

Illinois Department of Revenue

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Form IL-990-T front (R-12/15)

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2015 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.

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		his return is not for calendar year 2015, enter your fiscal tax year here.		Ent	er the amount you are	e paying.			
	Tax year beginning 20, ending 20 month day year month day year								
		r tax years ending on or after December 31, 2015. For prior years, use the fo	orm 1	for that year. \$					
Ste			D	Enter your federal em	nployer identification no	o. (FEIN).			
Α		ter your complete legal business name. ou have a name change, check this box.							
	Name:			Check if you are taxe	ed as a corporation.				
В	B Enter your mailing address. If you have an address change or this is a first return, check this box.			Check if you are taxe	ad ac a truct				
В				Check if you are taxed as a trust.					
	C/O		G	Provide the nature of your unrelated trade or business.					
	Mail	ling address:	0						
	City	: State: ZIP:	Н	Check this box if you Schedule 1299-D, Inc					
С	Check the applicable box if one of the following applies.			Enter your North American Industry Classification		cation			
		First return Final return (If final, enter the date.	•	CS) Code, if applicable. See instructions.					
		mm dd yyyyy	_′						
<u> </u>	- 0-	Figure value has a income on local			0441 1 1 11				
Sie		Figure your base income or loss Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.			(Whole dollars	only)			
		Attach a copy of Page 1 of your U.S. Form 990-T.	1	<u>•00</u>					
	2 II	llinois income and replacement tax and surcharge deducted in arriving at Lin		2	<u>•00</u>				
	3 E	Base income or loss. Add Lines 1 and 2.			3	<u>•00</u>			
	box and enter the amo	ount							
from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions.									
St	en 3	3: Figure your income allocable to Illinois (Complete only if you che	ecke	ed the box on Line B	ahove)				
	-		or loss included in Line 3 from non-unitary partnerships, partnerships included on						
		Schedule UB, S corporations, trusts, or estates. See instructions.	4	<u>•00</u>					
	5 E	Business income or loss. Subtract Line 4 from Line 3.			5	<u>•00</u>			
	6 T	Total sales everywhere. This amount cannot be negative.	6 <u> </u>		_				
	7 T								
	8 <i>A</i>	Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	B		_				
	9 E	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.			9	<u>•00</u>			
1		Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on							
		a Schedule UB, S corporations, trusts, or estates. See instructions.			10				
	1 E	Base income or loss allocable to Illinois. Add Lines 9 and 10.			11	<u>•00</u>			
Ste	o 4:	Figure your net replacement tax							
T	12	Net income or loss from Line 3 or Line 11.			12	<u>•00</u>			
Attach your payment and Form IL-990-T-V here.	13	Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts mu	ly by 1.5% (.015).	13	<u>•00</u>				
ymer F-V h	14	Recapture of investment credits. Attach Schedule 4255.		14					
ur pa 990-	15	Replacement tax before investment credits. Add Lines 13 and 14.	15	<u>•00</u>					
ih yo ii II-	16	Investment credits. Attach Form IL-477.		16					
fac	17	Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative	tive,	enter "0."	17				
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Step	5: Figure your net income tax	(see instructions)							
18	Net income or loss from Line 12.			18	•00				
19	Income Tax.								
	Corporations: multiply Line 18 by 5.	25% (.0525).							
	Trusts: multiply Line 18 by 3.75% (.			19	•00				
20	Recapture of investment credits. Atta	•			•00				
21	Income tax before credits. Add Lines	19 and 20.		21	<u>•00</u>				
22	Income tax credits. Attach Schedule	1299-D.		22	<u>•00</u>				
23	Net income tax. Subtract Line 22 from	m Line 21. If the amount is n	negative, enter "0."		<u>•00</u>				
Step	6: Figure your refund or balar	ce due							
24	Net replacement tax from Line 17.			24	<u>•00</u>				
25	Net income tax from Line 23.			25	•00				
26	Compassionate Use of Medical Cani	nabis Pilot Program Act surch	narge. See instructions.	26	<u>•00</u>				
27	Total net income and replacement	taxes and surcharge. Add	Lines 24, 25, and 26.	27	<u>•00</u>				
28	Payments. See instructions.								
	a Credit from prior year overpaymen	its.	28a	<u>•00</u>					
	b Total estimated payments.		28b	<u>•00</u>					
	c Form IL-505-B (extension) payme	nt.	28c	<u>•00</u>					
	d Pass-through withholding paymen		* *						
	K-1-P or K-1-T. Attach Schedule(28d						
00	e Gambling withholding. Attach For		28e		00				
	Total payments. Add Lines 28a throu	-	from Line OO		• <u>00</u>				
30 31	Overpayment. If Line 29 is greater the Amount to be credited forward. See	◆ 31							
-	Refund. Subtract Line 31 from Line 3		refunded		•00				
			erunded.		•00				
33	Complete to direct deposit your refund								
	Routing Number		Checking or Savin	gs					
	Account Number								
34	Tax Due. If Line 27 is greater than Li	ne 29, subtract Line 29 from	Line 27. This is the amour	nt you owe. 34	•00				
•	If you owe tax on Line 34, complete	e a payment voucher. Form	IL-990-T-V. make vour ch	heck pavable to "Illinois	Department of				
	•	Revenue" and attach them							
	<i>≣Special Note </i> → Ente	r the amount of your paym	ent on the top of Page 1	in the space provided.					
		, , ,							
Step	7: Sign here								
Unde	r penalties of perjury, I state that I hav	e examined this return and,	to the best of my knowledg	ge, it is true, correct, and	complete.				
		,							
Signat	ure of authorized officer Date	Title	() Phone		if the Department may urn with the paid				
				preparer shown					
Signat	ure of paid preparer Date	Paid preparer's Sc	ocial Security number or firm's FEI	N					
Paid p	reparer's firm name	Address		() Phone					

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

