



Illinois Department of Revenue 2001 Form IL-990-T

Illinois Exempt Organization Income and Replacement Tax Return

or fiscal year beginning ___/___/___, 2001, 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.

Do not write above this line.

Name _____

C/O or name of trust's fiduciary _____

Mailing address _____

City _____ State _____ ZIP _____

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

_____-____-____-____-____-____
Illinois business tax (IBT) number

Check all that apply. Name or address change First return
 Final return, write the date discontinued ___/___/___
or sold ___/___/___

Indicate if you are taxed as a: Corporation Trust
Nature of unrelated trade or business: _____

Part I

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

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

3 Base income or loss. Add Lines 1 and 2. If base income or 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, trust, or estate business income or loss included in Part 1, Line 3. (See instructions.) 1 _____

2 Business income or loss. Subtract Line 1 from Part I, Line 3. 2 _____

3 Business income apportionment formula

a Total sales everywhere 3a _____

b Total sales within Illinois 3b _____

c Apportionment factor. Divide Line 3b by Line 3a. (Carry to six decimal places.) 3c _____

4 Base income or net loss apportionable to Illinois. Multiply Line 2 by Line 3c. 4 _____

5 Partnership, trust, or estate business income or loss apportionable to Illinois (See instructions.) 5 _____

6 Base income or net loss allocable to Illinois. Add Lines 4 and 5. Write here and on Part III, Line 1. 6 _____

Part III

1 Base income or loss from Part I, Line 3 or Part II, Line 6 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 11. (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 2000 overpayment credited to 2001 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 2002. 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.

Do not write in this box.

_____/_____/____ (_____) _____
Signature of authorized officer Date Phone

_____/_____/____ _____
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 _____

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

