



2013 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 2013, write your fiscal tax year here. Tax year beginning _____, ending _____ <small>month day year month day year</small>	Write the amount you are paying. \$ _____
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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.) <input type="checkbox"/>
	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. <input type="checkbox"/>

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 |

Attach your payment and Form IL-990-TV here.

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 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. Fiscal filers only. See instr.	26 _____	.00
27 Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27 _____	.00
28 Payments		
a Credit from 2012 overpayment.	28a _____	.00
b Total estimated payments.	28b _____	.00
c Form IL-505-B (extension) payment.	28c _____	.00
d Gambling withholding. Attach Form(s) W-2G.	28d _____	.00
29 Total payments. Add Lines 28a through 28d.	29 _____	.00
30 Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30 _____	.00
31 Amount to be credited to 2014.	31 _____	.00
32 Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32 _____	.00

33 Complete to direct deposit your refund

Routing Number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number	

34 Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34 _____	.00
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▶ If you owe tax on Line 34, 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	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
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**



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.