

Form IL-990-T front (R-12/12)

Illinois Department of Revenue

2012 Form IL-990-T Exempt Organization Income and Replacement Tax Return Due on or before the 15th day of the 5th month (4th month for employee trusts) 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 a | re paying. | |
|---|---|--|--------------------|--|
| Tax year beginning 2012, ending 20 | | | | |
| month day month day year | 3 | š | | |
| Step 1: Identify your exempt organization | D Write your federal e | employer identification n | no. (FEIN). | |
| A Write your complete legal business name. | | | | |
| If you have a name change, check this box. | | | | |
| Name: | E Check if you are to | axed as a corporation. | Ш | |
| B Write your mailing address. | F Check if you are to | axed as a trust. | | |
| If you have an address change or this is a first return, check this box. | | | | |
| C/O: | | G Provide the nature of your unrelated trade or business. | | |
| Mailing address: | | | | |
| City: State: ZIP: | H Check this box if | | | |
| <u></u> <u></u> | Scriedule 1299-D, | Income Tax Credits. | ш | |
| C Check the applicable box if one of the following applies. | l Write your North Ar | merican Industry Classif | ication | |
| First return Final return (If final, write the date | System Code (NAI | CS), if applicable. See in | nstructions | |
| | /уууу | | - | |
| Attach a copy of Page 1 of your U.S. Form 990-T. 2 Illinois income and replacement tax deducted in arriving at Line 1. 3 Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are an from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. B If any portion of the amount on Line 3 is derived outside Illinois, che See instructions. Step 3: Figure your income allocable to Illinois (Comp 4 Trust, estate, or non-unitary partnership business income or loss include 5 Business income or loss. Subtract Line 4 from Line 3. 6 Total sales everywhere. This amount cannot be negative. 7 Total sales inside Illinois. This amount cannot be negative. 8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal place 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line | (You must leave Step 3, Lines of eck this box and complete all line lete only if you checked the bolded in Line 3. 6 | 4 through 11 blank.) nes of Step 3. ox on Line B, above.) 4 5 | •00 •00 ount | |
| 10 Trust, estate, or non-unitary partnership business income or loss appor | 10 | <u>•00</u> | | |
| 11 Base income or loss allocable to Illinois. Add Lines 9 and 10. | | 11 | <u>•00</u> | |
| Step 4: Figure your net replacement tax | | _ | | |
| 12 Net income or loss from Line 3 or Line 11. | | 12 | •00 | |
| | 13 | | | |
| Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts 14 Recapture of investment credits. Attach Schedule 4255. Replacement tax before investment credits. Add Lines 13 and 14. Investment credits. Attach Form IL-477. Net replacement tax. Subtract Line 16 from Line 15. If the amount is | 14 | | | |
| ឧទ្ធ 15 Replacement tax before investment credits. Add Lines 13 and 14. | 15 | | | |
| 통통 16 Investment credits. Attach Form IL-477. | 16 | | | |
| 17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is | s negative, write "0." | 17 | | |
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| Step | 5: Figure your | net income t | ax (see instruction | s) | | |
|---|--|--------------------------|------------------------------|---|---|-------------------------|
| 18 | Net income or loss from | Line 12. | | | 18 | •00 |
| 19 | Income Tax. | | | | | |
| | Corporations: multiply | Line 18 by 7% (.0 | 7). | | | |
| | Trusts: multiply Line 18 | 3 by 5% (.05). | | | 19 | <u>•00</u> |
| 20 Recapture of investment credits. Attach Schedule 4255. | | | | | 20 | <u>•00</u> |
| 21 | 21 Income tax before credits. Add Lines 19 and 20. | | | | | •00 |
| 22 Income tax credits. Attach Schedule 1299-D. | | | | | 22 | <u>•00</u> |
| 23 | Net income tax. Subtra | 23 | •00 | | | |
| Step | 6: Figure your | refund or ba | lance due | | | |
| 24 | Net replacement tax from | m Line 17. | | | 24 | •00 |
| 25 | Net income tax from Lin | e 23. | | | 25 | •00 |
| 26 | Total net income and r | eplacement taxe | s. Add Lines 24 and 25 | 5. | 26 | |
| 27 | Payments | | | | | |
| | a Credit from 2011 ove | rpayment. | | 27a | <u>•00</u> | |
| | b Total estimated paym | nents. | | 27b | <u>•00</u> | |
| | c Form IL-505-B (exter | nsion) payment. | | 27c | <u>•00</u> | |
| | d Gambling withholding | g. Attach Form(s) | W-2G. | 27d | | |
| 28 | Total payments. Add Lin | es 27a through 27 | 7d. | | 28 | <u>•00</u> |
| 29 | Overpayment. If Line 2 | 29 | <u>•00</u> | | | |
| 30 | Amount to be credited | 30 | <u>•00</u> ♦ | | | |
| 31 | Refund. Subtract Line 3 | 31 | <u>•00</u> | | | |
| 32 | Tax Due. If Line 26 is gi | reater than Line 2 | 3, subtract Line 28 fron | n Line 26. | | |
| | This is the amount you | owe. | | | 32 | <u>•00</u> |
| > | If you owe tax on Line | - | - | m IL-990-T-V, make your chen to the front of this form. ◀ | | epartment of |
| | <u>≣</u> Special | <i>Note</i> → Write the | amount of your payn | nent on the top of Page 1 in | the space provided. | |
| Ster | 7: Sign here | | | | | |
| | · · | tate that I have ev | aminad this raturn and | to the best of my knowledge | it is true correct and cor | mploto |
| Onde | r perialities of perjury, i si | ate that I have ex | ariiried triis retarri aria, | to the best of my knowledge | s, it is true, correct, and cor | ripiete. |
| () | | | | | Check this box if we may | |
| Signature of authorized officer Date | | Title | Title Phone | | discuss this return with the preparer shown in this step. | |
| Signati | ure of preparer | Date | Preparer's Social | Security number or firm's FEIN | preparer snown | in this step. \square |
| | | | Iress | | () | |
| Prepar | er's firm name (or yours, if self- | Phone | Phone | | | |
| | If a maximum and in made and | loood moil this ro | hum ta Illinaia Danast | ment of Devenue DO Boy | 10000 Covingfield II 60 | 704 0000 |

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

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