

## Illinois Department of Revenue 2006 Form IL-990-T

## **Exempt Organization Income and Replacement Tax Return**

or fiscal year beginning \_\_\_\_\_/\_\_\_\_, 2006, ending \_\_\_\_\_/\_\_\_\_, 20\_\_\_\_\_\_.

roporor firm	's name (or preparer if self-employed)	Address (firm's or prepare	r's if self-employed) Phor			
Signature of p	preparer	//	Preparer's SSN, FEIN, or PTIN	Check if selfemployed →		
-	alties of perjury, I state that I have ex	amined this return and, to the be	est of my knowledge, it is true, correct, and compi () Phone	ete. Do not write in this box.		
Jnder pena	alties of perjury, I state that I have ex	amined this return and, to the be	est of my knowledge, it is true, correct, and compl	ete. Do not write in this box.		
			due (see instructions). Pay in full if \$1 or more.	9		
	a Write the amount of overpa		8a			
	8 Overpayment. Subtract Line 5			8_		
	<ul><li>b Tax paid with Form IL-505-f</li><li>7 Total payments and credit. Add</li></ul>		6b	<b>7</b>		
		clude any 2005 overpayment cre	-			
		ent tax. Add Part III, Line 5 and F		5		
		3 from Line 2 (cannot be less that		4		
		ne tax credits from Schedule 129	,	3		
	2 Total income tax before credits	Add Lines 1a and 1b.		2 _		
	<b>b</b> Recapture of investment cre	edits from Schedule 4255 (See in	nstructions.) 1b			
Part IV	1 a Income tax. Corporations sl	nould multiply Part III, Line 1 by 4	1.8%; otherwise 3%. <b>1a</b>			
		Line 4 from Line 3 (cannot be les	•	5		
	•	vestment credits. Add Lines 2a a , Part I, Line 11 (Attach Form IL-4		4		
		edits from Schedule 4255 (See in				
		ons should multiply Line 1 by 2.5	-			
Part III				1 _		
		ble to Illinois. Add Lines 4 and 5.	Write here and on Part III, Line 1.	6		
			s apportionable to Illinois (See instructions.)	5		
	4 Base income or net loss appor		4			
		e Line 3b by Line 3a. (Carry to size				
	<b>b</b> Total sales within Illinois		3b			
	<ul><li>3 Business income apportionmental</li><li>a Total sales everywhere</li></ul>	nt formula	3a			
	2 Business income or loss. Subtr			2		
Part II			s included in Part 1, Line 3. (See instructions.)	1		
	illinois resident, write this amou	unt on Part III, Line 1; otherwise,	continue to Part II.	3 _		
	3 Base income or loss. Add Lines					
	2 Illinois income and replacemen	·				
Part I	1 Unrelated business taxable inc	ome or loss (See instructions.)		1		
			Income Tax Credits.	, , , , , , , , , , , , , , , , , , ,		
,			Nature of unrelated trade or busines: Check the box if you attached Scheo			
City		State ZIP		or sold// Corporation Trust		
lailing addre	ess		Final return, write the date discor	ntinued//		
/O of flatfie	of trust's fluuciary		`	-     Illinois business tax (IBT) number Check all that apply.  \[ \] Name or address change \[ \] First retur		
¹/O or namo	of trust's fiduciary					
anie			Federal employer identification number (F	Federal employer identification number (FEIN)		
ame			E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

