Illinois Department of Revenue Schedule INL

## Illinois Net Loss Adjustments for Cooperatives and REMIC Owners

Year ending

|    | Attach to your Form IL-1120.   | Cooperativ             | es ana n              |      |                     |   | Month Year<br>IL Attachment No. 20 |  |  |  |
|----|--|------------------------|-----------------------|------|---------------------|---|------------------------------------|--|--|--|
| St | ep 1: Provide the following informa  | tion                   |                       |      |                     |   |                                    |  |  |  |
|    | Α  |                        | В                     |      |                     |   |                                    |  |  |  |
|    | Enter your name as shown on your Form IL-1120.   |                        | ification no. (FEIN). |      |                     |   |                                    |  |  |  |
|    | C Check the box indicating the reason for completin  | g Schedule INL.        |                       |      |                     | Complete Steps 2 and 3 only.)<br>Complete Step 4 only.) |                                    |  |  |  |
| St | ep 2: Make your election (Cooperat   | ives only)             |                       |      |                     |   |                                    |  |  |  |
| 1  | Mark the box if this is the <b>first year</b> for which you  | are filing Schedule    | INL.                  |      |                     |   |                                    |  |  |  |
|    | <i>ENote</i> If you marked the box in Line 1, complete the following statement by checking the appropriate box 1a or 1b. |                        |                       |      |                     |   |                                    |  |  |  |
|    | I elect to compute Illinois net income for all taxable years:  |                        |                       |      |                     |   |                                    |  |  |  |
|    | a allowing patronage losses to offset nonpatron  | age income.            |                       |      |                     |   |                                    |  |  |  |
|    | <b>b</b> without allowing patronage losses to offset no  | npatronage income.     |                       |      |                     |   |                                    |  |  |  |
| 2  | 2 Mark the box if you elected to offset nonpatronage   | loss against patrona   | ige income            |      |                     |   |                                    |  |  |  |
|    | for federal purposes for this tax year.  |                        |                       |      |                     |   |                                    |  |  |  |
| St | ep 3: Figure your Illinois income or   | loss (Cooper           | atives only           |      | A                   |   | В                                  |  |  |  |
| 01 | ep of a light your minors moome of   |                        |                       | /    | ~                   |   | D                                  |  |  |  |
|    |  |                        |                       | Pati | ronage              |   | Nonpatronage                       |  |  |  |
| 3  | Federal taxable income. (Federal Form 1120-C, So   | chedule G, Line 10,    | or                    |      |                     |   |                                    |  |  |  |
|    | Form 8817, Line 29.)   |                        |                       |      |                     |   | <u>•00</u>                         |  |  |  |
| 4  | Addition modifications   |                        |                       | 4a   |                     |   | <u></u> • <u>00</u>                |  |  |  |
| 5  |  |                        |                       |      |                     |   | <u></u> • <u>00</u>                |  |  |  |
| 6  | Base income. Add Lines 3 through 5.  |                        |                       |      |                     |   | <u></u> • <u>00</u>                |  |  |  |
| 7  |  |                        |                       | 7a   | <u></u> • <u>00</u> | 7b  | <u></u>                            |  |  |  |
| 8  | Business income or loss from non-unitary partners<br>Schedule UB, S corporations, trusts, or estates.                    | ships, partnerships i  | ncluded on            | 8a   | •00                 | 8b  | •00                                |  |  |  |
| 9  | Add Lines 7 and 8.   |                        |                       | 9a   |                     |   | •00                                |  |  |  |
| 10 | Business income or loss. Subtract Line 9 from Line   | e 6.                   |                       | 10a  |                     | 10b   |                                    |  |  |  |
| 11 | Apportionment factor from Form IL-1120, Line 30  |                        |                       | 11a• |                     | 11b   | •                                  |  |  |  |
| 12 | Business income or loss apportioned to Illinois. Mu  | ultiply Line 10 by Lin | e 11.                 | 12a  | •00                 | 12b   | •00                                |  |  |  |
| 13 | Nonbusiness income or loss allocated to Illinois fro   | om Form IL-1120, Li    | ne 32.                | 13a  | •00                 | 13b   | •00                                |  |  |  |
| 14 | Business income or loss apportionable to Illinois fu<br>partnerships included on a Schedule UB, S corpor                 | , ,                    | 1 '                   |      |                     |   |                                    |  |  |  |
|    | Form IL-1120, Line 33.   |                        |                       |      |                     |   | •00                                |  |  |  |
| 15 | Base income or loss allocable to Illinois. Add Lines   | s 12 through 14.       |                       |      |                     |   | •00                                |  |  |  |
| 16 | Discharge of Indebtedness adjustment. See instru   | ctions.                |                       |      |                     |   | <u>•00</u>                         |  |  |  |
| 17 |  | nd 16. See instructio  | ns.                   |      |                     |   | <u>00</u>                          |  |  |  |
| 18 |  |                        |                       |      |                     |   | <u> </u>                           |  |  |  |
| 19 |  |                        |                       | 19a  | <u>•00</u>          |   | <u>00</u>                          |  |  |  |
| 20 | Combined net income or loss. See instructions.   |                        |                       |      |                     | 20  | <u>00</u>                          |  |  |  |



## Step 4: Figure your Illinois income or loss (REMIC residual interest owners only.)

| 1  | Enter your base income or net loss from Form IL-1120, Line 35.  |    | 1           | •00         |
|----|---|----|-------------|-------------|
| 2  | Enter your recomputed federal taxable income. See instructions.   | 2  | •00         |             |
| 3  | Total addition modifications. (Form IL-1120, Lines 2 through 8.)  | 3  | •00         |             |
| 4  | Total subtraction modifications entered as a negative number. (Form IL-1120, Line 22.)  | 4  | • <u>00</u> |             |
| 5  | Base income. Add Lines 2 through 4.   | 5  | • <u>00</u> |             |
| 6  | Nonbusiness income or loss. (Form IL-1120, Line 24.)  | 6  | • <u>00</u> |             |
| 7  | Business income or loss from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. (Form IL-1120, Line 25.)                             | 7  | • <u>00</u> |             |
| 8  | Add Lines 6 and 7.  | 8  | •00         |             |
| 9  | Business income or loss. Subtract Line 8 from Line 5.   | 9  | • <u>00</u> |             |
| 10 | Apportionment factor from Form IL-1120, Line 30   | 10 |             |             |
| 11 | Business income or loss apportioned to Illinois. Multiply Line 9 by Line 10.  | 11 | • <u>00</u> |             |
| 12 | Nonbusiness income or loss allocated to Illinois from Form IL-1120, Line 32.  | 12 | • <u>00</u> |             |
| 13 | Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates from Form IL-1120, Line 33. | 13 | • <u>00</u> |             |
| 14 | Recomputed base income or net loss allocable to Illinois. Add Lines 11 through 13.  |    | 14          | • <u>00</u> |
| 15 | Subtract Line 1 from Line 14. See instructions.<br>If the result is positive or zero, stop here. Do not complete the rest of this form.   |    | 15          | •00         |
| 16 | Enter any discharge of indebtedness amount from Form IL-1120, Line 36.  |    | 16          | •00         |
| 17 | If Line 1 is  |    |             |             |
|    | <b>negative or zero,</b> add Lines 1 and 16, and enter the total here.<br><b>positive,</b> enter zero here.   |    | 17          | • <u>00</u> |
| 18 | Add Lines 15 and 17. If the result is <b>negative,</b> this is the amount you may use as an NLD carryforward in subsequent tax years.   |    | 18          | •00         |
|    |   |    |             |             |

