



Illinois Department of Revenue

2010 Form IL-1023-C

Composite Income and Replacement Tax Return

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

If this return is not for calendar year 2010, write your fiscal tax year here.

Tax year beginning _____ 2010, ending _____ 20____
month day month day year

Write the amount you are paying.
\$ _____

Step 1: Provide the following information

A Write your complete legal business name.
If you have a name change check this box.

Name: _____

B If you have an address change or this is a first return, check this box and complete the following information.

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Check the box if one of the following apply.

first return final return (If final, write the date. _____)

D Write your federal employer identification no. (FEIN).

____ - _____ 6 6 6
Seq. code

E Check the box that identifies the return you filed.

Form IL-1065

Form IL-1120-ST

F Check if the partners or shareholders included are trust members.

G Check if the partners or shareholders included are individuals and/or estate members only.

Step 2: Figure your income and net income tax

1 a Modified base income of the partnership or S corporation.	1a _____	.00
b Total percentage of ownership for resident members. (Write the percentage as a decimal and carry to six decimal places)	1b _____	
c Multiply Line 1a by Line 1b.	1c _____	.00
2 a Modified base income allocable to Illinois.	2a _____	.00
b Total percentage of ownership for nonresident members. (Write the percentage as a decimal and carry to six decimal places)	2b _____	
c Multiply Line 2a by Line 2b.	2c _____	.00
3 Add Lines 1c and 2c. This amount is your income.	3 _____	.00
4 Income tax. Multiply Line 3 by 3% (.03).	4 _____	.00
5 Recapture of investment credits. Attach Schedule 4255.	5 _____	.00
6 Income tax before investment credits. Add Lines 4 and 5.	6 _____	.00
7 Income tax credits. Attach Schedule 1299-A. (See instructions.)	7 _____	.00
8 Net income tax. Subtract Line 7 from Line 6.	8 _____	.00

Step 3: Figure your net replacement tax (Complete only if this return includes any trust members.)

9 Income included in Line 3 that is subject to replacement tax.	9 _____	.00
10 Replacement tax. Multiply Line 9 by 1.5% (.015).	10 _____	.00
11 Recapture of investment credits. Attach Schedule 4255.	11 _____	.00
12 Replacement tax before investment credits. Add Lines 10 and 11.	12 _____	.00
13 Investment credits. Attach Form IL-477.	13 _____	.00
14 Net replacement tax. Subtract Line 13 from Line 12.	14 _____	.00





Step 4: Figure your refund or balance due

15 Total net income and replacement taxes. Add Lines 8 and 14.	15 _____ .00
16 Payments.	
a Credit from 2009 overpayment.	16a _____ .00
b Form IL-1023-CES payments.	16b _____ .00
c Form IL-505-B (extension) payment.	16c _____ .00
d Pass-through entity payments. Attach Schedule(s) K-1-P and K-1-T.	16d _____ .00
17 Total payments. Add Lines 16a through 16d.	17 _____ .00
18 Overpayment. If Line 17 is greater than Line 15, subtract Line 15 from Line 17.	18 _____ .00
19 Amount to be credited to 2011.	19 _____ .00 ◆
20 Refund. Subtract Line 19 from Line 18. This is the amount to be refunded.	20 _____ .00
21 Tax due. If Line 15 is greater than Line 17, subtract Line 17 from Line 15. This is the amount you owe.	21 _____ .00

▶ **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this return.** ◀
Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 5: Sign here

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	Title	(_____)_____ Phone
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
Preparer firm's name (or yours, if self-employed)	Address	(_____)_____ Phone	

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





Schedule BC

Attach to your Form IL-1023-C

Composite Return Membership

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	F
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.	Pass-through entity payment amount. (See instructions.)
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"/>	_____

