



**Illinois Composite
Income and Replacement
Tax Return**

1999 IL-1023-C

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

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

Do not write above this line.

Name of partnership or S corporation _____

_____-____-____-____-____-____ Federal employer identification number (FEIN) **6 6 6** Seq. code

In care of _____

Check all that apply.

Name or address change First return Final return

Mailing address _____

Partners or shareholders included are (check only one):

Trusts/individuals/estates Individuals/estates only

City _____ State _____ ZIP _____

Part 1 — Figure the composite income and income tax

1 Write the amount of modified base income allocable to Illinois by the partnership or S corporation. **1** _____

2 Write the total percentage of ownership for all members included in this composite return. **2** _____ %

3 Multiply Line 1 by Line 2. This is the composite income apportionable and allocable to Illinois. **3** _____

4 Total income tax. Multiply Line 3 by 3% (.03). Write the total here and on Part 3, Line 7. **4** _____

Part 2 — Figure the replacement tax (Complete only if this return includes any trust members.)

5 Write the amount of composite income included in Part 1, Line 3 that is subject to replacement tax. **5** _____

6 Total replacement tax. Multiply Line 5 by 1.5% (.015). Write the result here and on Part 3, Line 8. **6** _____

Part 3 — Figure the total tax

Attach check or money order here.

7 Write the total income tax amount from Part 1, Line 4. **7** _____

8 Write the total replacement tax amount from Part 2, Line 6. **8** _____

9 Add Lines 7 and 8. This is the total amount of income and replacement tax. **9** _____

10 Write the total amount prepaid on Form IL-1023-CES, plus any credit from your 1998 IL-1023-C. **10** _____

11 Overpayment. If Line 10 is greater than Line 9, subtract Line 9 from Line 10. If not, go to Line 13. **11** _____

12 Write the amount of overpayment you want credited to your 2000 composite tax. **12** _____

13 Tax due. If Line 9 is greater than Line 10, subtract Line 10 from Line 9. **Pay this amount.** **13** _____

Make your check or money order payable to "Illinois Department of Revenue."

Part 4 — Sign below

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 do comply with, the rules and regulations set forth and made binding by this composite return.

Do not write in this box.

Signature of authorized agent _____ Title _____ Date ___/___/___ Phone (____) _____

Preparer must complete the following information.

Signature of preparer _____ Date ___/___/___ Check if self-employed

Preparer's firm's name (or preparer if self-employed) _____ Preparer's SSN, FEIN, or PTIN _____

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

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

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