

Illinois Department of Revenue

2016 Schedule K-1-P(3) for Nonresident Members

Pass-through Withholding Calculation

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To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Month Year

Read	thie	infor	matior	ı firet:

- For tax year ending on or after December 31, 2016, only.
- You must complete Schedule K-1-P(3) for each of your nonresident partners or shareholders who have not submitted a Form IL-1000-E to you.
- Do not complete Schedule K-1-P(3) for any member who is a resident or who has submitted Form IL-1000-E to you.

	we→ Keep this schedule with your income tax records. You must send us this information if we report in the propertion if we report in the propertion if we report in the properties with	equest it.
1	Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. 2 Enter your federal employer identific	cation number (FEIN).
	ep 2: Identify your nonresident partner or shareholder	
5	Name Social Security number or FEIN Check the appropriate box to identify this nonresident partner's or shareholder's organization type. individual corporation trust partnership S corporation estate	
	ep 3: Figure your nonresident partner's or shareholder's pass-thronger If this member is a resident or has submitted Form IL-1000-E to you, do not complete this schedule for	9
6	Add the amounts from this member's Schedule K-1-P, Step 3, Column B, Lines 12 through 17 and 19 enter the total here. This is your member's share of nonbusiness income allocable to Illinois before modifications and credits. See instructions before completing. Add the amounts from this member's Schedule K-1-P, Step 4, Column B, Lines 20 through 27 and 29 through 31 and enter the total here. This is your member's share of business income allocable to Illino before modifications and credits. See instructions before completing.	and 6
	Add Line 6 and Line 7 and enter the result. Add the amounts from this member's Schedule K-1-P, Column B, Lines 32 through 37 and enter the to here. This is your member's share of additions allocable to Illinois.	8 otal 9
1	Add Line 8 and Line 9 and enter the result. Add the amounts from this member's Schedule K-1-P, Column B, Lines 38a through 47 and enter the If this member is an individual, partnership, trust, or estate and received Illinois August 1, 1969, appre amounts from you, see instructions. This is your member's share of subtractions allocable to Illinois.	eciation 11
	Subtract Line 11 from Line 10. If negative, enter zero. This is your member's share of Illinois incom subject to pass-through withholding. See instructions. If this member is a nonresident individual or estate, enter "0" on Lines 13 through 15 and 15 an	12
	Replacement tax before credits. If this member is a partnership, S corporation, or nonresident trust, multiply Line 12 by 1.5% (.015) and enter the rescorporation, multiply Line 12 by 2.5% (.025) and enter the result.	
4	Enter the amount of Illinois replacement tax investment credits passed to this member and available for use this year.	or 14
5	Subtract Line 14 from Line 13. If negative, enter zero. This is your member's share of replacement after credits.	tax 15
Vc	<u>ote</u> If this member is a nonresident partnership or S corporation, enter "0" on Lines 16 thro	ugh 18 and go to Line 19.
6	Income Tax before credits. If this member is a(n) nonresident individual, estate, or trust, multiply Line 12 by 3.75% (.0375) and enter the result. See corporation, multiply Line 12 by 5.25% (.0525) and enter the result. See instructions.	e instr. 16
	Enter the amount of Illinois income tax credits passed to this member and available for use this year. See instructions.	17
8	Subtract Line 17 from Line 16. If negative, enter zero. This is your member's share of income tax after credits.	18
	Add Lines 15 and 18 and enter the result. This is your member's total pass-through withholding paymer Report this amount on this member's Schedule K-1-P, Step 7, Line 54. You must also report this amount on your Form IL-1065 or Form IL-1120-ST, Schedule B, Section B, Column J, on the line which reports this member's amounts. Keep a copy of this schedule for each member with your income tax records. Do not send Sch	s e 19