



2016 Form IL-1065 Partnership Replacement Tax Return

See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

If this return is not for calendar year 2016, enter your fiscal tax year here.

Tax year beginning month day 20 year, ending month day 20 year

For tax years ending on or after December 31, 2016. For prior years, use the form for that year.

Enter the amount you are paying.

\$

Step 1: Identify your partnership

A Enter your complete legal business name.

If you have a name change, check this box.

Name:

B Enter your mailing address.

Check this box if either of the following apply:

- this is your first return, or
you have an address change.

C/O:

Mailing address:

City: State: ZIP:

C Check the applicable box if one of the following applies.

First return Final return (If final, enter the date. mm dd yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.

E Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box and see Special Apportionment Formula instructions.

- Financial organizations Transportation companies
Federally regulated exchanges

F Check this box if you are:

- classified as an investment partnership
classified as a publicly-traded partnership

G Check this box if you made an IRC § 761 election.

H Enter your federal employer identification no. (FEIN).

I Check this box if you are a member of a unitary business group and included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and attach it to this return.

J Enter your North American Industry Classification System (NAICS) Code. See instructions.

K Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

City State Zip

L If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44.

M If you have completed the following, check the box and attach the federal form(s) to this return.

- Federal Form 8886 Federal Sch. M-3, Part II, Line 10

N Check this box if you attached Form IL-4562.

O Check this box if you attached Illinois Schedule M (for businesses).

P Check this box if you attached Schedule 80/20.

Q Check this box if you attached Schedule 1299-A.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

Table with 2 columns: Description (1-7) and Amount (Whole dollars only). Rows include Ordinary income or loss, Net income or loss from rental activities, Portfolio income or loss, Net IRC Section 1231 gain or loss, and All other items of income or loss.

Step 3: Figure your unmodified base income or loss

Table with 2 columns: Description (8-13) and Amount (Whole dollars only). Rows include Charitable contributions, Expense deduction under IRC Section 179, Interest on investment indebtedness, All other items of expense that were not deducted, and Subtract Line 12 from Line 7.

Attach your payment and Form IL-1065-V here.



Step 4: Figure your income or loss

| | | | | |
|----|---|----|-------|-----|
| 14 | Enter 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 or 1065-B. | 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 base income or loss

| | | | | |
|----|--|----|-------|-----|
| 24 | Interest income from U.S. Treasury 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 | 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 loss. Subtract Line 34 from Line 23. | 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 | _____ | .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 | ____. | _____ |
| 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 | Illinois net loss deduction. Attach Schedule NLD. If Line 47 is zero or a negative amount, enter "0." | 48 | _____ | .00 |
| 49 | Income after NLD. Subtract Line 48 from Line 47. | 49 | _____ | .00 |
| 50 | Enter the amount from Step 5, Line 35. | 50 | _____ | .00 |
| 51 | Divide Line 47 by Line 50. (Carry the result to six decimal places. This figure cannot be greater than "1.") | 51 | ____. | _____ |
| 52 | Exemption allowance. Multiply Line 51 by \$1,000. (Short-year filers, see instructions.) | 52 | _____ | .00 |
| 53 | Net income. Subtract Line 52 from Line 49. | 53 | _____ | .00 |

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

| | | | | |
|----|---|----|-------|-----|
| 54 | Replacement tax. Multiply Line 53 by 1.5% (.015). | 54 | _____ | .00 |
| 55 | Recapture of investment credits. Attach Schedule 4255. | 55 | _____ | .00 |
| 56 | Replacement tax before investment credits. Add Lines 54 and 55. | 56 | _____ | .00 |
| 57 | Investment credits. Attach Form IL-477. | 57 | _____ | .00 |
| 58 | Net replacement tax. Subtract Line 57 from Line 56. If the amount is negative, enter "0." | 58 | _____ | .00 |
| 59 | Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. Attach Schedule B. | 59 | _____ | .00 |
| 60 | Total net replacement tax and pass-through withholding payments you owe. Add Line 58 and Line 59. | 60 | _____ | .00 |

Step 9: Figure your refund or balance due

| | | | | |
|----|--|-----|-------|-----|
| 61 | Payments. See instructions. | | | |
| a | Credit from prior year overpayments. | 61a | _____ | .00 |
| b | Form IL-505-B (extension) payment. | 61b | _____ | .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. | 61c | _____ | .00 |
| d | Illinois gambling withholding. Attach Form(s) W-2G. | 61d | _____ | .00 |
| e | Form IL-516-I prepayments. | 61e | _____ | .00 |
| f | Form IL-516-B prepayments. | 61f | _____ | .00 |
| 62 | Total payments. Add Lines 61a through 61f. | 62 | _____ | .00 |
| 63 | Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. | 63 | _____ | .00 |
| 64 | Amount to be credited forward . See instructions. | 64 | _____ | .00 |
| 65 | Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. | 65 | _____ | .00 |

66 Complete to direct deposit your refund

| | | |
|----------------|--|---|
| Routing Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| Account Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| | | | | |
|----|--|----|-------|-----|
| 67 | Tax Due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. | 67 | _____ | .00 |
|----|--|----|-------|-----|

▶ **If you owe tax on Line 67, complete a payment voucher, Form IL-1065-V. Write your FEIN, tax year ending, and "IL-1065-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment 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 partner _____ | Date _____ | Title _____ | Phone _____ | Check this box if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> |
| Signature of paid preparer _____ | Date _____ | Paid preparer's PTIN _____ | | |
| Paid preparer's firm name _____ | Address _____ | Phone _____ | | |

▶ If a payment is **not** enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19031
Springfield, IL 62794-9031

▶ 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.



Illinois Department of Revenue
2016 Schedule B Partners' or Shareholders' Information

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



Year ending

Month Year

IL Attachment no. 1

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) or Schedule(s) K-1-P(3)-FY, before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or 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) or Schedule(s) K-1-P(3)-FY, and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or 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 and K-1-P(R&D) 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 or 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 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 nonresident estate 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 partnership and S corporation 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 nonresident trust members. See instructions. | 7 | |
| 8 | 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. | 8 | |
| 9 | Add Line 4 through Line 8. 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. | 9 | |

▶ Attach all pages of Schedule B, Section B behind this page.



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 _____ | | | <input type="checkbox"/> | | | | | | |
| 2 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____ | | | <input type="checkbox"/> | | | | | | |
| 3 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____ | | | <input type="checkbox"/> | | | | | | |
| 4 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____ | | | <input type="checkbox"/> | | | | | | |
| 5 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____ | | | <input type="checkbox"/> | | | | | | |

(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)

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