



Illinois Department of Revenue

2012 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 2012, write your fiscal tax year here.

Tax year beginning _____ 2012, ending _____ 20____
month day month day year

Write the amount you are paying.

\$ _____

Step 1: Identify your exempt organization**A** Write your complete legal business name.If you have a name change, check this box. ☐

Name: _____

B Write your mailing address.If you have an address change or this is a first return, check this box. ☐

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Check the applicable box if one of the following applies.☐ First return ☐ Final return (If final, write the date. _____ mm dd yyyy)**D** Write your federal employer identification no. (FEIN).
_____ - _____**E** Check if you are taxed as a corporation. ☐**F** Check if you are taxed as a trust. ☐**G** Provide the nature of your unrelated trade or business. _____**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐**I** Write your North American Industry Classification System Code (NAICS), if applicable. See instructions.
_____**Step 2: Figure your base income or loss****1** 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** _____ .00**2** Illinois income and replacement tax deducted in arriving at Line 1.**2** _____ .00**3 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 Illinois resident trust, check this box and write the amount 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. ☐**Step 3: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)**4** Trust, estate, or non-unitary partnership business income or loss included in Line 3. **4** _____ .00**5** Business income or loss. Subtract Line 4 from Line 3. **5** _____ .00**6** Total sales everywhere. This amount cannot be negative. **6** _____**7** Total sales inside Illinois. This amount cannot be negative. **7** _____**8** Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places). **8** _____**9** Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. **9** _____ .00**10** Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois. **10** _____ .00**11 Base income or loss allocable to Illinois.** Add Lines 9 and 10. **11** _____ .00**Step 4: Figure your net replacement tax****12** Net income or loss from Line 3 or Line 11. **12** _____ .00**13** Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015). **13** _____ .00**14** Recapture of investment credits. **Attach** Schedule 4255. **14** _____ .00**15** Replacement tax before investment credits. Add Lines 13 and 14. **15** _____ .00**16** Investment credits. **Attach** Form IL-477. **16** _____ .00**17 Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, write "0." **17** _____ .00

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 7% (.07).			
	Trusts: multiply Line 18 by 5% (.05).	19	_____	•00
20	Recapture of investment credits. Attach Schedule 4255.	20	_____	•00
21	Income tax before credits. Add Lines 19 and 20.	21	_____	•00
22	Income tax credits. Attach Schedule 1299-D.	22	_____	•00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	_____	•00

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	_____	•00
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	_____	•00
27	Payments			
	a Credit from 2011 overpayment.	27a	_____	•00
	b Total estimated payments.	27b	_____	•00
	c Form IL-505-B (extension) payment.	27c	_____	•00
	d Gambling withholding. Attach Form(s) W-2G.	27d	_____	•00
28	Total payments. Add Lines 27a through 27d.	28	_____	•00
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	_____	•00
30	Amount to be credited to 2013 .	◆ 30	_____	•00 ◆
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	_____	•00
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	_____	•00

► If you owe tax on Line 32, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the front of this form. ◀

Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

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.

Signature of authorized officer	Date	Title	(_____) Phone	<div>Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/></div>
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)	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**