



2011 Form IL-1065 Partnership 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 2011, write your fiscal tax year here.

Tax year beginning 2011, ending 2011

Write the amount you are paying. \$

Step 1: Identify your partnership

- A Write your complete legal business name.
B If you have an address change or this is a first return, check this box and complete the following information.
C Check the box if one of the following apply.
D If this is a final return because you sold this business, write the date sold
E Special Apportionment Formulas.
F Check the box if you are classified as an investment partnership.
G Check the box if you made an IRC § 761 election.

- H Write your federal employer identification no. (FEIN).
I Check the box if you are a member of a unitary business group...
J Write your North American Industry Classification System Code (NAICS).
K Write the city, state, and zip code where your accounting records are kept.
L If you are making the business income election to treat all nonbusiness income as business income...
M If you have completed the following federal forms...
N Check the box if you attached Form IL-4562.
O Check the box if you attached Illinois Schedule M (for businesses).
P Check the box if you attached Schedule 80/20.
Q Check the box if you attached Schedule 1299-A.

Step 2: Figure your ordinary income or loss

Table with 2 columns: Description of income/loss and Amount. Rows 1-7 detailing ordinary income or loss components.

If you owe tax on Line 64, make your check payable to "Illinois Department of Revenue" and attach it to this page.

Special Note Write the amount of your payment on the top of this page in the space provided.

Write the amount from Page 1, Line 7.

7 \_\_\_\_\_ .00

### Step 3: Figure your unmodified base income or loss

- 8 Charitable contributions. 8 \_\_\_\_\_ .00
- 9 Expense deduction under IRC Section 179. 9 \_\_\_\_\_ .00
- 10 Interest on investment indebtedness. 10 \_\_\_\_\_ .00
- 11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: \_\_\_\_\_ 11 \_\_\_\_\_ .00
- 12 Add Lines 8 through 11. 12 \_\_\_\_\_ .00
- 13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss. 13 \_\_\_\_\_ .00

### Step 4: Figure your income or loss

- 14 Write your unmodified base income or loss from Line 13. 14 \_\_\_\_\_ .00
- 15 State, municipal, and other interest income excluded from Line 14. 15 \_\_\_\_\_ .00
- 16 Illinois replacement tax deducted in arriving at Line 14. 16 \_\_\_\_\_ .00
- 17 Illinois Special Depreciation addition. **Attach** Form IL-4562. 17 \_\_\_\_\_ .00
- 18 Related-party expenses addition. **Attach** Schedule 80/20. 18 \_\_\_\_\_ .00
- 19 Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T. 19 \_\_\_\_\_ .00
- 20 Guaranteed payments to partners from U.S. Form 1065. 20 \_\_\_\_\_ .00
- 21 The amount of loss distributable to a partner subject to replacement tax. **Attach** Schedule B. 21 \_\_\_\_\_ .00
- 22 Other additions. **Attach** Illinois Schedule M (for businesses). 22 \_\_\_\_\_ .00
- 23 Add Lines 14 through 22. This amount is your income or loss. 23 \_\_\_\_\_ .00

### Step 5: Figure your Illinois base income or net loss

- 24 Interest income from U.S. Treasury obligations or other exempt federal obligations. 24 \_\_\_\_\_ .00
- 25 August 1, 1969, valuation limitation amount. **Attach** Schedule F. 25 \_\_\_\_\_ .00
- 26 Personal service income or reasonable allowance for compensation of partners. 26 \_\_\_\_\_ .00
- 27 Share of income distributable to a partner subject to replacement tax. **Attach** Schedule B. 27 \_\_\_\_\_ .00
- 28 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A. 28 \_\_\_\_\_ .00
- 29 High Impact Business Dividend subtraction. **Attach** Schedule 1299-A. 29 \_\_\_\_\_ .00
- 30 Illinois Special Depreciation subtraction. **Attach** Form IL-4562. 30 \_\_\_\_\_ .00
- 31 Related-party expenses subtraction. **Attach** Schedule 80/20. 31 \_\_\_\_\_ .00
- 32 Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T. 32 \_\_\_\_\_ .00
- 33 Other subtractions. **Attach** Schedule M (for businesses). 33 \_\_\_\_\_ .00
- 34 Total subtractions. Add Lines 24 through 33. 34 \_\_\_\_\_ .00
- 35 **Base income or net loss.** Subtract Line 34 from Line 23. 35 \_\_\_\_\_ .00



**If the amount on Line 35 is derived inside and outside Illinois, complete Step 6; otherwise go to Step 7.**

### Step 6: Figure your income allocable to Illinois

- 36 Nonbusiness income or loss. **Attach** Schedule NB. 36 \_\_\_\_\_ .00
- 37 Trust, estate, and non-unitary partnership business income or loss included in Line 35. 37 \_\_\_\_\_ .00
- 38 Add Lines 36 and 37. 38 \_\_\_\_\_ .00
- 39 Business income or loss. Subtract Line 38 from Line 35. 39 \_\_\_\_\_ .00
- 40 Total sales everywhere. This amount cannot be negative. 40 \_\_\_\_\_ .00
- 41 Total sales inside Illinois. This amount cannot be negative. 41 \_\_\_\_\_ .00
- 42 Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places). 42 \_\_\_\_\_ .







# Schedule B Partners' or Shareholders' Identification

Attach to your Form IL-1065 or Form IL-1120-ST

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

## Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. 2 \_\_\_\_\_

## Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

	A Name and Address	B SSN or FEIN	C Partner or Shareholder type (See instructions.)	D Total amount of base income (loss) distributable (See instr.)	E Member subject to Illinois replacement tax (See instr.)	F Pass-through entity payment amount (See instr.)	G Excluded from pass-through entity payments (See instr.)
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 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_