



Illinois Department of Revenue  
**2009 Form IL-1065**  
**Partnership Replacement Tax Return**



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

If this return is not for calendar year 2009, write your fiscal tax year here.

Tax year beginning \_\_\_\_/\_\_\_\_, 2009, ending \_\_\_\_/\_\_\_\_/20\_\_

Write the amount you are paying.  
 \$ \_\_\_\_\_

**Step 1: Identify your partnership**

**A** Write your business name and mailing address.  
 If you have an address change, or this is a first return, check this box.

Name \_\_\_\_\_

C/O \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**B** Check the box if one of the following apply.  
 first return       final return (If final, write the date. \_\_\_\_/\_\_\_\_/\_\_\_\_)

**C** If this is a final return because you sold this business, write the date sold \_\_\_\_/\_\_\_\_/\_\_\_\_, and the new owner's FEIN.  
 \_\_\_\_\_

**D Special Apportionment Formulas.** If you use a special apportionment formula, check the appropriate box and see Special Apportionment Formula instructions.  
 Financial organizations       Transportation companies

**E** Check if you are classified as an investment partnership.

**F** Write your federal employer identification no. (FEIN).  
 \_\_\_\_\_

**G**  Check the box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.  
 \_\_\_\_\_

**H** Write the state and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, **e.g.**, IL, GA, etc.)

State \_\_\_\_\_ Zip \_\_\_\_\_

**I** If you are making the business income election to treat all nonbusiness income as business income, check here and write "0" on Lines 37 and 45.

**J** Check if you are making an IRC § 761 election.

**K** If you have completed the following federal forms, check the box and **attach** them to this return.  
 Federal Form 8886       Federal Sch. M-3

**Step 2: Figure your ordinary income or loss**

Attach your payment here.	1 Ordinary income or loss, or equivalent from federal Schedule K.	1 _____	.00
	2 Net income or loss from all rental real estate activities.	2 _____	.00
	3 Net income or loss from other rental activities.	3 _____	.00
	4 Portfolio income or loss.	4 _____	.00
	5 Net IRC Section 1231 gain or loss from involuntary conversions due to casualty and theft.	5 _____	.00
	6 All 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 1065-B. See instructions. Identify: _____	6 _____	.00
	7 Add Lines 1 through 6. This is your ordinary income or loss.	7 _____	.00

**Step 3: Figure your unmodified base income or loss**

8 Charitable contributions.	8 _____	.00
9 Expense deduction under IRC Section 179.	9 _____	.00
10 Interest on investment indebtedness.	10 _____	.00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: _____	11 _____	.00
12 Add Lines 8 through 11.	12 _____	.00
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 _____	.00

14 Write your unmodified base income from Line 13. 14 \_\_\_\_\_ .00

**Step 4: Figure your income or loss**

15 State, municipal, and other interest income excluded from Line 14. 15 \_\_\_\_\_ .00

16 Illinois replacement tax deducted in arriving at Line 14. 16 \_\_\_\_\_ .00

17 Illinois Special Depreciation addition. **Attach** Form IL-4562. 17 \_\_\_\_\_ .00

18 Related-party expenses addition. **Attach** Schedule 80/20. 18 \_\_\_\_\_ .00

19 Distributive share of additions. **Attach** Schedule K-1-P or K-1-T. 19 \_\_\_\_\_ .00

20 Guaranteed payments to partners from U.S. Form 1065. 20 \_\_\_\_\_ .00

21 The amount of loss distributable to a partner subject to replacement tax. **Attach** Schedule B. 21 \_\_\_\_\_ .00

22 Other additions. **Attach** Illinois Schedule M (for businesses). 22 \_\_\_\_\_ .00

23 Add Lines 14 through 22. This amount is your income or loss. 23 \_\_\_\_\_ .00

**Step 5: Figure your Illinois base income or net loss**

24 Interest income from U.S. Treasury obligations or other exempt federal obligations. 24 \_\_\_\_\_ .00

25 August 1, 1969, valuation limitation amount. **Attach** Schedule F. 25 \_\_\_\_\_ .00

26 Personal service income or reasonable allowance for compensation of partners. 26 \_\_\_\_\_ .00

27 Share of income distributable to a partner subject to replacement tax. **Attach** Schedule B. 27 \_\_\_\_\_ .00

28 Expenses incurred in producing certain federally tax-exempt income or federal credits. 28 \_\_\_\_\_ .00

29 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A. 29 \_\_\_\_\_ .00

30 High Impact Business Dividend subtraction. **Attach** Schedule 1299-A. 30 \_\_\_\_\_ .00

31 Illinois Special Depreciation subtraction. **Attach** Form IL-4562. 31 \_\_\_\_\_ .00

32 Related-party expenses subtraction. **Attach** Schedule 80/20. 32 \_\_\_\_\_ .00

33 Distributive share of subtractions. **Attach** Schedule K-1-P or K-1-T. 33 \_\_\_\_\_ .00

34 Other subtractions. **Attach** Schedule M (for businesses). 34 \_\_\_\_\_ .00

35 Total subtractions. Add Lines 24 through 34. 35 \_\_\_\_\_ .00

36 **Base income or net loss.** Subtract Line 35 from Line 23. 36 \_\_\_\_\_ .00



If the amount on Line 36 is derived inside and outside Illinois, complete Step 6; otherwise go to Step 7.

**Step 6: Figure your income allocable to Illinois**

37 Nonbusiness income or loss. **Attach** Schedule NB. 37 \_\_\_\_\_ .00

38 Non-unitary partnership business income or loss included in Line 36. 38 \_\_\_\_\_ .00

39 Add Lines 37 and 38. 39 \_\_\_\_\_ .00

40 Business income or loss. Subtract Line 39 from Line 36. 40 \_\_\_\_\_ .00

41 Total sales everywhere. This amount cannot be negative. 41 \_\_\_\_\_ .00

42 Total sales inside Illinois. This amount cannot be negative. 42 \_\_\_\_\_ .00

43 Apportionment factor. Divide Line 42 by Line 41 (carry to six decimal places). 43 \_\_\_\_\_

44 Business income or loss apportionable to Illinois. Multiply Line 40 by Line 43. 44 \_\_\_\_\_ .00

45 Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB. 45 \_\_\_\_\_ .00

46 Non-unitary partnership business income or loss apportionable to Illinois. 46 \_\_\_\_\_ .00

47 **Base income or net loss allocable to Illinois.** Add Lines 44 through 46. 47 \_\_\_\_\_ .00





### Step 7: Figure your net income

- 48 Base income or net loss from Step 5, Line 36, or Step 6, Line 47. 48 \_\_\_\_\_ .00
- 49 Illinois net loss deduction. **Attach** Schedule NLD.  
If Line 48 is zero or a negative amount, write "0". 49 \_\_\_\_\_ .00
- 50 Income after NLD. Subtract Line 49 from Line 48. 50 \_\_\_\_\_ .00
- 51 Write the amount from Step 5, Line 36. 51 \_\_\_\_\_ .00
- 52 Divide Line 48 by Line 51. (This figure cannot be greater than "1".) 52 \_\_\_\_ . \_\_\_\_\_
- 53 Exemption allowance. Multiply Line 52 by \$1,000. (Short-year filers, see instructions.) 53 \_\_\_\_\_ .00
- 54 **Net income.** Subtract Line 53 from Line 50. 54 \_\_\_\_\_ .00

### Step 8: Figure your net replacement tax

- 55 Write the amount from Line 54. 55 \_\_\_\_\_ .00
- 56 Replacement tax. Multiply Line 55 by 1.5% (.015). 56 \_\_\_\_\_ .00
- 57 Recapture of investment credits. **Attach** Schedule 4255. 57 \_\_\_\_\_ .00
- 58 Replacement tax before investment credits. Add Lines 56 and 57. 58 \_\_\_\_\_ .00
- 59 Investment credits. **Attach** Form IL-477. 59 \_\_\_\_\_ .00
- 60 **Net replacement tax.** Subtract Line 59 from Line 58. Write "0" if this is a negative amount. 60 \_\_\_\_\_ .00

### Step 9: Figure your refund or balance due

- 61 Payments
  - a Credit from 2008 overpayment. a \_\_\_\_\_ .00
  - b Form IL-505-B (extension) payment. b \_\_\_\_\_ .00
  - c Pass-through entity payments. **Attach** Schedule K-1-P or K-1-T. c \_\_\_\_\_ .00
- 62 Total payments. Add Lines 61a through 61c. 62 \_\_\_\_\_ .00
- 63 Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. 63 \_\_\_\_\_ .
- 64 Amount to be **credited to 2010**. 64 \_\_\_\_\_ .00
- 65 **Refund.** Subtract Line 64 from Line 63. This is the amount to be refunded. 65 \_\_\_\_\_ .
- 66 **Tax Due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60.  
This is the amount you owe. 66 \_\_\_\_\_ .

▶ **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀  
*Special Note* → **Write the amount of your payment on the top of Page 1 in the space provided.**

### Step 10: Sign here

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.

Signature of partner	Date	Title	(____) _____ Phone
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
Preparer firm's name (or yours, if self-employed)	Address	(____) _____ Phone	

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031** ◀





# Schedule B Partners' or Shareholders' Identification

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

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

## Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 48. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 43. 2 \_\_\_\_\_

## Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

	A Name and Address	B SSN or FEIN	C Partner or Shareholder type (See instructions.)	D Total amount of base income (loss) distributable (See instr.)	E Member subject to Illinois replacement tax (See instr.)	F Pass-through entity payment amount (See instr.)	G Excluded from pass-through entity payments (See instr.)
1	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_