

## Partnership Replacement Tax Return

or fiscal year beginning \_\_\_\_/\_\_\_\_, 2001, ending \_\_\_\_/\_\_\_\_, 20\_\_\_\_\_. Due on or before the 15th day of the 4th month following the close of the tax year.

		Do	not write above t	this line.
		_  -		
Type	Name of partnership	Federal employer	identification n	umber (FEIN)
			-	_
or	C/O	Illinois business ta	ıx (IBT) numbe	r
		Check if: Nar	ne or address	change 🗌 First ret
print	Mailing address	Final return	answer the	questions at the en
	01.			ection 761, election
	City State ZIP		9 411 11 10, 0	
	— Base income or loss Complete Part IA before completing F	art I		
	Write your unmodified base income or loss from Part IA, Line 5.		1_	l
2	Additions (See specific instructions for Part I.)	0 -		
	<b>a</b> 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		
	<b>c</b> Guaranteed payments to partners (see instructions).	2c	_	
	d Other additions (specify:)	2d	_	
2	e The share of loss distributable to a partner subject to Illinois replacement tax	2e		1
	Add Lines 2a through 2e. This is the total of your additions.  Add Lines 1 and 3. This is your total income.		ა _ 1	l
	Subtractions. (See specific instructions for Part I.)		4 _	l
5	a Interest income from U.S. Treasury and other exempt federal obligations	5a	1	
	<b>b</b> August 1, 1969, valuation limitation amount from Schedule F	5b		
	c Greater of personal service income or reasonable allowance for compensation paid			
	<b>d</b> The share of income distributable to a partner subject to Illinois replacement tax	5d	_ <u>'</u>	
	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.)		_' 	
	g Other subtractions (specify:)	5g	<u>'</u>	
6	Add Lines 5a through 5g. This is the total of your subtractions.	-9	6	Ī
<sub>y</sub> 7	Subtract Line 6 from Line 4. This is your base income or loss.		· -	·
	If your base income or loss is derived solely inside Illinois, write this amount on Part If your base income or loss is derived inside and outside Illinois, write this amount or	II, Line 1a. Part III Line 1	7	1
e Par	t II — Net income or loss and replacement tax	i i ait iii, Liile i.		<del>-</del>
<b>1</b>	a Write your base income or loss from Part III, Line 9, if applicable; otherwise, from	art I, Line 7.	1a _	I
Mevenue H	Check this box if Line 1a is a loss and you are electing to only carry this loss forward. (		<b>→</b> a 🗌	
ě	<b>b</b> Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.)	•		
p	c Subtract Line 1b from Line 1a (cannot be less than zero). This is your income after N	NLD.	1c _	I
<b>2</b>	Write your total base income from Part I, Line 7.	2	_l	
<b>∃</b> 3	Divide Line 1a by Line 2. If Line 1a equals or exceeds Line 2, write "1."	3	_l	
<b>4</b>	Multiply Line 3 by \$1,000. This is your standard exemption. If you are a short-year filer, s	ee General Inform	ation. 4 _	
2 3 4 5 6	Subtract Line 4 from Line 1c. This is your net income.		5 _	l
€ 6	a Multiply Line 5 by 1.5% (.015). This is your replacement tax.	6a	_l	
	<b>b</b> Recapture of investment credits from Schedule 4255. (See instructions.)	6b	_l	
Ψ.	Add Lines 6a and 6b. This is the total of your replacement tax before investment credit	s.	7 _	
<b>8</b> ap	Investment credits from Form IL-477. (Attach Form IL-477, see instructions.)		8 _	
	Subtract Line 8 from Line 7 (cannot be less than zero). This is your net replacement ta	X.	9 _	
_	Tax paid with Form IL-505-B. Include any 2000 overpayment credited to 2001 tax.		10 _	l
를 <b>11</b>	Overpayment. Subtract Line 9 from Line 10.		11 _	l
e, e		11a	l	
<u>ਰ</u> 12	$\textbf{Tax due.} \ \text{Subtract Line 10 from Line 9.} \ \text{This is your balance of tax due (see instructions)}.$	Pay in full if \$1 or i	nore. <b>12</b> _	
Unde	<b>Tax due.</b> Subtract Line 10 from Line 9. This is your balance of tax due (see instructions). er 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.
			•	
^ S	ign/	) Phone		
_	Signature of dathorized emoci.			Check if self-
110	Signature of preparer   Date	Preparer's SSN, FEIN,	or PTIN	employed
	- 5		,	`
	Preparer firm's name (or yours, if self-employed)  Address		( Phon	<i>)</i> e
	Mail this return to: Illinois Department of Revenue, P.O. Box 19031,	Sprinafield. IL 6		1
NS IL-1065				

Part	t IA — Income adjustments — (See instructions.)			
1	Write your income or loss from U.S. Form 1065, Schedule K, Line 1, or U.S. Form	1065-B, Schedule K, Line	e 1a. <b>1</b>	
2	Write the appropriate amounts from U.S. Form 1065, Schedule K.			
	a Net income or loss from rental real estate activities from Line 2	2a		
	<b>b</b> Net income or loss from other rental activities from Line 3c	2b	_l	
	c Portfolio income or loss from Lines 4a through 4f, or			
	U.S. Form 1065-B, Schedule K, Lines 2, 3b, and 4b	2c	_	
	d Net IRC, Section 1231, gain or loss from involuntary conversions due to casu	ıaltv		
	and theft, included in Line 7	2d	1	
	e Net gain or loss from sale or exchange of property used in trade or business		<u></u>	
	certain involuntary conversions under IRC, Section 1231, from Line 6	2e	1	
	f Any other items of income or loss that were not included in the computation		_'	
	·			
	of income or loss on Page 1 of U.S. Form 1065 or U.S. Form 1065-B	2f	1	
2	identify:	21	_'	
2	Total. Add Lines 2a through 2f.		2	
3	Add Line 1 and Line 2.		ა	
4	Write the appropriate amounts from U.S. Form 1065, Schedule K.	4 -		
	a Charitable contributions from Line 8	4a		
	<b>b</b> Expense deduction under IRC, Section 179, from Line 9	4b		
	c Payments for partners to an IRA included in Line 11	4c		
	<b>d</b> Payments for partners to a Keogh Plan included in Line 11	4d		
	e Payments for partners to a Simplified Employee Pension (SEP) included in Li			
	f Oil and gas depletion (See instructions.)	4f	_l	
	g Interest on investment indebtedness from Line 14a	4g	_l	
	<b>h</b> Any other items of expense that were not deducted in the computation			
	of income or loss on Page 1 of U.S. Form 1065 or U.S. Form 1065-B			
	identify:	4h	_l	
4	Total. Add Lines 4a through 4h.		4	
5	Subtract Line 4 from Line 3. This is your unmodified base income or loss. Write h	nere and on Part I, Line 1	. 5	
	t III — Base income or loss allocable to Illinois			
Part Com	t III — Base income or loss allocable to IIIinois uplete Part III only if base income or loss is derived inside and outside Illinois.  Write your base income or loss from Part I, Line 7.  a Nonbusiness income or loss, minus deductions allocable to that income and included in Part III, Line 1. (Attach Schedule NB. See Part III, specific instruct		1	
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Part Com 1 2 3 4 5 5 1 If you 2 3 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	It III — Base income or loss allocable to IIIinois  Inplete Part III only if base income or loss is derived inside and outside IIIinois.  Write your base income or loss from Part I, Line 7.  a Nonbusiness income or loss, minus deductions allocable to that income and included in Part III, Line 1. (Attach Schedule NB. See Part III, specific instruct b Business income or loss from other partnerships, trusts, and estates included in Part III, Line 1. (See instructions.)  Add Lines 2a and 2b. This is the total of your subtractions.  Subtract Line 3 from Line 1. This is your business income or loss.  Business income apportionment formula. (Financial organizations and transport see Special Apportionment Formulas instructions.)  a Total sales everywhere  b Total sales within IIIinois  c Divide Line 5b by Line 5a. (Carry to six decimal places.)  This is your apportionment factor.  Multiply Line 4 by Line 5c. This is your business income or loss apportionable to Nonbusiness income or loss allocable to IIIinois. (Attach Schedule NB. See Part Business income or loss apportionable to IIIinois from partnerships, trusts, and a Add Lines 6 through 8. This is your base income or net loss allocable to IIIinois. William Check the method of accounting used in preparing this return:  Cash Du discontinued or sold your business, write the date:  If you discontinued your business, write the date:  If you sold your business, write the date:  Tell us the new owner's name:  Tell us the new owner's address:	tions.) 2a	6 7 .) 8	    



Schedule B (R-12/00)

Year ending

## 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					
Α	В	c	D		
Name	Address	Social Security number or FEIN	Share of income (%		
1					
2					
3					
7					
8					
9					
10					
11					
12					
13					
14					
15					
18					
19			· <u></u>		
20			· <u></u>		
21			. <u></u>		
22			<u> </u>		
<b>-</b>					

Year	end	in	q
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Month	Voor

lame as shown on	vour Form IL-1120.	IL-1120-ST, IL-1065

Federal employer identification no. (FEIN)

Read the	instructions	before	completing	this form.
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			Column A Total everywhere	Column B Allocable to Illinois
1	Interest*	1		
2	Dividends*	2		
3	Rental income	3		
4	Patent royalties	4		
5	Copyright royalties	5		
6	Other royalty income	6		
7	Capital gain (loss) from real property	7		
8	Capital gain (loss) from tangible personal property	8		
9	Capital gain (loss) from intangible personal property	9		
10	Other (specify)	10		
	Totals			
			Write this total on Part III, Line 2a.	Write this total on Part III, Line 7.

\*Interest and dividends are allocable to Illinois if your commercial domicile was in Illinois at the time the interest or dividend was paid or accrued.