

Illinois Department of Revenue

2013 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.



	, ,			<u> </u>		
ı	If this return is not for calendar year 2013, write your fiscal tax year here.		Write the amount you are	e paying.		
-	Tax year beginning 20, ending 20					
	month day year month day ye	ar		\$		
Ste	ep 1: Identify your partnership	Н	Write your federal employer identification no. (FEIN).			
Α	Write your complete legal business name.					
В	If you have a name change, check this box.			Check this box if you are a member	of a	
			•	unitary business group, and write the FEIN of		
	Name:			the member filing the Schedule UB, Com		
	Write your mailing address.			Apportionment for Unitary Business Grou		
	If you have an address change or this is a first return, check this box.	Ш		- · · · · · · · · · · · · · · · · · · ·		
	C/O:		.1	Write your North American Industry Class	eification	
	Mailing address:		Ü	System Code (NAICS). See instructions.	moation	
				5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		
	City: State: ZIP:		V	· NAvita the site state and in sode where		
	Check the applicable box if one of the following applies.		ĸ	Write the city, state, and zip code where your accounting records are kept. (Use the two-letter		
	First return Final return (If final, write the date)		postal abbreviation, <i>e.g.</i> , IL, GA, etc.)		
	mm dd	уууу		,,, , , ,,,		
	If this is a final return because you sold this business, write the date so	ld		City State	Zip	
	(mm dd yy) , and the new owner's FEIN.		L	. If you are making the business income elec	tion to	
				treat all nonbusiness income as business in		
Е	Special Apportionment Formulas. If you use a special apportionmen	t		check this box and write "0" on Lines 36 an	d 44. 🔲	
	formula, check the appropriate box and see Special Apportionment		M	If you have completed the following feder	al forms,	
	Formula instructions.			check the box and attach them to this ret	urn.	
	☐ Financial organizations ☐ Transportation companies			Federal Form 8886 Federal S	Sch. M-3	
F			N	Check this box if you attached Form IL-4	562 	
	Federally regulated exchanges			Check this box if you attached Illinois	. П	
	Check this box if you are:			Schedule M (for businesses).		
	classified as an investment partnership		Р	Check this box if you attached Schedule	80/20 🎞	
	classified as a publicly traded partnership			Check this box if you attached Schedule 1		
G	Check this box if you made an IRC § 761 election.		G	Officer this box if you attached Schedule 1	299-A.	
	oncon this box if you made art in o § 701 decition.					
	Step 2: Figure your ordinary income or loss					
	1 Ordinary income or loss, or equivalent from federal Schedule K.			1	<u>•00</u>	
▼	2 Net income or loss from all rental real estate activities.			2		
IL-1065-V here	3 Net income or loss from other rental activities.			3	<u>•00</u>	
	4 Portfolio income or loss.			4		
	5 Net IRC Section 1231 gain or loss.			5	<u>•00</u>	
	6 All other items of income or loss that were not included in the compu				00	
Form	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:					
and	7 Add Lines 1 through 6. This is your ordinary income or loss.			7	<u>•00</u>	
payment	Step 3: Figure your unmodified base income or loss					
payr	8 Charitable contributions.			8		
on	9 Expense deduction under IRC Section 179.			9		
ch Y	10 Interest on investment indebtedness.			10	<u>•00</u>	
₹	11 All other items of expense that were not deducted in the computation		-			
	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:					
	12 Add Lines 8 through 11.			12		
	13 Subtract Line 12 from Line 7. This amount is your total unmodified ba	r loss. 13	<u>•00</u>			

Step 4	4: Figure your income or loss			
14	Write your unmodified base income or loss from Line 13.		14	• <u>00</u>
15	State, municipal, and other interest income excluded from Line 14.		15	<u>•00</u>
16	Illinois replacement tax deducted in arriving at Line 14.		16	<u>•00</u>
17	Illinois Special Depreciation addition. Attach Form IL-4562.		17	
18	Related-party expenses addition. Attach Schedule 80/20.		18	<u>•00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		19	•00
20	Guaranteed payments to partners from U.S. Form 1065 or 1065-B.		20	<u>•00</u>
21	The amount of loss distributable to a partner subject to replacement tax. Attac	h Schedule B.	21	<u>•00</u>
22	Other additions. Attach Illinois Schedule M (for businesses).		22	<u>•00</u>
23	Add Lines 14 through 22. This amount is your income or loss.		23	<u>•00</u>
Step	5: Figure your base income or loss			
24	Interest income from U.S. Treasury obligations or other exempt federal obligation	ons.	24	
25			25	
26	·		26	
27	- · · · · · · · · · · · · · · · · · · ·		27 28 29	
28		-A.		
29				
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.		30	
31	Related-party expenses subtraction. Attach Schedule 80/20.		31	
32	` '		32	
33	(33	
34	5		34	
35	Base income or loss. Subtract Line 34 from Line 23.		35	•00
STO	A If the amount on Line 35 is derived inside Illinois only, check this be on Step 7, Line 47. You may not complete Step 6. (You must leave Step 8 If any portion of the amount on Line 35 is derived outside Illinois, cl	tep 6, Lines 36 throug	gh 46 blank.)	
	See instructions. (If you are a unitary filer, you must complete Lines	,		
	ep 6: Figure your income allocable to Illinois (Complete only if you che	cked the box on Line E		
	Nonbusiness income or loss. Attach Schedule NB.	05	36	
37	Trust, estate, and non-unitary partnership business income or loss included in	Line 35.	37	
	Add Lines 36 and 37.		38	
39		40	39	•00
40	Ç		• <u>00</u>	
41	· ·		<u>•00</u>	
42		+4		00
43			43	
	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	olo to Illinois	44	
	Trust, estate, and non-unitary partnership business income or loss apportional Base income or loss allocable to Illinois. Add Lines 43 through 45	ne to miniois.	45 46	•00
1 40	- Dase income di 1033 andradie 10 millots. A00 i mes 43 milloti 45		+ ∪	▲ UU.)



Step	7: Figure your net income			
47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.		47	<u>•00</u>
48	Illinois net loss deduction. Attach Schedule NLD.			
	If Line 47 is zero or a negative amount, write "0".		48	
49			49	
50	• /		50	
51	Divide Line 47 by Line 50. (This figure cannot be greater than "1".)		51	
52		instructions.)	52	
53 	Net income. Subtract Line 52 from Line 49.		53	<u>•00</u>
Step	8: Figure your net replacement tax			
54	Replacement tax. Multiply Line 53 by 1.5% (.015).		54	<u>•00</u>
55	Recapture of investment credits. Attach Schedule 4255.		55	<u>•00</u>
56	Replacement tax before investment credits. Add Lines 54 and 55.		56	<u>•00</u>
57	Investment credits. Attach Form IL-477.		57	<u>•00</u>
58	Net replacement tax. Subtract Line 57 from Line 56. Write "0" if this is a	a negative amount.	58	<u>•00</u>
Step	9: Figure your refund or balance due			
59	Payments.			
	a Credit from 2012 overpayment.	59a • <u>00</u>		
	b Form IL-505-B (extension) payment.	59b		
	c Pass-through entity payments. Attach Schedule(s) K-1-P or K-1-T.	59c <u>•00</u>		
	d Gambling withholding. Attach Form(s) W-2G.			
60	Total payments. Add Lines 59a through 59d.		60	•00
61	Overpayment. If Line 60 is greater than Line 58, subtract Line 58 from L	ine 60.	61	•00
62	Amount to be credited to 2014.		♦ 62	<u>•00</u> �
63	Refund. Subtract Line 62 from Line 61. This is the amount to be refunded	63	•00	
64	Complete to direct deposit your refund			
	Routing Number Checki			
	Account Number			
65	Tax Due. If Line 58 is greater than Line 60, subtract Line 60 from Line 5	58. This is the amount you owe) e. 65	•00
	▶ If you owe tax on Line 65, complete a payment voucl	·		
	"Illinois Department of Revenue" and attach th	· · · · · · · · · · · · · · · · · · ·		e to
	<u>Special Note</u> Write the amount of your payment on the second			
	10: Sign here			
Under	penalties of perjury, I state that I have examined this return and, to the b	est of my knowledge, it is true -	, correct, and com	iplete.
Signatu	re of partner Date Title	() Phone	Check this box if	
. 3	•		discuss this retu preparer shown	
Signatu	re of preparer Date Preparer's Social Security n	umber or firm's FEIN		· <u> </u>
Dropora	r's firm name (or yours, if self-employed) Address		() Phone	
riepare	r's firm name (or yours, if self-employed) Address		FIIOHE	
	If a payment is not enclosed, mail this return to: Illinois Department of Revenue	If a payment is enclosed, n Illinois Department of		
	= -		-	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

P.O. Box 19053

Springfield, IL 62794-9053

P.O. Box 19031

Springfield, IL 62794-9031

Illinois Department of Revenue

Schedule B

in Column E. Write the total here. (See instructions.)



Partners' or Shareholders' Identification

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

Year ending

IL Attachment no. 1 Write your federal employer identification number (FEIN). Write your name as shown on your Form IL-1065 or Form IL-1120-ST. Step 1: Provide the following information Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. Step 2: Identify your partners or shareholders. Attach additional sheets if necessary. В C D Ε G Partner's or shareholder's Member Pass-through Excluded from distributable amount of subject to Illinois entity payment pass-through Partner or replacement tax Shareholder type base income or loss entity payments amount Name and Address SSN or FEIN (See instr.) (See instructions.) (See instr.) (See instr.) (See instr.) 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark