

Illinois Department of Revenue

2018 Form IL-1120



Corporation Income and Replacement Tax Return

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

	See When should tille: In the For			ue uc	100.				
If th	is return is not for calendar year 2018, enter y	•				Enter the amount	you are pay	ing.	
	Tax year beginning day 20 year								
This end	form is for tax years ending on or after Decembing in 2018 but before December 31, 2018, use	er 31, 2018, and before the 2017 form. For prior	December 31 years, use the	1, 201 e forr	19. For tax years n for that year.	\$			
	1: Identify your corporation	· ·			-		Santis - /=		
Α	Enter your complete legal business name.			IN	Enter your fede	eral employer identi	lication no. (F	'⊏IIV).	
	If you have a name change, check this box.			0	If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.				
	Name:								
В	Enter your mailing address.				consolidated i	eturri, eriter trie i L	in or the part	GIII.	
	Check this box if either of the following apply:			_					
	• this is your first return , or			Р		th American Indus S) Code. See instr		ition	
	• you have an address change.				System (NAIC	o) code. See ilisti	uctions.		
	C/O:			Q	Enter your cor	norate file (charter	number		
	Mailing address:			G	•	porate file (charter) number ou by the Secretary of State.			
	City:	State: ZIP: _							
С	If this is the first or final return, check the applicable box(es).			R	Enter the city, state, and zip code where your				
	First return				accounting records are kept. (Use the two-letter				
	Final return (Enter the date of termination	on)		postal abbrevi	ation, <i>e.g.</i> , IL, GA,	etc.)		
D			hlas a		City	State	Zip		
	If this is a final return because you sold this business, enter the date sold (mm dd yyyy) , and the new owner's FEIN.			9	•				
	, and the new owner or Env.			3	If you are making the business income election to treat all nonbusiness income as business income,				
Е	Check the box and see the instructions if you	– ır business is a:				and enter "0" on Lin			
	Combined return (unitary)	Foreign insurer		Т	Check your me	ethod of accounting	g.		
F	If you completed the following, check the box	· ·	al form(s) to		Cash	Accrual O	ther		
	this return.				If you are making a discharge of indebtedness				
	Federal Form 8886 Federal Schedule M-3				adjustment on Schedules NLD or UB/NLD, or Form				
		Part II, Line 12			IL-1120, Line 36, check this box and attac			deral	
G	Apportionment Formulas. Mark the approp	riate box or boxes and Sales companies	see	.,	Form 982.			Ш	
	Apportionment Formula instructions.		V	If you are a cooperative with an Illinois net lo modification, check this box and attach a					
	Insurance companies	Financial organization				nedule INL.	attaon a		
ш	Transportation companies	Federally regulated	excitatiges	W	·	ed your income on F	orm IL-2220,		
	Check this box if you attached Illinois Schedu				-	and attach Form IL	2220.		
	, , , , , , , , , , , , , , , , , , , ,	cif you attached the Subgroup Schedule.		X		k if your business activity is er Public Law 86-272.		_	
	Check this box if you attached Illinois Schedule 1299-D. Check this box if you attached Form IL-4562.				protected unde				
ı.									
L	Check this box if you attached Illinois Schedu								
M	Check this box if you attached Schedule 80/20.								
	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"								
pur ▼	on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.								
ent a	 Enter the amount of your payment on the top of this page in the space provided. If a payment is not enclosed, mail this return to: If a payment is enclosed, mail this return to: 								
aym 0-V h	Illinois Department of Revenue	-			ent of Revenue				
Enter the amount of your payment on the top of this page in the sp If a payment is not enclosed, mail this return to: Illinois Department of Revenue P.O. Box 19008 Springfield, IL 62794-9008 P.O. Box 1 Springfield									
in y	Springfield, IL 62794-9008		Springfield,	IL 6	2794-9028	NS	DR		

Atta For

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(Whole dollars only)

Step 2: Figure your income or loss

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 of	negative. 2	<u>•00</u>			
3	State, municipal, and other interest income excluded from Line 1.	3	•00			
4	Illinois income and replacement tax and surcharge deducted in arriving at L	ine 1.	4	•00		
5	Illinois Special Depreciation addition. Attach Form IL-4562.		5	<u>•00</u>		
6	Related-party expenses additions. Attach Schedule 80/20.		6	•00		
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).		8	<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.	10 _	•00			
11	River Edge Redevelopment Zone Dividend subtraction.					
	Attach Schedule 1299-B.	11 _	<u>•00</u>			
12	River Edge Redevelopment Zone Interest subtraction.					
	Attach Schedule 1299-B.		<u>•00</u>			
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.		<u>•00</u>			
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.		<u>•00</u>			
15	Contribution subtraction. Attach Schedule 1299-B.		•00			
16	Contributions to certain job training projects. See instructions.		<u>•00</u>			
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.		•00			
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.		<u>•00</u>			
19	Related-party expenses subtraction. Attach Schedule 80/20.		•00			
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.		<u>•00</u>			
21	Other subtractions. Attach Schedule M (for businesses).	21 _	•00			
22	Total subtractions. Add Lines 10 through 21.			<u>•00</u>		
23			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					
Ste 24	P 4: Figure your income allocable to Illinois (Complete only if you of Nonbusiness income or loss. Attach Schedule NB.		e box on Line B, above.) •00			
25	Business income or loss included in Line 23 from non-unitary partnerships,		•00			
25	partnerships included on a Schedule UB, S corporations, trusts,					
	or estates. See instructions.	25 _	•00			
26	Add Lines 24 and 25.		26	•00		
27	Business income or loss. Subtract Line 26 from Line 23.		27	•00		
28	Total sales everywhere. This amount cannot be negative.	28 _				
29	Total sales inside Illinois. This amount cannot be negative.	29 _				
30	Apportionment Factor. Divide Line 29 by Line 28. (Round to six decimal places	.) 30 _				
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 3	0.	31	<u>•00</u>		
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		32	•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 instructi		33	•00		
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	<u>•00</u>			

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Ster	a 5·	Figure your net income			
35		se 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.				•00
37		Adjusted base income or net loss. Add Lines 35 and 36. See instructions.			•00
38		Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter "0."			
39		t income. Subtract Line 38 from Line 37.			•00
Ster	o 6:	Figure your replacement tax after credits			
40		placement tax. Multiply Line 39 by 2.5% (.025).	40	'	•00
41	Re	capture of investment credits. Attach Schedule 4255.	41		<u>•00</u>
42	Re	placement tax before credits. Add Lines 40 and 41.	42	:	<u>•00</u>
43	Inv	restment credits. Attach Form IL-477.	43	·	•00
44	Re	placement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter "0."	44		<u>•00</u>
Step	o 7:	Figure your income tax after credits			
45	Inc	come tax. Multiply Line 39 by 7.00% (.07)	45	·	<u>•00</u>
46	Re	capture of investment credits. Attach Schedule 4255.			<u>•00</u>
47	Inc	come tax before credits. Add Lines 45 and 46.	47		•00
48	Inc	come tax credits. Attach Schedule 1299-D.	48		<u>•00</u>
49	Inc	come 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		placement tax before reductions. Enter the amount from Line 44.			<u>•00</u>
51		reign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.			<u>•00</u>
52		btract Line 51 from Line 50. This is your net replacement tax.			<u>•00</u>
53	Income tax before reductions. Enter the amount from Line 49.				•00
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.				<u>•00</u>
55		btract Line 54 from Line 53. This is your net income tax.			•00
56		mpassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.			•00
57		tal net income and replacement taxes and surcharge. Add Lines 52, 55, and 56.			•00
58 59		Underpayment of estimated tax penalty from Form IL-2220. See instructions.			• <u>00</u>
60		tal tax, surcharge, and penalty. Add Lines 57 and 58.	59		
00		yments. See instructions. Credits and normants made before the original tax due date.	1		
	a b	Credits and payments made before the original tax due date. Pass-through withholding reported to you on Schedule(s) 60a	<u>J</u>		
	D	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 60b	1		
	С	Illinois gambling withholding. Attach Form(s) W-2G.	_		
61		tal payments. Add Lines 60a through 60c.	<u> </u>		•00
62		rerpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62		•00
63		nount to be credited forward. See instructions.	63		•00 �
64		fund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64		•00
65	Со	emplete to direct deposit your refund.			
	Ro	uting Number Checking or Savings			
	Ac	count Number			
L]		00
66		x due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe. Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowle	66		•00
Sign		Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledges	eage, it	_	heck if the Department
Here	еL			nay dis	scuss this return with the
	S	Signature of authorized officer Date (mm/dd/yyyy) Title Phone			eparer shown in this step.
Paic	ł	Drint/Time noid preparation name		Check	r if Paid Preparer's PTIN
Prep		I Firm's name NI	's FEIN		Palu Preparers PTIN
Use	On		's phor		· \
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Attach supporting documents to your Form IL-1120.

Failure to attach the required documents may result in the disallowance of the corresponding line item.



