



Illinois Department of Revenue
2022 Form IL-1065
Partnership Replacement Tax Return



See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

If this return is not for calendar year 2022, enter your fiscal tax year here.
 Tax year beginning _____ 20____, ending _____ 20____
month day year month day year

Enter the amount you are paying.



This form is for tax years ending on or after December 31, 2022, and before December 31, 2023.
 For all other situations, see instructions to determine the correct form to use.

\$ _____

Step 1: Identify your partnership

- A** Enter your complete legal business name.
 If you have a name change, check this box.
 Name: _____
- B** Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
- C** If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. ____ / ____ / ____)
mm dd yyyy
- D** If this is a final return because you sold this business, enter the date sold
 (mm dd yyyy) ____ / ____ / _____, and the new owner's FEIN.
 _____ - _____
- E Apportionment Formulas.** Check the appropriate box or boxes and
 see Apportionment Formula instructions.
 Financial organizations Transportation companies
 Federally regulated exchanges Sales companies
- F** Check this box if you are:
 classified as an investment partnership
 classified as a publicly-traded partnership
- G** Check this box if you made an IRC § 761 election.
- H** Check this box if you are a 52/53 week filer.
- I** Check this box if you elected to file and pay Pass-through
 Entity (PTE) Tax. See instructions.
- J** If you are paying Pass-through Entity (PTE) Tax and you annualized your
 income on Form IL-2220, check this box and **attach** Form IL-2220.

- K** Enter your federal employer identification number
 (FEIN).
 _____ - _____
- L** Check this box if you are a member of a
 unitary business group **and** are included on a
 Schedule UB, Combined Apportionment for Unitary
 Business Group. Enter the FEIN of the member
 who prepared the Schedule UB and **attach** it to this
 return.
 _____ - _____
- M** Enter your North American Industry Classification
 System (NAICS) Code. See instructions.

- N** Enter the city, state, and zip code where your
 accounting records are kept. (Use the two-letter
 postal abbreviation, **e.g.**, IL, GA, etc.)

City State ZIP
- O** If you are making the business income election
 to treat all nonbusiness income as business
 income, check this box and enter zero on
 Lines 36 and 44.
- P** If you have completed the following, check the box
 and **attach** the federal form(s) to this return.
 Federal Form 8886 Federal Sch. M-3,
 Part II, Line 10
- Q** Check this box if you attached Form IL-4562.
- R** Check this box if you attached Illinois
 Schedule M (for businesses).
- S** Check this box if you attached Schedule 80/20.
- T** Check this box if you attached Schedule 1299-A.
- U** Check this box if your business activity is
 protected under Public Law 86-272.
- V** Check this box if you attached the Subgroup
 Schedule.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

| | |
|--|--------------------|
| 1 Ordinary income or loss, or equivalent from federal Schedule K. | 1 _____ .00 |
| 2 Net income or loss from all rental real estate activities. | 2 _____ .00 |
| 3 Net income or loss from other rental activities. | 3 _____ .00 |
| 4 Portfolio income or loss. | 4 _____ .00 |
| 5 Net IRC Section 1231 gain or loss. | 5 _____ .00 |
| 6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____ | 6 _____ .00 |
| 7 Add Lines 1 through 6. This is your ordinary income or loss. | 7 _____ .00 |

Step 3: Figure your unmodified base income or loss

| | |
|---|---------------------|
| 8 Charitable contributions. | 8 _____ .00 |
| 9 Expense deduction under IRC Section 179. | 9 _____ .00 |
| 10 Interest on investment indebtedness. | 10 _____ .00 |
| 11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____ | 11 _____ .00 |
| 12 Add Lines 8 through 11. | 12 _____ .00 |
| 13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss. | 13 _____ .00 |

Attach your payment and Form IL-1065-V here.



Step 4: Figure your income or loss

| | | | | |
|----|---|----|-------|-----|
| 14 | Enter your unmodified base income or loss from Line 13. | 14 | _____ | .00 |
| 15 | State, municipal, and other interest income excluded from Line 14. | 15 | _____ | .00 |
| 16 | Illinois taxes deducted in arriving at Line 14. See instructions. | 16 | _____ | .00 |
| 17 | Illinois Special Depreciation addition. Attach Form IL-4562. | 17 | _____ | .00 |
| 18 | Related-Party Expenses addition. Attach Schedule 80/20. | 18 | _____ | .00 |
| 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. | 20 | _____ | .00 |
| 21 | The amount of loss distributable to a partner subject to replacement tax. Attach Schedule B. | 21 | _____ | .00 |
| 22 | Other additions. Attach Illinois Schedule M (for businesses). | 22 | _____ | .00 |
| 23 | Add Lines 14 through 22. This amount is your income or loss. | 23 | _____ | .00 |

Step 5: Figure your base income or loss

| | | | | |
|----|--|----|-------|-----|
| 24 | Interest income from U.S. Treasury or other exempt federal obligations. | 24 | _____ | .00 |
| 25 | August 1, 1969, valuation limitation amount. Attach Schedule F. | 25 | _____ | .00 |
| 26 | Personal service income or reasonable allowance for compensation of partners. | 26 | _____ | .00 |
| 27 | Share of income distributable to a partner subject to replacement tax. Attach Schedule B. | 27 | _____ | .00 |
| 28 | River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A. | 28 | _____ | .00 |
| 29 | High Impact Business Dividend subtraction. Attach Schedule 1299-A. | 29 | _____ | .00 |
| 30 | Illinois Special Depreciation subtraction. Attach Form IL-4562. | 30 | _____ | .00 |
| 31 | Related-Party Expenses subtraction. Attach Schedule 80/20. | 31 | _____ | .00 |
| 32 | Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. | 32 | _____ | .00 |
| 33 | Other subtractions. Attach Schedule M (for businesses). | 33 | _____ | .00 |
| 34 | Total subtractions. Add Lines 24 through 33. | 34 | _____ | .00 |
| 35 | Base income or loss. Subtract Line 34 from Line 23. | 35 | _____ | .00 |

| | |
|--|---|
| | A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input type="checkbox"/> |
| | <small>Note</small> → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6. |
| | B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/> |

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

| | | | | |
|----|--|----|-------|-----|
| 36 | Nonbusiness income or loss. Attach Schedule NB. | 36 | _____ | .00 |
| 37 | Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 37 | _____ | .00 |
| 38 | Add Lines 36 and 37. | 38 | _____ | .00 |
| 39 | Business income or loss. Subtract Line 38 from Line 35. | 39 | _____ | .00 |
| 40 | Total sales everywhere. This amount cannot be negative. | 40 | _____ | .00 |
| 41 | Total sales inside Illinois. This amount cannot be negative. | 41 | _____ | .00 |
| 42 | Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. | 42 | _____ | |
| 43 | Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. | 43 | _____ | .00 |
| 44 | Nonbusiness income or loss allocable to Illinois. Attach Schedule NB. | 44 | _____ | .00 |
| 45 | Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 45 | _____ | .00 |
| 46 | Base income or loss allocable to Illinois. Add Lines 43 through 45. | 46 | _____ | .00 |



Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1
2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
3 Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. 3

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your
a. nonresident individual members. See instructions. 4a
b. nonresident estate members. See instructions. 4b
c. partnership and S corporation members. See instructions. 4c
d. nonresident trust members. See instructions. 4d
e. C corporation members. See instructions. 4e
5 Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. 5
6 Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. 6
7 Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. 7

Attach all pages of Schedule B, Section B behind this page.



Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

| | Member 1 | Member 2 | Member 3 | Member 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A Name | _____ | _____ | _____ | _____ |
| C/O | _____ | _____ | _____ | _____ |
| Address 1 | _____ | _____ | _____ | _____ |
| Address 2 | _____ | _____ | _____ | _____ |
| City | _____ | _____ | _____ | _____ |
| State, ZIP | _____ | _____ | _____ | _____ |
| B Partner or Shareholder | _____ | _____ | _____ | _____ |
| C SSN/FEIN | _____ | _____ | _____ | _____ |
| D Subject to Illinois replacement tax or an ESOP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E Member's distributable amount of base income or loss | _____ | _____ | _____ | _____ |
| F Excluded from pass-through withholding | _____ | _____ | _____ | _____ |
| G Share of Illinois income subject to pass-through withholding | _____ | _____ | _____ | _____ |
| H Pass-through withholding before credits | _____ | _____ | _____ | _____ |
| I Distributable share of credits | _____ | _____ | _____ | _____ |
| J Pass-through withholding amount | _____ | _____ | _____ | _____ |
| K PTE tax credit paid to members | _____ | _____ | _____ | _____ |
| L PTE tax credit received and distributed to members | _____ | _____ | _____ | _____ |

Note If you have more members than space provided, attach additional copies of this page as necessary.