Month Year

Schedule INS Attach to your Form IL-1120. This schedule is for tax years ending on or after December 31, 2015.

Tax for Foreign

Insurers

IL Attachment No. 7

Enter your name as shown on your Form IL-1120.

Illinois Department of Revenue

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Enter your federal employer identification number (FEIN).

Ste	p 1: Figure the tax imposed by your stat	e or country of dor	nicile					
<u>=Note</u>	You must complete Steps 1 through 7 of your Form IL	-1120 before completing	this schedule.					
1	Enter your state or country of domicile.	1						
2	Enter the base income from your Form IL-1120, Line 23.	2	•00					
3	Enter the net income from your Form IL-1120, Line 39.		3	•00				
4	Compute the pro forma tax imposed by your state or country shown on Lines 2 and 3. If your state or country of domicile d tax on insurance companies, check the box and enter zero or	loes not impose an income	e 4	<u>•00</u>				
coun appo	The pro forma tax for Line 4 is the total of all tax measured htry of domicile, on an insurance company with base income (b prtionment) equal to Line 3. If you did not check the box on Lin port the computation of this amount.	pefore apportionment) equal	to Line 2 and net in	ncome (after				
Ste	p 2: Figure your income tax reduction lir	nit						
5	Enter the net premiums taxable under Section 409 of the Illin	ois Insurance Code						
	and included in your Form IL-1120, Step 4, Line 29.		5	•00				
6	Multiply Line 5 by 1.75 percent (.0175). This is your total tax i	reduction limit.	6	•00				
7	Enter the following amounts deducted when you computed the a The privilege tax imposed under Section 409 of the Illinois		ome:					
	Insurance Code. Do not include retaliatory tax .	<u>•00</u>						
	b The fire insurance company tax imposed under Section 12 of the Fire Investigation Act.	7b	•00					
	c Any fire department tax imposed under Section 11-10-1	15						
	of the Illinois Municipal Code.	7c	<u>•00</u>					
8	Add Lines 7a through 7c.		8	•00				
9	Subtract Line 8 from Line 6. (If the amount is negative, enter This is your 1.75 percent income tax reduction limit. Enter he		9	•00				
	· ·		•					
5te	Enter the replacement tax from your Form IL-1120, Line 44.		10	•00				
11	Enter the income tax from your Form IL-1120, Line 49.		11					
12	Add Lines 10 and 11. This is your tentative tax.		12					
13	Enter the amount of pro forma tax from Line 4.		13					
14	Enter the 1.75 percent income tax reduction limit from Line 9		14					
			15					
15 stop	Enter the greater of Line 13 or Line 14. If Line 15 is greater than Line 12, you are not entitled	to a tax reduction. Do r						
16	Enter the lesser of Line 10 or Line 15.		16					
	Subtract Line 16 from Line 10. This is your replacement tax re	eduction.	10	•00				
	Enter this amount on Form IL-1120, Step 8, Line 50a.		16a	<u>•00</u>				
17	If Line 15 is greater than Line 16, subtract Line 16 from Line	15. Otherwise, enter zero.						
	This is your maximum net income tax after applying credits.		17	•00				
18	Enter the lesser of Line 11 or Line 17.		18	•00				
18a	a Subtract Line 18 from Line 11. This is your income tax reduction.							
	Enter this amount on Form IL-1120, Step 8, Line 51a.		18a	•00				

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.

