



# Illinois Department of Revenue 2006 Form IL-1023-C

## Composite Income and Replacement Tax Return

or fiscal year beginning \_\_\_\_\_, 2006, 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 number (FEIN) \_\_\_\_\_

666  
Seq. code

In care of \_\_\_\_\_

Illinois business tax (IBT) number \_\_\_\_\_

Mailing address \_\_\_\_\_

Check all that apply.

Name or address change  First return  Final return

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Partners or shareholders included are (check only one):

Check the return you filed  Form IL-1065  Form IL-1120-ST

Trusts/individuals/estates  Individuals/estates only

### Step 1: Figure the composite income and income tax

- 1 a Write the amount of modified base income of the partnership or S corporation. **1a** \_\_\_\_\_
- b Write the total percentage of ownership for resident members in this composite return. (**Stop** - see instructions.) **1b** \_\_\_\_\_ %
- c Multiply Line 1a by Line 1b. Write the result here. **1c** \_\_\_\_\_
- 2 a Write the amount of modified base income allocable to Illinois. **2a** \_\_\_\_\_
- b Write the total percentage of ownership for nonresident members in this composite return. **2b** \_\_\_\_\_ %
- c Multiply Line 2a by Line 2b. Write the result here. **2c** \_\_\_\_\_
- 3 Add Lines 1c and 2c. This is the composite income. **3** \_\_\_\_\_
- 4 Total income tax. Multiply Line 3 by 3% (.03). Write the total here and on Step 3, Line 7. **4** \_\_\_\_\_

### Step 2: Figure the replacement tax (Complete only if this return includes any trust members.)

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

### Step 3: Figure the total tax

- 7 Write the total income tax amount from Step 1, Line 4. **7** \_\_\_\_\_
- 8 Write the total replacement tax amount from Step 2, Line 6. **8** \_\_\_\_\_
- 9 Add Lines 7 and 8. This is the total amount of income and replacement tax. **9** \_\_\_\_\_
- 10 Write the total amount prepaid on Form IL-1023-CES, plus any credit from your 2005 IL-1023-C. **10** \_\_\_\_\_
- 11 Overpayment. If Line 10 is greater than Line 9, subtract Line 9 from Line 10. If not, go to Line 13. **11** \_\_\_\_\_
- 12 Write the amount of overpayment you want **credited to your 2007** composite tax. **12** \_\_\_\_\_
- 13 Tax due. If Line 9 is greater than Line 10, subtract Line 10 from Line 9. This is your balance of tax due. **13** \_\_\_\_\_

**\*\*Make your check or money order payable to "Illinois Department of Revenue" \*\***

### Step 4: Sign below

Do not write in this box.

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 complies with, the rules and regulations set forth and made binding by this composite return.

Signature of authorized agent \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
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** ◀

FI \_\_\_\_\_ NS \_\_\_\_\_ XX \_\_\_\_\_ ME \_\_\_\_\_ DR \_\_\_\_\_ AL \_\_\_\_\_ CR \_\_\_\_\_ ID \_\_\_\_\_





# Schedule BC Composite Return Membership

Attach to your Form IL-1023-C

Year ending

\_\_\_\_ Month \_\_\_\_ Year

**IL Attachment no. 1**

Write your name as shown on your Form IL-1023-C.

Write your federal employer identification number (FEIN).

## Identify the members included in your composite return.

	A	B	C	D	E
	Name and Address	Social Security number or FEIN	Partner or Shareholder type (See instructions.)	Share of income or loss (%)	Check the box if the member is an Illinois resident and is included based on department-approved petition.
1	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
2	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
3	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
4	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
5	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
6	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
7	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
8	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>
9	_____ _____ _____	_____	_____	_____	<input type="checkbox"/>