

Illinois Department of Revenue 2014 Form IL-1120 Corporation Income and Replacement Tax Return Due on or before the 15th day of the 3rd month following the close of the tax year.



	Due on or before the 15th da	ay of the 3rd month following tr	ne close of the	tax	year.			
	If this return is not for calendar year 2014, enter your fiscal tax year here.					Enter the amount you are pay	ying.	
	Tax year beginning 20	year month day	20					
	For tax years ending on or after Dec			n for	that year.	\$		
	an de Islandik.							
	ep 1: Identify your corporation			M	Enter your fed	eral employer identification no. (FEIN)	
Α	Enter your complete legal business name. If you have a name change, check this box.							
	Name:			N	If you are a m	ember of a group filing a fedor	al	
	Enter your mailing address. If you have an address change or this is a first return, check this box.				If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.			
В								
		Ц	0	Enter your North American Industry Classification System (NAICS) Code. See instructions.				
C/O:							9	
	Mailing address:				·			
	City:	State: ZIP: _		P	-	porate file (charter) number		
_	Check the applicable box if one of the	a following applies			assigned to yo	ou by the Secretary of State.	ary of State.	
•		•	١					
	First return Final return	(If final, enter the date mm do	d <u>yyyy</u>)	Q	Enter the city	state, and zip code where you	r	
D	If this is a final return because you sold this business, enter the date sold (mm dd yy), and the new owner's FEIN.			•	accounting records are kept. (Use the two-letter			
					postal abbreviation, <i>e.g.</i> , IL, GA, etc.)			
					City	State Zip		
Ε	Check the box if your business is a			_		·	. 4	
	Combined return (unitary)	Foreign insurer		treat all nonbusiness in		ng the business income electior siness income as business inco	come as business income,	
F	If you completed the following federa	I forms, check the box and				and enter "0" on Lines 24 and 3		
	attach them to this return.	—		S	Check your m	ethod of accounting.		
_	Federal Form 8886 Federal Schedule M-3			9				
G	Special Apportionment Formulas . If you use a special apportionment formula, mark the appropriate box and see Special Apportionment Formula instructions.					Accrual Other		
				Т	•	king a Discharge of Indebtedness		
	Insurance companies	<u></u>		-	Schedules NLD or UBNLD, or 36, check this box and attach for			
	Transportation companies	Transportation companies			Form 982.			
Н	Check this box if you attached Illinois	Check this box if you attached Illinois Schedule UB.		U	If you are a co	ooperative with an Illinois net loss check this box and attach a		
I	Check this box if you attached Illinois Schedule 1299-D.			-	-		.50	
J	Check this box if you attached Form IL-4562.				completed Schedule INL.			
K	K Check this box if you attached Illinois Schedule M (for businesses).			٧	If you annualized your income on Form IL-22		0,	
L	Check this box if you attached Sched	lule 80/20.			-	and attach Form IL-2220.		
•	✓ If you owe tax on Line 62, complete a payment voucher, Form IL-112			V. m	nake your chec	k payable to		
and		,	,	• •				
nent (Enter the amount of your payment on the top of this page in the space provided.							
payn	The the amount of your pay		-	-				
your	If a payment is not enclosed, r				ed, mail this ret			
<u> </u>		P.O. Box 1902		nt of Revenue				

Springfield, IL 62794-9028

Springfield, IL 62794-9008

Sten	2.	Figure	vour	income	or	loss
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1	Federal taxable income from U.S. Form 1120, Line 30.						
	Attach a copy of your federal return.		1	• <u>00</u>			
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amoun	2	•00				
3	State, municipal, and other interest income excluded from Line 1.	3	<u>•00</u>				
4	Illinois income and replacement tax and surcharge deducted in arriving a	4	<u>•00</u>				
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u>•00</u>				
6	Related-party expenses additions. Attach Schedule 80/20.	6	<u>•00</u>				
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		7	•00			
8	Other additions. Attach Schedule M (for businesses).		8	•00			
9	Add Lines 1 through 8. This amount is your income or loss.		9	•00			
Ste	p 3: Figure your base income or loss						
10	Interest income from U.S. Treasury and other exempt federal obligations.	10	<u>•00</u>				
11	3						
	Attach Schedule 1299-B.	11	<u>•00</u>				
12	River Edge Redevelopment Zone Interest subtraction.	40					
40	Attach Schedule 1299-B.	12					
13		13					
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14					
15	Contribution subtraction. Attach Schedule 1299-B.	15					
16	Contributions to certain job training projects. See instructions.	16					
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17					
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18					
19	Related-party expenses subtraction. Attach Schedule 80/20.	19	<u>•00</u>				
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	<u>•00</u>				
21	Other subtractions. Attach Schedule M (for businesses).	21	<u>•00</u>				
22	Total subtractions. Add Lines 10 through 21.		22	•00			
23	Base income or loss. Subtract Line 22 from Line 9.		23	•00			
A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) B If any portion of the amount on Line 23 is derived outside Illinois, check this box and complete all lines of Step 4. See instructions. (If you are a unitary filer, you must complete Lines 28 through 30.)							
	tep 4: Figure your income allocable to Illinois (Complete only if you						
2		24	<u> </u>				
2	Trust, estate, and non-unitary partnership business income or loss included in Line 23.	25	•00				
2				•00			
2				•00			
2		28		<u> </u>			
2	Ç						
	· · · · · · · · · · · · · · · · · · ·	29					
	 Apportionment Factor. Divide Line 29 by Line 28 (carry to six decimal places). 30 Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30. 31 40 						
		•	•00				
3			•00				
	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.			•00			
3	4 Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	•00				

Ster	o 5: Figure your net income		
35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	•00
36	Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	36	
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	
38	Illinois net loss deduction. Attach Schedule NLD or UB/NLD.		
	If Line 37 is zero or a negative amount, enter "0."	38	•00
39	Net income. Subtract Line 38 from Line 37.	39	•00
Ster	6: Figure your replacement tax after credits		
40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	•00
41	Recapture of investment credits. Attach Schedule 4255.	41	•00
42	Replacement tax before credits. Add Lines 40 and 41.	42	•00
43	Investment credits. Attach Form IL-477.	43	•00
44	Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter "0."	44	•00
Step	o 7: Figure your income tax after credits		
45	Income tax. Multiply Line 39 by 7% (.07). Fiscal filers - See instructions.	45	
46	Recapture of investment credits. Attach Schedule 4255.	46	
47	Income tax before credits. Add Lines 45 and 46.	47	
48	Income tax credits. Attach Schedule 1299-D.	48	<u>•00</u>
49	Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter "0."	49	•00
Step	o 8: Figure your refund or balance due		
50	Replacement tax before reductions. Enter the amount from Line 44.	50	
	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.	50a	
50b		50b	
51 51	Income tax before reductions. Enter the amount from Line 49. Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.	51 51a	
51a	-		
51b 52	Subtract Line 51a from Line 51. This is your net income tax. Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	51b 52	
53	Total net income and replacement taxes and surcharge. Add Lines 50b, 51b, and 52.	53	
54	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	54	
55	Total tax, surcharge, and penalty. Add Lines 53 and 54.	55	
56	Payments.	<u> </u>	
	a Credit from prior year overpayments. 56a	•00	
	b Total estimated payments. 56b	<u>•00</u>	
	c Form IL-505-B (extension) payment. 56c	<u>•00</u>	
	d Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T. 56d	<u>•00</u>	
	e Gambling withholding. Attach Form(s) W-2G. 56e	<u>•00</u>	
57	Total payments. Add Lines 56a through 56e.	57	•00
58	Overpayment. If Line 57 is greater than Line 55, subtract Line 55 from Line 57.	58	<u>•00</u>
59	Amount to be credited to a subsequent period. See instructions.	♦ 59	<u>000</u> �
60	Refund. Subtract Line 59 from Line 58. This is the amount to be refunded.	60	<u>•00</u>
61	Complete to direct deposit your refund.		
	Routing Number Checking or Savings		
	Account Number		
62	Tax due. If Line 55 is greater than Line 57, subtract Line 57 from Line 55. This is the amount you ow	/e. 62	•00
Step	9: Sign here		
Unde	er penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is t	rue, correct, and co	mplete.
0:		_ Check this box if	
Signa	tture of authorized officer Date Title Phone	may discuss this preparer shown i	
Signa	ture of preparer Date Preparer's Social Security number or firm's FEIN	— Preparer Showill	ii una alep
		()	
Prepa	arer's firm name (or yours, if self-employed) Address	Phone	

IL-1120 (R-12/14)

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- Attach supporting documents to your Form IL-1120.
- Failure to attach the required documents will result in the disallowance of the corresponding line item.

If you completed:	Attach
Form IL-1120 —	
Step 1, Line E (unitary) only	
Step 1, Line E (foreign insurer) only	Schedule INS
Step 1, Line E (unitary) and (foreign insurer) -	Schedule UB and Schedule UB/INS
Lines 5 and 18	► Form IL-4562
Special Depreciation additionSpecial Depreciation subtraction	
Lines 6 and 19	Schedule 80/20
Related-party expenses additionRelated-party expenses subtraction	
Lines 7 and 20	Schedule(s) K-1-P or K-1-T
Distributive share of additionsDistributive share of subtractions	
Lines 8 and 21	Schedule M and any required support listed on Schedule M
Other additions Other subtractions	
Lines 11 through 15	Cohodulo 1900 P
River Edge Redevelopment Zone	Schedule 1299-D
Dividend subtraction River Edge Redevelopment Zone	
Interest subtraction	
 High Impact Business Dividend subtraction High Impact Business Interest subtractions 	
Contributions subtraction	
Line 17 Foreign Dividend Subtraction	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
Lines 24 and 32	Schedule NB
Nonbusiness income or lossNonbusiness income or loss allocable to Illinois	
Lines 25 and 33	Schedule(s) K-1-P or K-1-T
 Trust, estate, and non-unitary partnership business income or loss 	
 Trust, estate, and non-unitary partnerships 	
business income or loss apportionable to Illinois	
— Line 36 Discharge of Indebtedness adjustment →	Federal Form 982 <u>■Note→</u> Check the box on Form IL-1120, Step 1, Line T.
Line 38 Illinois net loss deduction	Schedule NLD or UB/NLD (for unitary filers)
Lines 41 and 46 Recapture of investment credit →	Schedule 4255
Line 43 Investment credits —	Form IL-477
Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions. <u>■Note</u> Check the box on Form IL-1120, Step 1, Line I.
Lines 50a and 51a Foreign Insurer tax reduction →	Schedule INS or Schedule UB/INS (for unitary filers)
Line 54 Underpayment of estimated tax penalty	
	<u>■Note</u> If you annualized your income on Form IL-2220, Step 6, check the box on Form IL-1120, Step 1, Line V.
Line 56d Pass-through withholding payments	 All Schedules K-1-P and K-1-T you received showing a pass-through withholding payment
Line 56e Gambling withholding —	All copies of Form W-2G