This form is authorized as outlined by the Illinois Incor result in a penalty. This form has been approved by the

	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide infor	mation could
/05)	result in a penalty. This form has been approved by the Forms Management Center.	IL-492-3966
,		

St	ep 1: Figure the tax imposed by your state of <u> FNote</u> You must complete Steps 1 through 7 of you	-	this schedule.
2 3 4	Write the base income from your Form IL-1120, Step 3, Line 25 Write the net income from your Form IL-1120, Step 5, Line 39. Compute the pro-forma tax imposed by your state or country of shown on Lines 2 and 3. If your state or country of domicile doe tax on insurance companies, check the box and write zero on the	domicile, using the income s not impose an income his line.	2 3 4
cou	The pro-forma tax for Line 4 is the total of all tax measured b ntry of domicile, on an insurance company with base income (be ortionment) equal to Line 3. Attach completed copies of all forms	fore apportionment) equal to Line 2 a	and net income (after
St	ep 2: Figure your income tax reduction lim	it	
	Write the net premiums taxable under Section 409 of the Illinois and included in your Form IL-1120, Step 4, Line 30. Multiply Line 5 by 1.75% (.0175). This is your total tax reduction	Insurance Code	5 6
7	<ul> <li>Write the following amounts deducted when you computed this</li> <li>a The privilege tax imposed under Section 409 of the Illinois Insurance Code. Do not include retaliatory tax.</li> <li>b The fire insurance company tax imposed under Section 12 of Fire Investigation Act</li> <li>c Any fire department tax imposed under Section 11-10-1 of th Illinois Municipal Code Add Lines 7a through 7c.</li> </ul>	7a f the 7b	
9	Subtract Line 8 from Line 6 (cannot be less than zero). This is your 1.75 percent income tax reduction limit. Write here a	and on Line 14.	9
St	ep 3: Figure your tax		
11 12 13 14	Write the net replacement tax from your Form IL-1120, Step 6, I Write the net income tax from your Form IL-1120, Step 7, Line 4 Add Lines 10 and 11. This is your tentative tax. Write the amount of pro-forma tax from Line 4. Write the 1.75 percent income tax reduction limit from Line 9. Write the greater of Line 13 or Line 14.		10         11         12         13         14         15
STOP	If Line 15 is greater than Line 12, you are not entitled to	a tax reduction. Do not use this	s schedule.
16 17 18	Write the lesser of Line 10 or Line 15. This is your replacement Write this amount here and on your Form IL-1120, Step 8, Line If Line 15 is greater than Line 16, subtract Line 16 from Line 15. This is your maximum net income tax after applying credits. Write the lesser of Line 11 or Line 17. This is your net income ta Write the result here and on your Form IL-1120, Step 8, Line 51.	50. Otherwise, write zero.	16 17 18
19	Add Lines 16 and 18. This is your total net income and replacen Write this amount on your Form IL-1120, Step 8, Line 52.	ient tax.	19

Step 1:	Figure	the tax	imposed	by your	state or	coun

**Illinois Department of Revenue** 

Write your name as shown on your Form IL-1120.

Schedule INS	Tax for Foreign Insurers
Attach to your Form IL-1120. Use this sch	edule for tax years ending on or after December 31, 2003

Month Year IL Attachment No. 6

Write your federal employer identification number (FEIN).

- - \_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Year ending

23

## **General Information**

## What is the purpose of Schedule INS?

The purpose of Schedule INS, Tax for Foreign Insurers, is to allow you to possibly reduce your Illinois income and replacement tax liability. Effective for tax years ending on or after December 31, 1999, if you are a foreign insurer, whose state or country of domicile imposes a retaliatory tax on insurers domiciled in Illinois, you should complete this schedule to determine if it would reduce your tax liability. The rates are reduced to the point that the total Illinois tax imposed equals the tax the state or country of domicile would impose on the amount of your Illinois net income.

**ENOTE** Do not complete this schedule if 50 percent or more of your total insurance premiums for the tax year are from reinsurance. This reduction in rates does not apply to you if you are primarily a reinsurer.

The reduction in tax rates cannot reduce the total of your income and replacement taxes, privilege tax, fire insurance taxes, and fire department taxes below 1.75 percent of your premiums subject to privilege tax. The rate reduction is applied against income tax first. Once your income tax is reduced to zero, the rate reduction is applied against replacement tax.

If you are a member of a unitary business group, you must complete Schedule UB/INS, Tax for a Unitary Business Group with Foreign Insurer Members.

# **Specific Instructions**

**<u>ENote</u>** You must complete Form IL-1120, Corporation Income and Replacement Tax Return, Steps 1 through 7 before completing this schedule.

**Step 1** is used to report the income tax (or other tax based on net income) your state or country of domicile would impose on your Illinois net income.

**Step 2** is used to figure your 1.75 percent income tax reduction limit.

**Step 3** is used to determine whether your liability can be reduced and, if so, the levels to which your liability can be reduced.

## What must I attach to Schedule INS?

If you do not check the box on Line 4, you must attach a proforma return from your state or country of domicile, showing the amount of tax you would owe to that state or country on your Illinois net income.

## What if I need additional assistance?

If you need additional assistance,

- visit our web site at www.tax.illinois.gov;
- call our Taxpayer Assistance Division, at 1 800 732-8866 or 217 782-3336;
- call our TDD (telecommunications device for the deaf) at 1 800 544-5304; or
- write to us at P.O. Box 19044, Springfield, Illinois 62794-9044. Our office hours are 8 a.m. to 5 p.m., Monday through Friday.