

Illinois Small Business Corporation Replacement 1999

1999 IL-1120-ST

| | | | not write above this line. |
|--------|---|------------------------------|---------------------------------------|
| | | 1 1 1 1 | |
| lace | Name | - Federal employer ider | .lll ntification number (FEIN) |
| | | | , |
| abel | C/O | Check applicable b | |
| | C/O | ☐ Name or | First return Final return |
| ere | M 29 11 | address change | |
| | Mailing address | If you checked fina | return, complete the questions |
| | | located at the end | of this return. |
| | City State ZIP | | |
| re you | a member of a group filing as a unitary business? $\ \square$ yes $\ \square$ no $\ $ If yes, write the FEIN of the member | er who will file Schedule U | B: |
| Part | I – Base income (loss) Complete Part IA before completing P | art I | |
| 1 | Unmodified base income (loss) from Part IA, Line 5 | | 1 |
| 2 | Additions (See specific instructions for Part I.) | | · |
| | State, municipal, and other interest income excluded in arriving at Line 1 above | 2a | |
| | b Illinois replacement tax deducted in arriving at Line 1 above | 2b | |
| | C Other additions (specify: |) 2c | |
| | Total additions. Add Lines 2a through 2c. | / == | 3 |
| | Total income. Add Lines 1 and 3. | | 4 |
| _ | | | ▼ |
| | Subtractions (See specific instructions for Part I.) a Interest income from U.S. Treasury and federal agency obligations | 5 2 | |
| | | 5a | |
| | b Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-A | 5b | |
| | Enterprise zone contributions from Schedule 1299-A | 5c | |
| | d Enterprise zone or high impact business interest from Schedule 1299-A | 5d | |
| 1 | e Expenses incurred in producing certain federally tax-exempt income (See instructions | .) 5e _ | |
| | (|) 5 f | |
| 6 | Total subtractions. Add Lines 5a through 5f. | | 6 |
| | Base income (loss). Subtract Line 6 from Line 4. | | |
| , | If base income (loss) is derived solely inside Illinois, write this amount on Part II, Line | 1a. | |
| | If base income (loss) is derived inside and outside Illinois, write this amount on Part III | , Line 1. | 7 |
| Part | II – Net income (loss) and replacement tax Base income (loss) from Part III. Line 10, if applicable; otherwise, from Part II. Line | | · · · · · · · · · · · · · · · · · · · |
| 1 | a Base income (loss) from Part III, Line 10, if applicable; otherwise, from Part I, Line | 7 | 1a |
| | Check this box if Line 1a is a loss and you are electing to forgo the Illinois NLD car | | |
| | b Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.) | . , | 1b |
| | Income after NLD. Subtract Line 1b from Line 1a (cannot be less than zero). | | 1c |
| 2 | Total base income from Part I, Line 7 | 2 | . • |
| | Divide Line 1a by Line 2. If Line 1a equals or exceeds Line 2, write "1." | 3 | |
| | · | · | |
| | Standard exemption. Multiply Line 3 by \$1,000 (short year filers, see General Informat | iori). | * |
| _ | Net income. Subtract Line 4 from Line 1c. | 0- | 5 |
| 6 | Replacement tax. Multiply Line 5 by 1.5% (.015). | 6a | |
| _ | b Recapture of investment credits from Schedule 4255. (See instructions.) | 6b | |
| | Total replacement tax before investment credits. Add Lines 6a and 6b. | | 7 |
| 8 | Investment credits from Form IL-477. (Attach Form IL-477, see instructions.) | | 8 |
| 9 | Net replacement tax. Subtract Line 8 from Line 7 (cannot be less than zero). | | 9 |
| 10 | Tax paid with Form IL-505-B. Include any 1998 overpayment credited to 1999 tax. | | 10 |
| 11 | Overpayment. Subtract Line 9 from Line 10. | | 11 |
| | Write the amount of overpayment to be credited to 2000. | 11a | |
| | Tax due. Subtract Line 10 from Line 9. This is your balance of tax due (see instructions) | Pav in full if \$1 or m | ore. 12 |
| | | | |
| Unde | penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is | true, correct, and compl | ete. Do not write in this box. |
| 0:- | 1 1 | ١ | |
| Sig | Signature of authorized officer Date Ph | / one | |
| her | | | Check if self- |
| • | / / | eparer's SSN, FEIN or PTIN | employed |
| | Organicate of properties Date Fit | parora dors, i Elistor Fills | |
| | | | () |
| | Preparer firm's name (or yours, if self-employed) Address | | Phone |

ID_

| Part | IA – Ordinary income adjustments – (See instructions.) | | | |
|--------|---|----------------------------|-----------------------|----------|
| 1 | Ordinary income (loss) from U.S. Form 1120S, Line 21 | | 1 | |
| 2 | Write the appropriate amounts from U.S. Form 1120S, Schedule K. | | | , |
| | a Net income (loss) from rental real estate activities from Line 2 | 2a | | |
| | b Net income (loss) from other rental activities from Line 3c | 2b | i | |
| | c Portfolio income (loss) from Lines 4a through 4f | 2c | | |
| | d Net IRC, Section 1231, gain (loss) from involuntary conversions due to casua | alty | | |
| | and theft, included in Line 6 | 2d | | |
| | e Net gain (loss) from sale or exchange of property used in trade or business | | | |
| | and certain involuntary conversions under IRC, Section 1231, from Line 5 | 2e | 1 | |
| | f Any other items of income (loss) that were not included in the computation | | | |
| | of ordinary income (loss) on U.S. Form 1120S, Page 1 | | | |
| | Identify: | 2 f | 1 | |
| 2 | Total. Add Lines 2a through 2f. | | 2 | 1 |
| 3 | Add Lines 1 and 2. | | 3 | |
| 4 | Write the appropriate amounts from U.S. Form 1120S, Schedule K. | | | I |
| - | a Charitable contributions from Line 7 | 4a | 1 | |
| | b Expense deduction under IRC, Section 179, from Line 8 | 4b | | |
| | c Oil and gas depletion (See instructions.) | 4c | | |
| | d Interest on investment indebtedness from Line 11a | 4d | | |
| | e Any other items of expense that were not deducted when computing your ord | | | |
| | income (loss) on U.S. Form 1120S, Page 1 | an iai y | | |
| | Identify: | 4e | 1 | |
| 4 | Total. Add Lines 4a through 4e. | | I | 1 |
| 5 | Unmodified base income (loss). Subtract Line 4 from Line 3 and write on Part I, | Line 1 | | |
| J | Offinounied base income (1055). Subtract Line 4 from Line 5 and write on 1 art 1, | LINE 1. | J | l |
| 1 2 | Base income (loss) from Part I, Line 7 Nonbusiness income (loss) included in Line 1 net of deductions directly alloc to such income (Attach Schedule NB, see Part III, specific instructions.) | able 2a | · <u></u> | I |
| | b Non-unitary partnership, trust, and estate business income (loss) included in | | | |
| | Part III, Line 1 | 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 (Financial organizations and transporta | ation companies see | | |
| | Special Apportionment Formula instructions.) | | | |
| | 1 2 | 3 | 4 | 5 |
| | Total everywhere Within Illinois | Ratio | Weighted | Weighted |
| | (cannot be negative) (cannot be negative) | Column 2 ÷ Colum | nn 1 factors | totals |
| | | (carry to six decimal p | places) | |
| | a Property factor 5a | • | X • <u>083333</u> = • | |
| | a Property factor 5a b Payroll factor 5b | | X • <u>083333</u> = • | |
| | c Sales factor 5c | l • | X <u>•833334</u> = • | |
| 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 II | II, specific instructions. | | |
| 9 | Partnership, trust, and estate business income (loss) apportionable to Illinois | | | |
| 10 | Base income or net loss allocable to Illinois. Add Lines 7 through 9 and write on | Part II, Line 1a. | 10 | |
| | | | | |
| 1 | Check the method of accounting used in preparing this return: | Accrual | Other (specify: |) |
| | | | | |
| If yo | u sold or discontinued your business, complete the following ques | tions. | | |
| ^ | Ducinosa dispostinuad data: | aa aald dete: | | |
| 2 | Business discontinued date: (or) Busine | ss sold date: | | |
| 3 | New owner's name and address: | | | |
| 3 | New owner's name and address: | | | |
| 4 | Former owner's forwarding address: | | | |



Year ending

Year

Schedule B Partners' or Shareholders' Identification

| _ | | • | - | | | | | • | | | _ |
|-------|----------|--------|----------|--------|----------|---------|------|---|--|-------|---|
| Attac | h to you | ır For | m IL- | 1120-S | T or For | m IL-10 | 065. | | | Month | |

Name as shown on your Form IL-1120-ST or Form IL-1065

Federal employer identification number (FEIN)

| Identify your sharehold | ders or partners | | |
|-------------------------|------------------|--------------------------------|--------------------|
| Α | В | С | D |
| Name | Address | Social Security number or FEIN | Share of income (% |
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| Year | end | ina |
|------|-----|-----|
| | | |

Month Year

Name as shown on your Form IL-1120, IL-1120-ST, or IL-1065

Federal employer identification no. (FEIN)

Read the instructions before completing this form.

| | | | Column A Total everywhere | Column B Allocable to Illinois |
|---|---|-----|------------------------------|-----------------------------------|
| 1 | Interest* | 1 . | | |
| 2 | Dividends* | 2 | | |
| 3 | Rental income | 3 | | |
| 4 | Patent royalties | 4 | | |
| 5 | Copyright royalties | 5 | | |
| 6 | Other royalty income | 6 | | |
| 7 | Capital gain (loss) from real property | 7 | | |
| 8 | Capital gain (loss) from tangible personal property | 8 | | |
| 9 | Capital gain (loss) from intangible personal property | 9 | | |
| 0 | Other (specify) | 10 | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | Totals | - | | |
| | | | Write this total on | Write this total on |

*Interest and dividends are allocable to Illinois if your commercial domicile was in Illinois at the time the interest or dividend was paid or accrued.