

2003 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

or fiscal year beginning ____/____, 2003, ending ____/____, 20____.

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

Do not write above this line.

Name _____

_____|_____| - |_____|_____|_____|_____|_____|_____|_____|_____|
Federal employer identification number (FEIN)

C/O or name of trust's fiduciary

_____|_____|_____|_____| - |_____|_____|_____|_____|
Illinois business tax (IBT) number

Mailing address

Check all that apply. ☐ Name or address change ☐ First return
☐ Final return, write the date discontinued _____/_____/_____
or sold _____/_____/_____

City

State

ZIP

Indicate if you are taxed as a: ☐ Corporation ☐ Trust
Nature of unrelated trade or business:

Part I

- | | | | | |
|----------|---|----------|-------|-------|
| 1 | Unrelated business taxable income or loss (See instructions.) | 1 | _____ | _____ |
| 2 | Illinois income and replacement tax deducted in arriving at Line 1 above | 2 | _____ | _____ |
| 3 | Base income or loss. Add Lines 1 and 2. If base income or loss is derived solely inside Illinois or the trust is an Illinois resident, write this amount on Part III, Line 1; otherwise, continue to Part II. | 3 | _____ | _____ |

Part II

- | | | | | | |
|----------|---|------------|-------|--|-------|
| 1 | Trust, estate, or non-unitary partnership business income or loss included in Part 1, Line 3. (See instructions.) | 1 | _____ | | _____ |
| 2 | Business income or loss. Subtract Line 1 from Part I, Line 3. | 2 | _____ | | _____ |
| 3 | Business income apportionment formula | | | | |
| a | Total sales everywhere | 3a | _____ | | |
| b | Total sales within Illinois | 3b | _____ | | |
| c | Apportionment factor. Divide Line 3b by Line 3a. (Carry to six decimal places.) | 3c. | _____ | | |
| 4 | Base income or net loss apportionable to Illinois. Multiply Line 2 by Line 3c. | 4 | _____ | | _____ |
| 5 | Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois (See instructions.) | 5 | _____ | | _____ |
| 6 | Base income or net loss allocable to Illinois. Add Lines 4 and 5. Write here and on Part III, Line 1. | 6 | _____ | | _____ |

Part III

- | | | | |
|---|-----------|----------|--|
| 1 Base income or loss from Part I, Line 3 or Part II, Line 6 | | 1 | |
| 2 a Replacement tax. Corporations should multiply Line 1 by 2.5%; otherwise 1.5%. | 2a | | |
| b Recapture of investment credits from Schedule 4255 (See instructions.) | 2b | | |
| 3 Total replacement tax before investment credits. Add Lines 2a and 2b. | | 3 | |
| 4 Investment credits from IL-477, Part I, Line 11. (Attach Form IL-477, see instructions.) | | 4 | |
| 5 Net replacement tax. Subtract Line 4 from Line 3 (cannot be less than zero). | | 5 | |

Part IV

- | | | | | |
|----------|--|-----------|----------|--|
| 1 | a Income tax. Corporations should multiply Part III, Line 1 by 4.8%; otherwise 3%. | 1a | | |
| | b Recapture of investment credits from Schedule 4255 (See instructions.) | 1b | | |
| 2 | Total income tax before credits. Add Lines 1a and 1b. | | 2 | |
| 3 | Write the total amount of income tax credits from Schedule 1299-D. (Attach Schedule 1299-D, see instructions.) | | 3 | |
| | a High Impact Businesses only: Write your Jobs Tax Credit from Schedule 1299-D. | 3a | | |
| | b Write your High Impact Business Investment Credit from Schedule 1299-D. | 3b | | |
| | c Write your EDGE Tax Credit from Schedule 1299-D. | 3c | | |
| 4 | Net income tax. Subtract Line 3 from Line 2 (cannot be less than zero). | | 4 | |
| 5 | Total net income and replacement tax. Add Part III, Line 5 and Part IV, Line 4. | | 5 | |
| 6 | a Estimated tax payments. Include any 2002 overpayment credited to 2003 tax. | 6a | | |
| | b Tax paid with Form IL-505-B | 6b | | |
| 7 | Total payments and credit. Add Lines 6a and 6b. | | 7 | |
| 8 | Overpayment. Subtract Line 5 from Line 7. | | 8 | |
| | a Write the amount of overpayment to be credited to 2004. | 8a | | |
| 9 | Tax due. Subtract Line 7 from Line 5. This is your balance of tax due (see instructions). Pay in full if \$1 or more. | | 9 | |

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.

Do not write in this box.

Signature of authorized officer

Date _____

Phone

Signature of preparer

Date _____

Preparer's SSN, FEIN, or PTIN

Check if self-employed → ☐

Preparer firm's name (or preparer if self-employed)

Address (firm's or preparer's if self-employed)

Phone

NS TS ME IM NT FI XX PB PZ AL DR ID

