinois Partnership  
Replacement  
Tax Return**

**1998 IL-1065**

or fiscal year beginning \_\_\_\_/\_\_\_\_, 1998, ending \_\_\_\_/\_\_\_\_, 19 \_\_\_\_

Due on or before the 15th day of the 4th month following the close of the tax year.

Do not write above this line.

**Place** \_\_\_\_\_  
Name of partnership

**label** C/O \_\_\_\_\_

**here** \_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_-\_\_\_\_\_  
Federal employer identification number (FEIN)

Check applicable boxes:

Name or address change  First return  Final return

If you checked final return, complete the questions located at the end of this return.

You are filing an IRC, Section 761, election.

**Part I — Base income (loss) Complete Part IA before completing Part I**

1 Unmodified base income (loss) from Part IA, Line 5 1 \_\_\_\_\_

2 Additions (See specific instructions for Part I.)

    a State, municipal, and other interest income excluded in arriving at Line 1 above 2a \_\_\_\_\_

    b Illinois replacement tax deducted in arriving at Line 1 above 2b \_\_\_\_\_

    c Guaranteed payments to partners from U.S. Form 1065, Line 10, or U.S. Form 1065-B, Line 13 2c \_\_\_\_\_

    d Other additions (specify: \_\_\_\_\_) 2d \_\_\_\_\_

    e An amount equal to the share of loss distributable to a partner subject to Illinois replacement tax 2e \_\_\_\_\_

3 Total additions. Add Lines 2a through 2e. 3 \_\_\_\_\_

4 Total income. Add Line 1 and Line 3. 4 \_\_\_\_\_

5 Subtractions (See specific instructions for Part I.)

    a Interest income from U.S. Treasury and federal agency obligations 5a \_\_\_\_\_

    b August 1, 1969, valuation limitation amount from Schedule F 5b \_\_\_\_\_

    c Greater of personal service income or reasonable allowance for compensation paid or accrued to partners 5c \_\_\_\_\_

    d An amount equal to the share of income distributable to a partner subject to Illinois replacement tax 5d \_\_\_\_\_

    e Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-A 5e \_\_\_\_\_

    f Expenses incurred in producing certain federally tax-exempt income (See instructions.) 5f \_\_\_\_\_

    g Other subtractions (specify: \_\_\_\_\_) 5g \_\_\_\_\_

6 Total subtractions. Add Lines 5a through 5g. 6 \_\_\_\_\_

7 Base income (loss). Subtract Line 6 from Line 4. 7 \_\_\_\_\_

If base income (loss) is derived solely inside Illinois, write this amount on Part II, Line 1a.  
If base income (loss) is derived inside and outside Illinois, write this amount on Part III, Line 1.

**Part II — Net income (loss) and replacement tax**

1 a Base income (loss) from Part III, Line 10, if applicable; otherwise, from Part I, Line 7 1a \_\_\_\_\_

Check this box if Line 1a is a loss and you are electing to forgo the Illinois NLD carryback period. → a

b Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.) 1b \_\_\_\_\_

c Income after NLD. Subtract Line 1b from Line 1a (cannot be less than zero). 1c \_\_\_\_\_

2 Total base income from Part I, Line 7 2 \_\_\_\_\_

3 Divide Line 1a by Line 2. If Line 1a equals or exceeds Line 2, write "1." 3 \_\_\_\_\_

4 Standard exemption. Multiply Line 3 by \$1,000 (short year filers, see General Information). 4 \_\_\_\_\_

5 Net income. Subtract Line 4 from Line 1c. 5 \_\_\_\_\_

6 a Replacement tax. Multiply Line 5 by 1.5% (.015). 6a \_\_\_\_\_

    b Recapture of investment credits from Schedule 4255. (See instructions.) 6b \_\_\_\_\_

7 Total replacement tax before investment credits. Add Lines 6a and 6b. 7 \_\_\_\_\_

8 Investment credits from Form IL-477, or write "0" and check this box if electing to pass through credits. → b  8 \_\_\_\_\_

9 Net replacement tax. Subtract Line 8 from Line 7 (cannot be less than zero). 9 \_\_\_\_\_

10 Tax paid with Form IL-505-B. Include any 1997 overpayment credited to 1998 tax. 10 \_\_\_\_\_

11 Overpayment. Subtract Line 9 from Line 10. 11 \_\_\_\_\_

    a Write the amount of overpayment to be credited to 1999. 11a \_\_\_\_\_

12 Tax due. Subtract Line 10 from Line 9. This is your balance of tax due (see instructions). Pay in full if \$1 or more. 12 \_\_\_\_\_

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.

Do not write in this box.

**Sign here** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of partner Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of preparer Date

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Preparer's Social Security number or firm's FEIN \_\_\_\_\_

Check if self-employed →

Preparer firm's name (or yours, if self-employed) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

➤ Mail this return to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031 ◀

**Part IA — Income adjustments —** (See instructions.)

1	Income (loss) from U.S. Form 1065, Schedule K, Line 1, or U.S. Form 1065-B, Schedule K, Line 1a		1	
2	Write the appropriate amounts from U.S. Form 1065, Schedule K			
a	Net income (loss) from rental real estate activities from Line 2	2a		
b	Net income (loss) from other rental activities from Line 3c	2b		
c	Portfolio income (loss) from Lines 4a through 4f, or Form 1065-B, Schedule K, Lines 2, 3b, and 4b	2c		
d	Net IRC, Section 1231, gain (loss) from involuntary conversions due to casualty and theft, included in Line 7	2d		
e	Net gain (loss) from sale or exchange of property used in trade or business and certain involuntary conversions under IRC, Section 1231, from Line 6	2e		
f	Any other items of income (loss) which were not included in the computation of income (loss) on U.S. Form 1065 or U.S. Form 1065-B, Page 1 Identify: _____	2f		
2	<b>Total.</b> Add Lines 2a through 2f.		2	
3	Add Line 1 and Line 2.		3	
4	Write the appropriate amounts from U.S. Form 1065, Schedule K.			
a	Charitable contributions from Line 8	4a		
b	Expense deduction under IRC, Section 179, from Line 9	4b		
c	Payments for partners to an IRA included in Line 11	4c		
d	Payments for partners to a Keogh Plan included in Line 11	4d		
e	Payments for partners to a Simplified Employee Pension (SEP) included in Line 11	4e		
f	Oil and gas depletion (See instructions.)	4f		
g	Interest on investment indebtedness from Line 14a	4g		
h	Any other items of expense which were not deducted in the computation of income (loss) on U.S. Form 1065 or U.S. Form 1065-B, Page 1 Identify: _____	4h		
4	<b>Total.</b> Add Lines 4a through 4h.		4	
5	Unmodified base income (loss). Subtract Line 4 from Line 3 and write on Part I, Line 1.		5	

**Part III — Base income (loss) allocable to Illinois**

Complete Part III only if base income (loss) is derived inside and outside Illinois.

1	Base income (loss) from Part I, Line 7		1	
2	a Nonbusiness income (loss) included in Line 1 net of deductions directly allocable to such income (Attach Schedule NB, see Part III, specific instructions.)	2a		
	b Business income (loss) from other partnerships, trusts, and estates included in Part III, Line 1	2b		
3	<b>Total.</b> Add Lines 2a and 2b.		3	
4	Business income (loss). Subtract Line 3 from Line 1.		4	
5	Business income apportionment formula (Financial organizations and transportation companies see Special Apportionment Formula instructions.)			

	1 Total everywhere (cannot be negative)	2 Within Illinois (cannot be negative)	3 Ratio Column 2 ÷ Column 1 (carry to six decimal places)	4 Weighted factors	5 Weighted totals
a Property factor	5a _____	_____	• _____ X	.166667 =	• _____
b Payroll factor	5b _____	_____	• _____ X	.166667 =	• _____
c Sales factor	5c _____	_____	• _____ X	.666666 =	• _____
6	Apportionment factor. Add Column 5, Lines 5a through 5c. (See instructions.)				6 • _____
7	Business income (loss) apportionable to Illinois. Multiply Line 4 by Line 6.				7 _____
8	Nonbusiness income (loss) allocable to Illinois (Attach Schedule NB, see Part III, specific instructions.)				8 _____
9	Partnership, trust, and estate business income (loss) apportionable to Illinois				9 _____
10	Base income or net loss allocable to Illinois. Add Lines 7 through 9 and write on Part II, Line 1a.				10 _____

1 Check the method of accounting used in preparing this return:  Cash  Accrual  Other (specify: \_\_\_\_\_)

**If you have sold or discontinued your business, please complete the following questions.**

2 Business discontinued date: \_\_\_\_\_ (or) Business sold date: \_\_\_\_\_

3 New owner's name and address: \_\_\_\_\_

4 Former owner's forwarding address: \_\_\_\_\_





# Schedule B Partners' or Shareholders' Identification

Attach to your Form IL-1065 or Form IL-1120-ST

Month Year

Name as shown on your Form IL-1065 or Form IL-1120-ST

Federal employer identification number (FEIN)

## Identify your partners or shareholders

A	B	C	D
Name	Address	Social Security number or FEIN	Share of income (%)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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19			
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22			
23			
24			
25			

