	Illinois Department of Revenue 2015 Form IL-1120-ST Small Business Corporation Replacemen Due on or before the 15th day of the 3rd month following the close of					
li	f this return is not for calendar year 2015, enter your fiscal tax year here.		,	Enter the amount	you are paying.	
	ax year beginning 20, ending day 20 for tax years ending on or after December 31, 2015. For prior years, use the fo	orm for	that year.	\$		
Ste	p 1: Identify your small business corporation	J	Enter your fede	eral employer identifi	cation no. (FEIN).	
Α	Enter your complete legal business name.					
	If you have a name change, check this box.	k	Check this	s box if you are a me	ember of a	
	Name:		-	ss group, and enter		
В	Enter your mailing address. If you have an address change or this is a first return, check this box.]	Combined App	ho prepared the Scl portionment for Unita Schedule UB to this	Schedule UB, Jnitary Business	
	Mailing address:	L	Enter your Nor	rth American Industr	y Classification	
			-	S) Code. See instru	-	
~	City: State: ZIP:					
C	Check the applicable box if one of the following applies.	M _)	,	nois corporate file (cl Secretary of State.	file (charter) number tate.	
_						
D	If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.	N	Enter 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.)			
E	Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box, and see the Special Apportionment Formula instructions. Financial organizations Transportation companies	0	treat all nonbus check this box	State ng the business incor siness income as bus and enter "0" on Line	siness income, s 36 and 44.	
F	Federally regulated exchanges Check this box if you attached Form IL-4562.	P I	-	mpleted the following federal form(s) to t	-	
G]	Federal Fo		deral Sch. M-3, rt II, Line 10	
Н	Check this box if you attached Schedule 80/20.	Q	lf vou are mak	ra ا king a Discharge of I		
-	Check this box if you attached Schedule 1299-A.]	adjustment on	Schedule NLD, or Fork this box and attach	orm IL-1120-ST,	
Ste	p 2: Figure your ordinary income or loss				dollars only)	
▼	1 Ordinary income or loss, or equivalent from federal Schedule K.			1		
ere.	 2 Net income or loss from all rental real estate activities. 2 Net income or loss from other rental estivities. 			2		
-V he	3 Net income or loss from other rental activities.4 Portfolio income or loss.			3		
0-ST	5 Net IRC Section 1231 gain or loss.			4 5		
-112(6 All other items of income or loss that were not included in the computation	of inco	ome or loss on	5		
E E	Page 1 of U.S. Form 1120-S. See instructions. Identify:			6	•00	
For	7 Add Lines 1 through 6. This is your ordinary income or loss.			7	•00	
payment and Form IL-1120-ST-V here.	Step 3: Figure your unmodified base income or loss					
men	8 Charitable contributions.			8		
	9 Expense deduction under IRC Section 179.		9			
l nor	0 Interest on investment indebtedness.			10	•00	
Attach your 1	1 All other items of expense that were not deducted in the computation of ord Page 1 of U.S. Form 1120-S. See instructions. Identify:			n 11	•00	
- Att				12		
_	2 Add Lines 8 through 11.3 Subtract Line 12 from Line 7. This amount is your total unmodified base inc	ome o	rloss	12		
	20-ST (R-12/15) NS DR	Joine U	1000.	10	Page 1 of 5	
					rage rorb	

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers, enter 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 and surcharge 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: 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.	32	•00	
33	Other subtractions. Attach Schedule M (for businesses).	33	•00	
34	Total subtractions. Add Lines 23 through 33.		34	•00
35	Base income or loss. Subtract Line 34 from Line 22.		35	•00

A If the amount on Line 35 is derived inside Illinois only, check this box and enter 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 <u>all lines</u> of Step 6.

 See instructions. (If you are a unitary filer, you must complete Lines 40 through 42).

 Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

	J		/	
36	Nonbusiness income or loss. Attach Schedule NB.		36	•00
37	Business income or loss included in Line 35 from non-unitary partnerships, p Schedule UB, S corporations, trusts, or estates. See instructions.	artnerships included on a	37	<u>•00</u>
38	Add Lines 36 and 37.		38	• <u>00</u>
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	• <u>00</u>
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		44	•00
45	Business income or loss apportionable to Illinois from non-unitary partnerships a Schedule UB, S corporations, trusts, or estates. See instructions.	s, partnerships included on	45	• <u>00</u>
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.		46	• <u>00</u>



	Springfie	eld, IL 62794-9032	Springfield, IL 6279	4-9003	
	Illinois D P.O. Box	Department of Revenue 19032	Illinois Department P.O. Box 19053	of Revenue	
		is not enclosed, mail this return to:	If a payment is enclosed, m):
Paid pre	parer's firm name	Address		() Phone	
Signatur	e of paid preparer Da	ate Paid preparer's Soci	ial Security number or firm's FEIN	preparer shown ir	
Signatur	e of authorized officer Da	ate Title	() Phone	discuss this return	
Under p	enalties of perjury, I state that I hav	ve examined this return and, to the best	of my knowledge, it is true, correct, and	complete.	
-	0: Sign here				
	<u>≣</u> Special <mark>Note →</mark>	Enter the amount of your payme	nt on the top of Page 1 in the space	ce provided.	
	"Illinois	Department of Revenue" and atta	ach them to the first page of this f	orm.	
00			Line 59. This is the amount you owe ucher, Form IL-1120-ST-V, make yo		<u>00</u>
66		than Line 61 subtract Line 61 from	Line 50 This is the amount you are	. 66	00
	Account Number				
00	Routing Number		Checking or Savings		
64 65	Complete to direct deposit y	n Line 62. This is the amount to be r		04	<u>•00</u>
	Amount to be credited forwar		rafundad	♦ 63 64	• <u>00</u>
62		eater than Line 59, subtract Line 59	from Line 61.	62 <u> </u>	<u>00</u>
61	Total payments. Add Lines 60a	C C	(); of	61	<u>•00</u>
. .	f Form IL-516-B prepayments		60f	• <u>00</u>	
	e Form IL-516-I prepayments			• <u>00</u>	
	d Gambling withholding. Attac	ch Form(s) W-2G.		• <u>00</u>	
	K-1-P or K-1-T. Attach Sch			• <u>00</u>	
	. , .	payment. ayments reported to you on Schedu		<u>•UU</u>	
	a Credit from prior year overpb Form IL-505-B (extension) p	-		• <u>00</u> •00	
60	Payments. See instructions.		<u>60-</u>	00	
•	: Figure your refund or ba	alance due			
					• <u>∪∪</u>
59	Total net replacement tax, su Add Lines 56, 57, and 58.	urcharge, and pass-through with	noiding payments you owe.	59	•00
50		. See Instructions. Attach Schedule		58	•00
58	0 01 3	ments you owe on behalf of your me		-	
57	Compassionate Use of Medica	al Cannabis Pilot Program Act surch	harge. See instructions.	57	•00
56	Net replacement tax. Subtract	ct Line 55 from Line 54. If the amou	nt is negative, enter "0."	56	•00
55	Investment credits. Attach For	rm IL-477.		55	•00
54	Replacement tax before invest	tment credits. Add Lines 52 and 53.		54	•00
	Recapture of investment credit			53	•00
-	Replacement tax. Multiply Line		5 01 J	-	•00
Step	: Figure your net replace	ment tax, surcharge, and pass	s-through withholding paymer	nts you owe	
51	Net income. Subtract Line 50	from Line 49.		51	•00
50	•	ach Schedule NLD. If Line 49 is zer	o or a negative amount, enter "0."	50	•00
49	Adjusted base income or net lo	•		49	•00
48		ljustment. Attach federal Form 982.		48	•00
	• •	Step 5, Line 35, or Step 6, Line 46.		47	•00
Step	: Figure your net income				

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.



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

Year ending

Month Year IL Attachment no. 1

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

	Enter y	your feder	al employe	r identification	number	(FEIN).
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Read this information first STOP

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners and shareholders before completing Section A of Schedule B.
- =Note→ Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners and shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

1	Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.	1	
2	Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.	2	
3	Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions.	3	

Totals for nonresident partners and shareholders only (from Schedule B, Section B)

4	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual and estate members. See instructions.	4
5	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.	5
6	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.	6
7	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.	7
8	Add Line 4 through Line 7. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions.	8

Illinois Department of Revenue 2015 Schedule B

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.



Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.) Α В С D Ε F. G н L J Subject to Member's Excluded Share of Partner distributable Illinois income Pass-through Pass-through Illinois from SSN replacement amount withholding Distributable withholding or pass-through subject to Shareholder share of or tax or an of base withholding pass-through before payment Name and Address FFIN FSOP income or loss payments withholding credits credits type amount (If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.) 1 Name _____ C/O _____ Addr. 1 _____ Addr. 2 ______State City _ Zip 2 Name C/O _____ Addr. 1_____ Addr. 2 ____ __ ___ Zip 3 Name _____ C/O _____ Addr. 1 Addr. 2 City _____ State Zip ____ _ _ ____ 4 Name C/O Addr. 1 Addr. 2 City ______State Zip 5 Name C/O Addr. 1_____ Addr. 2____ City _____ State Zip

ENote If you have more members than space provided, attach additional copies of this page as necessary.