



# 2015 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 2015, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> For tax years ending <b>on</b> or <b>after</b> December 31, 2015. For prior years, use the form for that year.	Enter the amount you are paying.  \$ _____
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### Step 1: Identify your small business corporation

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

If you have a name change, check this box.

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

**B** Enter 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, enter the date.               )  
mm dd yyyy

**D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy) \_\_\_\_\_, 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** Enter your federal employer identification no. (FEIN). \_\_\_\_\_

**K**  Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return. \_\_\_\_\_

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

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

**N** Enter 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 enter "0" on Lines 36 and 44.

**P** If you have completed the following, check the box and **attach** the federal form(s) to this return.

Federal Form 8886  Federal Sch. M-3, Part II, Line 10

**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

(Whole dollars only)

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

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

<b>8</b>	Charitable contributions.	_____ <b>.00</b>
<b>9</b>	Expense deduction under IRC Section 179.	_____ <b>.00</b>
<b>10</b>	Interest on investment indebtedness.	_____ <b>.00</b>
<b>11</b>	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: _____	_____ <b>.00</b>
<b>12</b>	Add Lines 8 through 11.	_____ <b>.00</b>
<b>13</b>	Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	_____ <b>.00</b>

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

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

<b>14</b> Enter the amount from Line 13. <b>Unitary filers</b> , enter 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 and surcharge 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 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 enter 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> Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	<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> Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	<b>45</b> _____	<b>.00</b>
<b>46 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**



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

**Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe**

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	_____	.00
53	Recapture of investment credits. <b>Attach</b> Schedule 4255.	53	_____	.00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	_____	.00
55	Investment credits. <b>Attach</b> Form IL-477.	55	_____	.00
56	<b>Net replacement tax.</b> Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	_____	.00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	_____	.00
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 8. See Instructions. <b>Attach</b> Schedule B.	58	_____	.00
59	<b>Total net replacement tax, surcharge, and pass-through withholding payments you owe.</b> Add Lines 56, 57, and 58.	59	_____	.00

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

60	Payments. See instructions.			
	<b>a</b> Credit from prior year overpayments.	60a	_____	.00
	<b>b</b> Form IL-505-B (extension) payment.	60b	_____	.00
	<b>c</b> Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	60c	_____	.00
	<b>d</b> Gambling withholding. <b>Attach</b> Form(s) W-2G.	60d	_____	.00
	<b>e</b> Form IL-516-I prepayments.	60e	_____	.00
	<b>f</b> Form IL-516-B prepayments.	60f	_____	.00
61	Total payments. Add Lines 60a through 60f.	61	_____	.00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	_____	.00
63	Amount to be <b>credited forward</b> . See instructions.	63	_____	.00
64	<b>Refund.</b> Subtract Line 63 from Line 62. This is the amount to be refunded.	64	_____	.00

**65 Complete to direct deposit your refund**

Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

66	<b>Tax Due.</b> If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	_____	.00
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▶ If you owe tax on Line 66, 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** → Enter 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	Check this box if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/>
Signature of paid preparer	Date	Paid preparer's Social Security number or firm's FEIN		
Paid preparer's firm name	Address	(____) _____ Phone		

▶ If a payment is <b>not</b> enclosed, mail this return to: <b>Illinois Department of Revenue</b> P.O. Box 19032 Springfield, IL 62794-9032	▶ If a payment is enclosed, mail this return to: <b>Illinois Department of Revenue</b> P.O. Box 19053 Springfield, IL 62794-9053
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Illinois Department of Revenue  
**2015 Schedule B Partners' or Shareholders' Information**  
 Attach to your Form IL-1065 or Form IL-1120-ST.



Year ending  
 \_\_\_\_\_  
 Month Year  
**IL Attachment no. 1**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.  
 \_\_\_\_\_

Enter your federal employer identification number (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_



**Read this information first**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners and shareholders before completing Section A of Schedule B.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

**Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)**



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

**Totals for resident and nonresident partners and shareholders (from Schedule(s) K-1-P and Schedule B, Section B)**

- |          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>1</b> |  |
| <b>2</b> | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>2</b> |  |
| <b>3</b> | Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. | <b>3</b> |  |

**Totals for nonresident partners and shareholders only (from Schedule B, Section B)**

- |          |  |          |  |
|----------|--|----------|--|
| <b>4</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual and estate members. See instructions.   | <b>4</b> |  |
| <b>5</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.   | <b>5</b> |  |
| <b>6</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.   | <b>6</b> |  |
| <b>7</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.   | <b>7</b> |  |
| <b>8</b> | Add Line 4 through Line 7. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here <b>and</b> on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. | <b>8</b> |  |



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

Enter your federal employer identification number (FEIN).

**Section B: Members' information (See instructions before completing.)**

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding payment amount
<i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>									
<b>1</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
<b>2</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
<b>3</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
<b>4</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
<b>5</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						

**Note** If you have more members than space provided, attach additional copies of this page as necessary.