

Illinois Department of Revenue

2013 Form IL-1120-ST Small Business Corporation Replacement Tax Return Due on or before the 15th day of the 3rd month following the close of the tax year.



	If th	nis return is not for calendar year 2013, write your fiscal tax year here.	io tan	Write the amount you are par	ying.		
l							
	тах	year beginning 20, ending day 20year 20		\$			
St	ер	1: Identify your small business corporation	J	Write your federal employer identification no. (F	EIN).		
	-	Vrite your complete legal business name.			,		
	lf	you have a name change, check this box.	Check this box if you are a member of a				
	N	lame:	_	unitary business group, and write the FEIN o			
		Vrite your mailing address. i you have an address change or this is a first return, check this box.		the member filing the Schedule UB, Combine Apportionment for Unitary Business Groups.	ed		
	С	c/O:			_		
	N	failing address:	_ L -	Write your North American Industry Classifica System Code (NAICS). See instructions.	ation		
	С	city: State: ZIP:	_				
		Check the applicable box if one of the following applies.	M	Write your Illinois corporate file (charter) num issued by the Secretary of State.	nber		
	L	First return Final return (If final, write the date)					
		s is a final return because you sold this business, write the date sold dd yy) , and the new owner's FEIN.	N	Write the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, <i>e.g.</i> , IL, GA, etc.)			
	_						
	fo	Special Apportionment Formulas. If you use a special apportionment ormula, check the appropriate box, and see the Special Apportionment formula instructions.	0	City State Zip If you are making the business income election			
		Financial organizations Transportation companies		treat all nonbusiness income as business incor check this box and write "0" on Lines 36 and 44			
		Federally regulated exchanges	Р	If you have completed the following federal for			
	FC	Check this box if you attached Form IL-4562.		check the box and attach them to this return.			
(a c	Check this box if you attached Illinois Schedule M (for businesses).		Federal Form 8886 Federal Sch.			
ŀ	1 C	Check this box if you attached Schedule 80/20.	Q	If you are making a Discharge of Indebtedne			
		Check this box if you attached Schedule 1299-A.		adjustment on Schedule NLD, or Form IL-1120 Line 48, check this box and attach federal Form 982.	D-S1,		
Ste	ep 2	2: Figure your ordinary income or loss					
_	1	Ordinary income or loss, or equivalent from federal Schedule K.		1	<u>00</u>		
here.	2	Net income or loss from all rental real estate activities.			00		
	3	Net income or loss from other rental activities.			<u>00</u>		
ST-V	_	Portfolio income or loss.			<u>00</u>		
120		Net IRC Section 1231 gain or loss.			<u>00</u>		
າ IL-1120-ST-V	6	All other items of income or loss that were not included in the computation of Page 1 of U.S. Form 1120-S. See instructions. Identify:		00			
Form	7	Add Lines 1 through 6. This is your ordinary income or loss.			<u>00</u>		
ment and	St	ep 3: Figure your unmodified base income or loss					
nent		Charitable contributions.			<u>00</u>		
рауп	9	Expense deduction under IRC Section 179.		9	00		
	10	Interest on investment indebtedness.			<u>00</u>		
tach your	11	All other items of expense that were not deducted in the computation of ordin Page 1 of U.S. Form 1120-S. See instructions. Identify:			•00		
¥ ¥	12	Add Lines 8 through 11.			00		
_		Subtract Line 12 from Line 7. This amount is your total unmodified base incor	me or				

Step 4	: Figure your income or loss				
14	$Write \ the \ amount \ from \ Schedule \ UB, \ Step \ 2, \ Col \ E, \ Line \ 30.$	14	•00		
15	State, municipal, and other interest income excluded from Line 14.	15	•00		
16	Illinois replacement tax deducted in arriving at Line 14.	16	•00		
17	Illinois special depreciation addition. Attach Form IL-4562.	17	•00		
18	Related-party expenses addition. Attach Schedule 80/20.	18	•00		
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	•00		
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20 _	•00		
21	Other additions. Attach Illinois Schedule M (for businesses).	21 _	•00		
22	Add Lines 14 through 21. This amount is your income or loss.	22 _	•00		
Step 5	5: Figure your base income or loss				
23	Interest income from U.S. Treasury obligations or other exempt federal obligations.	23 _	•00		
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24 _	•00		
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25 _	•00		
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26 _	•00		
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27 _	•00		
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28 _	•00		
29	Contribution subtraction. Attach Schedule 1299-A.	29 _	•00		
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	•00		
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	•00		
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. Other subtractions. Attach Schedule M (for businesses).		•00		
33			•00		
34	Total subtractions. Add Lines 23 through 33.	34	•00		
35	Base income or loss. Subtract Line 34 from Line 22.		•00		
A If the amount on Line 35 is derived inside Illinois only, check this box and write the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) B If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6.					
Ston	See instructions. (If you are a unitary filer, you must complete Lines 40 through 42). 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, at	2016)			
-	Nonbusiness income or loss. Attach Schedule NB.	•	•00		
37	Trust, estate, and non-unitary partnership business income or loss included in Line 35.	_	•00		
38	Add Lines 36 and 37.		•00		
39	Business income or loss. Subtract Line 38 from Line 35.	39	•00		
40	Total sales everywhere. This amount cannot be negative. 40				
41	Total sales inside Illinois. This amount cannot be negative. 41				
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places). 42				
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43 _	•00		
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44 _	•00		
45	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	45 _	•00		
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46 _	•00		



Step	7: Figure your net income				
47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47			
48	Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	48	<u> </u>		
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	<u> </u>		
50	Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, write "0".	50	•00		
51	Net income. Subtract Line 50 from Line 49.	51			
Step	8: Figure your net replacement tax and surcharge				
•	Replacement tax. Multiply Line 51 by 1.5% (.015).	52			
53		53	•00		
54	·	54	•00		
55	Investment credits. Attach Form IL-477.	55			
56		56	•00		
57		57	•00		
58		58	•00		
	Total net replacement tax and surcharge. And Ellies so and st.				
Step	9: Figure your refund or balance due				
59	Payments.				
	a Credit from 2012 overpayment. 59a				
	b Form IL-505-B (extension) payment. 59b				
	c Pass-through entity payments. Attach Schedule(s) K-1-P or K-1-T. 59c				
	d Gambling withholding. Attach Form(s) W-2G. 59d				
60	. ,	60	<u> </u>		
61	Overpayment. If Line 60 is greater than Line 58, subtract Line 58 from Line 60.	61	<u> </u>		
62	Amount to be credited to 2014 .	♦ 62			
63	Refund. Subtract Line 62 from Line 61. This is the amount to be refunded.	_ 63	<u> </u>		
64	Complete to direct deposit your refund				
	Routing Number Checking or Savings				
	Account Number				
65	Tax Due. If Line 58 is greater than Line 60, subtract Line 60 from Line 58.	_			
	This is the amount you owe.	65			
	If you owe tax on Line 65, complete a payment voucher, Form IL-1120-ST-V, make you		ck payable to		
	"Illinois Department of Revenue" and attach them to the first page of this fo				
	ESpecial Note → Write the amount of your payment on the top of Page 1 in the space	provi	ded.		
Step	10: Sign here				
Under _I	penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and c	omplete	Э.		
	()	Check	this box if we may		
Signature of authorized officer Date Title Phone			discuss this return with the		
Signatu	re of preparer Date Preparer's Social Security number or firm's FEIN	prepar	er shown in this step.		
Oignata	to prepared Superior	()			
Prepare	r's firm name (or yours, if self-employed) Address	Phone			
	If a payment is not enclosed, mail this return to:	ail this	return to:		
	Illinois Department of Revenue Illinois Department of				
	P.O. Box 19032 P.O. Box 19053				

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.

Springfield, IL 62794-9032

Springfield, IL 62794-9053

Illinois Department of Revenue

Schedule B Partners' or Shareholders' Identification

Year ending

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

IL Attachment no. 1

1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		II 400F	F II 4400 OT I	to a 47 - 4		
2	Write the amount of base income or net Write the apportionment factor from your	-			2	•	
Ste	ep 2: Identify your partne	rs or sha	reholders.	. Attach additiona		essary.	
	Α	В	С	D	E	F	G
1	Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)			Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
•					_ 🛭 _		
2							
3							
4							
5					_ 🗆 _		
6							