

## Illinois Department of Revenue

## 2013 Form IL-1120 Corporation Income and Replacement Tax Return Due on or before the 15th day of the 3rd month following the close of the tax year.



|                       | ~ ~  | Due on or before the four day   | , 51 1110 |                  | io.iiiig tilo | 5.500 OI till                                    | ··ux  | . , , , , , , , , , , , , , , , , , , ,  |  |
|-----------------------|--|---|-----------|------------------|---------------|--|---|--|--|
|                       | If this  | return is not for calendar year 20  | )13, wr   | rite your fiscal | tax year he   | ere.   |   | Write the amount you are paying.   |  |
|                       | Тах у  | rear beginning 20_  | vear,     | ending           | 20            | O  |   |  |  |
|                       |  | monut day   | joui      | monut            | uay           | your   |   | \$   |  |
| Ste                   | p 1: lc  | dentify your corporation  |           |                  |               |  | М   | Write your federal employer identification no. (FEIN).   |  |
| Α                     |  | your complete legal business na   |           |                  |               |  |   |  |  |
|                       | If you have a name change, check this box.                               |   |           |                  | Ш             |  |   |  |  |
|                       | Name:  |   |           |                  |               |  | 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. |   |           |                  |               | 0  | Write your North American Industry Classification   |  |  |
|                       | C/O:   |   |           |                  | Ū             | System Code (NAICS). See instructions.           |   |  |  |
|                       | Mailing  | g address:  |           |                  |               |  |   |  |  |
|                       | City:  |   |           | State:           | _ ZIP:        |  | Р   | Write your corporate file (charter) number assigned to you by the Secretary of State.              |  |
| С                     | Chec   | Check the applicable box if one of the following applies.   |           |                  |               |  | assigned to you by the Secretary Of State.  |  |  |
|                       |  | First return  Final return (I   | f final,  | write the date.  |               | )  |   |  |  |
| _                     | lf thio  | io o final ratura hacausa yay aal   | d thia k  | vyoinoon vyrito  | mm dd         | уууу   | Q   | Write the city, state, and zip code where your   |  |
| ט                     |  | If this is a final return because you sold this business, write the date sold (mm dd yy) , and the new owner's FEIN.          |           |                  |               |  | accounting records are kept. (Use the two-letter postal abbreviation, <b>e.g.</b> , IL, GA, etc.) |  |  |
|                       |  |   |           | _                |               |  |   |  |  |
| Е                     | Chec   | k the box if your business is   |           |                  |               |  |   | City State Zip   |  |
| _                     |  | Combined return (unitary)   |           | Foreign insu     | ırer          |  | R   | If you are making the business income election to treat all nonbusiness income as business income, |  |
| F                     | If you   | If you completed the following federal forms, check the box and   |           |                  |               | check this box and write "0" on Lines 24 and 32. |   |  |  |
|                       | attac  | h them to this return.  | _         |                  |               |  | S   | Check your method of accounting.   |  |
|                       |  | Federal Form 8886   | Ш         | Federal Sch      |               |  | 3   |  |  |
| G                     | -  | ial Apportionment Formulas. If<br>ula, mark the appropriate box and   | -         |                  | -             | ent  |   | Cash Accrual Other   |  |
|                       |  | ula instructions.   |           | 11               |               |  | Т   | If you are making a Discharge of Indebtedness adjustment on Schedules NLD or UBNLD, or Form        |  |
|                       |  | Insurance companies   |           | Financial or     | _             |  |   | IL-1120, Line 36, check this box and attach federal  |  |
|                       |  | Transportation companies  | Ш         | Federally re     | gulated ex    | changes  |   | Form 982.  |  |
|                       |  | k this box if you attached Illinois   |           |                  |               |  | U   | If you are a cooperative with an Illinois net loss   |  |
|                       |  | Check this box if you attached Illinois Schedule 1299-D.  |           |                  |               |  | modification, check this box and <b>attach</b> complete Schedule INL.                             |  |  |
|                       |  | k this box if you attached Form IL  |           |                  | ,             |  |   |  |  |
|                       |  | k this box if you attached Illinois   |           | •                | nesses).      |  | V   | If you annualized your income on Form IL-2220, check this box and <b>attach</b> Form IL-2220.      |  |
| L                     | Chec   | k this box if you attached Schedu   |           |                  |               | Ш  |   |  |  |
| t and                 | ei<br>ei   | If you owe tax on Line 62, complete a payment voucher, Form IL-1120-V, "Illinois Department of Revenue" and attach them here. |           |                  |               |  | -V, m   | nake your check payable to   |  |
| ymen                  | ¥ ►  | Write the amount of your payment on the top of this page in the space prov  |           |                  |               |  | ovided.   |  |  |
| tach your payment and | Form IL-112  | If a payment is <b>not</b> enclosed, m  Illinois Department of Rev P.O. Box 19008   |           | return to:       | IIIi          | •  | rtme  | ed, mail this return to:<br>ent of Revenue   |  |

Springfield, IL 62794-9008

Springfield, IL 62794-9028

| Ste | p 2: Figure your income or loss  |                |                  |            |
|-----|--|----------------|------------------|------------|
| 1   | Federal taxable income from U.S. Form 1120, Line 30.                       |                |                  |            |
|     | Attach a copy of your federal return.                                      |                | 1                | <u>•00</u> |
| 2   | Net operating loss deduction from U.S. Form 1120, Line 29a. This amour     | t cannot be ne | gative. <b>2</b> | •00        |
| 3   | State, municipal, and other interest income excluded from Line 1.          |                | 3                | •00        |
| 4   | Illinois income and replacement tax deducted in arriving at Line 1.        |                | 4                | •00        |
| 5   | Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.        |                | 5                | •00        |
| 6   | Related-party expenses additions. <b>Attach</b> Schedule 80/20.            |                | 6                | •00        |
| 7   | Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T. |                | 7                | •00        |
| 8   | Other additions. Attach Schedule M (for businesses).                       |                | 8                | •00        |
| 9   | Add Lines 1 through 8. This amount is your income or loss.                 |                | 9                | •00        |
| Ste | p 3: Figure your base income or loss                                       |                |                  |            |
| 10  | Interest income from U.S. Treasury and other exempt federal obligations.   | 10             | •00              |            |
| 11  | River Edge Redevelopment Zone Dividend subtraction.                        |                |                  |            |
|     | Attach Schedule 1299-B.  | 11             | <u>•00</u>       |            |
| 12  | 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             | <u>•00</u>       |            |
| 14  | High Impact Business Interest subtraction. Attach Schedule 1299-B.         | 14             | • <u>00</u>      |            |
| 15  | Contribution subtraction. Attach Schedule 1299-B.                          | 15             | <u>•00</u>       |            |
| 16  | Contributions to certain job training projects. See instructions.          | 16             | •00              |            |
| 17  | Foreign Dividend subtraction. <b>Attach</b> Schedule J. See instructions.  | 17             | •00              |            |
| 18  | Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.     | 18             | <u>•00</u>       |            |
| 19  | Related-party expenses subtraction. <b>Attach</b> Schedule 80/20.          | 19             | •00              |            |

**20** Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T.

21 Other subtractions. Attach Schedule M (for businesses).

23 Base income or loss. Subtract Line 22 from Line 9.

22 Total subtractions. Add Lines 10 through 21.

| STOR | 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.) |                        |            |  |  |  |  |
|------|---|------------------------|------------|--|--|--|--|
| 3101 | B If any portion of the amount on Line 23 is derived outside Illinois, check this box and complete all lines of Step 4. See instructions. (If you are a unitary filer, you must complete Lines 28 through 30.)            |                        |            |  |  |  |  |
| Step | 4: Figure your income allocable to Illinois (Complete only if you checked the   | box on Line B, above.) |            |  |  |  |  |
| 24   | Nonbusiness income or loss. Attach Schedule NB. 24  | <u>•00</u>             |            |  |  |  |  |
| 25   | Trust, estate, and non-unitary partnership business   |                        |            |  |  |  |  |
|      | income or loss included in Line 23.   | <u>•00</u>             |            |  |  |  |  |
| 26   | Add Lines 24 and 25.  | 26                     | <u>•00</u> |  |  |  |  |
| 27   | Business income or loss. Subtract Line 26 from Line 23.   | 27                     | <u>•00</u> |  |  |  |  |
| 28   | Total sales everywhere. This amount cannot be negative. 28  |                        |            |  |  |  |  |
| 29   | Total sales inside Illinois. This amount cannot be negative. 29   |                        |            |  |  |  |  |
| 30   | Apportionment Factor. Divide Line 29 by Line 28 (carry to six decimal places). <b>30</b>  |                        |            |  |  |  |  |
| 31   | Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30. 31  |                        |            |  |  |  |  |
| 32   | Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.   | 32                     | <u>•00</u> |  |  |  |  |
| 33   | Trust, estate, and non-unitary partnership business income or loss apportionable to I   | Ilinois. <b>33</b>     | •00        |  |  |  |  |
| 34   | Base income or loss allocable to Illinois. Add Lines 31 through 33.   | 34                     | <u>•00</u> |  |  |  |  |

20 \_\_\_\_\_

•00

22

23

•00

<u>•00</u>

21 \_\_\_\_\_

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| Ster  | 5: Figure your net income   |            |  |
|-------|---|------------|--|
| 35    | Base income or net loss from Step 3, Line 23, or Step 4, Line 34.   | 35         | •00                                      |
| 36    | Discharge of Indebtedness adjustment. <b>Attach</b> federal Form 982. See instructions.   |            | •00                                      |
| 37    | Adjusted base income or net loss. Add Lines 35 and 36. See instructions.  |            | •00                                      |
| 38    | Illinois net loss deduction. Attach Schedule NLD or UB/NLD.   |            | _  |
|       | This line may not exceed \$100,000. If Line 37 is zero or a negative amount, write "0."   | 38 _       | •00                                      |
| 39    | Net income. Subtract Line 38 from Line 37.  | 39 _       | •00                                      |
| Ster  | 6: Figure your replacement tax after credits  |            |  |
| 40    | Replacement tax. Multiply Line 39 by 2.5% (.025).   | 40 _       | • <u>00</u>                              |
| 41    | Recapture of investment credits. Attach Schedule 4255.  | 41 _       | •00                                      |
| 42    | Replacement tax before credits. Add Lines 40 and 41.  | 42 _       | <u>•00</u>                               |
| 43    | Investment credits. Attach Form IL-477.   |            | • <u>00</u>                              |
| 44    | Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, write "0."                             | 44 _       | • <u>00</u>                              |
| Step  | 7: Figure your income tax after credits   |            |  |
| 45    | Income tax. Multiply Line 39 by 7% (.07).   | 45 _       | <u>•00</u>                               |
| 46    | Recapture of investment credits. Attach Schedule 4255.  | 46 _       | • <u>00</u>                              |
| 47    | Income tax before credits. Add Lines 45 and 46.   | 47 _       | <u>•00</u>                               |
| 48    | Income tax credits. Attach Schedule 1299-D.   | 48 _       | • <u>00</u>                              |
| 49    | Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, write "0."                                  | 49 _       | <u>•00</u>                               |
| Step  | 8: Figure your refund or balance due  |            |  |
| 50    | Replacement tax before reductions. Write the amount from Line 44.   | 50 _       | <u>•00</u>                               |
| 50a   | Foreign Insurer replacement tax reduction. <b>Attach</b> Schedule INS or UB/INS. See instructions.                              | 50a_       | •00                                      |
| 50b   | Subtract Line 50a from Line 50. This is your net replacement tax.   |            | • <u>00</u>                              |
| 51    | Income tax before reductions. Write the amount from Line 49.  |            | •00                                      |
| 51a   |   |            | •00                                      |
| 51b   | Subtract Line 51a from Line 51. This is your net income tax.  |            | •00                                      |
| 52    | Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. <b>Fiscal filers only.</b> See instr.                        |            | •00                                      |
| 53    | <b>Total net income and replacement taxes and surcharge.</b> Add Lines 50b, 51b, and 52.  |            | •00                                      |
| 54    | Underpayment of estimated tax penalty from Form IL-2220. See instructions.  |            | •00                                      |
| 55    | <b>Total tax, surcharge, and penalty.</b> Add Lines 53 and 54.  | 55 _       | <u>•00</u>                               |
| 56    | Payments.   |            |  |
|       | <ul> <li>a Credit from 2012 overpayment.</li> <li>b Total estimated payments.</li> <li>56a</li> <li>•00</li> <li>•00</li> </ul> |            |  |
|       |   |            |  |
|       |   |            |  |
|       | Pass-through entity payments. Attach Schedule(s) K-1-P or K-1-1. 56d  •00  •00  •00  •00  •00  •00                              |            |  |
| 57    | Total payments. Add Lines 56a through 56e.  | 57         | •00                                      |
| 58    | Overpayment. If Line 57 is greater than Line 55, subtract Line 55 from Line 57.   | 57 _<br>58 | •00                                      |
| 59    | Amount to be <b>credited to 2014.</b>   | 59 _       | •00 ◆                                    |
| 60    | <b>Refund.</b> Subtract Line 59 from Line 58. This is the amount to be refunded.  | 60         | •00                                      |
| 61    | Complete to direct deposit your refund.   | 00 _       |  |
| •     | Routing Number Checking or Savings  |            |  |
|       |   |            |  |
|       | Account Number  |            |  |
| 62    | <b>Tax due.</b> If Line 55 is greater than Line 57, subtract Line 57 from Line 55.  | 62 _       | •00                                      |
|       | 9: Sign here  |            |  |
| Unde  | er penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, or              | correct,   | and complete.                            |
| 0:    |   |            | nis box if we may                        |
| Signa |   |            | this return with the shown in this step. |
| Signa | ture of preparer Date Preparer's Social Security number or firm's FEIN  | neparer    | shown in this step.                      |
|       |   | )          |  |
| Prepa | rer's firm name (or yours, if self-employed)  Address   | Phone —    |  |

Preparer's firm name (or yours, if self-employed) IL-1120 (R-12/13)

- 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   | Schedule INS   |  |  |  |
| Step 1, Line E (unitary) and (foreign insurer) →  | Schedule UB and Schedule UB/INS  |  |  |  |
| Lines 5 and 18  | Form IL-4562   |  |  |  |
| <ul><li>Special Depreciation addition</li><li>Special Depreciation subtraction</li></ul>                          |  |  |  |  |
| Lines 6 and 19  | Schedule 80/20   |  |  |  |
| <ul> <li>Related-party expenses addition</li> <li>Related-party expenses subtraction</li> </ul>                   |  |  |  |  |
| Lines 7 and 20  | Schedule(s) K-1-P or K-1-T   |  |  |  |
| <ul><li>Distributive share of additions</li><li>Distributive share of subtractions</li></ul>                      |  |  |  |  |
|   | Schedule M and any required support listed on Schedule M   |  |  |  |
| <ul><li>Other additions</li><li>Other subtractions</li></ul>  |  |  |  |  |
| Lines 11 through 15   | Schedule 1299-B  |  |  |  |
| <ul> <li>River Edge Redevelopment Zone</li> </ul>   |  |  |  |  |
| Dividend subtraction  River Edge Redevelopment Zone   |  |  |  |  |
| Interest subtraction  |  |  |  |  |
| <ul> <li>High Impact Business Dividend subtraction</li> <li>High Impact Business Interest subtractions</li> </ul> |  |  |  |  |
| Contributions subtraction   |  |  |  |  |
| Line 17 Foreign Dividend Subtraction  | Illinois Schedule J, and U.S. 1120, Schedule C or equivalent   |  |  |  |
| Lines 24 and 32 —   | Schedule NB  |  |  |  |
| <ul> <li>Nonbusiness income or loss</li> <li>Nonbusiness income or loss allocable to Illinois</li> </ul>          |  |  |  |  |
| Lines 25 and 33   | Schedule(s) K-1-P or K-1-T   |  |  |  |
| <ul> <li>Trusts, estates and non-unitary partnership<br/>business income or loss</li> </ul>                       |  |  |  |  |
| <ul> <li>Trusts, estates, and non-unitary partnerships</li> </ul>   |  |  |  |  |
| business income or loss apportionable to Illinois   |  |  |  |  |
| — Line 36 Discharge of Indebtedness adjustment →  | 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. <i>■Note</i> → Check the box on Form IL-1120, Step 1, Line I. |  |  |  |
| Lines 50a and 51a Foreign Insurer tax reduction →   |  |  |  |  |
| Line 54 Underpayment of estimated tax penalty —   |  |  |  |  |
|   | <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 56d Pass-through entity payments   | All Schedules K-1-P and K-1-T you <b>received</b> showing a pass-through entity payment  |  |  |  |
| Line 56e Gambling withholding —   | All copies of Form W-2G  |  |  |  |