



2013 Form IL-1065 Partnership Replacement Tax Return



Due on or before the 15th day of the 4th month following the close of the tax year.

If this return is not for calendar year 2013, write your fiscal tax year here.

Tax year beginning month day 20 year, ending month day 20 year

Write the amount you are paying.

\$

Step 1: Identify your partnership

- A Write your complete legal business name.
B Write your mailing address.
C Check the applicable box if one of the following applies.
D If this is a final return because you sold this business, write the date sold
E Special Apportionment Formulas.
F Check this box if you are:
G Check this box if you made an IRC § 761 election.

- H Write your federal employer identification no. (FEIN).
I Check this box if you are a member of a unitary business group...
J Write your North American Industry Classification System Code (NAICS).
K Write the city, state, and zip code where your accounting records are kept.
L If you are making the business income election to treat all nonbusiness income as business income...
M If you have completed the following federal forms...
N Check this box if you attached Form IL-4562.
O Check this box if you attached Illinois Schedule M (for businesses).
P Check this box if you attached Schedule 80/20.
Q Check this box if you attached Schedule 1299-A.

Step 2: Figure your ordinary income or loss

Table with 2 columns: Line number and Amount. Lines 1-7 detailing ordinary income or loss components.

Step 3: Figure your unmodified base income or loss

Table with 2 columns: Line number and Amount. Lines 8-13 detailing unmodified base income or loss components.

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

Step 4: Figure your income or loss

14	Write 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 replacement tax deducted in arriving at Line 14.	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 or 1065-B.	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 obligations 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 write 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.)
- B** If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42.)

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	Trust, estate, and non-unitary partnership business income or loss included in Line 35.	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 (carry 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	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	45	_____	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	_____	.00





Schedule B Partners' or Shareholders' Identification

_____/_____/_____
Month Year

Attach to your Form IL-1065 or Form IL-1120-ST

IL Attachment no. 1

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

Write your federal employer identification number (FEIN).

Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. **1** _____
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. **2** _____

Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Partner's or shareholder's distributable amount of base income or loss (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) **7** _____