

## **Illinois Department of Revenue**

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IL-990-T front (R-07/17)

## 2016 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 2016, enter your fiscal tax year here.			Enter the amount yo	u are paying.
l	Tax year beginning 20, ending 20				
	month day year month day year		f th t	ф	
	For tax years ending <b>on</b> or <b>after</b> December 31, 2016. For prior years, use the f	orm	for that year.	\$	
Step	1: Identify your exempt organization	D	Enter your feder	al employer identification	on no. (FEIN).
Α	Enter your complete legal business name.				
	If you have a name change, check this box.	Ε	Check if you are	e taxed as a corporation	on.
	Name:	F	Check if you are	e taxed as a trust.	一
В	Enter your mailing address.		-	ure of your unrelated to	rade or
	Check this box if either of the following apply:				
	<ul> <li>this is your first return, or</li> <li>you have an address change.</li> </ul>	Н	Check this box	if you attached Illinois	
			Schedule 1299-	D, Income Tax Credits	s
	C/O:	- 1	Enter your North	American Industry Cla	ssification
	Mailing address:		System (NAICS	Code, if applicable. Se	ee instructions.
	City: State: ZIP:				
С	Check the applicable box if one of the following applies.				
	First return Final return (If final, enter the date	)			
	mm dd yyyyy				
Step	2: Figure your base income or loss	(Whole do	llars only)		
	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.			_	
	Attach a copy of Page 1 of your U.S. Form 990-T.			1	
	2 Illinois income and replacement tax and surcharge deducted in arriving at Li	ne 1.		2	
_	Base income or loss. Add Lines 1 and 2.			3	<u>•00</u>
	A If the amount on Line 3 is derived inside Illinois only or if you are an Illino			this box and enter the	
STO	A If the amount on Line 3 is derived inside Illinois only or if you are an Illino from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You	must	leave Step 3, Line	this box and enter the es 4 through 11 blank.)	
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Step	5: Figure your net income tax (se	ee instructions)					
	Net income or loss from Line 12. Income Tax. <b>Fiscal filers -</b> See instruction			18	<u>•00</u>		
_	Corporations: multiply Line 18 by 5.25	, ,					
	rusts: multiply Line 18 by 3.75% (.0375	•		19			
20	Recapture of investment credits. Attach			20			
21	Income tax before credits. Add Lines 19	and 20.		21	<u>•00</u>		
22	Income tax credits. Attach Schedule 12	99-D.		22			
23 —	Net income tax. Subtract Line 22 from	Line 21. If the amount is	negative, enter "0."	23	<u>•00</u>		
Step	6: Figure your refund or balance	due					
24	Net replacement tax from Line 17.			24	•00		
25	Net income tax from Line 23.			25	<u>•00</u>		
26	Compassionate Use of Medical Cannab	is Pilot Program Act sur	charge. See instructions.	26	•00		
27	Total net income and replacement tax	kes and surcharge. Add	d Lines 24, 25, and 26.	27	•00		
28	28 Payments. See instructions.						
	a Credit from prior year overpayments.		28a	<u>•00</u>			
	<b>b</b> Total estimated payments.		28b	<u>•00</u>			
	<b>c</b> Form IL-505-B (extension) payment.		28c				
	<b>d</b> Pass-through withholding payments in K-1-P or K-1-T. <b>Attach</b> Schedule(s) if		dule(s) <b>28d</b>	<u>•00</u>			
	e Illinois gambling withholding. Attach	Form(s) W-2G.	28e	<u>•00</u>			
29	Total payments. Add Lines 28a through	28e.		29	<u>•00</u>		
30	Overpayment. If Line 29 is greater than	Line 27, subtract Line 2	27 from Line 29.	30	•00		
31	Amount to be <b>credited forward.</b> See in:	structions.		<b>♦</b> 31	<u>•00</u> ◆		
32	Refund. Subtract Line 31 from Line 30.	This is the amount to be	e refunded.	32	<u>•00</u>		
33	Complete to direct deposit your refur	nd					
	Routing Number						
			Checking or Savings				
	Account Number						
34	Tax Due. If Line 27 is greater than Line	29, subtract Line 29 from	m Line 27. This is the amount	you owe. <b>34</b>	•00		
•	If you owe tax on Line 34, complete a your check or money order and make front of this form.	e it payable to "Illinois	Department of Revenue." At	tach your voucher and pa			
		e amount of your payi	ment on the top of Page 1 in	the space provided.			
	7: Sign here r penalties of perjury, I state that I have e	examined this return and	, to the best of my knowledge	it is true, correct, and com	olete.		
Signat	ure of authorized officer Date	Title	() Phone	Check this box if the discuss this return wi			
				preparer shown in thi			
Signat	ure of paid preparer Date	Paid preparer's	PTIN				
Doid :-	ronaror's firm name	ddroes		()			
raiu p	reparer's firm name A	ddress		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