



Illinois Department of Revenue
Schedule INS

Tax for Foreign Insurers

Year ending

Month Year

Attach to your Form IL-1120. This schedule is for tax years ending on or after December 31, 2011.

IL Attachment No. 7

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

Write your federal employer identification number (FEIN).

Step 1: Figure the tax imposed by your state or country of domicile

Note → You must complete Steps 1 through 7 of your Form IL-1120 before completing this schedule.

- | | | | | |
|---|--|---|-------|-----|
| 1 | Write your state or country of domicile. | 1 | _____ | |
| 2 | Write the base income from your Form IL-1120, Line 23. | 2 | _____ | •00 |
| 3 | Write the net income from your Form IL-1120, Line 39. | 3 | _____ | •00 |
| 4 | Compute the pro forma tax imposed by your state or country of domicile using the income shown on Lines 2 and 3. If your state or country of domicile does not impose an income tax on insurance companies, check the box and write zero on this line. → <input type="checkbox"/> | 4 | _____ | •00 |

Note → The pro forma tax for Line 4 is the total of all tax measured by net income, less credits, imposed by your state or country of domicile, on an insurance company with base income (before apportionment) equal to Line 2 and net income (after apportionment) equal to Line 3. Attach completed copies of all forms necessary to support the computation of this amount.

Step 2: Figure your income tax reduction limit

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|---|---|----|-------|-----|
| 5 | Write the net premiums taxable under Section 409 of the Illinois Insurance Code and included in your Form IL-1120, Line 28. | 5 | _____ | •00 |
| 6 | Multiply Line 5 by 1.75 percent (.0175). This is your total tax reduction limit. | 6 | _____ | •00 |
| 7 | Write the following amounts deducted when you computed this year's federal taxable income: | | | |
| | a The privilege tax imposed under Section 409 of the Illinois Insurance Code. Do not include retaliatory tax. | 7a | _____ | •00 |
| | b The fire insurance company tax imposed under Section 12 of the Fire Investigation Act. | 7b | _____ | •00 |
| | c Any fire department tax imposed under Section 11-10-1 of the Illinois Municipal Code. | 7c | _____ | •00 |
| 8 | Add Lines 7a through 7c. | 8 | _____ | •00 |
| 9 | Subtract Line 8 from Line 6. (If the amount is negative, write "0.") This is your 1.75 percent income tax reduction limit. Write here and on Line 14. | 9 | _____ | •00 |

Step 3: Figure your tax

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|----|--|----|-------|-----|
| 10 | Write the net replacement tax from your Form IL-1120, Line 44. | 10 | _____ | •00 |
| 11 | Write the net income tax from your Form IL-1120, Line 49. | 11 | _____ | •00 |
| 12 | Add Lines 10 and 11. This is your tentative tax. | 12 | _____ | •00 |
| 13 | Write the amount of pro forma tax from Line 4. | 13 | _____ | •00 |
| 14 | Write the 1.75 percent income tax reduction limit from Line 9. | 14 | _____ | •00 |
| 15 | Write the greater of Line 13 or Line 14. | 15 | _____ | •00 |

STOP If Line 15 is greater than Line 12, you are not entitled to a tax reduction. Do not use this schedule.

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|----|---|----|-------|-----|
| 16 | Write the lesser of Line 10 or Line 15. This is your replacement tax. Write this amount here and on your Form IL-1120, Line 50. | 16 | _____ | •00 |
| 17 | If Line 15 is greater than Line 16, subtract Line 16 from Line 15. Otherwise, write zero. This is your maximum net income tax after applying credits. | 17 | _____ | •00 |
| 18 | Write the lesser of Line 11 or Line 17. This is your net income tax after applying credits. Write the result here and on your Form IL-1120, Line 51. | 18 | _____ | •00 |
| 19 | Add Lines 16 and 18. This is your total net income and replacement tax. Write this amount on your Form IL-1120, Line 52. | 19 | _____ | •00 |





Schedule INS Instructions

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.

Note 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

Note 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 level to which your liability is reduced.

What must I attach to Schedule INS?

If you do not check the box on Line 4, you must attach a pro forma 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 website at 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.