



Illinois Department of Revenue

**2019 Form IL-1120****Corporation Income and Replacement Tax Return**

See "When should I file?" in the Form IL-1120 instructions for a list of due dates.



If this return is not for calendar year 2019, enter your fiscal tax year here.

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

This form is for tax years ending on or after December 31, 2019, and before December 31, 2020.  
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$

**Step 1: Identify your corporation**

- A** Enter your complete legal business name.  
If you have a name change, check this box.

Name:

- B** Enter your mailing address.  
Check this box if either of the following apply:

- this is your **first return**, or
- you have an **address change**.

C/O:

Mailing address:

City:

State:

ZIP:

- C** If this is the first or final return, check the applicable box(es).

☐ First return☐ Final return (Enter the date of termination. 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** Check the box and see the instructions if your business is a:

☐ Unitary Filer (Combined return) ☐ Foreign insurer

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

☐ Federal Form 8886☐ Federal Schedule M-3,  
Part II, Line 12

- G Apportionment Formulas.** Mark the appropriate box or boxes and see Apportionment Formula instructions.

☐ Insurance companies☐ Financial organizations☐ Transportation companies☐ Federally regulated exchanges

- H** Check this box if you attached Illinois Schedule UB.

**I** Check this box if you attached the Subgroup Schedule.

- J** Check this box if you attached Illinois Schedule 1299-D.

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

- L** Check this box if you attached Illinois Schedule M (for businesses).

- M** Check this box if you attached Schedule 80/20.

- N** Enter your federal employer identification number (FEIN).  
- - - - -

- O** If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.  
- - - - -

- P** Enter your North American Industry Classification System (NAICS) Code. See instructions.  
- - - - -

- Q** Enter your corporate file (charter) number assigned to you by the Secretary of State.  
- - - - -

- R** 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

- S** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32. ☐

- T** Check your method of accounting.

☐ Cash ☐ Accrual ☐ Other

- U** If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and **attach** federal Form 982. ☐

- V** Check this box if you attached Schedule INL. ☐

- W** If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220. ☐

- X** Check this box if your business activity is protected under Public Law 86-272. ☐

- Y** Check this box if you are a 52/53 week filer. ☐

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

- ☐ If you owe tax on Line 67, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.

- ☐ Refer to the 2019 IL-1120 Instructions for the address to mail your return.

**Step 2: Figure your income or loss**

(Whole dollars only)

<b>1</b>	Federal taxable income from U.S. Form 1120, Line 30. <b>Attach</b> a copy of your federal return.	<b>1</b>	_____	<b>.00</b>
<b>2</b>	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	<b>2</b>	_____	<b>.00</b>
<b>3</b>	State, municipal, and other interest income excluded from Line 1.	<b>3</b>	_____	<b>.00</b>
<b>4</b>	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	<b>4</b>	_____	<b>.00</b>
<b>5</b>	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	<b>5</b>	_____	<b>.00</b>
<b>6</b>	Related-Party Expenses additions. <b>Attach</b> Schedule 80/20.	<b>6</b>	_____	<b>.00</b>
<b>7</b>	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>7</b>	_____	<b>.00</b>
<b>8</b>	Other additions. <b>Attach</b> Schedule M (for businesses).	<b>8</b>	_____	<b>.00</b>
<b>9</b>	Add Lines 1 through 8. This amount is your income or loss.	<b>9</b>	_____	<b>.00</b>

**Step 3: Figure your base income or loss**

<b>10</b>	Interest income from U.S. Treasury and other exempt federal obligations.	<b>10</b>	_____	<b>.00</b>
<b>11</b>	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-B.	<b>11</b>	_____	<b>.00</b>
<b>12</b>	River Edge Redevelopment Zone Interest subtraction. <b>Attach</b> Schedule 1299-B.	<b>12</b>	_____	<b>.00</b>
<b>13</b>	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-B.	<b>13</b>	_____	<b>.00</b>
<b>14</b>	High Impact Business Interest subtraction. <b>Attach</b> Schedule 1299-B.	<b>14</b>	_____	<b>.00</b>
<b>15</b>	Contribution subtraction. <b>Attach</b> Schedule 1299-B.	<b>15</b>	_____	<b>.00</b>
<b>16</b>	Contributions to certain job training projects. See instructions.	<b>16</b>	_____	<b>.00</b>
<b>17</b>	Foreign Dividend subtraction. <b>Attach</b> Schedule J. See instructions.	<b>17</b>	_____	<b>.00</b>
<b>18</b>	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	<b>18</b>	_____	<b>.00</b>
<b>19</b>	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	<b>19</b>	_____	<b>.00</b>
<b>20</b>	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>20</b>	_____	<b>.00</b>
<b>21</b>	Other subtractions. <b>Attach</b> Schedule M (for businesses).	<b>21</b>	_____	<b>.00</b>
<b>22</b>	Total subtractions. Add Lines 10 through 21.	<b>22</b>	_____	<b>.00</b>
<b>23</b>	<b>Base income or loss.</b> Subtract Line 22 from Line 9.	<b>23</b>	_____	<b>.00</b>



<b>A If the amount on Line 23 is derived inside Illinois only, check this box and enter 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>		<input type="checkbox"/>
<b>Note</b> If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.		
<b>B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions.</b>		<input type="checkbox"/>

**Step 4: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

<b>24</b>	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	<b>24</b>	_____	<b>.00</b>
<b>25</b>	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	<b>25</b>	_____	<b>.00</b>
<b>26</b>	Add Lines 24 and 25.	<b>26</b>	_____	<b>.00</b>
<b>27</b>	Business income or loss. Subtract Line 26 from Line 23.	<b>27</b>	_____	<b>.00</b>
<b>28</b>	Total sales everywhere. This amount cannot be negative.	<b>28</b>	_____	
<b>29</b>	Total sales inside Illinois. This amount cannot be negative.	<b>29</b>	_____	
<b>30</b>	Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places.	<b>30</b>	_____	
<b>31</b>	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	<b>31</b>	_____	<b>.00</b>
<b>32</b>	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	<b>32</b>	_____	<b>.00</b>
<b>33</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>33</b>	_____	<b>.00</b>
<b>34</b>	<b>Base income or loss allocable to Illinois.</b> Add Lines 31 through 33.	<b>34</b>	_____	<b>.00</b>

**Step 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.	36	_____	.00
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	_____	.00
38	Illinois net loss deduction. <b>Attach</b> Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter zero.	38	_____	.00
39	<b>Net income.</b> Subtract Line 38 from Line 37.	39	_____	.00

**Step 6: Figure your replacement tax after credits**

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	_____	.00
41	Recapture of investment credits. <b>Attach</b> Schedule 4255.	41	_____	.00
42	Replacement tax before credits. Add Lines 40 and 41.	42	_____	.00
43	Investment credits. <b>Attach</b> Form IL-477.	43	_____	.00
44	<b>Replacement tax after credits.</b> Subtract Line 43 from Line 42. If the amount is negative, enter zero.	44	_____	.00

**Step 7: Figure your income tax after credits**

45	Income tax. Multiply Line 39 by 7.00% (.07)	45	_____	.00
46	Recapture of investment credits. <b>Attach</b> Schedule 4255.	46	_____	.00
47	Income tax before credits. Add Lines 45 and 46.	47	_____	.00
48	Income tax credits. <b>Attach</b> Schedule 1299-D.	48	_____	.00
49	<b>Income tax after credits.</b> Subtract Line 48 from Line 47. If the amount is negative, enter zero.	49	_____	.00

**Step 8: Figure your refund or balance due**

50	Replacement tax before reductions. Enter the amount from Line 44.	50	_____	.00
51	Foreign Insurer replacement tax reduction. <b>Attach</b> Schedule INS or UB/INS. See instructions.	51	_____	.00
52	Subtract Line 51 from Line 50. <b>This is your net replacement tax.</b>	52	_____	.00
53	Income tax before reductions. Enter the amount from Line 49.	53	_____	.00
54	Foreign Insurer income tax reduction. <b>Attach</b> Schedule INS or UB/INS. See instructions.	54	_____	.00
55	Subtract Line 54 from Line 53. <b>This is your net income tax.</b>	55	_____	.00
56	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	56	_____	.00
57	Sale of assets by gaming licensee surcharge. See instructions.	57	_____	.00
58	<b>Total net income and replacement taxes and surcharges.</b> Add Lines 52, 55, 56, and 57.	58	_____	.00
59	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	59	_____	.00
60	<b>Total taxes, surcharges, and penalty.</b> Add Lines 58 and 59.	60	_____	.00
61	Payments. See instructions.			
	a Credits from previous overpayments.	61a	_____	.00
	b Total payments made before the date this return is filed.	61b	_____	.00
	c Pass-through withholding 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.	61c	_____	.00
	d Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	61d	_____	.00
62	Total payments. Add Lines 61a through 61d.	62	_____	.00
63	<b>Overpayment.</b> If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	_____	.00
64	Amount to be <b>credited forward.</b> See instructions.	64	_____	.00
65	<b>Refund.</b> Subtract Line 64 from Line 63. This is the amount to be refunded.	65	_____	.00

**66 Complete to direct deposit your refund.**

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

**67 Tax due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. **67** \_\_\_\_\_ .00

**Step 9: Sign below - 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.**

<b>Sign Here</b>	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name		Paid preparer's signature		<input type="checkbox"/> Check if self-employed
	Firm's name		Firm's FEIN		Paid Preparer's PTIN
	Firm's address		Firm's phone		( )

▶ Enter the amount of your payment on the top of page 1 in the space provided.



Attach

If you completed:

<b>Form IL-1120</b>	U.S. 1120, Pages 1 through 5, or equivalent
<b>Step 1, Line E (unitary) only</b>	Schedule UB <b>Note</b> Check the box on Form IL-1120, Step 1, Line H
<b>Step 1, Line E (foreign insurer) only</b>	Schedule INS
<b>Step 1, Line E (unitary) and (foreign insurer)</b>	Schedule UB and Schedule UB/INS <b>Note</b> Check the box on Form IL-1120, Step 1, Line H
<b>Step 1, Line F</b>	Federal Form 8886 or Federal Schedule M-3 (as applicable)
<b>Step 1, Line U</b>	Federal Form 982
<b>Step 1, Line V</b>	Schedule INL
<b>Step 1, Line W</b>	Form IL-2220
<b>Lines 5 and 18</b>	Form IL-4562 <b>Note</b> Check the box on Form IL-1120, Step 1, Line K
<ul style="list-style-type: none"> <li>Special Depreciation addition</li> <li>Special Depreciation subtraction</li> </ul>	
<b>Lines 6 and 19</b>	Schedule 80/20 <b>Note</b> Check the box on Form IL-1120, Step 1, Line M
<ul style="list-style-type: none"> <li>Related-Party Expenses addition</li> <li>Related-Party Expenses subtraction</li> </ul>	
<b>Lines 7 and 20</b>	Schedule(s) K-1-P or K-1-T
<ul style="list-style-type: none"> <li>Distributive share of additions</li> <li>Distributive share of subtractions</li> </ul>	
<b>Lines 8 and 21</b>	Schedule M and any required support listed on Schedule M <b>Note</b> Check the box on Form IL-1120, Step 1, Line L
<ul style="list-style-type: none"> <li>Other additions</li> <li>Other subtractions</li> </ul>	
<b>Lines 11 through 15</b>	Schedule 1299-B and any required support listed on Schedule 1299-B
<ul style="list-style-type: none"> <li>River Edge Redevelopment Zone Dividend subtraction</li> <li>River Edge Redevelopment Zone Interest subtraction</li> <li>High Impact Business Dividend subtraction</li> <li>High Impact Business Interest subtractions</li> <li>Contributions subtraction</li> </ul>	
<b>Line 17</b> Foreign Dividend Subtraction	Illinois Schedule J, <b>and</b> U.S. 1120, Schedule C or equivalent
<b>Lines 24 and 32</b>	Schedule NB
<ul style="list-style-type: none"> <li>Nonbusiness income or loss</li> <li>Nonbusiness income or loss allocable to Illinois</li> </ul>	
<b>Lines 25 and 33</b>	Schedule(s) K-1-P or K-1-T
<ul style="list-style-type: none"> <li>Business income or loss from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates</li> <li>Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates</li> </ul>	
<b>Line 36</b> Discharge of indebtedness adjustment	Federal Form 982 <b>Note</b> Check the box on Form IL-1120, Step 1, Line U
<b>Line 38</b> Illinois net loss deduction	Schedule NLD or UB/NLD (for unitary filers)
<b>Lines 41 and 46</b> Recapture of investment credit	Schedule 4255
<b>Line 43</b> Investment credits	Form IL-477 and any required support listed on Form IL-477
<b>Line 48</b> Income tax credits	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions or Schedule 1299-I <b>Note</b> Check the box on Form IL-1120, Step 1, Line J
<b>Lines 51 and 54</b> Foreign Insurer tax reduction	Schedule INS or Schedule UB/INS (for unitary filers) <b>Note</b> Check the box on Form IL-1120, Step 1, Line E
<b>Line 59</b> Underpayment of estimated tax penalty	Form IL-2220 <b>Note</b> If you annualized your income on Form IL-2220, Step 6, check the box on Form IL-1120, Step 1, Line W
<b>Line 61c</b> Pass-through withholding reported to you	All Schedules K-1-P and K-1-T you received showing pass-through withholding
<b>Line 61d</b> Illinois gambling withholding	Copies of all Forms W-2G

**\*\*Failure to attach the required documents may result in the disallowance of the corresponding line item.\*\***