



Illinois Department of Revenue 2019 Form IL-1120 Corporation Income and Replacement Tax Return

See "When should I file?" in the Form IL-1120 instructions for	or a list of due	
If this return is not for calendar year 2019, enter your fiscal tax year here.	Enter the amount you are paying.	
Tax year beginning 20, ending 20	24 0000	
This form is for tax years ending on or after December 31, 2019, and before For all other situations, see instructions to determine the correct form to use		\$
Step 1: Identify your corporation A Enter your complete legal business name. If you have a name change, check this box. Name: B Enter your mailing address. Check this box if either of the following apply: this is your first return, or you have an address change. C/O: Mailing address:	N E (Enter your federal employer identification number FEIN). f you are a member of a group filing a federal consolidated return, enter the FEIN of the parent. Enter your North American Industry Classification System (NAICS) Code. See instructions. Enter your corporate file (charter) number
City: State: ZIP: C If this is the first or final return, check the applicable box(es).	6	assigned to you by the Secretary of State.
First return Final return (Enter the date of termination) mm dd) D If this is a final return because you sold this business, enter the date so	į.	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.)
(mm dd yyyy) , and the new owner's FEIN.	(City State ZIP
E Check the box and see the instructions if your business is a: Unitary Filer (Combined return) Foreign insurer F If you completed the following, check the box and attach the federal	t ir L	f you are making the business income election o treat all nonbusiness income as business income, check this box and enter zero on lines 24 and 32.
form(s) to this return. Federal Form 8886 Federal Schedule M-3, Part II, Line 12		Cash Accrual Other
G Apportionment Formulas. Mark the appropriate box or boxes and see Apportionment Formula instructions. Sales companies Insurance companies Financial organizations	e a	f you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and attach federal Form 982.
☐ Transportation companies ☐ Federally regulated exchar		Check this box if you attached Schedule INL.
H Check this box if you attached Illinois Schedule UB.I Check this box if you attached the Subgroup Schedule.	⊢ w i	f you annualized your income on Form IL-2220,
J Check this box if you attached Illinois Schedule 1299-D.	\Box	check this box and attach Form IL-2220.
K Check this box if you attached Form IL-4562.		Check this box if your business activity is protected under Public Law 86-272.
L Check this box if you attached Illinois Schedule M (for businesses).	□ Y (Check this box if you are a 52/53 week filer.
M Check this box if you attached Schedule 80/20.		
If you owe tax on Line 67, complete a payment voucher, Fo "IL-1120-V" on your check or money order and make it pay voucher and payment here. Refer to the 2019 IL-1120 Instructions for the address to m	able to "Illin	ois Department of Revenue." Attach your



	p 2: Figure your income or loss		(Whole d	ollars only)		
1	Federal taxable income from U.S. Form 1120, Line 30.		_			
_	Attach a copy of your federal return.		1 gative. 2	•00		
2	,			•00		
3	State, municipal, and other interest income excluded from Line 1.			•00		
4	Illinois income and replacement tax and surcharge deducted in arriving at L	ine 1.		•00		
5	Illinois Special Depreciation addition. Attach Form IL-4562.		-	•00		
6 7	Related-Party Expenses additions. Attach Schedule 80/20. Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.			• <u>00</u>		
_	Other additions. Attach Schedule M (for businesses).		8			
8 9	Add Lines 1 through 8. This amount is your income or loss.		9			
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.	12	<u>•00</u>			
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	<u>•00</u>			
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	•00			
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	•00			
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	•00		
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.						
	p 4: Figure your income allocable to Illinois (Complete only if you o					
24	Nonbusiness income or loss. Attach Schedule NB.	24	<u>•00</u>			
25	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			
26	Add Lines 24 and 25.		26	•00		
27	Business income or loss. Subtract Line 26 from Line 23.			•00		
28	Total sales everywhere. This amount cannot be negative.	28	<u> </u>	<u>*50</u>		
29	Total sales inside Illinois. This amount cannot be negative.					
30	Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places.		.			
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 3		31	•00		
1		0.	32	•00		
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	ino nortere		<u> •∪U</u>		
33	Business income or loss apportionable to Illinois from non-unitary partnershincluded on a Schedule UB, S corporations, trusts, or estates. See instruction		33	•00		
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	J. 10.	34 34			
١٠.	in a different control of the different		·			

Page 2 of 4 IL-1120 (R-12/19)



Step 5: Figure your net income Base income or net loss from Step 3, Line 23, or Step 4, Line 34. 35 •00 •00 36 Discharge of indebtedness adjustment. Attach federal Form 982. See instructions. 36 37 Adjusted base income or net loss. Add Lines 35 and 36. See instructions. 37 •00 •00 Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter zero. 38 38 •00 39 Net income. Subtract Line 38 from Line 37. 39 Step 6: Figure your replacement tax after credits •00 40 Replacement tax. Multiply Line 39 by 2.5% (.025). 40 •00 41 Recapture of investment credits. Attach Schedule 4255. 41 •00 42 Replacement tax before credits. Add Lines 40 and 41. •00 43 Investment credits. Attach Form IL-477. 43 •00 44 Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zero. 44 Step 7: Figure your income tax after credits Income tax. Multiply Line 39 by 7.00% (.07) 45 •00 46 •00 Recapture of investment credits. Attach Schedule 4255. 46 47 Income tax before credits. Add Lines 45 and 46. •00 47 •00 48 Income tax credits. Attach Schedule 1299-D. 48 •00 49 Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero. 49 Step 8: Figure your refund or balance due 50 Replacement tax before reductions. Enter the amount from Line 44. 50 •00 •00 51 Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions. 51 •00 52 Subtract Line 51 from Line 50. This is your net replacement tax. 52 53 •00 Income tax before reductions. Enter the amount from Line 49. 53 54 Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions. •00 54 55 •00 Subtract Line 54 from Line 53. This is your net income tax. 55 56 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. 56 •00 57 •00 Sale of assets by gaming licensee surcharge. See instructions. 57 •00 58 Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57. 58 •00 59 Underpayment of estimated tax penalty from Form IL-2220. See instructions. 59 Total taxes, surcharges, and penalty. Add Lines 58 and 59. •00 60 60 61 Payments. See instructions. •00 Credits from previous overpayments. 61a •00 Total payments made before the date this return is filed. Pass-through withholding reported to you on Schedule(s) •00 K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 61c •00 Illinois gambling withholding. Attach Form(s) W-2G. 61d •00 62 Total payments. Add Lines 61a through 61d. 62 . 63 Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. 63 64 Amount to be credited forward. See instructions. •00 ∢ •00 65 Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. 65 66 Complete to direct deposit your refund. Routing Number Checking or L Savings Account Number Tax due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. 67_ Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete. Sign Check if the Department may discuss this return with the Here Signature of authorized officer paid preparer shown in this step. Date (mm/dd/yyyy) Title Phone Check if Paid Date (mm/dd/yyyy) self-employed Paid Preparer's PTIN Print/Type paid preparer's name Paid preparer's signature **Preparer** Firm's name Firm's FEIN ▶ **Use Only** Firm's address Firm's phone

▶ Enter the amount of your payment on the top of page 1 in the space provided.

IL-1120 (R-12/19) Printed by the authority of the State of Illinois - web only, 1 copy

Page 3 of 4

Attach supporting documents to your Form IL-1120.



If you completed:	Attach
Form IL-1120	U.S. 1120, Pages 1 through 5, or equivalent
·	Schedule UB
	Note Check the box on Form IL-1120, Step 1, Line H
	Schedule INS
Step 1, Line E (unitary) and (foreign insurer)	Schedule UB and Schedule UB/INS
	<u>=Note</u> → Check the box on Form IL-1120, Step 1, Line H
	Federal Form 8886 or Federal Schedule M-3 (as applicable)
	Federal Form 982
· · ·	Schedule INL
Step 1, Line W	
Lines 5 and 18 Special Depreciation addition	Form IL-4562 <u>■Note</u> Check the box on Form IL-1120, Step 1, Line K
Special Depreciation addition Special Depreciation subtraction	2 Officer the box officer in 120, Step 1, Line it
	Schedule 80/20
Related-Party Expenses addition	<u>=Note</u> Check the box on Form IL-1120, Step 1, Line M
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	
	Schedule M and any required support listed on Schedule M
Other additions Other subtractions	Note → Check the box on Form IL-1120, Step 1, Line L
	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 Schedule J, and U.S. 1120, Schedule C or equivalent
	·
Lines 24 and 32 Nonbusiness income or loss	Schedule NB
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 Line 36 Discharge of indebtedness adjustment	Federal Form 982
Line of Discharge of Indebtedness adjustment	<u>Note</u> Check the box on Form IL-1120, Step 1, Line U
Line 38 Illinois net loss deduction	Schedule NLD or UB/NLD (for unitary filers)
- I	Schedule 4255
	Form IL-477 and any required support listed on Form IL-477
Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule
	1299-D instructions or Schedule 1299-I
	Note → Check the box on Form IL-1120, Step 1, Line J
Lines 51 and 54 Foreign Insurer tax reduction	Schedule INS or Schedule UB/INS (for unitary filers)
Line EO Undermand of action to describe	Note → Check the box on Form IL-1120, Step 1, Line E
Line 59 Underpayment of estimated tax penalty	Form IL-2220 <u>Note</u> If you annualized your income on Form IL-2220, Step 6,
	check the box on Form IL-1120, Step 1, Line W
Line 61c Pass-through withholding reported	- All Schedules K-1-P and K-1-T you received showing
to you	pass-through withholding
- I	Copies of all Forms W-2G

Page 4 of 4 IL-1120 (R-12/19)

^{**}Failure to attach the required documents may result in the disallowance of the corresponding line item.**