



Illinois Exempt Organization Income and Replacement Tax Return

1999 IL-990-T

or fiscal year beginning ____/____, 1999, ending ____/____, 20____.

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

Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

Do not write above this line.

Name _____

_____-____-____-____-____-____
Federal employer identification number (FEIN)

C/O or name of trust's fiduciary _____

Check all that apply.

Name or address change First return Final return
If final, write the date: Discontinued _____ or sold _____

Mailing address _____

Indicate if you are taxed as a: Corporation Trust

City _____ State _____ ZIP _____

Nature of unrelated trade or business: _____

Part I

1 Unrelated business taxable income (loss) (See instructions.) **1** _____

2 Illinois income and replacement tax deducted in arriving at Line 1 above **2** _____

3 Base income (loss). Add Lines 1 and 2. If base income (loss) is derived solely inside Illinois or the trust is an Illinois resident, write this amount on Part III, Line 1; otherwise, continue to Part II. **3** _____

Part II

1 Partnership business income (loss) included in Part 1, Line 3. **1** _____

2 Business income (loss). Subtract Line 1 from Part I, Line 3. **2** _____

3 Business income apportionment formula

	1	2	3	4	5
	Total everywhere (cannot be negative)	Within Illinois (cannot be negative)	Ratio (Col. 2 ÷ Col. 1) (carry to six decimals)	Weighted factors	Weighted totals
a Property factor 3a	_____	_____	• _____	X <u>.083333</u>	= • _____
b Payroll factor 3b	_____	_____	• _____	X <u>.083333</u>	= • _____
c Sales factor 3c	_____	_____	• _____	X <u>.833334</u>	= • _____
4 Apportionment factor. Add Column 5, Lines 3a through 3c. (See instructions.) 4	• _____				
5 Base income or net loss apportionable to Illinois. Multiply Line 2 by Line 4. 5	_____				
6 Partnership business income (loss) apportionable to Illinois (See instructions.) 6	_____				
7 Base income or net loss allocable to Illinois. Add Lines 5 and 6. Write this amount on Part III, Line 1. 7	_____				

Part III

1 Base income (loss) from Part I, Line 3 or Part II, Line 7 **1** _____

2 a Replacement tax. Corporations should multiply Line 1 by 2.5%; otherwise 1.5%. **2a** _____

b Recapture of investment credits from Schedule 4255 (See instructions.) **2b** _____

3 Total replacement tax before investment credits. Add Lines 2a and 2b. **3** _____

4 Investment credits from IL-477, Part I, Line 9. (Attach Form IL-477, see instructions.) **4** _____

5 Net replacement tax. Subtract Line 4 from Line 3 (cannot be less than zero). **5** _____

Part IV

1 a Income tax. Corporations should multiply Part III, Line 1 by 4.8%; otherwise 3%. **1a** _____

b Recapture of investment credits from Schedule 4255 (See instructions.) **1b** _____

2 Total income tax before credits. Add Lines 1a and 1b. **2** _____

3 a Income tax credits from Schedule 1299-D (Attach Schedule 1299-D, see instructions.) **3a** _____

b Credit for replacement tax paid from worksheet (See instructions.) **3b** _____

c Carryforward of credit for replacement tax paid (See instructions.) **3c** _____

4 Total credits. Add Lines 3a through Line 3c. **4** _____

5 Net income tax. Subtract Line 4 from Line 2 (cannot be less than zero). **5** _____

6 Total net income and replacement tax. Add Part III, Line 5 and Part IV, Line 5. **6** _____

7 a Estimated tax payments. Include any 1998 overpayment credited to 1999 tax. **7a** _____

b Tax paid with Form IL-505-B **7b** _____

8 Total payments (and credit). Add Lines 7a and 7b. **8** _____

9 **Overpayment.** Subtract Line 6 from Line 8. **9** _____

a Write the amount of overpayment to be credited to 2000. **9a** _____

10 **Tax due.** Subtract Line 8 from Line 6. This is your balance of tax due (see instructions). Pay in full if \$1 or more. **10** _____

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.

_____/____/____
Signature of authorized officer Date

(____)_____
Phone

Do not write in this box.

_____/____/____
Signature of preparer Date

Preparer's SSN, FEIN, or PTIN

Check if self-employed

Preparer firm's name (or preparer if self-employed) _____ Address (firm's or preparer's if self-employed) _____ Phone (____)_____

NS TS ME IM NT FI XX PB _____ PZ _____ AL _____ DR _____ ID _____

