



Illinois Department of Revenue
2000 Form IL-990-T

Illinois Exempt Organization
Income and Replacement
Tax Return

or fiscal year beginning ___/___/2000, ending ___/___/20___.

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

Do not write above this line.

Name _____

_____-____-____-____-____-____
 Federal employer identification number (FEIN)

C/O or name of trust's fiduciary _____

Check all that apply.

Name or address change First return Final return

If final, write the date discontinued or sold ___/___/___

Mailing address _____

Indicate if you are taxed as a: Corporation Trust

City _____ State _____ ZIP _____

Nature of unrelated trade or business: _____

Part I

1 Unrelated business taxable income or loss (See instructions.)	1 _____
2 Illinois income and replacement tax deducted in arriving at Line 1 above	2 _____
3 Base income or loss. Add Lines 1 and 2. If base income or loss is derived solely inside Illinois or the trust is an Illinois resident, write this amount on Part III, Line 1; otherwise, continue to Part II.	3 _____

Part II

1 Partnership, trust, or estate business income or loss included in Part 1, Line 3. (See instructions.)	1 _____
2 Business income or loss. Subtract Line 1 from Part I, Line 3.	2 _____
3 Business income apportionment formula	
a Total sales everywhere	3a _____
b Total sales within Illinois	3b _____
c Apportionment factor. Divide Line 3b by Line 3a. (Carry to six decimal places.)	3c _____
4 Base income or net loss apportionable to Illinois. Multiply Line 2 by Line 3c.	4 _____
5 Partnership, trust, or estate business income or loss apportionable to Illinois (See instructions.)	5 _____
6 Base income or net loss allocable to Illinois. Add Lines 4 and 5. Write here and on Part III, Line 1.	6 _____

Part III

1 Base income or loss from Part I, Line 3 or Part II, Line 6	1 _____
2 a Replacement tax. Corporations should multiply Line 1 by 2.5%; otherwise 1.5%. 2a _____	
b Recapture of investment credits from Schedule 4255 (See instructions.) 2b _____	
3 Total replacement tax before investment credits. Add Lines 2a and 2b.	3 _____
4 Investment credits from IL-477, Part I, Line 11. (Attach Form IL-477, see instructions.)	4 _____
5 Net replacement tax. Subtract Line 4 from Line 3 (cannot be less than zero).	5 _____

Part IV

1 a Income tax. Corporations should multiply Part III, Line 1 by 4.8%; otherwise 3%. 1a _____	
b Recapture of investment credits from Schedule 4255 (See instructions.) 1b _____	
2 Total income tax before credits. Add Lines 1a and 1b.	2 _____
3 a Income tax credits from Schedule 1299-D (Attach Schedule 1299-D, see instructions.) 3a _____	
b Credit for replacement tax paid from worksheet (See instructions.) 3b _____	
c Carryforward of credit for replacement tax paid (See instructions.) 3c _____	
4 Total credits. Add Lines 3a through Line 3c.	4 _____
5 Net income tax. Subtract Line 4 from Line 2 (cannot be less than zero).	5 _____
6 Total net income and replacement tax. Add Part III, Line 5 and Part IV, Line 5.	6 _____
7 a Estimated tax payments. Include any 1999 overpayment credited to 2000 tax. 7a _____	
b Tax paid with Form IL-505-B 7b _____	
8 Total payments and credit. Add Lines 7a and 7b.	8 _____
9 Overpayment. Subtract Line 6 from Line 8.	9 _____
a Write the amount of overpayment to be credited to 2001. 9a _____	
10 Tax due. Subtract Line 8 from Line 6. This is your balance of tax due (see instructions). Pay in full if \$1 or more. 10 _____	

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.

Do not write in this box.

_____/____/____
 Signature of authorized officer Date

(____)_____
 Phone

_____/____/____
 Signature of preparer Date

 Preparer's SSN, FEIN, or PTIN

Check if self-employed

Preparer firm's name (or preparer if self-employed) _____ Address (firm's or preparer's if self-employed) _____ Phone (____)_____

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

NS TS ME IM NT FI XX PB _____ PZ _____ AL _____ DR _____ ID _____



