Illinois Department of Revenue 2009 Form IL-1120 Corporation Income and Replacement Due on or before the 15th day of the 3rd month following the cl	t Tax Return ose of the tax year.
If this return is not for calendar year 2009, write your fiscal tax year here. Tax year beginning/, 2009, ending/ 20/ 20	Write the amount you are paying. \$
Step 1: Provide the following business information A Write your business name and mailing address. If you have an address change, or this is a first return, check this box. Name:	G Write your federal employer identification no. (FEIN).
C/O:	 If you are a member of a group filing a federal consolidated return, write the FEIN of the parent.
City: State: ZIP: B Check the box if one of the following apply. first return final return (If final, write the date/)	Write the state and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, <i>e.g.</i> , IL, GA, etc.)
 C If this is a final return because you sold this business, write the date sold/, and the new owner's FEIN. 	State Zip J If you are making the business income election to treat all nonbusiness income as business income, where the product to the state of the state
 D Check the box if your business is Combined return (unitary) Foreign insurer E If you have completed the following federal forms, check the box and attach them to this return. 	 check here and write "0" on Lines 26 and 34. K Check this box if you annualized your income on Form IL-2220. Checkberger method of accounting.
Federal Form 8886 Federal Schedule M-3	Check your method of accounting. Cash Accrual Other
 F Special Apportionment Formulas. If you use a special apportionment formula, mark the appropriate box and see Special Apportionment Formula instructions. Insurance companies Transportation companies Broadcasting companies 	 M Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits. N Write your Illinois corporate file (charter) number.
	 Check the box if you are making a Discharge of Indebtedness adjustment.

Step 2: Figure your income or loss

Ξ.	1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return.	1	<u> </u>
here.	2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	2	<u> </u>
ment	3	State, municipal, and other interest income excluded from Line 1.	3	<u> </u>
r pay	4	Illinois income and replacement tax deducted in arriving at Line 1.	4	<u>•00</u>
n you	5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u>•00</u>
Attach	6	Related-party expenses additions. Attach Schedule 80/20.	6	<u>•00</u>
	7	Distributive shares of additions. Attach Schedule K-1-P or K-1-T.	7	<u>•00</u>
	8	Other additions. Attach Schedule M (for businesses).	8	<u></u> • <u>00</u>
	9	Add Lines 1 through 8. This amount is your income or loss.	9	<u>•00</u>

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10	Write the amount of your income or loss from Line 9.		10	•00
Ste	p 3: Figure your base income or loss			
11	Federally-taxed refund of Illinois income and replacement tax.	11	•00	
12	Interest income from U.S. Treasury and other exempt federal obligations.	12	•00	
13	Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	13	•00	
14	Enterprise Zone or River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-B.	14	• <u>00</u>	
15	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	15	•00	
16	High Impact Business Interest subtraction. Attach Schedule 1299-B.	16	•00	
17	Contribution subtraction. Attach Schedule 1299-B.	17	<u>•00</u>	
18	Contributions to certain job training projects (see instructions).	18	•00	
19	Foreign Dividend subtraction. Attach Schedule J.	19	•00	
20	Illinois Special Depreciation subtraction. Attach Form IL-4562.	20	•00	
21	Related-party expenses subtraction. Attach Schedule 80/20.	21	•00	
22	Distributive share of subtractions. Attach Schedule K-1-P or K-1-T.	22	•00	
23	Other subtractions. Attach Schedule M (for businesses).	23	• <u>00</u>	
24	Total subtractions. Add Lines 11 through 23.		24	•00
25	Base income or net loss. Subtract Line 24 from Line 10.		25	•00
Ste	If the amount on Line 25 is derived inside and outside Illinois, of p 4: Figure your income allocable to Illinois	complete Step 4; or	inerwise go to Step	5.
26	Nonbusiness income or loss. Attach Schedule NB.	26	•00	
27	Trusts, estates, and non-unitary partnership business income or loss included in Line 25.	27	•00	
28	Add Lines 26 and 27.		28	•00
29	Business income or loss. Subtract Line 28 from Line 25.		29	•00
30	Total sales everywhere. This amount cannot be negative.	30		
31	Total sales inside Illinois. This amount cannot be negative.			
32	Apportionment Factor. Divide Line 31 by Line 30 (carry to six decimal places).			
33	Business income or loss apportionable to Illinois. Multiply Line 29 by Line 3	32.	33	•00
34	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		34	•00
35	Trusts, estates, and non-unitary partnership business income or loss appo	rtionable to Illinois.	35	•00
36	Base income or net loss allocable to Illinois. Add Lines 33 through 35.		36	•00
	p 5: Figure your net income			
37	Base income or net loss from Step 3, Line 25, or Step 4, Line 36.			•00
38 20	Discharge of Indebtedness adjustment. See instructions.		38	
39 40	Adjusted base income or net loss. Add Lines 37 and 38. See instructions.		39	•00
40	Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 39 is zero or a negative amount, write "0."		40	•00
41	Net income. Subtract Line 40 from Line 39.		41	

Step	6: Figure your net replacement tax			
42	Replacement tax. Multiply Line 41 by 2.5% (.025).		42	•00
43	Recapture of investment credits. Attach Schedule 4255.		43	•00
44			44	• <u>00</u> • <u>00</u>
45			45	
46	Net replacement tax. Subtract Line 45 from Line 44. If the amount is	46		
tep	7: Figure your net income tax			
47	Income tax. Multiply Line 41 by 4.8% (.048).		47	•00
18	Recapture of investment credits. Attach Schedule 4255.		48	•00
19	Income tax before credits. Add Lines 47 and 48.		49	•00
50	Income tax credits. Attach Schedule 1299-D.		50	•00
51	Net income tax. Subtract Line 50 from Line 49. If the amount is nega	51	•00	
step	8: Figure your refund or balance due			
52	Net replacement tax from Line 46.		52	•00
3	Net income tax from Line 51. Total net income and replacement taxes. Add Lines 52 and 53.		53	•00
54			54	•00
55			55	•
56	Total tax and penalty. Add Lines 54 and 55.		56	•00
57	Payments.			
а	Credit from 2008 overpayment.	57a	<u>•00</u>	
b	Total estimated payments.	57b	•00	
С	Form IL-505-B (extension) payment.	57c	•00	
d	Pass-through entity payments. Attach Schedule K-1-P or K-1-T.	57d	•00	
е	Gambling Withholding. Attach Form W-2G.	57e	•00	
8	Total payments. Add Lines 57a through 57e.		58	•00
9	Overpayment. If Line 58 is greater than Line 56, subtract Line 56 from Line 58.		59	•
0	Amount to be credited to 2010.		60	•00
61	Refund. Subtract Line 60 from Line 59. This is the amount to be refu	nded.	61	•
62	Tax due. If Line 56 is greater than Line 58, subtract Line 58 from Line This is the amount you owe.	ə 56.	62	•
	Make your check payable to "Illinois Department of Revo	enue" and attach to	the first page of th	is form ┥

<u>your check payable to "lillinois Department of Revenue</u> and attach to the first page of this form $\frac{\overline{s}Special}{Note}$ Write the amount of your payment on the top of Page 1 in the space provided.

Step 9: Sign here

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.

Signature of authorized officer	/ Date	_/ Title	() Phone	
Signature of preparer	/ Date	_/ Preparer's Social Sect	urity number or firm's FEIN	
Preparer firm's name (or yours, if self-employed	I) Address		() Phone	
Mail this return to: Illinoi	s Department of Revenue	e, P.O. Box 19008, Spring	field, IL 62794-9008 ◀	
IL-1120 (R-12/09) This form is authorized as information could result in	0 (R-12/09) 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 Page 3 of 3			