

14 Net replacement tax. Subtract Line 13 from Line 12.

NS

DR___

IL-1023-C front (R-12/12)

Q	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 2012, write your fiscal tax year here.	Write the amount you are payin	g.
	Tax year beginning day 2012, ending day 20_year	\$	
Ste	ep 1: Identify your partnership or S corporation		
Α	Write your complete legal business name. If you have a name change, check this box. Name:	Vrite your federal employer identification no. (FE 6 6 Seq. co	6
В	Write your mailing address. If you have an address change or this is a first return, check this box. C/O: Mailing address: F C	Check the box that identifies the return you filed. Form IL-1065 Form IL-1120-ST Check this box if the partners or	
С	City: State: ZIP: G Check the applicable box if one of the following applies.	Check this box if the partners or shareholders included are individuals and/or estate nembers only.	
Attach your payment and A Sorm IL-1023-C-V here.	b Total percentage of ownership for resident members. (Write the percentage as a decimal and carry to six decimal places.) 1b c Multiply Line 1a by Line 1b. 2 a Modified base income allocable to Illinois. 2 b Total percentage of ownership for nonresident members.	•00 -00 •00	
A	c Multiply Line 2a by Line 2b. Add Lines 1c and 2c. This amount is your income.	2c00 300	
4 5	Income tax. Multiply Line 3 by 5% (.05). Recapture of investment credits. Attach Schedule 4255. Income tax before investment credits. Add Lines 4 and 5.	4	
6 7 8	Income tax credits. Attach Schedule 1299-A and see instructions.	7 <u>•00</u> 8 <u>•00</u>	
Ste	ep 3: Figure your net replacement tax (Complete only if this return includes a	any trust members.)	
9	Income included in Line 3 that is subject to replacement tax.	9000	
10	Replacement tax. Multiply Line 9 by 1.5% (.015).	10 <u>•00</u>	
11	Recapture of investment credits. Attach Schedule 4255.	11	
12	Replacement tax before investment credits. Add Lines 10 and 11.	12	
13	Investment credits. Attach Form IL-477.	13 <u>•00</u>	

<u>•00</u>

Step 4: Figure your	refund or bala	nce due				
15 Total net income and rep	olacement taxes. A	dd Lines 8 and 14.			15	<u>•00</u>
16 Payments.						
a Credit from 2011 overpa	ayment.		16a	• <u>00</u>		
b Form IL-1023-CES payr	ments.		16b	• <u>00</u>		
c Form IL-505-B (extension	on) payment.		16c	<u>•00</u>		
d Pass-through entity pay	ments. Attach Sche	edule(s) K-1-P and K-1-7	. 16d	• <u>00</u>		
17 Total payments. Add Lines	17	• <u>00</u>				
18 Overpayment. If Line 17 i	18	•00				
19 Amount to be credited to	19					
20 Refund. Subtract Line 19	20	•00				
21 Tax due. If Line 15 is great	21	• <u>00</u>				
► If you owe tax on Line 2 <u>=Not</u> Step 5: Sign here	Revenue	ment voucher, Form IL " and attach them to thunt of your payment on	ne first page of this fo	orm. ◀		Department of
Under penalties of perjury, I st each of the qualifying partners composite return.						
Signature of authorized officer	Date	Title	() Phone		Check this box discuss this retu preparer shown	urn with the _
Signature of preparer	Date	Preparer's Social Sec	curity number or firm's FEIN			
Preparer's firm name (or yours, if self-	employed) Addre	SS			() Phone	
If a payment is not enc		rn to: Illinois Departme			ringfield, IL 62	2794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



Composite Return Membership

Year ending

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1023-C. Write your federal employer identification number (FEIN).

Id	Identify the members included in your composite return								
	A Name and Address	B Social Security number or FEIN	Partner or Shareholder type (See instructions.)	D	E Check the box if the member is an Illinois resident and is included based on department-approved petition.	F Composite return payment amount reported to this member on Schedule K-1-P. (See instructions.)			
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