Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

2008 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

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

If this return is not for calendar year 2008, write your fiscal tax year here.

Tax year beginning _____/_____, 2008, ending _____/_____/ 20__ __

Write the amount you are paying.

$_____

Step 1: Identify your exempt organization

A Write your exempt organization name and mailing address.
If you have an address change, check this box. ☐

Name

C/O or name of trust's fiduciary

Mailing address

City State ZIP

B Check the box if one of the following apply.

☐ first return ☐ final return Write the final date. ___/___/___

C Write your federal employer identification no. (FEIN).

___ ___ - ___ ___ ___ ___ ___ ___ ___

D Check if you are taxed as a corporation. ☐

E Check if you are taxed as a trust. ☐

F Provide the nature of your unrelated trade or business _____

G Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐

Step 2: Figure your base income or loss

1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. **Attach** a copy of Page 1 of your U.S. Form 990-T.		1
2	Illinois income and replacement tax deducted in arriving at Line 1.		2
3	**Base income or loss.** Add Lines 1 and 2.		3

STOP **If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.**

Step 3: Figure your income allocable to Illinois

4	Trust, estate, or non-unitary partnership business income or loss included in Line 3.		4
5	Business income or loss. Subtract Line 4 from Line 3.		5
6	Total sales everywhere. This amount cannot be negative.	6	
7	Total sales inside Illinois. This amount cannot be negative.	7	
8	Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8 .	
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.		9
10	Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.		10
11	**Base income or net loss allocable to Illinois.** Add Lines 9 and 10.		11

Step 4: Figure your net replacement tax

12	Base income or net loss from Line 3 or Line 11.	12
13	Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015).	13
14	Recapture of investment credits. **Attach** Schedule 4255.	14
15	Replacement tax before investment credits. Add Lines 13 and 14.	15
16	Investment credits. **Attach** Form IL-477**. (Fiscal-year filers only. See instructions.)**	16
17	**Net replacement tax.** Subtract Line 16 from Line 15. Write "0" if this is a negative amount.	17

NS DR_____

Step 5: Figure your net income tax

18	Base income or net loss from Line 12.	**18** _____|____
19	Income tax. Corporations: multiply Line 18 by 4.8% (.048); trusts multiply by 3% (.03).	**19** _____|____
20	Recapture of investment credits. **Attach** Schedule 4255.	**20** _____|____
21	Income tax before credits. Add Lines 19 and 20.	**21** _____|____
22	Income tax credits. **Attach** Schedule 1299-D.	**22** _____|____
23	**Net income tax.** Subtract Line 22 from Line 21. If the amount is negative, write "0."	**23** _____|____

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.		**24** _____|____
25	Net income tax from Line 23.		**25** _____|____
26	**Total net income and replacement taxes.** Add Lines 24 and 25.		**26** _____|____
27	Payments		
	a Credit from 2007 overpayment.	**27a** _____|____	
	b Total estimated payments.	**27b** _____|____	
	c Form IL-505-B (extension) payment.	**27c** _____|____	
28	Total payments. Add Lines 27a through 27c.		**28** _____|__
29	**Overpayment.** If Line 28 is greater than Line 26, subtract Line 26 from Line 28.		**29** _____|____
30	Amount to be **credited to 2009.**		**30** _____|____
31	**Refund.** Subtract Line 30 from Line 29. This is the amount to be refunded.		**31** _____|____
32	**Tax Due.** If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.		**32** _____|____

▶ Make your check payable to "Illinois Department of Revenue." ◀

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

Step 7: 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
_____	___/___/_____	_____	
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
_____	_____		(_____)_____
Preparer firm's name (or yours, if self-employed)	Address		Phone

▶ Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009 ◀

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. This form has been approved by the Forms Management Center. IL-492-0076

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