



Illinois Department of Revenue

# 2013 Form IL-1120-ST

## Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.



If this return is not for calendar year 2013, write your fiscal tax year here.

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

Write the amount you are paying.

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

### Step 1: Identify your small business corporation

**A** Write your complete legal business name.

If you have a name change, check this box. ☐

Name: \_\_\_\_\_

**B** Write your mailing address.

If you have an address change or this is a first return, check this box. ☐

C/O: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

☐ First return ☐ Final return (If final, write the date. \_\_\_\_/\_\_\_\_/\_\_\_\_)  
mm dd yyyy

**D** If this is a final return because you sold this business, write the date sold (mm dd yy) \_\_\_\_/\_\_\_\_/\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_

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

☐ Financial organizations ☐ Transportation companies  
☐ Federally regulated exchanges

**F** Check this box if you attached Form IL-4562. ☐

**G** Check this box if you attached Illinois Schedule M (for businesses). ☐

**H** Check this box if you attached Schedule 80/20. ☐

**I** Check this box if you attached Schedule 1299-A. ☐

**J** Write your federal employer identification no. (FEIN). \_\_\_\_\_

**K** ☐ Check this box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups. \_\_\_\_\_

**L** Write your North American Industry Classification System Code (NAICS). See instructions. \_\_\_\_\_

**M** Write your Illinois corporate file (charter) number issued by the Secretary of State. \_\_\_\_\_

**N** 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 \_\_\_\_\_

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

**P** If you have completed the following federal forms, check the box and **attach** them to this return.

☐ Federal Form 8886 ☐ Federal Sch. M-3

**Q** If you are making a Discharge of Indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box **and** attach federal Form 982. ☐

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

1 Ordinary income or loss, or equivalent from federal Schedule K.	1 _____ .00
2 Net income or loss from all rental real estate activities.	2 _____ .00
3 Net income or loss from other rental activities.	3 _____ .00
4 Portfolio income or loss.	4 _____ .00
5 Net IRC Section 1231 gain or loss.	5 _____ .00
6 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 1120-S. See instructions. Identify: _____	6 _____ .00
7 Add Lines 1 through 6. This is your ordinary income or loss.	7 _____ .00

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

8 Charitable contributions.	8 _____ .00
9 Expense deduction under IRC Section 179.	9 _____ .00
10 Interest on investment indebtedness.	10 _____ .00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11 _____ .00
12 Add Lines 8 through 11.	12 _____ .00
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 _____ .00

Attach your payment and Form IL-1120-ST-V here.

**Step 4: Figure your income or loss**

<b>14</b>	Write the amount from Line 13. <b>Unitary filers</b> , write the amount from Schedule UB, Step 2, Col E, Line 30.	<b>14</b>	_____	<b>.00</b>
<b>15</b>	State, municipal, and other interest income excluded from Line 14.	<b>15</b>	_____	<b>.00</b>
<b>16</b>	Illinois replacement tax deducted in arriving at Line 14.	<b>16</b>	_____	<b>.00</b>
<b>17</b>	Illinois special depreciation addition. <b>Attach</b> Form IL-4562.	<b>17</b>	_____	<b>.00</b>
<b>18</b>	Related-party expenses addition. <b>Attach</b> Schedule 80/20.	<b>18</b>	_____	<b>.00</b>
<b>19</b>	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>19</b>	_____	<b>.00</b>
<b>20</b>	The amount of loss distributable to a shareholder subject to replacement tax. <b>Attach</b> Schedule B.	<b>20</b>	_____	<b>.00</b>
<b>21</b>	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	<b>21</b>	_____	<b>.00</b>
<b>22</b>	Add Lines 14 through 21. This amount is your income or loss.	<b>22</b>	_____	<b>.00</b>

**Step 5: Figure your base income or loss**

<b>23</b>	Interest income from U.S. Treasury obligations or other exempt federal obligations.	<b>23</b>	_____	<b>.00</b>
<b>24</b>	Share of income distributable to a shareholder subject to replacement tax. <b>Attach</b> Schedule B.	<b>24</b>	_____	<b>.00</b>
<b>25</b>	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	<b>25</b>	_____	<b>.00</b>
<b>26</b>	River Edge Redevelopment Zone Interest subtraction. <b>Attach</b> Schedule 1299-A.	<b>26</b>	_____	<b>.00</b>
<b>27</b>	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	<b>27</b>	_____	<b>.00</b>
<b>28</b>	High Impact Business Interest subtraction. <b>Attach</b> Schedule 1299-A.	<b>28</b>	_____	<b>.00</b>
<b>29</b>	Contribution subtraction. <b>Attach</b> Schedule 1299-A.	<b>29</b>	_____	<b>.00</b>
<b>30</b>	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	<b>30</b>	_____	<b>.00</b>
<b>31</b>	Related-party expenses subtraction. <b>Attach</b> Schedule 80/20.	<b>31</b>	_____	<b>.00</b>
<b>32</b>	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>32</b>	_____	<b>.00</b>
<b>33</b>	Other subtractions. <b>Attach</b> Schedule M (for businesses).	<b>33</b>	_____	<b>.00</b>
<b>34</b>	Total subtractions. Add Lines 23 through 33.	<b>34</b>	_____	<b>.00</b>
<b>35</b>	<b>Base income or loss.</b> Subtract Line 34 from Line 22.	<b>35</b>	_____	<b>.00</b>



- A** If the amount on Line 35 is derived inside Illinois only, check this box and write 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.)

<b>36</b>	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	<b>36</b>	_____	<b>.00</b>
<b>37</b>	Trust, estate, and non-unitary partnership business income or loss included in Line 35.	<b>37</b>	_____	<b>.00</b>
<b>38</b>	Add Lines 36 and 37.	<b>38</b>	_____	<b>.00</b>
<b>39</b>	Business income or loss. Subtract Line 38 from Line 35.	<b>39</b>	_____	<b>.00</b>
<b>40</b>	Total sales everywhere. This amount cannot be negative.	<b>40</b>	_____	
<b>41</b>	Total sales inside Illinois. This amount cannot be negative.	<b>41</b>	_____	
<b>42</b>	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	<b>42</b>	_____	
<b>43</b>	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	<b>43</b>	_____	<b>.00</b>
<b>44</b>	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	<b>44</b>	_____	<b>.00</b>
<b>45</b>	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	<b>45</b>	_____	<b>.00</b>
<b>46</b>	<b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	<b>46</b>	_____	<b>.00</b>





### Step 7: Figure your net income

<b>47</b>	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	<b>47</b>	_____	<b>.00</b>
<b>48</b>	Discharge of Indebtedness adjustment. <b>Attach</b> federal Form 982. See instructions.	<b>48</b>	_____	<b>.00</b>
<b>49</b>	Adjusted base income or net loss. Add Lines 47 and 48.	<b>49</b>	_____	<b>.00</b>
<b>50</b>	Illinois net loss deduction. <b>Attach</b> Schedule NLD. If Line 49 is zero or a negative amount, write "0".	<b>50</b>	_____	<b>.00</b>
<b>51</b>	<b>Net income.</b> Subtract Line 50 from Line 49.	<b>51</b>	_____	<b>.00</b>

### Step 8: Figure your net replacement tax and surcharge

<b>52</b>	Replacement tax. Multiply Line 51 by 1.5% (.015).	<b>52</b>	_____	<b>.00</b>
<b>53</b>	Recapture of investment credits. <b>Attach</b> Schedule 4255.	<b>53</b>	_____	<b>.00</b>
<b>54</b>	Replacement tax before investment credits. Add Lines 52 and 53.	<b>54</b>	_____	<b>.00</b>
<b>55</b>	Investment credits. <b>Attach</b> Form IL-477.	<b>55</b>	_____	<b>.00</b>
<b>56</b>	<b>Net replacement tax.</b> Subtract Line 55 from Line 54. Write "0" if this is a negative amount.	<b>56</b>	_____	<b>.00</b>
<b>57</b>	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. <b>Fiscal filers only.</b> See instr.	<b>57</b>	_____	<b>.00</b>
<b>58</b>	<b>Total net replacement tax and surcharge.</b> Add Lines 56 and 57.	<b>58</b>	_____	<b>.00</b>

### Step 9: Figure your refund or balance due

<b>59</b>	Payments.		
	<b>a</b> Credit from 2012 overpayment.	<b>59a</b>	<u>.00</u>
	<b>b</b> Form IL-505-B (extension) payment.	<b>59b</b>	<u>.00</u>
	<b>c</b> Pass-through entity payments. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>59c</b>	<u>.00</u>
	<b>d</b> Gambling withholding. <b>Attach</b> Form(s) W-2G.	<b>59d</b>	<u>.00</u>
<b>60</b>	Total payments. Add Lines 59a through 59d.	<b>60</b>	<u>.00</u>
<b>61</b>	Overpayment. If Line 60 is greater than Line 58, subtract Line 58 from Line 60.	<b>61</b>	<u>.00</u>
<b>62</b>	Amount to be <b>credited to 2014</b> .	 <b>62</b>	<u>.00</u> 
<b>63</b>	<b>Refund.</b> Subtract Line 62 from Line 61. This is the amount to be refunded.	<b>63</b>	<u>.00</u>

[illegible]

<b>65 Tax Due.</b> If Line 58 is greater than Line 60, subtract Line 60 from Line 58. This is the amount you owe.	<b>65</b>	<b>.00</b>
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► If you owe tax on Line 65, complete a payment voucher, Form IL-1120-ST-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form.

**Special Note** → Write 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 authorized officer      Date \_\_\_\_\_      Title \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_

Signature of preparer	Date	Preparer's Social Security number or firm's FEIN
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Preparer's firm name (or yours, if self-employed)	Address
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Check this box if we may discuss this return with the preparer shown in this step. ☐

► If a payment is **not** enclosed, mail this return to:  
**Illinois Department of Revenue**  
**P.O. Box 19032**  
**Springfield, IL 62794-9032**

► If a payment is enclosed, mail this return to:  
**Illinois Department of Revenue**  
**P.O. Box 19053**  
**Springfield, IL 62794-9053**



# Schedule B

## Partners' or Shareholders' Identification

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

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

### Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. 2 \_\_\_\_\_. \_\_\_\_\_

### Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Partner's or shareholder's distributable amount of base income or loss (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6 _____ _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_