

Step 4: Figure your income or loss

14 Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14 _____	.00
15 State, municipal, and other interest income excluded from Line 14.	15 _____	.00
16 Illinois replacement tax and surcharge 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 The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20 _____	.00
21 Other additions. Attach Illinois Schedule M (for businesses).	21 _____	.00
22 Add Lines 14 through 21. This amount is your income or loss.	22 _____	.00

Step 5: Figure your base income or loss

23 Interest income from U.S. Treasury obligations or other exempt federal obligations.	23 _____	.00
24 Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24 _____	.00
25 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25 _____	.00
26 River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26 _____	.00
27 High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27 _____	.00
28 High Impact Business Interest subtraction. Attach Schedule 1299-A.	28 _____	.00
29 Contribution 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 23 through 33.	34 _____	.00
35 Base income or loss. Subtract Line 34 from Line 22.	35 _____	.00



- A** If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) ☐
- B** If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42). ☐

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36 Nonbusiness income or loss. Attach Schedule NB.	36 _____	.00
37 Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	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 _____	
41 Total sales inside Illinois. This amount cannot be negative.	41 _____	
42 Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42 _____	
43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43 _____	.00
44 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44 _____	.00
45 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45 _____	.00
46 Base income or loss allocable to Illinois. Add Lines 43 through 45.	46 _____	.00



Step 7: Figure your net income

47 Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	_____	.00
48 Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	48	_____	.00
49 Adjusted base income or net loss. Add Lines 47 and 48.	49	_____	.00
50 Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter "0."	50	_____	.00
51 Net income. Subtract Line 50 from Line 49.	51	_____	.00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52 Replacement tax. Multiply Line 51 by 1.5% (.015).	52	_____	.00
53 Recapture of investment credits. Attach Schedule 4255.	53	_____	.00
54 Replacement tax before investment credits. Add Lines 52 and 53.	54	_____	.00
55 Investment credits. Attach Form IL-477.	55	_____	.00
56 Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	_____	.00
57 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	_____	.00
58 Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 8. See Instructions. Attach Schedule B.	58	_____	.00
59 Total net replacement tax, surcharge, and pass-through withholding payments you owe. Add Lines 56, 57, and 58.	59	_____	.00

Step 9: Figure your refund or balance due

60 Payments. See instructions.			
a Credit from prior year overpayments.	60a	_____	.00
b Form IL-505-B (extension) payment.	60b	_____	.00
c Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	60c	_____	.00
d Gambling withholding. Attach Form(s) W-2G.	60d	_____	.00
e Form IL-516-I prepayments.	60e	_____	.00
f Form IL-516-B prepayments.	60f	_____	.00
61 Total payments. Add Lines 60a through 60f.	61	_____	.00
62 Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	_____	.00
63 Amount to be credited forward . See instructions.	63	_____	.00
64 Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64	_____	.00

65 Complete to direct deposit your refund			
Routing Number			Checking or Savings
Account Number			

66 Tax Due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	_____	.00
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► If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: 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 authorized officer _____	Date _____	Title _____	Phone _____	Check this box if the Department may discuss this return with the paid preparer shown in this step. ☐
Signature of paid preparer _____	Date _____	Paid preparer's Social Security number or firm's FEIN _____		
Paid preparer's firm name _____	Address _____		Phone _____	

► If a payment is **not** enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

► If a payment is enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

**2015 Schedule B Partners' or Shareholders' Information**

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



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

Enter your federal employer identification number (FEIN).

**Read this information first**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners and shareholders before completing Section A of Schedule B.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners and shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- | | | | |
|----------|---|----------|-------|
| 1 | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. | 1 | _____ |
| 2 | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. | 2 | _____ |
| 3 | Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. | 3 | _____ |

Totals for nonresident partners and shareholders only (from Schedule B, Section B)

- | | | | |
|----------|--|----------|-------|
| 4 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual and estate members. See instructions. | 4 | _____ |
| 5 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. | 5 | _____ |
| 6 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. | 6 | _____ |
| 7 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. | 7 | _____ |
| 8 | Add Line 4 through Line 7. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. | 8 | _____ |



Illinois Department of Revenue
2015 Schedule B



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

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding payment amount
1 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			☐						
<i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>									
2 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			☐						
3 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			☐						
4 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			☐						
5 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			☐						

Note If you have more members than space provided, attach additional copies of this page as necessary.