

Illinois Department of Revenue

2016 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 rate	in not for colondar year 2016, antar your finant tay year have			Enter the	amount you are paying.		
	is not for calendar year 2016, enter your fiscal tax year here.				you are paying.		
Tax year be	ginning 20, ending 20 month day year month day ye.	 ar					
For tax year	rs ending on or after December 31, 2016. For prior years, use		for	that year.	\$		
Step 1: Iden	tify your partnership		Н	Enter your fede	ral employer	identification no. (FEIN).	
A Enter you	r complete legal business name.						
If you hav	e a name change, check this box.		ı	☐ Check this	box if you a	re a member of a unitary	
Name:					•	ed on a Schedule UB,	
B Enter your	r mailing address.	_		Combined App	ortionment fo	or Unitary Business	
	s box if either of the following apply:					e member who prepared	
	your first return , or			the Schedule U	B and attac	h it to this return.	
-	ave an address change .						
C/O:			J	-		Industry Classification	
Mailing addr	ess:			System (NAICS	S) Code. See	e instructions.	
City:	State: ZIP:					· —— —	
C Chack the	e applicable box if one of the following applies.		K	-		code where your	
_		\		_	-	ot. (Use the two-letter	
LI FIISU	return L Final return (If final, enter the date dd d)		postal abbrevia	ilion, <i>e.g.</i> , il	., GA, etc.)	
D If this is a	final return because you sold this business, enter the date so			City		State Zip	
	/yyy) , and the new owner's FEIN.	nu -	L	If you are makin	g the busine	ss income election to	
(IIIII dd)	yyyy) , and the new owner 31 Env.					as business income,	
E Chasial A	Appartianment Formulae If you use a special enpartianment					on Lines 36 and 44.	
-	Apportionment Formulas. If you use a special apportionment sheck the appropriate box and see Special Apportionment	l .	M	-	-	following, check the box	
	nstructions.					n(s) to this return.	
_	cial organizations Transportation companies			Federal Fo	rm 8886	Federal Sch. M-3,	
	rally regulated exchanges					Part II, Line 10	
	s box if you are:				-	ned Form IL-4562.	
_	ified as an investment partnership		0	O Check this box if you attached Illinois			
	ified as a publicly-traded partnership		Schedule M (for businesses).				
	s box if you made an IRC § 761 election.		P Check this box if you attached Schedule 80/20.				
			Q	Check this box	if you attach	ed Schedule 1299-A.	
•	igure your ordinary income or loss					(Whole dollars only)	
▼	ry income or loss, or equivalent from federal Schedule K.				1_	•00	
2 Net inc	ome or loss from all rental real estate activities.					•00	
>	ome or loss from other rental activities.					•00	
ழ் 4 Portfolio	o income or loss.					•00	
S Net IRC	C Section 1231 gain or loss.				5 _	<u>•00</u>	
e b All othe	er items of income or loss that were not included in the computer				•	22	
-	of U.S. Form 1065 or 1065-B. See instructions. Identify:					•00	
	nes 1 through 6. This is your ordinary income or loss.					<u>•00</u>	
- -	igure your unmodified base income or loss						
	ble contributions.					•00	
ξ .	se deduction under IRC Section 179.					•00	
ទ្ធ 10 Interest	t on investment indebtedness.		_			<u>•00</u>	
	er items of expense that were not deducted in the computation		-				
	of U.S. Form 1065 or 1065-B. See instructions. Identify:					•00	
	nes 8 through 11.					•00	
13 Subtrac	ct Line 12 from Line 7. This amount is your total unmodified ba	ise incom	ne or	loss.	13 _	<u>•00</u>	



DR_____

Step	4: Figure your income or loss							
14	Enter your unmodified base income or loss from Line 13.		14	<u>•00</u>				
15	State, municipal, and other interest income excluded from Line 14.		15	<u>•00</u>				
16	Illinois replacement tax deducted in arriving at Line 14.	16	<u>•00</u>					
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	<u>•00</u>					
18	Related-party expenses addition. Attach Schedule 80/20.	18	<u>•00</u>					
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		19	<u>•00</u>				
20	Guaranteed payments to partners from U.S. Form 1065 or 1065-B.		20	<u>•00</u>				
21	The amount of loss distributable to a partner subject to replacement tax. Atta	ch Schedule B.	21	<u></u> • <u>00</u>				
22	Other additions. Attach Illinois Schedule M (for businesses).		22	<u>•00</u>				
23	Add Lines 14 through 22. This amount is your income or loss.		23	<u>•00</u>				
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	<u>•00</u>					
26	$\label{personal} \mbox{Personal service income or reasonable allowance for compensation of partners.}$	Personal service income or reasonable allowance for compensation of partners. 26						
27		.=						
00	Attach Schedule B.	27						
28		28						
29	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	29 30						
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.							
31	Related-party expenses subtraction. Attach Schedule 80/20.	<u></u>						
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	•00						
33	Other subtractions. Attach Schedule M (for businesses).	33		00				
34	Total subtractions. Add Lines 24 through 33.		34					
35	Base income or loss. Subtract Line 34 from Line 23.		35 <u> </u>	<u>•00</u>				
STO	A If the amount on Line 35 is derived inside Illinois only, check this be on Step 7, Line 47. You may not complete Step 6. (You must leave 5 B If any portion of the amount on Line 35 is derived outside Illinois, See instructions. (If you are a unitary filer, you must complete Line	Step 6, Lines 36	through 46 blank.) and complete <u>all lines</u> of Ste					
Ste	ep 6: Figure your income allocable to Illinois (Complete only if you ch	ecked the box or	n 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, poschedule UB, S corporations, trusts, or estates. See Instructions.	artnerships inclu	ded on a 37	• <u>00</u>				
38	Add Lines 36 and 37.		38	<u>•00</u>				
39	Business income or loss. Subtract Line 38 from Line 35.		39	<u>•00</u>				
40	Total sales everywhere. This amount cannot be negative.	40	<u>•00</u>					
41	Total sales inside Illinois. This amount cannot be negative.	41	<u>•00</u>					
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	<u>•00</u>				
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		44	<u>•00</u>				
45	Business income or loss apportionable to Illinois from non-unitary partnerships a Schedule UB, S corporations, trusts, or estates. See instructions.	s, partnerships ir	ncluded on 45	•00				
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.		46					

Step 7	: Figure your net income				
-	Base income or net loss from St	ep 5, Line 35, or Step 6, Line		47	•00
			s zero or a negative amount, enter		
49	Income after NLD. Subtract Line			49	
50	Enter the amount from Step 5, L	ine 35.		50	•00
51	•		ces. This figure cannot be greater th	an "1.") 51	
52	Exemption allowance. Multiply Li	·	•	52	
	Net income. Subtract Line 52 from		•	53	
Step 8	B: Figure your net replacem	ent tax and pass-through	n withholding payments you o	we	
54	Replacement tax. Multiply Line 5	3 by 1.5% (.015).		54	•00
55	Recapture of investment credits.	Attach Schedule 4255.		55	<u>•00</u>
56	Replacement tax before investm	ent credits. Add Lines 54 and	55.	56	<u>•00</u>
57	Investment credits. Attach Form	IL-477.		57	<u>•00</u>
58	Net replacement tax. Subtract	ine 57 from Line 56. If the ar	nount is negative, enter "0."	58	<u>•00</u>
59	Pass-through withholding payme Schedule B, Section A, Line 9. S	-	r members. Enter the amount from	59	•00
60			yments you owe. Add Line 58 and I		
			ymorno you onor and Emo oo and t		
•	: Figure your refund or bal	ance due			
01	Payments. See instructions.		C4 o	00	
	a Credit from prior year overpa		61a		
	b Form IL-505-B (extension) pa	-	61b	<u>•00</u>	
	c Pass-through withholding pay K-1-P or K-1-T. Attach School		61c	<u>•00</u>	
	$\label{eq:def:def:def:def} \textbf{d} \text{Illinois gambling withholding}.$	Attach Form(s) W-2G.	61d	<u>•00</u>	
	e Form IL-516-I prepayments.		61e	<u>•00</u>	
	f Form IL-516-B prepayments.		61f		
62	Total payments. Add Lines 61a t	nrough 61f.		62	<u>•00</u>
63	Overpayment. If Line 62 is great		60 from Line 62.	63	
_	Amount to be credited forward .			• 64	
65	Refund. Subtract Line 64 from L	ine 63. This is the amount to	be refunded.	65	• <u>00</u>
66	Routing Number Account Number	ır refund	Checking or Savings		
67	Tax Due. If Line 60 is greater that	an Line 62, subtract Line 62 f	rom Line 60. This is the amount you	owe. 67	<u>•00</u>
•	or money order and make it paya	ble to "Illinois Department of	L-1065-V. Write your FEIN, tax year of Revenue." Attach your voucher and ment on the top of Page 1 in the	payment to the first p	
	0: Sign here penalties of perjury, I state that I	nave examined this return and	d, to the best of my knowledge, it is	true, correct, and cor	mplete.
	e of partner Date		()	Check this box if the discuss this return preparer shown in the control of the co	with the paid
Signatur	e of paid preparer Date	Paid preparer's	PTIN		
Paid pre		Address enclosed, mail this return to: partment of Revenue	If a payment is enclose Illinois Departmer P.O. Box 19053		 :
		I, IL 62794-9031	Springfield, IL 62	794-9053	



Illinois Department of Revenue 2016 Schedule B Partners' or Shareholders' Information



Year ending

Month Year

IL Attachment no. 1

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

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

Enter your federal employer identification nu	mber (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.

Add Line 4 through Line 8. 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, Column J for all nonresident partners or shareholders on all

pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. 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)



1

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)

Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.

2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a 3 check mark in Column D. Enter the total here. See instructions. 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, Column J for your nonresident individual members. See instructions. 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident 5 estate members. See instructions. Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust 7 members. See instructions. Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation 8 members. See instructions.

9

9





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

Enter your federal employer identification number (FEIN).

Section B	: Member	s' informa	ation (See i	ion (See instructions before completing.)							
	A Name and Address		Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	E Member's distributable amount of base income or loss	F Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits s blank, complete Column C	Distributable share of credits	Pass-through withholding payment amount
1 Name								(II Column F I	in Column G thr	ough Column J.)	nse, enter zero
C/O											
Addr. 1											
Addr. 2			_								
City		State Zip			Ш						
2 Name											
City					_ 🗆 _						
City					🔲						
		State Zip									
Oity		State Zip			⊔						
5 Name											
City		State 7in			U						

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