| 55 | Illinois Department of Revenue Pass-through Withholding Calc | ulation | Year e | nding |
|---|---|-------------------|--------|-------|
| $\langle \langle $ | 2017 Schedule K-1-P(3) for Nonresident Members | | | |
| ζ | To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST | | Month | Year |
| Read this information first: | | | | |
| • For tax years ending on or after December 31, 2017, and before December 31, 2018. | | | | |
| 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. | | | | |
| <u>=</u> No | $\underline{te} \rightarrow$ Keep this schedule with your income tax records. You must send us this information if we req | - | | |
| Step 1: Identify your partnership or S corporation | | | | |
| 1 | Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. 2 Enter your federal employer identification | on number (FF | IN). | |
| Step 2: Identify your nonresident partner or shareholder | | | | |
| 3 | 4 | | | |
| 5 | Name Social Security number or FEIN Check the appropriate box to identify this nonresident partner's or shareholder's organization type. | | | |
| 5 | \square individual \square corporation \square trust | | | |
| | □ partnership □ S corporation □ estate | | | |
| Step 3: Figure your nonresident partner's or shareholder's pass-through withholding | | | | |
| <i>ENote</i> → If this member is a resident or has submitted Form IL-1000-E to you, do not complete this schedule for this member. | | | | |
| 6 | Add the amounts from this member's Schedule K-1-P, Step 3, Column B, Lines 12 through 17 and 19 and | b | | |
| | enter the total here. This is your member's share of nonbusiness income allocable to Illinois before modifications and credits. See instructions before completing. | 6 | | |
| 7 | Add the amounts from this member's Schedule K-1-P, Step 4, Column B, Lines 20 through 27 and 29 | 0 | | |
| ' | through 31 and enter the total here. This is your member's share of business income allocable to Illinois | | | |
| | before modifications and credits. See instructions before completing. | 7 | | |
| 8 | Add Line 6 and Line 7 and enter the result. | • <u> </u> | | |
| 9 | Add the amounts from this member's Schedule K-1-P, Column B, Lines 32 through 37 and enter the total | 0 | | |
| 10 | here. This is your member's share of additions allocable to Illinois. Add Line 8 and Line 9 and enter the result. | 9 <u> </u> | | |
| | Add the amounts from this member's Schedule K-1-P, Column B, Lines 38a through 47 and enter the tota | | | |
| | If this member is an individual, partnership, trust, or estate and received Illinois August 1, 1969, apprecia | tion | | |
| 10 | amounts from you, see instructions. This is your member's share of subtractions allocable to Illinois. | 11 | | |
| 12 | Subtract Line 11 from Line 10. If negative, enter zero. This is your member's share of Illinois income subject to pass-through withholding. See instructions. | 12 | | |
| <u>=</u> Nc | $\overline{te-3}$ If this member is a nonresident individual or estate, enter "0" on Lines 13 through 15 and g | | 6. | |
| 13 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 result | | | |
| | corporation, multiply Line 12 by 2.5% (.025) and enter the result. | 13 | | |
| 14 | Enter the amount of Illinois replacement tax investment credits passed to this member and available for use this year. | 14 | | |
| 15 | Subtract Line 14 from Line 13. If negative, enter zero. This is your member's share of replacement tax | | | |
| after credits | | | | |
| | Income Tax before credits. If this member is a(n) | ii io anu gu | | 13. |
| 10 | nonresident individual, estate, or trust, multiply Line 12 by 4.95% (.0495) and enter the result. See in | str. | | |
| | corporation, multiply Line 12 by 7.0% (.07) and enter the result. See instructions. | 16 | | |
| 17 | Enter the amount of Illinois income tax credits passed to this member and available for use this year. | | | |
| 18 | See instructions. Subtract Line 17 from Line 16. If negative, enter zero. This is your member's share of income tax | 17 | | |
| | after credits. | 18 | | |
| 19 | Add Lines 15 and 18 and enter the result. This is your member's total pass-through withholding payment. | | | |
| | 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. | 19 | | |
| ► Keep a copy of this schedule for each member with your income tax records. Do not send Schedule K-1-P(3) to your members | | | | |
| or submit it to the Department unless we specifically request it from you. | | | | |

