

## Illinois Department of Revenue 2003 Form IL-1120-ST Small Business Corporation

or fiscal year beginning \_\_\_/\_\_\_, 2003, ending \_\_\_/\_\_\_, 20\_\_\_\_. Replacement Tax Return Due on or before the 15th day of the 3rd month following the close of the tax year.

		Do not writ	e above this line.	
_				
Type	Name	Federal employer identific	cation number (FEIN)	
			-	
or	C/O	Illinois business tax (IBT)	number	
		Check this box if you	are unitary and write the	FEIN
print	Mailing address	of the Sch. UB filer		
	City State ZIP		s your:	
	Check the box if your name or address has changed.	☐ Final return, compl	ete the questions at the	end.
Par	t I — Base income or loss Complete Part IA before completing F	Part I		
	Write your unmodified base income or loss from Part IA, Line 5.	arti	1	
	Additions (See specific instructions for Part I.)			
	a State, municipal, and other interest income excluded in arriving at Line 1 above	2a		
	<b>b</b> Illinois replacement tax deducted in arriving at Line 1 above	2b	_	
	c Other additions (specify:	2c	_	
	<b>d</b> The share of loss distributable to a shareholder subject to Illinois replacement tax	2d	_	
3	Add Lines 2a through 2d. This is the total of your additions.		_ 3	
	Add Lines 1 and 3. This is your total income.		4	
	Subtractions. (See specific instructions for Part I.)			
	a Interest income from U.S. Treasury and other exempt federal obligations	5a ∣		
	<b>b</b> Enterprise zone subtractions from Schedule 1299-A (See instructions.)	5b	_	
	<b>c</b> The share of income distributable to a shareholder subject to Illinois replacement tax			
	<b>d</b> Expenses incurred in producing certain federally tax-exempt income (See instructions.)			
	e Other subtractions (specify:)	5e		
6	Add Lines 5a through 5e. This is the total of your subtractions.		_ 6	
	Subtract Line 6 from Line 4. This is your base income or loss.			
A .	If your base income or loss is derived solely inside Illinois, write this amount on Part	II I ine 1a		
ď.	If any portion of your base income or loss is derived outside Illinois, write this amoun		7	
Department of Revenue" here		toni i dit ini, Emo 1.	•	
ੂPar ≗ 1	<ul> <li>t II — Net income or loss and replacement tax</li> <li>a Write your base income or loss from Part III, Line 9, if applicable; otherwise, from Part III, Line 9, if appl</li></ul>	art I Line 7	1a	
en.	<b>b</b> Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.)	arti, Ellio 7.	1b	
Ş S	c Subtract Line 1b from Line 1a (cannot be less than zero). This is your income after N	II D	1c	
<u>_</u> 2	a Multiply Line 1c by 1.5% (.015). This is your replacement tax.	2a		
ent •	<b>b</b> Recapture of investment credits from Schedule 4255. (See instructions.)	2b		
E 3	Add Lines 2a and 2b. This is the total of your replacement tax before investment credits			
ede 4	Investment credits from Form IL-477. (Attach Form IL-477, see instructions.)	o.	4	
<b>σ</b> 5	Subtract Line 4 from Line 3 (cannot be less than zero). This is your net replacement ta	Y	5	
$\circ$	Tax paid with Form IL-505-B. Include any 2002 overpayment credited to 2003 tax.	Λ.	6	
<b>₽</b> 7	Overpayment. Subtract Line 5 from Line 6.		7	
Attach remittance payable to	a Write the amount of overpayment to be credited to 2004.	7a	·	
aple Q	<b>Tax due.</b> Subtract Line 6 from Line 5. This is your balance of tax due (see instructions). P		Q	
— 3a	·		Do not write in this h	
g Und	er penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it i	s true, correct, and comple	ete. Do not write in this bo	X.
tan				
ig 😞	. , , , ,			
<u> </u>	ign / Signature of authorized officer / Date F	) Phone		
tacl			Check if self-	
₹ 11	Signature of preparer   I/	Preparer's SSN, FEIN, or PTIN	employed	Ш
4	org. radio or property.			
	Preparer firm's name (or yours, if self-employed)  Address		() Phone	
	Mail this return to: Illinois Department of Revenue, P.O. Box 1903	2, Springfield, IL 62	2794-9032 🚄	
	•		-	
	70 ME ED TE EL DO VV MA MO DO LE 114 MU DE 17 TO 117	10		
NS T	'S ME ED TF FI BS XX MA MC BD LF IM MH DE IZ TG UR L	JS AL DR _	ID	

Part	IA — Ordinary income adjustments — (See instructions.)			
1	Write your ordinary income or loss from U.S. Form 1120S, Schedule K, Line 1.		1	
2	Write the appropriate amounts from U.S. Form 1120S, Schedule K.			
	a Net income or loss from rental real estate activities from Line 2			
	<b>b</b> Net income or loss from other rental activities from Line 3c <b>2b</b>			
	c Portfolio income or loss from Lines 4a through 4f			
	<b>d</b> Net IRC, Section 1231, gain or loss from involuntary conversions due to casualty		•	
	and theft, included in Line 6.			
	e Net gain or loss from sale or exchange of property used in trade or business		•	
	and certain involuntary conversions under IRC, Section 1231, from Line 5b.	1		
	f Any other items of income or loss that were not included in the computation		•	
	of ordinary income or loss on U.S. Form 1120S, Page 1			
	identify: <b>2f</b>			
2	Total. Add Lines 2a through 2f.		2	1
3	Add Lines 1 and 2.		2	_
			<b>J</b>	_
4	Write the appropriate amounts from U.S. Form 1120S, Schedule K.			
	a Charitable contributions from Line 7  4a			
	<b>b</b> Expense deduction under IRC, Section 179, from Line 8  4b		-	
	c Oil and gas depletion (See instructions.)		-	
	d Interest on investment indebtedness from Line 11a			
	e Any other items of expense that were not deducted in the computation			
	of ordinary income or loss on U.S. Form 1120S, Page 1			
	identify: 4e			
4	Total. Add Lines 4a through 4e.		4	_
5	Subtract Line 4 from Line 3. This is your unmodified base income or loss. Write here and or	n Part I, Line 1.	5	_
Dowl	III Page income on loca ellegable to Illinois			
	III — Base income or loss allocable to Illinois			
	plete Part III only if any portion of your base income or loss is derived outside Illinois.		4	
	Write your base income or loss from Part I, Line 7		1	-l
2	a Nonbusiness income or loss included in Part III, Line 1. (Attach Schedule NB.)			
	If you are making the business income election, check			
	this box and write zero here and on Part III, Line 7.(See instructions.)   2a			
	<b>b</b> Business income or loss from non-unitary partnerships, trusts, and estates			
	included in Part III, Line 1. (See instructions.)			
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	_l
5	Business income apportionment formula. (Financial organizations and transportation comp			
	the appropriate box and see Special Apportionment Formulas instructions.)	□ T		
	a Total sales everywhere 5a			
	<b>b</b> Total sales within Illinois 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 Sch. NB.) If you checked the box on Lin	e 2a, write zero here.	7	Ī
8	Business income or loss apportionable to Illinois from non-unitary partnerships, trusts, and			
9	Add Lines 6 through 8. This is your base income or net loss allocable to Illinois. Write here an			
1	Check the method of accounting used in preparing this return:	ual 🗌 Other (Sp	ecify:	)
16			-	,
іт ус	u discontinued or sold your business, please complete the following.			
2	If you discontinued your business, write the date://			
3	If you sold your business, write the date:			
4	Tell us the new owner's name:			
5	Tall up the new owner's address:			
•				
6	Tell us the former owner's forwarding address:			
U	reli us the former owner's forwarding address:			



Year ending

Schedule B Partners' or Shareholders' Identification

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

Month	Year

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

Identify your partners o	or shareholders		
Α	В	С	<b>D</b> Share of
Name	Address	Social Security number or FEIN	income or loss(%)
1			
2			
3			
4			
5			
6			
7			
8			
12			
14			
15			
16			
17			
18			
19			
25			

Year	en	di	n	q
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Month	Year

Vrite y	your name	as showr	n on	your	Form	IL-1	1120,	IL-	1120-S7	ī, IL	-1065
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Write your federal employer identification number (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			
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		
10	Other (specify)	10		
	Totals			
			Write this total on Part III, Line 2a.	Write this total on Part III, Line 7.

\*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.