



**Illinois Corporation
Income and Replacement
Tax Return**

1999 IL-1120

or fiscal year beginning ____/____, 1999, ending ____/____, 20 ____.

Due on or before the 15th day of the 3rd month following the close of the tax year.

Do not write above this line.

Place Name _____

label C/O _____

here Mailing address _____

City _____ State _____ ZIP _____

____ - _____
Federal employer identification number (FEIN)

- This is an Illinois combined unitary return. Attach completed Schedule UB.
- Foreign insurer (see instructions)

- Check applicable boxes:
- Name or address change First return Final return
- If you checked final return, complete the questions located at the end of this return.

Are you a member of a group filing a federal consolidated return? yes no If "yes," write the FEIN of the federal parent ____ - _____

Part I — Base income (loss)

- 1 Federal taxable income before FNOLD from worksheet (See specific instructions for Part I.) (Attachments required, see General Information, "What attachments do I need?") 1 _____
- 2 Additions (See specific instructions for Part I.)
 - a State, municipal, and other interest income excluded in arriving at Line 1 above 2a _____
 - b Illinois income and replacement tax deducted in arriving at Line 1 above 2b _____
 - c Other additions (specify: _____) 2c _____
- 3 Total additions. Add Lines 2a through 2c. 3 _____
- 4 Total income. Add Lines 1 and 3. 4 _____
- 5 Subtractions (See specific instructions for Part I.)
 - a Interest income from U.S. Treasury and federal agency obligations 5a _____
 - b Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-B 5b _____
 - c Enterprise zone contributions from Schedule 1299-B 5c _____
 - d Enterprise zone or high impact business interest from Schedule 1299-B 5d _____
 - e Contributions to certain job training projects (See specific instructions for Part I.) 5e _____
 - f Other subtractions (specify: _____) 5f _____
 - g Federal NOL carryforward from tax years ending prior to 12/31/86 (Attach Sch. NL-5g.) 5g _____
- 6 Total subtractions. Add Lines 5a through 5g. 6 _____
- 7 Base income (loss). Subtract Line 6 from Line 4. 7 _____
If base income (loss) is derived solely inside Illinois, write this amount on Part IV, Line 1.
If base income (loss) is derived inside and outside Illinois, write this amount on Part III, Line 1.

Part II — Total tax

- 1 Write the net replacement tax from Part IV, Line 11. 1 _____
- 2 Write the net income tax from Part V, Line 6. 2 _____
- 3 Total net income and replacement tax. Add Lines 1 and 2. 3 _____
- 4 a Estimated income and replacement tax payments (Include any 1998 overpayment credited to 1999 income and replacement tax.) 4a _____
b Income and replacement tax paid with Form IL-505-B (See instructions.) 4b _____
- 5 Total payments (and credit). Add Lines 4a and 4b. 5 _____
- 6 **Overpayment.** Subtract Line 5 from Line 3. 6 _____
a Write the amount of overpayment to be credited to 2000 estimated tax. 6a _____
- 7 **Tax due.** Subtract Line 6 from Line 3. This is your balance of tax due (see instructions). Pay in full if \$1 or more. 7 _____
If you attached a completed Form IL-2220, check this box.

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.

Do not write in this box.

Sign _____ / ____ / ____
Signature of authorized officer Date

(____) _____
Phone

here _____ / ____ / ____
Signature of preparer Date

Preparer's SSN, FEIN, or PTIN

Check if self-employed

Preparer firm's name (or yours, if self-employed)

Address

(____) _____
Phone

➤ **Mail this return to: Illinois Department of Revenue, P.O. Box 19008, Springfield, IL 62794-9008** ◀

Attach remittance payable to "Illinois Department of Revenue" here.

Part III — Base income (loss) allocable to Illinois

Complete Part III only if base income (loss) is derived inside and outside Illinois.

- 1 Base income (loss) from Part I, Line 7 1 _____
- 2 a Nonbusiness income (loss) net of deductions directly allocable to such income.
(Attach Schedule NB. See Part III - General Instructions.) 2a _____
- b Non-unitary partnership business income (loss) included in Part III, Line 1.
(See instructions.) 2b _____
- 3 Total. Add Lines 2a and 2b. 3 _____
- 4 Business income (loss). Subtract Line 3 from Line 1. 4 _____
- 5 Business income apportionment formula. (Insurance companies, financial organizations, and transportation companies see Special Apportionment Formulas instructions.)

| | 1 Total everywhere (cannot be negative) | 2 Within Illinois (cannot be negative) | 3 Ratio Column 2 ÷ Column 1 (carry to six decimal places) | 4 Weighted factors | 5 Weighted totals |
|--|---|--|--|--------------------------|-------------------------|
|--|---|--|--|--------------------------|-------------------------|

- | | | | | | |
|---|----------|--|--|----|-------|
| a Property factor | 5a _____ | | | | |
| b Payroll factor | 5b _____ | | | | |
| c Sales factor | 5c _____ | | | | |
| 6 Apportionment factor. Add Column 5, Lines 5a through 5c. (See instructions.) | | | | 6 | _____ |
| 7 Business income (loss) apportionable to Illinois. Multiply Line 4 by Line 6. | | | | 7 | _____ |
| 8 Nonbusiness income (loss) allocable to Illinois. (Attach Schedule NB. See Part III - General Instructions.) | | | | 8 | _____ |
| 9 Non-unitary partnership business income (loss) apportionable to Illinois. (See instructions.) | | | | 9 | _____ |
| 10 Base income or net loss allocable to Illinois. Add Lines 7 through 9. Write on Part IV, Line 1. | | | | 10 | _____ |

Part IV — Net income and replacement tax

- 1 Base income (loss) from Part III, Line 10, if applicable; otherwise from Part I, Line 7 1 _____
Check this box if Line 1 above is a loss and you are electing to forgo the Illinois NLD carryback period. → a
- 2 Illinois net loss deduction (NLD). (Attach Schedule NLD.) Write "0" if Line 1 is zero or negative. 2 _____
- 3 Income after NLD. Subtract Line 2 from Line 1 (cannot be less than zero). 3 _____
- 4 Total base income (loss) from Part I, Line 7 4 _____
- 5 Divide Line 1 by Line 4. If Line 1 equals or exceeds Line 4, write "1." 5 _____
- 6 Standard exemption. Multiply Line 5 by \$1,000. (Short year filers. See General Information.) 6 _____
- 7 Net income. Subtract Line 6 from Line 3. (Also write on **Part V, Line 1.**) 7 _____
- 8 a Replacement tax. Multiply Line 7 by 2.5% (.025). 8a _____
- b Recapture of investment credits from Schedule 4255. (See instructions.) 8b _____
- 9 Total replacement tax before investment credits. Add Lines 8a and 8b. 9 _____
- 10 Investment credits from Form IL-477. (Attach Form IL-477. See instructions.) 10 _____
- 11 Net replacement tax. Subtract Line 10 from Line 9 (cannot be less than zero). Write on Part II, Line 1. 11 _____

Part V — Income tax

- 1 Net income from Part IV, Line 7 1 _____
- 2 a Income tax. Multiply Line 1 by 4.8% (.048). 2a _____
- b Recapture of investment credits from Schedule 4255. (See instructions.) 2b _____
- 3 Total income tax before credits. Add Lines 2a and 2b. 3 _____
- 4 a Income tax credits from Schedule 1299-D (Attach Schedule 1299-D.) 4a _____
- b Credit for replacement tax paid (from worksheet, see instructions) 4b _____
- c Carryforward of credit for replacement tax paid (from worksheet) 4c _____
- 5 Total credits. Add Lines 4a through 4c. 5 _____
- 6 Net income tax. Subtract Line 5 from Line 3 (cannot be less than zero). Write on Part II, Line 2. 6 _____

Part VI — This information must be completed by all taxpayers.

- 1 Check the method of accounting used in preparing this return.
 Cash Accrual Other (Specify: _____)
- 2 In which state is the corporation's trade or business principally directed or managed? _____
- 3 Where are the corporation's accounting records?
City, state: _____
- 4 Where is your principal place of business in Illinois?
Address: _____
- 5 Date of incorporation: ____/____/____ and state: _____
Principal business activity: _____
- 6 If this is a **final return**, complete the date the business was
 discontinued ____/____/____ or sold ____/____/____
New owner's name: _____
- 7 Write the date and amount of all 1999 Illinois estimated income tax payments made.

| | | |
|-------------------------|----------------|----------|
| 1st | ____/____/____ | \$ _____ |
| 2nd | ____/____/____ | \$ _____ |
| 3rd | ____/____/____ | \$ _____ |
| 4th | ____/____/____ | \$ _____ |
| Credit from 1998 | | \$ _____ |
| Total | | \$ _____ |

