



Do not write above this line.

Type Name of partnership
or C/O
print Mailing address
City State ZIP
Federal employer identification number (FEIN)
Illinois business tax (IBT) number
Check if: Name or address change First return
Final return, answer the questions at the end.
You are filing an IRC, Section 761, election.

Part I - Base income or loss Complete Part IA before completing Part I

1 Write your unmodified base income or loss from Part IA, Line 5.
2 Additions (See specific instructions for Part I.)
a State, municipal, and other interest income excluded in arriving at Line 1 above
b Illinois replacement tax deducted in arriving at Line 1 above
c Guaranteed payments to partners (see instructions).
d Other additions (specify: _____)
e The share of loss distributable to a partner subject to Illinois replacement tax
3 Add Lines 2a through 2e. This is the total of your additions.
4 Add Lines 1 and 3. This is your total income.
5 Subtractions. (See specific instructions for Part I.)
a Interest income from U.S. Treasury and other exempt federal obligations
b August 1, 1969, valuation limitation amount from Schedule F
c Greater of personal service income or reasonable allowance for compensation paid
d The share of income distributable to a partner subject to Illinois replacement tax
e Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-A
f Expenses incurred in producing certain federally tax-exempt income (See instructions.)
g Other subtractions (specify: _____)
6 Add Lines 5a through 5g. This is the total of your subtractions.
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 II, Line 1a.
If any portion of your base income or loss is derived outside Illinois, write this amount on Part III, Line 1.

Part II - Net income or loss and replacement tax

1 a Write your base income or loss from Part III, Line 9, if applicable; otherwise, from Part I, Line 7.
Check this box if Line 1a is a loss and you are electing to only carry this loss forward. (See instructions.) -> a
b Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.)
c Subtract Line 1b from Line 1a (cannot be less than zero). This is your income after NLD.
2 Write your total base income from Part I, Line 7.
3 Divide Line 1a by Line 2. If Line 1a equals or exceeds Line 2, write "1."
4 Multiply Line 3 by \$1,000. This is your standard exemption. If you are a short-year filer, see General Information.
5 Subtract Line 4 from Line 1c. This is your net income.
6 a Multiply Line 5 by 1.5% (.015). This is your replacement tax.
b Recapture of investment credits from Schedule 4255. (See instructions.)
7 Add Lines 6a and 6b. This is the total of your replacement tax before investment credits.
8 Investment credits from Form IL-477. (Attach Form IL-477, see instructions.)
9 Subtract Line 8 from Line 7 (cannot be less than zero). This is your net replacement tax.
10 Tax paid with Form IL-505-B. Include any 2001 overpayment credited to 2002 tax.
11 Overpayment. Subtract Line 9 from Line 10.
a Write the amount of overpayment to be credited to 2003.
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.

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 authorized officer / Date Phone
Signature of preparer / Date Preparer's SSN, FEIN, or PTIN
Preparer firm's name (or yours, if self-employed) Address Phone

Part 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 1a. **1** _____
- 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 Net income or loss from other rental activities from Line 3c **2b** _____
 - 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 casualty and theft, included in Line 7 **2d** _____
 - e Net gain or 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 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 identify: _____ **2f** _____
- 2 Total.** Add Lines 2a through 2f. **2** _____
- 3 Add Lines 1 and 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 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** _____
- 4 Total.** Add Lines 4a through 4h. **4** _____
- 5 Subtract Line 4 from Line 3. This is your unmodified base income or loss. Write here and on Part I, Line 1. **5** _____

Part III — Base income or loss allocable to Illinois

Complete Part III only if any portion of your base income or loss is derived outside Illinois.

- 1 Write your base income or loss from Part I, Line 7. **1** _____
- 2 a Nonbusiness income or loss included in Part III, Line 1. (Attach Schedule NB.)
Short year filers only: If you are making the business income election, check this box and write zero here and on Part III, Line 7. (See instructions.) → **2a** _____
- b Business income or loss from other partnerships, trusts, and estates included in Part III, Line 1. (See instructions.) **2b** _____
- 3 Add Lines 2a and 2b. This is the total of your subtractions. **3** _____
- 4 Subtract Line 3 from Line 1. This is your business income or loss. **4** _____
- 5 Business income apportionment formula. (Financial organizations (F) and transportation companies (T) check the appropriate box and see Special Apportionment Formulas instructions.) F T
 - a Total sales everywhere **5a** _____
 - b Total sales within Illinois **5b** _____
 - c Divide Line 5b by Line 5a. (Carry to six decimal places.) This is your apportionment factor. **5c** _____
- 6 Multiply Line 4 by Line 5c. This is your business income or loss apportionable to Illinois. **6** _____
- 7 Nonbusiness income or loss allocable to Illinois. (Attach Sch. NB.) If you checked the box on Line 2a, write zero here. **7** _____
- 8 Business income or loss apportionable to Illinois from partnerships, trusts, and estates. (See instructions.) **8** _____
- 9 Add Lines 6 through 8. This is your base income or net loss allocable to Illinois. Write here and on Part II, Line 1a. **9** _____

- 1 Check the method of accounting used in preparing this return: Cash Accrual Other (Specify: _____)

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

- 2 If you discontinued your business, write the date: _____/_____/_____
- 3 If you sold your business, write the date: _____/_____/_____
- 4 Tell us the new owner's name: _____
- 5 Tell us the new owner's address: _____
- 6 Tell us the former owner's forwarding address: _____





Schedule B Partners' or Shareholders' Identification

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

Year ending

_____/_____/_____
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 or loss (%)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			



Schedule NB Nonbusiness Income

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

Month Year

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

Federal employer identification no. (FEIN)

_____ - _____

Read the instructions before completing this form.

	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.