

Illinois Department of Revenue  
**2013 Form IL-1000** Pass-through Entity Payment  
 Income Tax Return

If this return is not for calendar year 2013, write your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small>	Write the amount you are paying. \$ _____
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**Read this information first:**

You must file Form IL-1000 if

- you are an S corporation, partnership, or a fiduciary with an Illinois filing obligation, and
- you have business income distributable to Illinois nonresident partners, shareholders, or beneficiaries who are not included on Form IL-1023-C, Illinois Composite Income and Replacement Tax Return, or
- you have business income distributable to Illinois nonresident partners, shareholders, or beneficiaries who have not provided

you with Form 1000-E, Certificate of Exemption for Pass-through Entity Payments.

**Note** Do not file Form IL-1000 if all of your nonresident partners, shareholders, and beneficiaries

- are included on a Form IL-1023-C,
- provided you with Form 1000-E, or
- are exempt organizations.

If you are an investment partnership as defined in the Illinois Income Tax Act, Section 1501(a)(11.5), you should not file Form IL-1000.

**Step 1: Identify your partnership, S corporation, or trust**

**A** Write your complete legal business name.

If you have a name change, check this box.

Name: \_\_\_\_\_

**B** Write your mailing address.

If you have an address change or this is a first return, check this box.

C/O: \_\_\_\_\_

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

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

**C** Write your federal employer identification number (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_ 5 5 5

**D** Check your entity type:

Partnership  S corporation  Trust

**E** Check this box if this is your final return.

Write the final date. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

**Step 2: Figure your payment amount**

<b>1</b> Write your total amount of business income apportioned to Illinois (cannot be less than zero). See Instructions. <b>Lines 2a through 5a</b> , write the amount of Illinois business income that is distributable to nonresident partners, shareholders, or beneficiaries. See instructions.	<b>1</b>				_____ .00
<b>2</b> Nonresident individuals and estates share of the amount on Line 1.	<b>2a</b>	_____	x .05 =	<b>2</b>	_____ .00
<b>3</b> Partnerships/S corporations share of the amount on Line 1.	<b>3a</b>	_____	x .015 =	<b>3</b>	_____ .00
<b>4</b> Nonresident trusts share of the amount on Line 1.	<b>4a</b>	_____	x .065 =	<b>4</b>	_____ .00
<b>5</b> Corporations share of the amount on Line 1.	<b>5a</b>	_____	x .095 =	<b>5</b>	_____ .00
<b>6</b> Add Lines 2 through 5.	<b>6</b>			<b>6</b>	_____ .00
<b>7</b> Write any pass-through entity payment from any Schedule(s) K-1-P or K-1-T you received and that you choose to apply toward your pass-through entity payment obligations. <b>Attach</b> Schedule(s) K-1-P and K-1-T.	<b>7</b>			<b>7</b>	_____ .00
<b>8</b> Write the amount of prepayments you made on Form IL-1000-P.	<b>8</b>			<b>8</b>	_____ .00
<b>9</b> Add Lines 7 and 8.	<b>9</b>			<b>9</b>	_____ .00
<b>10 Tax due.</b> Subtract Line 9 from Line 6.	<b>10</b>			<b>10</b>	_____ .00

▶ **Complete a payment voucher, Form IL-1000-V, make your check payable to "Illinois Department of Revenue" and attach them to this page.** ◀

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

**Step 3: 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.

Signature of partner, authorized officer, or fiduciary	Date	Title	(____) _____ Phone	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)	Address		(____) _____ Phone	

- ▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19017, Springfield, IL 62794-9017**
- ▶ If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

