



Illinois Composite Income and Replacement Tax Return

1998 IL-1023-C

or fiscal year beginning ___/___, 1998, ending ___/___, 199__.

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

Do not write above this line.

Name of partnership or S corporation

Federal employer identification number (FEIN) 666 Seq. code

In care of

Check all that apply.

Name or address change First return Final return

Mailing address

Partners or shareholders included are (check only one):

Trusts/individuals/estates Individuals/estates only

City State ZIP

Part 1 - Figure the composite income and income tax

- 1 Write the amount of modified base income allocable to Illinois by the partnership or S corporation.
2 Write the total percentage of ownership for all members included in this composite return.
3 Multiply Line 1 by Line 2. This is the composite income apportionable and allocable to Illinois.
4 Total income tax. Multiply Line 3 by 3% (.03). Write the total here and on Part 3, Line 7.

Part 2 - Figure the replacement tax (Complete only if this return includes any trust members.)

- 5 Write the amount of composite income included in Part 1, Line 3 that is subject to replacement tax.
6 Total replacement tax. Multiply Line 5 by 1.5% (.015). Write the result here and on Part 3, Line 8.

Part 3 - Figure the total tax

- 7 Write the total income tax amount from Part 1, Line 4.
8 Write the total replacement tax amount from Part 2, Line 6.
9 Add Lines 7 and 8. This is the total amount of income and replacement tax.
10 Write the total amount prepaid on Form IL-1023-CES, plus any credit from your 1997 IL-1023-C.
11 Overpayment. If Line 10 is greater than Line 9, subtract Line 9 from Line 10. If not, go to Line 13.
12 Write the amount of overpayment you want credited to your 1999 composite tax.
13 Tax due. If Line 9 is greater than Line 10, subtract Line 10 from Line 9. Pay this amount. Make your check or money order payable to "Illinois Department of Revenue."

Part 4 - Sign below

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 and that each of the qualifying partners or shareholders is aware of, and do comply with, the rules and regulations set forth and made binding by this composite return.

Signature of authorized agent Title Date Phone

Preparer must complete the following information.

Signature of preparer Date Check if self-employed

Preparer's firm's name (or preparer if self-employed) Preparer's Social Security number or FEIN

Address (firm's or preparer's if self-employed) ZIP Phone

Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

FI TI NS XX ME DR PA AL CR Clk. ID

