



Illinois Department of Revenue  
**2019 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 2019, enter your fiscal tax year here.  
 Tax year beginning \_\_\_\_\_ 20\_\_\_\_, ending \_\_\_\_\_ 20\_\_\_\_  
month day year month day year

Enter the amount you are paying.



This form is for tax years ending on or after December 31, 2019, and before December 31, 2020.  
 For all other situations, see instructions to determine the correct form to use.

\$ \_\_\_\_\_

**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** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_ \_\_ \_\_\_\_)  
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 Apportionment Formulas.** Check the appropriate box or boxes and  
 see Apportionment Formula instructions.  
 Financial organizations  Transportation companies  
 Federally regulated exchanges  Sales companies
- 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** Check this box if you are a 52/53 week filer.

- I** Enter your federal employer identification number (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_
- J**  Check this box if you are a member of a unitary business group **and** are 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.  
 \_\_\_\_\_ - \_\_\_\_\_
- K** Enter your North American Industry Classification System (NAICS) Code. See instructions.  
 \_\_\_\_\_
- L** 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 \_\_\_\_\_
- M** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.
- N** 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
- O** Check this box if you attached Form IL-4562.
- P** Check this box if you attached Illinois Schedule M (for businesses).
- Q** Check this box if you attached Schedule 80/20.
- R** Check this box if you attached Schedule 1299-A.
- S** Check this box if your business activity is protected under Public Law 86-272.
- T** Check this box if you attached the Subgroup Schedule.

**Step 2: Figure your ordinary income or loss**

	(Whole dollars only)
<b>1</b> Ordinary income or loss, or equivalent from federal Schedule K.	<b>1</b> _____ <b>.00</b>
<b>2</b> Net income or loss from all rental real estate activities.	<b>2</b> _____ <b>.00</b>
<b>3</b> Net income or loss from other rental activities.	<b>3</b> _____ <b>.00</b>
<b>4</b> Portfolio income or loss.	<b>4</b> _____ <b>.00</b>
<b>5</b> Net IRC Section 1231 gain or loss.	<b>5</b> _____ <b>.00</b>
<b>6</b> All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____	<b>6</b> _____ <b>.00</b>
<b>7</b> Add Lines 1 through 6. This is your ordinary income or loss.	<b>7</b> _____ <b>.00</b>

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

<b>8</b> Charitable contributions.	<b>8</b> _____ <b>.00</b>
<b>9</b> Expense deduction under IRC Section 179.	<b>9</b> _____ <b>.00</b>
<b>10</b> Interest on investment indebtedness.	<b>10</b> _____ <b>.00</b>
<b>11</b> 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. See instructions. Identify: _____	<b>11</b> _____ <b>.00</b>
<b>12</b> Add Lines 8 through 11.	<b>12</b> _____ <b>.00</b>
<b>13</b> Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	<b>13</b> _____ <b>.00</b>

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**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. <b>Attach</b> Form IL-4562.	17	_____	.00
18	Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	18	_____	.00
19	Distributive share of additions. <b>Attach</b> 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. <b>Attach</b> Schedule B.	21	_____	.00
22	Other additions. <b>Attach</b> 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. <b>Attach</b> 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. <b>Attach</b> Schedule B.	27	_____	.00
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28	_____	.00
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	_____	.00
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30	_____	.00
31	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	31	_____	.00
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	_____	.00
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33	_____	.00
34	Total subtractions. Add Lines 24 through 33.	34	_____	.00
35	<b>Base income or loss.</b> 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.)

**Note** → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.

**B** If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions.

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

36	Nonbusiness income or loss. <b>Attach</b> 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. Round 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. <b>Attach</b> 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	<b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	46	_____	.00



Step 7: Figure your net income

Table with 2 columns: Description and Amount. Rows 47-53. Line 47: Base income or net loss from Step 5, Line 35, or Step 6, Line 46. Line 48: Illinois net loss deduction. Line 49: Income after NLD. Line 50: Enter the amount from Step 5, Line 35. Line 51: Divide Line 47 by Line 50. Line 52: Exemption allowance. Line 53: Net income.

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

Table with 2 columns: Description and Amount. Rows 54-61. Line 54: Replacement tax. Line 55: Recapture of investment credits. Line 56: Replacement tax before investment credits. Line 57: Investment credits. Line 58: Net replacement tax. Line 59: Sale of assets by gaming licensee surcharge. Line 60: Pass-through withholding you owe. Line 61: Total net replacement tax, surcharge, and pass-through withholding you owe.

Step 9: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 62-66. Line 62: Payments. Line 62a-d: Sub-categories of payments. Line 63: Total payments. Line 64: Overpayment. Line 65: Amount to be credited forward. Line 66: Refund.

Form for direct deposit of refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

68 Tax Due. If Line 61 is greater than Line 63, subtract Line 63 from Line 61. This is the amount you owe.

If you owe tax on Line 68, 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 below - 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.

Signatures section. Includes fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, PTIN, Firm's name, Address, FEIN, Phone), and checkboxes for Department discussion and self-employed.

Two arrows pointing to mailing addresses: "If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19031, Springfield, IL 62794-9031" and "If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053".



Illinois Department of Revenue  
**2019 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) 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) 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)**

- |          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>1</b> |  |
| <b>2</b> | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>2</b> |  |
| <b>3</b> | 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. | <b>3</b> |  |

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

- |          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | 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.   | <b>4</b> |  |
| <b>5</b> | 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.   | <b>5</b> |  |
| <b>6</b> | 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.  | <b>6</b> |  |
| <b>7</b> | 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.  | <b>7</b> |  |
| <b>8</b> | 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.  | <b>8</b> |  |
| <b>9</b> | 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 <b>and</b> on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. | <b>9</b> |  |

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.

**▶ 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	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount
<b>1</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>2</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>3</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>4</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>5</b> 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.