

## Composite Income and Replacement Tax Return

or fiscal year beginning \_\_\_\_ /\_\_\_, 2003, ending \_\_\_\_ /\_\_\_, 20\_\_\_\_.

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

		Do not write above this line.	
Name of partnership or S corporation		-    Federal employer identification r	666 sumber (FEIN) Seq. code
Name of partnership of 5 corporation			
In care of		-         Hillinois business tax (IBT) numbe	 er
		Check all that apply.	
Mailing address		Name or address change	e 🗌 First return 🔲 Final return
City SI	tate ZIP	Partners or shareholders inc	luded are (check only one):
Check the return you filed  Form IL-1065	Form IL-1120-ST		Individuals/estates only
Part 1 — Figure the composite inco	ome and income tax	(	
1 a Write the amount of modified base income		oration. <b>1a</b>	_
<b>b</b> Write the total percentage of ownership for	resident members in this		
composite return. ( <b>Stop</b> - see instructions.)		1b	%
c Multiply Line 1a by Line 1b. Write the result			1c
<b>a</b> Write the amount of modified base income		2a	_
<b>b</b> Write the total percentage of ownership for	nonresident members in this		
composite return.	h	2b	% <b>3</b> -
c Multiply Line 2a by Line 2b. Write the result			2c
3 Add Lines 1c and 2c. This is the composite ind		Deut O. Line 7	3
4 Total income tax. Multiply Line 3 by 3% (.03).	write the total here and on F	Part 3, Line 7.	4
Part 3 — Figure the total tax  7 Write the total income tax amount from Part 1  8 Write the total replacement tax amount from F  9 Add Lines 7 and 8. This is the total amount of  10 Write the total amount paid on Form IL-1023-0  11 Overpayment. If Line 10 is greater than Line 9  12 Write the amount of overpayment you want or  13 Tax due. If Line 9 is greater than Line 10, subt tax due. Make your check or money order p	, Line 4. Part 2, Line 6. income and replacement ta CES. Include any 2002 over b, subtract Line 9 from Line 2 redited to your 2004 composeract Line 10 from Line 9. Th	x. payment credited to 2003 tax. 10. If not, go to Line 13. site tax. is is your balance of	7   8   9   10   11   12   13
Part 4 — Sign below			Do not write in this box.
Under penalties of perjury, I state that I have exar correct, and complete and that each of the qualify the rules and regulations set forth and made bind	ring partners or shareholders	s is aware of, and complies with,	
	1 1	( )	
Signature of authorized agent	// 	Phone '	Check if self-
	// 		employed -
Signature of preparer	Date	Preparer's SSN, FEIN, or PTIN	
Preparer firm's name (or preparer if self-employed)	Address (firm's or preparer's if self-	employed) (_	) lone
	355 (IIIII 6 5) property 3 il 36il-		
Mail this return to: Illinois De	partment of Revenue, I	P.O. Box 19009, Springfield, IL	. 62794-9009 🚄
FI NS XX ME	DR	AL CR	ID

