



Illinois Department of Revenue

2025 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 2025, enter your fiscal tax year here.

Tax year beginning month day year, ending month day year

► This form is for tax years ending on or after December 31, 2025, and before December 31, 2026.

For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying with this return.

\$ _____

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.

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 **Apportionment Formulas.** Check the appropriate box or boxes and see the Apportionment Formula instructions. Financial organizations Transportation companies Federally regulated exchanges Sales companies

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 Check this box if you attached the Subgroup Schedule.

K Check this box if you are a 52/53 week filer.

L Check this box if you elected to file and pay Pass-through Entity Tax. See instructions.

M If you are paying Pass-through Entity Tax and you annualized your income on Form IL-2220, check this box and attach Form IL-2220.

N Enter your federal employer identification number (FEIN).
_____O 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.

P Enter your North American Industry Classification System (NAICS) Code. See instructions.
_____Q Enter your Illinois corporate file (charter) number issued 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 36 and 44.

T 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

U 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.

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

Step 2: Figure your ordinary income or loss

1 Ordinary income or loss, or equivalent from federal Schedule K.

2 Net income or loss from all rental real estate activities.

3 Net income or loss from other rental activities.

4 Portfolio income or loss.

5 Net IRC Section 1231 gain or loss.

6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of federal Form 1120-S. See instructions. Identify: _____

7 Add Lines 1 through 6. This is your ordinary income or loss. _____

(Whole dollars only)

1 _____ •00

2 _____ •00

3 _____ •00

4 _____ •00

5 _____ •00

6 _____ •00

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 federal 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.

IR NS DR _____

IL-1120-ST (R-12/25)

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.

Page 1 of 5



Step 4: Figure your income or loss

14 Enter the amount from Line 13. **Unitary filers**, enter the amount from Schedule UB, Step 2, Col E, Line 30. 14 _____ •00

15 State, municipal, and other interest income excluded from Line 14. 15 _____ •00

16 Illinois taxes and surcharge deducted in arriving at Line 14. See instructions. 16 _____ •00

17 Illinois Special Depreciation addition. **Attach** Form IL-4562. 17 _____ •00

18 Related-Party Expenses addition. **Attach** Schedule 80/20. 18 _____ •00

19 Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T. 19 _____ •00

20 The amount of loss distributable to a shareholder subject to replacement tax. **Attach** Schedule B. 20 _____ •00

21 Other additions. **Attach** Illinois Schedule M (for businesses). 21 _____ •00

22 Add Lines 14 through 21. This amount is your income or loss. 22 _____ •00

Step 5: Figure your base income or loss

23 Interest income from U.S. Treasury or other exempt federal obligations. 23 _____ •00

24 Share of income distributable to a shareholder subject to replacement tax. **Attach** Schedule B. 24 _____ •00

25 River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A. 25 _____ •00

26 River Edge Redevelopment Zone Interest subtraction. **Attach** Schedule 1299-A. 26 _____ •00

27 High Impact Business Dividend subtraction. **Attach** Schedule 1299-A. 27 _____ •00

28 High Impact Business Interest subtraction. **Attach** Schedule 1299-A. 28 _____ •00

29 Contribution subtraction. **Attach** Schedule 1299-A. 29 _____ •00

30 Illinois Special Depreciation subtraction. **Attach** Form IL-4562. 30 _____ •00

31 Related-Party Expenses subtraction. **Attach** Schedule 80/20. 31 _____ •00

32 Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T. 32 _____ •00

33 Other subtractions. **Attach** Schedule M (for businesses). 33 _____ •00

34 Total subtractions. Add Lines 23 through 33. 34 _____ •00

35 **Base income or loss.** Subtract Line 34 from Line 22. 35 _____ •00



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.)

Note: If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.

B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions.

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36 Nonbusiness income or loss. **Attach** Schedule NB. 36 _____ •00

37 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. 37 _____ •00

38 Add Lines 36 and 37. 38 _____ •00

39 Business income or loss. Subtract Line 38 from Line 35. 39 _____ •00

40 Total sales everywhere. This amount cannot be negative. 40 _____

41 Total sales inside Illinois. This amount cannot be negative. 41 _____

42 Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. 42 _____ •

43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. 43 _____ •00

44 Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB. 44 _____ •00

45 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. 45 _____ •00

46 **Base income or loss allocable to Illinois.** Add Lines 43 through 45. 46 _____ •00



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. **Attach** 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. If Line 49 is zero or a negative amount, enter zero. **Attach** Schedule NLD. 50 _____ .00
 Check this box and attach a detailed statement if you have merged losses. ◆ ◻ ◆
 51 Net income. Subtract Line 50 from Line 49. 51 _____ .00

Step 8: Figure your net replacement tax

52 Replacement tax. Multiply Line 51 by 1.5% (.015). 52 _____ .00
 53 Recapture of investment credits. **Attach** Schedule 4255. 53 _____ .00
 54 Replacement tax before investment credits. Add Lines 52 and 53. 54 _____ .00
 55 Investment credits. **Attach** Form IL-477. 55 _____ .00
 56 Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter zero. 56 _____ .00

Step 9: Figure the taxes, surcharges, pass-through withholding, and penalty you owe

57 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. 57 _____ .00
 58 Sale of assets by gaming licensee surcharge. See instructions. 58 _____ .00
 59 Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 5. See instructions. **Attach** Schedule B. 59 _____ .00
 60 Pass-through entity income. See instructions. ◆ 60 _____ .00 ◆
 61 Pass-through entity tax. See instructions. 61 _____ .00
 62 Total net replacement tax, surcharges, pass-through withholding, and pass-through entity tax you owe. Add Lines 56, 57, 58, 59, and 61. 62 _____ .00
 63 Underpayment of estimated tax penalty from Form IL-2220. See instructions. 63 _____ .00
 64 Total taxes, surcharges, pass-through withholding, and penalty. Add Lines 62 and 63. 64 _____ .00

Step 10: Figure your refund or balance due

65 Payments. See instructions.
 a Credit from previous overpayments. 65a _____ .00
 b Total payments made before the date this return is filed. 65b _____ .00
 c Pass-through withholding reported to you. **Attach** Schedule(s) K-1-P or K-1-T. 65c _____ .00
 d Illinois income tax withholding. **Attach** Form(s) W-2G. 65d _____ .00
 66 Total payments. Add Lines 65a through 65d. 66 _____ .00
 67 Overpayment. If Line 66 is greater than Line 64, subtract Line 64 from Line 66. 67 _____ .00
 68 Amount to be credited forward. See instructions.
 Check this box and attach a detailed statement if this carryforward is going to a different FEIN. ◆ ◻ ◆
 69 Refund. Subtract Line 68 from Line 67. This is the amount to be refunded. 69 _____ .00

70 Complete to direct deposit your refund

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

71 Tax Due. If Line 64 is greater than Line 66 subtract Line 66 from Line 64. This is the amount you owe. 71 _____ .00

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 11: 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.

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

If a payment is enclosed, mail your Form IL-1120-ST to:

Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

If a payment is not enclosed, mail your Form IL-1120-ST to:

Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032



Partners' or Shareholders' Information

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

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) or Schedule(s) K-1-P(4) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.
- Investment partnerships should attach documentation to their return that supports their status as an investment partnership.

Note: Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. 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. See instructions before completing.

Totals from Schedule(s) K-1-P

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. 1 _____
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. 2 _____

Totals from Schedule B, Section B

- 3 Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. 3 _____
- 4 Enter the total pass-through withholding or investment partnership withholding you reported on all pages of your Schedule B, Section B, Line J for your
 - a. nonresident individual members. 4a _____
 - b. nonresident estate members. 4b _____
 - c. partnership and S corporation members. 4c _____
 - d. nonresident trust members. 4d _____
 - e. C corporation members. 4e _____
- 5 Add Line 4a through Line 4e. This is the total pass-through withholding or investment partnership withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here **and** on:
 - Form IL-1120-ST (Form IL-1120-ST-X), Line 59;
 - Form IL-1065 (Form IL-1065-X), Line 59a, for pass-through withholding; **or**
 - Form IL-1065 (Form IL-1065-X), Line 59b, for investment partnership withholding.5 _____
- 6 Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. 6 _____
- 7 Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. 7 _____

► Attach all pages of Schedule B, Section B behind this page.



**Illinois Department of Revenue
2025 Schedule 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.)

Member 1

Member 2

Member 3

A Name _____

C/O _____

Address 1 _____

Address 2 _____

City _____

State, ZIP _____

B Entity type _____

C SSN/FEIN _____

D Subject to Illinois
replacement tax
or an ESOP

E Member's distributable
amount of base
income or loss

F Excluded from
pass-through
withholding

G Share of Illinois
income subject to
pass-through
withholding or
investment partnership
withholding

H Pass-through
withholding or
investment partnership
withholding
before credits

I Distributable
share of credits

J Pass-through
withholding or
investment partnership
withholding amount

K PTE tax credit
paid to members

L PTE tax credit
received and
distributed to
members

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