

Illinois Department of Revenue



2021 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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If th	nis r	eturn is not for calendar year 2021, enter your fiscal tax year here.		Ent	ter the amount you	are paying.			
Tax	yea	ar beginning 20, ending day 20_year, ending			•	. , ,			
		This form is for tax years ending on or after December 31, 2021, and before 31, 2021, and before 31, 2021, and before 31, 2021, and before 31, 2021, and	camb	ner 31 2022					
WAR	NING	For all other situations, see instructions to determine the correct form to use.	CGITIL	\$_					
Sto	n 1	· Identify your exempt erganization	_						
	-	: Identify your exempt organization ter your complete legal business name.	Enter your federal el (FEIN).	eral employer identification number					
^		ou have a name change, check this box.	(I LIIV).						
	пу	ou have a hame change, check this box.	Ε			$$ \Box			
	Nan	me:		Check if you are tax	axed as a corporation.				
В		ter your mailing address.	Check if you are taxed as a trust. Provide the nature of your unrelated trade or						
	Ch	eck this box if either of the following apply:							
	•	this is your first return , or							
	•	you have an address change .	Check this box if vo	eck this box if you attached Illinois					
	C/O):), Income Tax Credits.					
	Mai	iling address:							
	iviai		'	Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions					
	City	ZIP:		System (NAICS) Co	de, ii applicable. Se	e instructions.			
С	If th	his is the first or final return, check the applicable box(es).							
	Г	First return	Check this box if yo	ou are a 52/53 week filer.					
	Η	Final return (Enter the date of termination dd)							
	_	Third return (Enter the date of termination. mm dd yyyy							
Ste	p 2	: Figure your base income or loss			(Whole do	llars only)			
	•	Unrelated business taxable income or loss from U.S. Form 990-T. See Instru	ction	ıs.	(, , , , , , , , , , , , , , , , , , ,			
		Attach a copy of your U.S. Form 990-T.			1	•00			
		Illinois income and replacement tax and surcharge deducted in arriving at Lii	ne 1.		2	•00			
		Base income or loss. Add Lines 1 and 2.			3	•00			
		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							
ST	OP								
		B If any portion of the amount on Line 3 is derived outside Illinois, check the (Do not leave Lines 6 through 8 blank.) See instructions.	ox and complete <u>all lin</u>	es of Step 3.					
<u> </u>									
	-	3: Figure your income allocable to Illinois (Complete only if you ch			above.)				
		Business income or loss included in Line 3 from non-unitary partnerships, pa	artne	rships included on a					
		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	Total sales everywhere. This amount cannot be negative.							
			7 _						
	8 /	Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8		_				
	9 E	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.			9	•00			
1	0 E	Business income or loss apportionable to Illinois from non-unitary partnershi	ps, p	artnerships included	on				
	a	a Schedule UB, S corporations, trusts, or estates. See instructions.			10	•00			
1	1 E	Base income or loss allocable to Illinois. Add Lines 9 and 10.			11	<u>•00</u>			
_	St	ep 4: Figure your net replacement tax							
₽			10	00					
nt and ere.		Net income or loss from Line 3 or Line 11.	hy by 1 E0/ / 04E\	12					
your payment IL-990-T-V her		Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts m	uitipi	ıy by 1.5% (.015).	13				
		Recapture of investment credits. Attach Schedule 4255.			14				
, you		Replacement tax before investment credits. Add Lines 13 and 14.			15	<u>•00</u>			
Attach		Investment credits. Attach Form IL-477.			16	<u>•00</u>			
₹ _	17	Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative	ative,	enter zero.	17	<u>•00</u>			
		ID NO DD							
		IR NS DR							

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.



Step 5: Figure your net income tax

18	Net income or loss from Line 12.			18	<u>•00</u>
19	Income Tax. See Instructions.	19	<u>•00</u>		
20	Recapture of investment credits. Attach Schedule 4255.		20	<u>•00</u>	
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 Line 21. If the amount is neg	ative, enter zero.		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 Cannabis Program Act surcharge. S		26	<u>•00</u>	
27	Sale of assets by gaming licensee surcharge. See instructions.		27	<u>•00</u>	
28	Total net income and replacement taxes and surcharges. Add Li	7.	28	<u>•00</u>	
29	Payments. See instructions.				
	a Credits from previous overpayments.	29a	•00		
	b Total payments made before the date this return is filed.	29b	•00		
	c Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	•00		
	 Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T. 	29d	•00		
	e Illinois income tax withholding. Attach Form(s) W-2G.	29e	•00		
30	Total payments. Add Lines 29a through 29e.		30	<u>•00</u>	
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from		31	• <u>00</u>	
	Amount to be credited forward. See instructions.		♦ 32	<u>•00</u> �	
	k this box and attach a detailed statement if this carryforward is going		▶ □◆		
	Refund. Subtract Line 32 from Line 31. This is the amount to be refu	unded.		33	<u>•00</u>
34	Complete to direct deposit your refund				
	Routing Number	Checking or Sav	vings		
	Account Number				
35	Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Lin	ne 28. This is the amo	unt you owe.		•00
•	If you are tay and in 25 make an electronic normant at Tay Illinois	K		lata a m	t

If you owe tax on Line 35, make an electronic payment at Tax.lllinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

<u>≣Special</u> Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here								()			ay discus	if the Department is this return with the
	Signature of authorized officer		Date (mm/dd/y	dd/yyyy) Title			Phone			paid preparer shown in this step.		
Paid										О	heck if	
		Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy) Se		self-er	nployed	Paid Preparer's PTIN		
Prepa Use C		Firm's name							Firm's	FEIN	•	•
	····y	Firm's address							Firm's	sphon	e▶()

- ▶ 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