

Illinois Department of Revenue 2019 Form IL-1120-ST

	Small Business Corporation Replacement Tax Return Due on or before the 15th day of the 3rd month following the clos	e of th	he tax year.			
Tax	nis return is not for calendar year 2019, enter your fiscal tax year here. (x year beginning		Enter the amount you are paying.			
	ep 1: Identify your small business 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.		Enter your federal employer identification number (FEIN) Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. Attach Schedule UB to this return.			
В						
	C/O: Mailing address:	_ N	Enter your North American Industry Classification System (NAICS) Code. See instructions.			
С	City: State: ZIP: If this is the first or final return, check the applicable box(es).	- O	Enter your Illinois corporate file (charter) number issued by the Secretary of State.			
D	First return Final return (Enter the date of termination mm dd yyyy , and the new owner's FEIN.	Р	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.) City State ZIP If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.			
E	Apportionment Formulas. Check the appropriate box or boxes and see the Apportionment Formula instructions.	Q				
F	Financial organizations Transportation companies Sales companies Check this box if you attached Form IL-4562.	R	If you have completed the following, check the box and attach the federal form(s) to this return. Federal Form 8886 Federal Sch. M-3, Part II, Line 10			
ı	Check this box if you attached Illinois Schedule M (for businesses). Check this box if you attached Schedule 80/20. Check this box if you attached Schedule 1299-A. Check this box if you attached the Subgroup Schedule	S	If you are making a discharge of indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box and attach federal Form 982.			
	Check this box if you are a 52/53 week filer.	Т	Check this box if your business activity is protected under Public Law 86-272.			
payment and Form IL-1120-ST-V here.	Step 2: Figure your ordinary income or loss 1 Ordinary income or loss, or equivalent from federal Schedule K. 2 Net income or loss from all rental real estate activities. 3 Net income or loss from other rental activities. 4 Portfolio income or loss. 5 Net IRC Section 1231 gain or loss. 6 All other items of income or loss that were not included in the computation of Page 1 of U.S. Form 1120-S. See instructions. Identify:	f inco	(Whole dollars only) 1			
it and F	7 Add Lines 1 through 6. This is your ordinary income or loss. Step 3: Figure your unmodified base income or loss		7			
Ž.	 8 Charitable contributions. 9 Expense deduction under IRC Section 179. 10 Interest on investment indebtedness. 11 All other items of expense that were not deducted in the computation of ordin Page 1 of U.S. Form 1120-S. See instructions. Identify:	nary i	8			

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13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

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12 Add Lines 8 through 11.



Step 4: Figure your income or loss

Step 4	1: Figure your income or loss			
14	Enter the amount from Line 13. Unitary filers, enter the amount from Schedul	e UB, Step 2	2, Col E, Line 30. 14	<u>•00</u>
15	State, municipal, and other interest income excluded from Line 14.		15	<u>•00</u>
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.		16	<u>•00</u>
17	Illinois Special Depreciation addition. Attach Form IL-4562.		17	<u>•00</u>
18	Related-Party Expenses addition. Attach Schedule 80/20.		18	<u>•00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		19	<u>•00</u>
20	The amount of loss distributable to a shareholder subject to replacement tax.	Attach Sch	nedule B. 20	<u>•00</u>
21	Other additions. Attach Illinois Schedule M (for businesses).		21	<u>•00</u>
22	Add Lines 14 through 21. This amount is your income or loss.		22	<u>•00</u>
Step !	5: Figure your base income or loss			
23	Interest income from U.S. Treasury or other exempt federal obligations.	23	<u>•00</u>	
24	Share of income distributable to a shareholder subject to replacement	0.4		
	tax. Attach Schedule B.		•00	
	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.		•00	
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.		•00	
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.		•00	
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.		•00	
29	Contribution subtraction. Attach Schedule 1299-A.		•00	
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.		•00	
31	Related-Party Expenses subtraction. Attach Schedule 80/20.		•00	
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.		•00	
33	Other subtractions. Attach Schedule M (for businesses).	33	<u>•00</u>	00
34	Total subtractions. Add Lines 23 through 33.		34	
35	Base income or loss. Subtract Line 34 from Line 22.		35	
STO	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave <u>sNote</u> If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois, complete all lines of Step 6. (Do not leave Lines 40 through 42 bla	Step 6, Line box on Line or you are	es 36 through 46 blank.) B and complete Step 6. a unitary filer, check this box and	
Step	6: Figure your income allocable to Illinois (Complete only if you che	ecked the bo	ox on Line B, above.)	
36	Nonbusiness income or loss. Attach Schedule NB.		36	<u>•00</u>
37	Business income or loss included in Line 35 from non-unitary partnerships, Schedule UB, S corporations, trusts, or estates. See instructions.	oartnerships	s included on a 37	•00
38	Add Lines 36 and 37.		38	<u>•00</u>
39	Business income or loss. Subtract Line 38 from Line 35.		39	<u>•00</u>
40	Total sales everywhere. This amount cannot be negative.	40		
41	Total sales inside Illinois. This amount cannot be negative.	41		
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42		
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42		43	<u>•00</u>
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		44	<u>•00</u>
45	Business income or loss apportionable to Illinois from non-unitary partnership a Schedule UB, S corporations, trusts, or estates. See instructions.	os, partnersł	nips included on 45	<u>•00</u>
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.		46	•00

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Step 7: Figure your net income 47 Base income or net loss from Step 5, Line 35, or Step 6, Line 46. 47 •00 48 •00 48 Discharge of indebtedness adjustment. Attach federal Form 982. See instructions. •00 49 Adjusted base income or net loss. Add Lines 47 and 48. 49 50 Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter zero. 50 •00 51 Net income. Subtract Line 50 from Line 49. 51 •00 Step 8: Figure your net replacement tax, surcharge, and pass-through withholding you owe 52 Replacement tax. Multiply Line 51 by 1.5% (.015). 52 •00 53 Recapture of investment credits. Attach Schedule 4255. 53 •00 **54** Replacement tax before investment credits. Add Lines 52 and 53. •00 55 Investment credits. Attach Form IL-477. 55 •00 56 Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter zero. •00 56 57 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. 57 •00 **58** Sale of assets by gaming licensee surcharge. See instructions. •00 59 Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. Attach Schedule B. 60 Total net replacement tax, surcharges, and pass-through withholding you owe. Add Lines 56, 57, 58, and 59. 60 •00 Step 9: Figure your refund or balance due 61 Payments. See instructions. 61a ___ a Credits from previous overpayments. •00 **b** Total payments made before the date this return is filed. 61b_____ •00 c Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 61c d Illinois gambling withholding. Attach Form(s) W-2G. 61d •00 62 Total payments. Add Lines 61a through 61d. 62 •00 63 Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. 63 •00 **64** Amount to be **credited forward.** See instructions. 64 **.**00 € 65 Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. 65 •00 66 Complete to direct deposit your refund Routing Number Checking or Savings Account Number 67 Tax Due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. 67 If you owe tax on Line 67, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form. <u>≣Special Note</u> Enter the amount of your payment on the top of Page 1 in the space provided. Step 10: 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. Check if the Department Sign may discuss this return with the Here Signature of authorized officer Date (mm/dd/yyyy) Title Phone paid preparer shown in this step. Check if **Paid** Paid preparer's signature Date (mm/dd/yyyy) self-employed Paid Preparer's PTIN Print/Type paid preparer's name **Preparer**

If a payment is **not** enclosed, mail this return to: Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

If a payment is enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

Firm's FEIN ▶

Firm's phone ▶

Firm's name

Firm's address

Use Only





Attach to your Form IL-1065 or Form IL-1120-ST.

Year ending

Month Year

Enter your federal employer identification number (FEIN).

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IL Attachment No. 1

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Read this information first

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

=Note →

Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.
- Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions.

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions.
- 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions.
- **6** Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.
- 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.
- **8** Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.
- Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here **and** on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions.

Attach all pages of Schedule B, Section B behind this page.

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Schedule B Front (R-12/19)





Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. Enter your federal employer identification number (FEIN). Section B: Members' information (See instructions before completing.) Ε F G Н Pass-through Name and Address Partner SSN Subject to Member's Excluded Share of Distributable Pass-through distributable Illinois income withholding withholding or or Illinois from share of Shareholder FEIN before replacement amount pass-through subject to credits amount of base credits type tax or an withholding pass-through **FSOP** income or loss withholding (If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.) City _____ State ZIP Addr. 2

<u>=Note</u> If you have more members than space provided, attach additional copies of this page as necessary. Schedule B Back (R-12/19)

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