



# Illinois Department of Revenue 2001 Form IL-1120

## Corporation Income and Replacement Tax Return

or fiscal year beginning \_\_\_\_/\_\_\_\_/\_\_\_\_, 2001, 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.

**Type** Name \_\_\_\_\_

**or** C/O \_\_\_\_\_

**print** Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if your name or address has changed.

\_\_\_\_ - \_\_\_\_\_  
Federal employer identification number (FEIN)

\_\_\_\_ - \_\_\_\_\_  
Illinois business tax (IBT) number

This is an Illinois combined unitary return. Attach completed Schedule UB.

Foreign insurer (see instructions)

Check the box if this is your:  First return  
 Final return, complete the questions at the end.

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 or loss

1 Write your federal taxable income before FNOLD from the 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 Add Lines 2a through 2c. This is the total of your additions. **3** \_\_\_\_\_

4 Add Lines 1 and 3. This is your total income. **4** \_\_\_\_\_

5 Subtractions (See specific instructions for Part I.)

**a** Interest income from U.S. Treasury and other exempt federal 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** \_\_\_\_\_

6 Add Lines 5a through 5f. This is the total of your subtractions. **6** \_\_\_\_\_

7 Subtract Line 6 from Line 4. This is your base income or loss. **7** \_\_\_\_\_

If your base income or loss is derived solely inside Illinois, write this amount on Part IV, Line 1.  
If your base income or 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 Add Lines 1 and 2. This is your total net income and replacement tax. **3** \_\_\_\_\_

4 **a** Estimated income and replacement tax payments (Include any 2000 overpayment credited to 2001 income and replacement tax.) **4a** \_\_\_\_\_

**b** Income and replacement tax paid with Form IL-505-B (See instructions.) **4b** \_\_\_\_\_

5 Add Lines 4a and 4b. This is the total of your payments and credit. **5** \_\_\_\_\_

6 **Overpayment.** Subtract Line 5 from Line 3. **6** \_\_\_\_\_

**a** Write the amount of overpayment to be credited to 2002 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 here** Signature of authorized officer \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ Date \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_

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 ◀

NS TS FI NB ND JI NK NN NT NW BE EF LN UB UD UL UM ME XX PB \_\_\_\_\_ PZ \_\_\_\_\_ AL \_\_\_\_\_ DR \_\_\_\_\_ ID \_\_\_\_\_

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

**Part III — Base income or loss allocable to Illinois**

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

- 1 Write your base income or loss from Part I, Line 7 1 \_\_\_\_\_
2 a Nonbusiness income or loss, minus deductions allocable to that income and included in Part III, Line 1. (Attach Schedule NB. See Part III - General Instructions.) 2a \_\_\_\_\_
b Business income or loss from non-unitary partnerships, trusts, and estates included in Part III, Line 1. (See instructions.) 2b \_\_\_\_\_
3 Add Lines 2a and 2b. This is the total of your subtractions. 3 \_\_\_\_\_
4 Subtract Line 3 from Line 1. This is your business income or loss. 4 \_\_\_\_\_
5 Business income apportionment formula. (Insurance companies, financial organizations, and transportation companies see Special Apportionment Formulas instructions.)
a Total sales everywhere (cannot be negative) 5a \_\_\_\_\_
b Total sales within Illinois (cannot be negative) 5b \_\_\_\_\_
c Divide Line 5b by Line 5a. (Carry to six decimal places.) This is your apportionment factor. 5c . \_\_\_\_\_
6 Multiply Line 4 by Line 5c. This is your business income or loss apportionable to Illinois. 6 \_\_\_\_\_
7 Nonbusiness income or loss allocable to Illinois. (Attach Schedule NB. See Part III - General Instructions.) 7 \_\_\_\_\_
8 Business income or loss apportionable to Illinois from non-unitary partnerships, trusts, and estates. (See instr.) 8 \_\_\_\_\_
9 Add Lines 6 through 8. This is your base income or net loss allocable to Illinois. Write here and on Part IV, Line 1. 9 \_\_\_\_\_

**Part IV — Net income and replacement tax**

- 1 Write your base income or loss from Part III, Line 9, if applicable; otherwise from Part I, Line 7. Check this box if Line 1 is a loss and you are electing to only carry this loss forward. (See instructions.) -> a  1 \_\_\_\_\_
2 Illinois net loss deduction (NLD). (Attach Schedule NLD.) Write "0" if Line 1 is zero or negative. 2 \_\_\_\_\_
3 Subtract Line 2 from Line 1 (cannot be less than zero). This is your income after NLD. 3 \_\_\_\_\_
4 Write your total base income or 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 Multiply Line 5 by \$1,000. This is your standard exemption. If you are a short year filer, see General Information. 6 \_\_\_\_\_
7 Subtract Line 6 from Line 3. This is your net income. Write here and on Part V, Line 1. 7 \_\_\_\_\_
8 a Multiply Line 7 by 2.5% (.025). This is your replacement tax. 8a \_\_\_\_\_
b Recapture of investment credits from Schedule 4255. (See instructions.) 8b \_\_\_\_\_
9 Add Lines 8a and 8b. This is your total replacement tax before investment credits. 9 \_\_\_\_\_
10 Investment credits from Form IL-477. (Attach Form IL-477. See instructions.) 10 \_\_\_\_\_
11 Subtract Line 10 from Line 9 (cannot be less than zero.) This is your net replacement tax. Write here and on Part II, Line 1. 11 \_\_\_\_\_

**Part V — Income tax**

- 1 Write the net income from Part IV, Line 7 1 \_\_\_\_\_
2 a Multiply Line 1 by 4.8% (.048). This is your income tax. 2a \_\_\_\_\_
b Recapture of investment credits from Schedule 4255. (See instructions.) 2b \_\_\_\_\_
3 Add Lines 2a and 2b. This is your total income tax before credits. 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 Add Lines 4a through 4c. This is the total of your credits. 5 \_\_\_\_\_
6 Subtract Line 5 from Line 3 (cannot be less than zero). This is your net income tax. Write here and 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 Write the state where your corporation's trade or business is principally directed or managed. State: \_\_\_\_\_
3 Write the city and state where your corporation's accounting records are kept. City: \_\_\_\_\_ State: \_\_\_\_\_
4 Write the Illinois address of your principal place of business. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IL ZIP: \_\_\_\_\_
5 Write the date of incorporation and state: Date: \_\_\_/\_\_\_/\_\_\_ State: \_\_\_\_\_ Write your principal business activity: \_\_\_\_\_
6 If this is your final return, complete the date the business was [ ] discontinued \_\_\_/\_\_\_/\_\_\_ or [ ] sold \_\_\_/\_\_\_/\_\_\_ Write the new owner's name: \_\_\_\_\_
7 Write the date and amount of all 2001 Illinois estimated income and replacement tax payments made. 1st \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ 2nd \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ 3rd \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ 4th \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Credit from 2000 \$ \_\_\_\_\_ Total \$ \_\_\_\_\_



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. This form has been approved by the Forms Management Center. IL-492-0089