

Illinois Department of Revenue

2012 Form IL-1120 Corporation Income and Replacement Tax Return

Ste	p 1: Identify your corporation M Write your fed	eral employer identification no. (FEIN)	
	Tax year beginning day 2012, ending day 20_year	\$	
	If this return is not for calendar year 2012, write your fiscal tax year here.	Write the amount you are paying.	
	Due of the belove the four day of the of month following the close of the tax year.		

	If this return is not for calendar year 2012, write your fiscal tax year here.		
	Tax year beginning day 2012, ending day 20year		\$
			Ψ
Ste	ep 1: Identify your corporation	M	Write your federal employer identification no. (FEIN).
Α	Write your complete legal business name. If you have a name change, check this box.	N	If you are a member of a group filing a federal consolidated return, write the FEIN of the parent.
В	Write your mailing address. If you have an address change or this is a first return, check this box. C/O:	0	Write your North American Industry Classification System Code (NAICS). See instructions.
	Mailing address:	Р	Write your corporate file (charter) number assigned to you by the Secretary of State.
_	Charle the applicable boy if one of the following applica		assigned to you by the Secretary of State.
	Check the applicable box if one of the following applies. First return Final return (If final, write the date	Q	Write 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
	Check the box if your business is Combined return (unitary) Foreign insurer If you completed the following federal forms, check the box and	R	If you are making the business income election to treat all nonbusiness income as business income, check this box and write "0" on Lines 24 and 32.
r	If you completed the following federal forms, check the box and attach them to this return.	S	Check your method of accounting.
	Federal Form 8886 Federal Schedule M-3	•	Cash Accrual Other
G	Special Apportionment Formulas. If you use a special apportionment formula, mark the appropriate box and see Special Apportionment Formula instructions.	T If you are making a Dischadjustment on Schedules	If you are making a Discharge of Indebtedness adjustment on Schedules NLD or UBNLD, or Form IL-1120, Line 36, check this box and attach federal
	☐ Insurance companies ☐ Financial organizations ☐ Transportation companies ☐ Federally regulated exchanges		Form 982.
Н	Check this box if you attached Illinois Schedule UB.	U	If you are a cooperative with an Illinois net loss modification, check this box and attach completed
	Check this box if you attached Illinois Schedule 1299-D.		Schedule INL.
J	Check this box if you attached Form IL-4562.	٧	If you annualized your income on Form IL-2220,
K	Check this box if you attached Illinois Schedule M (for businesses).		check this box and attach Form IL-2220.
L	Check this box if you attached Schedule 80/20.		
went and	If you owe tax on Line 60, complete a payment voucher, Form IL-1120- "Illinois Department of Revenue" and attach them here.		
ξ;	Write the amount of your payment on the top of this page in the space	e pro	ovided.

If a payment is **not** enclosed, mail this return to: Illinois Department of Revenue P.O. Box 19008

If a payment is enclosed, mail this return to: Illinois Department of Revenue

P.O. Box 19028 Springfield, IL 62794-9028

Step 2: Figure your income or loss

316	ep 2. Figure your income or loss				
1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of you	ur federal return.	1	<u>•00</u>	
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.			<u>•00</u>	
3	State, municipal, and other interest income excluded from Line 1.	3	<u>•00</u>		
4	Illinois income and replacement tax deducted in arriving at Line 1.	4	<u>•00</u>		
5	Illinois Special Depreciation addition. Attach Form IL-4562.		5	<u>•00</u>	
6	Related-party expenses additions. Attach Schedule 80/20.		6	<u>•00</u>	
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		7	<u>•00</u>	
8	Other additions. Attach Schedule M (for businesses).		8	<u>•00</u>	
9	Add Lines 1 through 8. This amount is your income or loss.		9	•00	
Ste	ep 3: Figure your base income or loss				
10	Interest income from U.S. Treasury and other exempt federal obligations.	10	<u>•00</u>		
11	Enterprise Zone or River Edge Redevelopment Zone				
	Dividend subtraction. Attach Schedule 1299-B.	11	<u>•00</u>		
12	Enterprise Zone or River Edge Redevelopment Zone				
	Interest subtraction. Attach Schedule 1299-B.	12	<u>•00</u>		
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13			
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14			
15	Contribution subtraction. Attach Schedule 1299-B.	15	<u>•00</u>		
16	Contributions to certain job training projects. See instructions.	16	<u>•00</u>		
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	<u>•00</u>		
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u>•00</u>		
19	Related-party expenses subtraction. Attach Schedule 80/20.	19	<u>•00</u>		
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	<u>•00</u>		
21	Other subtractions. Attach Schedule M (for businesses).	21	<u>•00</u>		
22	Total subtractions. Add Lines 10 through 21.		22	•00	
23	Base income or loss. Subtract Line 22 from Line 9.		23	• <u>00</u>	
A If the amount on Line 23 is derived inside Illinois only, check this box and write the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) B If any portion of the amount on Line 23 is derived outside Illinois, check this box and complete all lines of Step 4.					
F	See instructions.				
2	tep 4: Figure your income allocable to Illinois (Complet4 Nonbusiness income or loss. Attach Schedule NB.	e only if you checked 24		above.)	
2					
-	income or loss included in Line 23.	25	<u>•00</u>		
2	6 Add Lines 24 and 25.		26	•00	
2	7 Business income or loss. Subtract Line 26 from Line 23.		27	•00	
2	8 Total sales everywhere. This amount cannot be negative.	28			
2	Ç	29			
3	<u> </u>	·			
3				•00	
3:				•00	
1					
			•00		
	T Dase income of 1055 anocable to initios. Add Lines 31 tillough 33.		J 1	•∪∪	

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Ste	p 5: Figure your r	net income					
35	Base income or net loss	s from Step 3, Line	23, or Step 4, Line 34.			35	•00
36	Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.					36	•00
37	Adjusted base income of	or net loss. Add Line	es 35 and 36. See instructions.			37	<u>•00</u>
38	Illinois net loss deduction	on. Attach Schedule	e NLD or UB/NLD.				
	This line may not exce	eed \$100,000. If Lin	e 37 is zero or a negative amo	ount, write "0."		38	<u>•00</u>
39	Net income. Subtract L	ine 38 from Line 37	7.			39	<u>•00</u>
Ste	p 6: Figure your r	eplacement to	ax after credits				
40	Replacement tax. Multip	oly Line 39 by 2.5%	(.025).			40	<u>•00</u>
41	Recapture of investmen	nt credits. Attach So	chedule 4255.			41	<u>•00</u>
42	Replacement tax before	e credits. Add Lines	40 and 41.			42	<u>•00</u>
43	Investment credits. Atta	ch Form IL-477.				43	•00
44	Replacement tax after	credits. Subtract L	ine 43 from Line 42. If the amo	ount is negative, v	vrite "0."	44	<u>•00</u>
Ste	p 7: Figure your i	ncome tax aft	er credits				
45	Income tax. Multiply Lin					45	•00
46	Recapture of investmen	nt credits. Attach So	chedule 4255.			46	
47	Income tax before credi					47	
48	Income tax credits. Atta	ach Schedule 1299	·D.			48	
49	Income tax after credi	ts. Subtract Line 48	from Line 47. If the amount is	negative, write "0)."	49	
Ste			d replacement tax an				
50			he amount from Line 44.	a refaila of i	Jaiarioc at	50	•00
50a	Foreign Insurer replace	ment tax reduction.	Attach Schedule INS or UB/I	NS. See instruction	ons.	50a	•00
			our net replacement tax.			50b	
51	Income tax before redu	ctions. Write the am	ount from Line 49.			51	•00
5 1a	Foreign Insurer income	tax reduction. Atta	ch Schedule INS or UB/INS. S	See instructions.		51a	
5 1b	Subtract Line 51a from	Line 51. This is yo	ur net income tax.			51b	
52	·					52	<u>•00</u>
53	Underpayment of estim	ated tax penalty fro	m Form IL-2220. See instruction	ons.		53	<u>•00</u>
54	Total tax and penalty.	Add Lines 52 and 5	3.			54	<u>•00</u>
55	Payments.						
	a Credit from 2011 o	verpayment.		55a	•00		
	b Total estimated page	yments.		55b	<u>•00</u>		
	c Form IL-505-B (ex	tension) payment.		55c	•00		
	d Pass-through entity	y payments. Attach	Schedule(s) K-1-P or K-1-T.	55d	<u>•00</u>		
	e Gambling withhold	ling. Attach Form(s) W-2G.	55e	<u>•00</u>		
56	Total payments. Add Lin	nes 55a through 55e) .			56	<u>•00</u>
57	Overpayment. If Line 5	66 is greater than Li	ne 54, subtract Line 54 from Li	ne 56.		57	<u>•00</u>
58	Amount to be credited	to 2013.			♦	58	•00 €
59	Refund. Subtract Line 5	58 from Line 57. Thi	s is the amount to be refunded	d.		59	•00
60	Tax due. If Line 54 is gi	reater than Line 56,	subtract Line 56 from Line 54			60	•00
		,					
	p 9: Sign here er penalties of perjury, I s	state that I have exa	mined this return and, to the b	est of my knowled	dge, it is true, o	correct, and co	omplete.
				()	Γ.	Check this box	if we may
Signa	ture of authorized officer	Date	Title	Phone		discuss this re	
0:							n in this step. 🗌
Signa	ture of preparer	Date	Preparer's Social Security r	iumber or firm's FEIN		,	
Prepa	rer's firm name (or yours, if self	-employed) Addi	ress		(.	Phone	

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- Attach supporting documents to your Form IL-1120.
- Failure to attach the required documents will result in the disallowance of the corresponding line item.

If you completed:	Attach
Form IL-1120 —	
Step 1, Line E (unitary) only	Schedule UB
Step 1, Line E (foreign insurer) only -	
Step 1, Line E (unitary) and (foreign in	nsurer) → Schedule UB and Schedule UB/INS
 Lines 5 and 18 Special Depreciation addition Special Depreciation subtraction 	→ Form IL-4562
 Lines 6 and 19 Related-party expenses addition Related-party expenses subtraction 	Schedule 80/20
 Lines 7 and 20 Distributive share of additions Distributive share of subtractions 	Schedule(s) K-1-P or K-1-T
Lines 8 and 21Other additionsOther subtractions	Schedule M and any required support listed on Schedule M
 Lines 11 through 15 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction Enterprise Zone or River Edge Redevelopment Zone Interest subtraction High Impact Business Dividend subtraction High Impact Business Interest subtraction Contributions subtraction 	on n on
Line 17 Foreign Dividend Subtraction —	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
 Lines 24 and 32 Nonbusiness income or loss Nonbusiness income or loss allocable to 	
 Lines 25 and 33 Trusts, estates and non-unitary partnersh business income or loss Trusts, estates, and non-unitary partnersh business income or loss apportionable to 	hips
Line 36 Discharge of Indebtedness adjus	tment → Federal Form 982 <u>=Note</u> Check the box on Form IL-1120, Step 1, Line T.
Line 38 Illinois net loss deduction ——	Schedule NLD or UB/NLD (for unitary filers)
Lines 41 and 46 Recapture of investment	credit ──► Schedule 4255
Line 43 Investment credits	Form IL-477
Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions. **The Check the box on Form IL-1120, Step 1, Line I.**
Lines 50a and 51a Foreign Insurer tax red	luction Schedule INS or Schedule UB/INS
Line 53 Underpayment of estimated tax p	Form IL-2220 <u>■Note</u> If you annualized your income on Form IL-2220, Step 6, check the box on Form IL-1120, Step 1, Line V.
Line 55d Pass-through entity payments —	 All Schedules K-1-P and K-1-T you received showing a pass- through entity payment
Line 55e Gambling withholding —	→ All copies of Form W-2G