

Illinois Department of Revenue

2016 Form IL-1120

Corporation Income and Replacement Tax Return

See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

	If this return is not for calendar year 2016, enter your fiscal tax year here.		Enter the amount you are paying.			
	Tax year beginning 20, ending 20 year 20					
	For tax years ending on or after December 31, 2016. For prior years, use the for	m for	that year. \$			
-	1: Identify your corporation	M	Enter your federal employer identification no. (FEIN)			
	Enter your complete legal business name. If you have a name change, check this box.		f you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.			
	Enter your mailing address. Check this box if either of the following apply: this is your first return, or you have an address change.		Enter your North American Industry Classification System (NAICS) Code. See instructions.			
	C/O:		Enter your corporate file (charter) number assigned to you by the Secretary of State.			
С	Check the applicable box if one of the following applies. First return Final return (If final, enter the date	á	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.)			
	If this is a final return because you sold this business, enter the date sold (mm dd yyyy) , and the new owner's FEIN.	R	City State Zip f you are making the business income election to			
F	Check the box if your business is a: Combined return (unitary) Foreign insurer If you completed the following, check the box and attach the federal form(s) to this return.	S	reat all nonbusiness income as business income, check this box and enter "0" on Lines 24 and 32. Check your method of accounting. Cash Accrual Other			
G	Federal Form 8886 Federal Schedule M-3, Part II, Line 12 Special Apportionment Formulas. If you use a special apportionment	í	f you are making a Discharge of Indebtedness adjustment on Schedules NLD or UBNLD, or Form L-1120, Line 36, check this box and attach federal form 982.			
	formula, mark the appropriate box and see Special Apportionment Formula instructions. Insurance companies Transportation companies Federally regulated exchanges	U 1	f you are a cooperative with an Illinois net loss modification, check this box and attach a completed Schedule INL.			
	Check this box if you attached Illinois Schedule UB. Check this box if you attached Illinois Schedule 1299-D.		f you annualized your income on Form IL-2220, check this box and attach Form IL-2220.			
J	Check this box if you attached Form IL-4562.					
K	Check this box if you attached Illinois Schedule M (for businesses).					
L	Check this box if you attached Schedule 80/20.					
and •	If you owe tax on Line 66, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.					
nent a	► Enter the amount of your payment on the top of this page in the space provided.					
► Attach your payment and Form IL-1120-V here.	If a payment is not enclosed, mail this return to: Illinois Department of Revenue P.O. Box 19008 Springfield, IL 62794-9008 Illinois Department is enclosed. Illinoi	rtmen 28	d, mail this return to: It of Revenue			

DR_____

Ste	p 2: Figure your income or loss		(Whole	dollars only)		
1			1	•00		
2	Attach a copy of your federal return. Net operating loss deduction from U.S. Form 1120, Line 29a. This amo		•00			
_	State, municipal, and other interest income excluded from Line 1.		•00			
3		_				
4 5	Illinois income and replacement tax and surcharge deducted in arriving Illinois Special Depreciation addition. Attach Form IL-4562.		•00 •00			
6	Related-party expenses additions. Attach Schedule 80/20.	_	•00			
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	_	•00			
8	Other additions. Attach Schedule M (for businesses).			•00		
9	Add Lines 1 through 8. This amount is your income or loss.		_	•00		
Ste	p 3: Figure your base income or loss					
	Interest income from U.S. Treasury and other exempt federal obligation	ıs. 10	•00			
11			<u> </u>			
	Attach Schedule 1299-B.	11	<u>•00</u>			
12	River Edge Redevelopment Zone Interest subtraction.					
	Attach Schedule 1299-B.	12	<u>•00</u>			
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	•00			
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	•00			
15	Contribution subtraction. Attach Schedule 1299-B.	15	•00			
16	Contributions to certain job training projects. See instructions.	16	•00			
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	•00			
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	•00			
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	<u>•00</u>		
23	Base income or loss. Subtract Line 22 from Line 9.		23	<u>•00</u>		
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 comp	lete Lines 28 throu	gh 30.)			
	tep 4: Figure your income allocable to Illinois (Complete only i	•	,			
2		24	<u>•00</u>			
2	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts,					
	or estates. See instructions.	25	•00			
2	6 Add Lines 24 and 25.		26	•00		
2	7 Business income or loss. Subtract Line 26 from Line 23.		27	•00		
2	8 Total sales everywhere. This amount cannot be negative.	28				
2	, o					
3	<u> </u>					
3						
3		-		•00		
	33 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships					
	included on a Schedule UB, S corporations, trusts, or estates. See	• • • • • • • • • • • • • • • • • • • •	•	•00		
3	4 Base income or loss allocable to Illinois. Add Lines 31 through 3	34	•00			

Step	5: Figure your net income						
35	Base income or net loss from Ste	ep 3, Line 23, or S	Step 4, Line 34.			35 _	•00
36	Discharge of Indebtedness adjus	stment. Attach fed	leral Form 982. See in	structions.		36 _	• <u>00</u>
37	Adjusted base income or net loss	s. Add Lines 35 ar	nd 36. See instructions	S.		37 _	•00
38	Illinois net loss deduction. Attach	Schedule NLD or	UB/NLD. If Line 37 is z	ero or a negative ar	mount, enter "0	." 38 _	•00
39	Net income. Subtract Line 38 fro	om Line 37.				39 _	•00
	6: Figure your replacement		ts				
40	Replacement tax. Multiply Line 3						•00
41	Recapture of investment credits.						•00
42	Replacement tax before credits.		41.				•00
43	Investment credits. Attach Form						<u>•00</u>
44	Replacement tax after credits.		from Line 42. If the an	nount is negative, e	enter "0."	44 _	•00
	7: Figure your income tax a					4-	
45	Income tax. Multiply Line 39 by			ctions.			•00
46	Recapture of investment credits.		4255.				•00
47	Income tax before credits. Add L						<u>•00</u>
48	Income tax credits. Attach Sche					_	<u>•00</u>
49	Income tax after credits. Subtra	act Line 48 from L	ine 47. If the amount i	s negative, enter "(D."	49 _	•00
-	8: Figure your refund or ba						
50	Replacement tax before reductio						•00
51	Foreign Insurer replacement tax			INS. See instruction	ons.		•00
52	Subtract Line 51 from Line 50. T	-	-				•00
53	Income tax before reductions. Er						•00
54	Foreign Insurer income tax reduce			See instructions.			<u>•00</u>
55	Subtract Line 54 from Line 53. TI	-					<u>•00</u>
56	Compassionate Use of Medical (-				•00
57	Total net income and replacem		-				•00
58	Underpayment of estimated tax p	-		ions.			<u>•00</u>
59	Total tax, surcharge, and penal	Ity. Add Lines 57	and 58.			59 _	•00
60	Payments. See instructions.						
	a Credit from prior year overp	ayments.		60a	<u>•00</u>		
	b Total estimated payments.			60b	<u>•00</u>		
	c Form IL-505-B (extension) p			60c	<u>•00</u>		
	d Pass-through withholding pa	•	•) 60d	00		
	K-1-P or K-1-T. Attach Schee Illinois gambling withholding			60e	<u>•00</u>		
61	 Illinois gambling withholding Total payments. Add Lines 60a th 		W-2G.	oue	<u> </u>		00
61 62	. ,	o .	subtract Line 50 from I	ino 61		62	• <u>00</u>
	Overpayment. If Line 61 is grea		Subtract Line 59 Hom t	ine or.		_	
63 64	Amount to be credited forward .		amazzak ka la a wafi wada	ا م		63 _ 64	<u>•00</u> ●
65	Refund. Subtract Line 63 from L Complete to direct deposit you		amount to be returned	eu.		0 4 _ 1	<u> </u>
03	Routing Number		Checkir	g or Savings			
			OTTECKII		•		
	Account Number						
66	Tax due. If Line 59 is greater that	ın Line 61, subtrac	ct Line 61 from Line 59	9. This is the amou	nt you owe.	66 _	•00
	9: Sign here						
Unde	er penalties of perjury, I state that	I have examined	this return and, to the	best of my knowled	dge, it is true,	correct,	and complete.
				(Г	Shoole 45.	how if the Department
					s box if the Department may is return with the paid		
							hown in this step.
Signa	ture of paid preparer Da	ate	Paid preparer's PTIN		_		
Paid	preparer's firm name	Address) Phone	

IL-1120 (R-07/17)

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

If you o	completed:	Attach
	Form IL-1120	
	Step 1, Line E (unitary) only	
	Step 1, Line E (unitary) only	Schedule UB
	Oten 4 Line F (ferral manuscra) and	Note → Check the box on Form IL-1120, Step 1, Line H.
	Step 1, Line E (foreign insurer) only	
	Step 1, Line E (unitary) and (foreign insurer) →	
	a =	Note → Check the box on Form IL-1120, Step 1, Line H.
<u> </u>	Step 1, Line F	Federal Form 8886 or Federal Schedule M-3 (as applicable)
<u> </u>	Step 1, Line T	Federal Form 982
<u> </u>	Step 1, Line U	Schedule INL
├ ─	Step 1, Line V	Schedule 2220
├ ─	Lines 5 and 18	
	 Special Depreciation addition 	<u>=Note</u> Check the box on Form IL-1120, Step 1, Line J.
	 Special Depreciation subtraction 	
<u> </u>	Lines 6 and 19	Schedule 80/20
	 Related-party expenses addition 	Note Check the box on Form IL-1120, Step 1, Line L.
	 Related-party expenses subtraction 	
<u> </u>	Lines 7 and 20	Schedule(s) K-1-P or K-1-T
	 Distributive share of additions 	
	 Distributive share of subtractions 	
<u> </u>	Lines 8 and 21	Schedule M and any required support listed on Schedule M
	Other additions	Note Check the box on Form IL-1120, Step 1, Line K.
	Other subtractions	
<u> </u>	Lines 11 through 15	Schedule 1299-B and any required support listed on Schedule
	River Edge Redevelopment Zone	1299-B
	Dividend subtraction	
	River Edge Redevelopment Zone	
	Interest subtraction	
	 High Impact Business Dividend subtraction 	
	 High Impact Business Interest subtractions 	
	 Contributions subtraction 	
<u> </u>		Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
<u> </u>	Lines 24 and 32 —	Schedule NB
	 Nonbusiness income or loss 	
	 Nonbusiness income or loss allocable to Illinois 	
	Lines 25 and 33	Schedule(s) K-1-P or K-1-T
	 Business income or loss from non-unitary 	
	partnerships, partnerships included on a Schedule UB,	
	S corporations, trusts, or estates	
	Business income or loss apportionable to Illinois from	
	non-unitary partnerships, partnerships included on a	
	Schedule UB, S corporations, trusts, or estates	
<u> </u>	Line 36 Discharge of Indebtedness adjustment →	Federal Form 982
		Note Check the box on Form IL-1120, Step 1, Line T.
<u> </u>	Line 38 Illinois net loss deduction -	Schedule NLD or UB/NLD (for unitary filers)
<u> </u>	Lines 41 and 46 Recapture of investment credit →	Schedule 4255
<u> </u>	Line 43 Investment credits —	Form IL-477 and any required support listed on Form IL-477
<u> </u>	Line 45 Income tax (applicable fiscal filers only) —	Schedule SA if you calculated tax using specific accounting.
<u> </u>	Line 48 Income tax credits	Schedule 1299-D, 1299-D (R&D), if applicable, and any required
	THIS IS MISSING WAY OF COLOR	support listed in the instructions.
		<u>=Note</u> → Check the box on Form IL-1120, Step 1, Line I.
<u> </u>	Lines 51 and 54 Foreign Insurer tax reduction	Schedule INS or Schedule UB/INS (for unitary filers)
<u> </u>	Line 58 Underpayment of estimated tax penalty —	Form IL-2220
	onderpayment of estimated tax penalty	=Note → If you annualized your income on Form IL-2220, Step 6,
		check the box on Form IL-1120, Step 1, Line V.
<u> </u>	Line 60d Pass-through withholding payments	All Schedules K-1-P and K-1-T you received showing a
	reported to you	pass-through withholding payment
	Line 60e Illinois gambling withholding	All copies of Form W-2G
-	Line due lillions garribility withholding	AN OOPICO OF FORM WE ZO