

Illinois Department of Revenue

2017 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 2017, enter your fiscal tax year here.	_	E	Enter the amount you are payi	ing.	
	Tax year beginning 20, ending 20, ending 20					
	For tax years ending on or after December 31, 2017. For prior years, use the fo	rm fo	r that year.			
Step	p 1: Identify your corporation	N	Enter your federa	l employer identification no. (F	EIN).	
Α	Enter your complete legal business name.				_	
	If you have a name change, check this box. Name:	0	-	ber of a group filing a federal Irn, enter the FEIN of the pare		
В	Enter your mailing address.					
	Check this box if either of the following apply:	Р	Enter your North	American Industry Classifica	tion	
	this is your first return, oryou have an address change.		System (NAICS)	Code. See instructions.		
	C/O:					
		Q		rate file (charter) number		
	Mailing address: City: State: ZIP:		assigned to you t	by the Secretary of State.		
C	City: State: ZIP: State: ZIP:	R	Enter the city sta	ate, and zin code where your		
Ū	First return	•••	R Enter the city, state, and zip code where your accounting records are kept. (Use the two-let			
	Final return (Enter the date of termination dd)		postal abbreviation	on, <i>e.g.</i> , IL, GA, etc.)		
			City	State Zip		
D	If this is a final return because you sold this business, enter the date sold	6	•	·	la.	
	(mm dd yyyy) , and the new owner's FEIN.	3	•	the business income election t ess income as business incom		
_				d enter "0" on Lines 24 and 32.		
_	Check the box and see the instructions if your business is a:	Т	Check your meth	od of accounting.		
F	Combined return (unitary) Foreign insurer If you completed the following, check the box and attach the federal form(s) to		Cash A	Accrual Other		
•	If you completed the following, check the box and attach the federal form(s) to this return.		If you are making a discharge of indebtedness			
	Federal Form 8886 Federal Schedule M-3, Part II, Line 12		IL-1120, Line 36,	chedules NLD or UB/NLD, or F check this box and attach fed		
G	Apportionment Formulas. Mark the appropriate box or boxes and see	V	Form 982.	erative with an Illinois net los	`П	
	Apportionment Formula instructions. Sales companies	V		ck this box and attach a	S	
	Insurance companies Financial organizations		completed Sched			
	Transportation companies Federally regulated exchanges	W		your income on Form IL-2220,	_	
	Check this box if you attached Illinois Schedule UB.			d attach Form IL-2220.		
	Check this box if you attached the Subgroup Schedule. Check this box if you attached Illinois Schedule 1299-D.	Х	•	your business activity is Public Law 86-272.		
	Check this box if you attached lilinois Schedule 1299-D. Check this box if you attached Form IL-4562.		present and of t		Ч	
ı	Check this box if you attached Illinois Schedule M (for businesses).					
M						
M ▼	If you are tax on Line 66, complete a narment yougher Form II -1120-V.	Mrita	Vour FEIN tay you	ar anding and "II -1120-\/"		
t and e.	on your check or money order and make it payable to "Illinois Department		-	_	ere.	
men' / her	► Enter the amount of your payment on the top of this page in the space	ce pr	ovided.			
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, mail this return to: Illinois Department is enclosed. Illinois Department is enclosed. Illinois Department is enclosed. Illinois Department is enclosed.	artme 028	sed, mail this returnent of Revenue	n to:		
₹ "	Springheid, IL 62794-9006 Springheid,	ı_ 0	£137-3020			

Ste	p 2: Figure your income or loss		(Who	le dollars only)		
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 amount cannot be negative.		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 at Line 1.		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.		· · · · · · · · · · · · · · · · · · ·	<u>•00</u>		
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		7	<u>•00</u>		
8	Other additions. Attach Schedule M (for businesses).			<u>•00</u>		
9	Add Lines 1 through 8. This amount is your income or loss.		9	<u>•00</u>		
Ste	p 3: Figure your base income or loss					
10	Interest income from U.S. Treasury and other exempt federal obligations	s. 10	<u>•00</u>			
11	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	11	•00			
12	River Edge Redevelopment Zone Interest subtraction.					
	Attach Schedule 1299-B.	12				
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13				
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	<u>•00</u>			
15	Contribution subtraction. Attach Schedule 1299-B.	15	<u>•00</u>			
16	Contributions to certain job training projects. See instructions.	16	<u>•00</u>			
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17				
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u>•00</u>			
19	Related-party expenses subtraction. Attach Schedule 80/20.	19	•00			
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.) =Note - If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4. B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions.						
1	tep 4: Figure your income allocable to Illinois (Complete only if	-	•			
2		24	<u>•00</u>			
2	5 Business income or loss included in Line 23 from non-unitary partnerships included on a Schedule UB, S corporations, trusts,	ersnips,				
	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	9 Total sales inside Illinois. This amount cannot be negative.	29				
3	5					
3		•	31	•00		
3			32	•00		
3		artnerships, partnerships	33	•00		
3				•00		
1	•					

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Ster	5: Figure your net income				
35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	•00		
36			•00		
37			•00		
38	Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter "0."				
39	· ·		•00		
	o 6: Figure your replacement tax after credits				
40	• • •	40	•00		
41			•00		
42			•00		
43	•		•00		
44			•00		
	7: Figure your income tax after credits				
45		45	•00		
46			•00		
47			•00		
48			•00		
49		49 _	<u>•00</u>		
	9 8: Figure your refund or balance due	E 0	00		
50 51			•00 •00		
51 52					
52 53			•00		
			• <u>00</u>		
54					
55 50	•		•00		
56			•00		
57	Total net income and replacement taxes and surcharge. Add Lines 52, 55, and 56.		•00		
58			•00		
59		59 _	<u>•00</u>		
60	Payments. See instructions.				
	 a Credit from prior year overpayments. b Total estimated payments. 60a				
	c Form IL-505-B (extension) payment. 60c600				
	d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 60d •00				
	e Illinois gambling withholding. Attach Form(s) W-2G.				
61		61	•00		
62		62	•00		
63	,	63	•00 �		
64		64	•00		
65	Complete to direct deposit your refund.	0 4 _			
	Routing Number Checking or Savings				
	Account Number				
66	Tax due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66 _	<u>•00</u>		
Step	9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge	e, it is t	rue, correct, and complete.		
Sigr	\mathbf{n}		Check if the Department		
Here			discuss this return with the		
	Signature of authorized officer Date (mm/dd/yyyyy) Title Phone	_	preparer shown in this step.		
Paid	I Print/Tyne naid nrenarer's name I Paid nrenarer's signature I Date (mm/dd/yyyy) I Se	□ Che elf-emple	eck if loyed Paid Preparer's PTIN		
Prep	, and repaid of the				
Use Only Firm's name Firm's FEIN ▶ Firm's address Firm's phone ▶ ()					
			1 /		

- **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 completed:	Attach
Form IL-1120	
Step 1, Line E (unitary) only	Schedule UB
Step 1, Line L (unitary) only	=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)	
otop 1, 2110 2 (armary) and (10101911 mouror)	<u>=Note</u> → Check the box on Form IL-1120, Step 1, Line H.
Step 1, Line F	Federal Form 8886 or Federal Schedule M-3 (as applicable)
Step 1, Line T	Federal Form 982
Step 1, Line U	Schedule INI
Step 1, Line V Lines 5 and 18	Schedule 2220
Lines 5 and 18	Form IL-4562
 Special Depreciation addition 	<u>=Note</u> Check the box on Form IL-1120, Step 1, Line J.
 Special Depreciation subtraction 	
Lines 6 and 19	Schedule 80/20
 Related-party expenses addition 	ENote→ Check the box on Form IL-1120, Step 1, Line L.
Related-party expenses subtraction	
Lines 7 and 20	Schedule(s) K-1-P or K-1-T
Distributive share of additions Distributive share of subtractions	
Distributive share of subtractions Lines 8 and 21	Schedule M and any required support listed on Schedule M
• Other additions	<u>=Note</u> → Check the box on Form IL-1120, Step 1, Line K.
Other additions Other subtractions	= Note 7 Officer the box off form 12 1720, Otop 1, Ellio R.
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	Illinois Cabadula I and II C 1100 Cabadula C ay aguiralant
	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
Lines 24 and 32	Schedule NB
 Nonbusiness income or loss Nonbusiness income or loss allocable to Illinois 	
	Cahadula(a) K 1 D ar K 1 T
Business income or loss from non-unitary	Schedule(s) K-1-P or K-1-T
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	
Line 36 Discharge of indebtedness adjustment —	
	ENote → 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	
Line 43 Investment credits	
Line 45 Income tax	If you calculated tax using specific accounting, attach Schedule SA.
Line 48 Income tax credits —	Contradic 1200 B and any required capport noted in the Contradic
	1299-D instructions <u>■Note</u> Check the box on Form IL-1120, Step 1, Line I.
Lines 51 and 54 Foreign Insurer tax reduction	•
Line 58 Underpayment of estimated tax penalty	Form IL-2220
Ente do 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.
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

