

Illinois Department of Revenue



2020 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.

	20							
	nis return is not for calendar year 2020, enter your fiscal tax year here.			Enter the amount you are paying.				
iax	x year beginning 20, ending 20 month day 20 This form is for tax years ending on or after December 31, 2020, and before Dece	emhe	r 31 - 2021					
WAR	For all other situations, see instructions to determine the correct form to use.		01, 2021.	\$				
Step	1: Identify your corporation	N	Enter your federal employer identification number (FEIN).					
A	Enter your complete legal business name. If you have a name change, check this box. Name:		(i Liiv).					
			If you are a member of a group filing a federal					
В	Enter your mailing address.		consolidated ret	turn, enter the FEIN of the parent.				
	Check this box if either of the following apply: this is your first return , or you have an address change .		Enter your North American Industry Classification System (NAICS) Code. See instructions.					
	C/O:							
	Mailing address:	Q		orate file (charter) number				
	City: State: ZIP:		assigned to you	by the Secretary of State.				
С	If this is the first or final return, check the applicable box(es).	R	Enter the city, st	state, and zip code where your				
	First return		accounting reco	rds are kept. (Use the two-letter				
	Final return (Enter the date of termination mm ddyyyy)		postal appreviat	ion, <i>e.g.</i> , IL, GA, etc.)				
D	If this is a final return because you sold this business, enter the date sold							
	(mm dd yyyy) , and the new owner's FEIN.	s	City If you are makin	State ZIP ag the business income election				
Ε	E Check the box and see the instructions if your business is a:		to treat all nonbu	usiness income as business				
	☐ Unitary Filer (Combined return) ☐ Foreign insurer		Lines 24 and 32	his box and enter zero on				
F	If you completed the following, check the box and attach the federal		Check your method of accounting.					
	form(s) to this return. Federal Form 8886 Federal Schedule M-3,		☐ Cash ☐					
	Part II, Line 12		If you are making a discharge of indebtedness adjustment on Form IL-1120, Line 36, check this					
G	Apportionment Formulas. Mark the appropriate box or boxes and see Apportionment Formula instructions. Sales companies		box and attach federal Form 982 and a					
	☐ Insurance companies ☐ Financial organizations	٧	detailed stateme Check this box i					
	☐ Transportation companies ☐ Federally regulated exchanges		Schedule INL.					
	Check this box if you attached Illinois Schedule UB.	W	-	alized your income on Form IL-2220, box and attach Form IL-2220.				
	Check this box if you attached the Subgroup Schedule.	Х	Check this box if your business activity is					
	Check this box if you attached Illinois Schedule 1299-D.			Public Law 86-272.				
	Check this box if you attached Form IL-4562. Check this box if you attached Illinois Schedule M (for businesses).			if you are a 52/53 week filer.				
	Check this box if you attached Illinois Schedule M (for businesses). Check this box if you attached Schedule 80/20.	Z	Check this box is after January 1,	f your tax year began on or 2021.				
	Silver and some you all addition controlled		mio. January 1,					
₽ ▼	N K way and tay an Line C7 make an electronic newment at Tay IIIi	!-	16					
nenta nere.	If you owe tax on Line 67, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check							
1r payr	or money order and make it payable to "Illinois Department of R	even	ue." Attach your	voucher and payment here.				
Attach your payment and Form IL-1120-V here.	Refer to the 2020 IL-1120 Instructions for the address to mail your return.							
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	p 2: Figure your income or loss		(Whole do	ollars only)				
1	Federal taxable income from U.S. Form 1120, Line 30.			0.0				
_	Attach a copy of your federal return.		1	•00				
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount of	cannot be neg						
3	State, municipal, and other interest income excluded from Line 1.		3					
4	Illinois income and replacement tax and surcharge deducted in arriving at L	ine 1.	4					
5	Illinois Special Depreciation addition. Attach Form IL-4562.		5	· · · · · · · · · · · · · · · · · · ·				
6 7	Related-Party Expenses additions. Attach Schedule 80/20. Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		6 7	• <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	<u>•00</u>					
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	<u>•00</u>					
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	<u>•00</u>					
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u>•00</u>					
19	Related-Party Expenses subtraction. Attach Schedule 80/20.	19	<u>•00</u>					
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.								
	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.		27					
28	Total sales everywhere. This amount cannot be negative.	28	<u>-</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	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		32	•00				
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.	0113.	35 <u> </u>					
דען	Date into in the distriction in the state of the days		JT					

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Ste	5: Figure your net income			
35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.			•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.	3	7 _	• <u>00</u>
38	Illinois net loss deduction. If Line 37 is zero or a negative amount, enter zero.			
	, , , ,	. 🔲 🄷 з	8 _	• <u>00</u>
39	Net income. Subtract Line 38 from Line 37.	3	9 _	•00
Ste	o 6: Figure your replacement tax after credits			
40	Replacement tax. Multiply Line 39 by 2.5% (.025).	4	0 _	<u>•00</u>
41	Recapture of investment credits. Attach Schedule 4255.			• <u>00</u>
42	Replacement tax before credits. Add Lines 40 and 41.	4	2 _	•00
43	Investment credits. Attach Form IL-477.	4	3 _	•00
44	Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zer	o. 4	4 _	•00
Ste	o 7: Figure your income tax after credits			
45	Income tax. See Instructions.	4	5 _	•00
46	Recapture of investment credits. Attach Schedule 4255.	4	6 _	• <u>00</u>
47	Income tax before credits. Add Lines 45 and 46.	4	7 _	•00
48	Income tax credits. Attach Schedule 1299-D.	4	8 _	•00
49	Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero.	4	9 _	<u>•00</u>
Ste	o 8: Figure your refund or balance due			
50	Replacement tax before reductions. Enter the amount from Line 44.	5	0 _	•00
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.	5	1 _	<u>•00</u>
52	Subtract Line 51 from Line 50. This is your net replacement tax.	5	2 _	•00
53	Income tax before reductions. Enter the amount from Line 49.	5	3 _	•00
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.	5	4 _	•00
55	Subtract Line 54 from Line 53. This is your net income tax.	_		•00
56	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	5	6 _	•00
57	Sale of assets by gaming licensee surcharge. See instructions.	5	7 _	•00
58	Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57.	5	8 _	•00
59	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	5	9 _	•00
60	Total taxes, surcharges, and penalty. Add Lines 58 and 59.	6	0 _	•00
61	Payments. See instructions.			
	a Credits from previous overpayments. 61a	<u>•00</u>		
	b Total payments made before the date this return is filed. 61b	<u>•00</u>		
	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	<u>•00</u>		
	d Illinois gambling withholding. Attach Form(s) W-2G. 61d	<u>•00</u>		
62	Total payments. Add Lines 61a through 61d.	6	2 _	•00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	6	3 _	•00
64	Amount to be credited forward. See instructions.	_		
	Check this box and attach a detailed statement if this carryforward is going to a different FEIN.	▶ □ ◆ 6	4 _	<u>•00</u> 《
65	Refund. Subtract Line 64 from Line 63. This is the amount to be refunded.	6	i5	•00
66	Complete to direct deposit your refund.			
	Routing Number Checking or Savings			
	Routing Number			
	Account Number			
67	Tax due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you of	we 6	7	•00
	9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my kn			
Sig		J - ,		Check if the Department
Her	e ()		may o	discuss this return with the
	Signature of authorized officer Date (mm/dd/yyyy) Title Phone		paid	preparer shown in this step
Dali			Che	ck if
Paid	I Print/Type paid preparer's name I Paid preparer's signature I Date (mm/dd/y	yyy) sel	lf-empl	oyed Paid Preparer's PTIN
	parer Firm's name	Firm's FE	EIN ▶	
J36	Firm's address	Firm's ph	ione	()

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

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Attach supporting documents to your Form IL-1120.



Attach: If you completed: Form IL-1120 ▶ U.S. 1120, Pages 1 through 5, or equivalent Step 1, Line E (unitary) only Schedule UB **<u>=Note</u>**→ Check the box on Form IL-1120, Step 1, Line H Step 1, Line E (foreign insurer) only Schedule INS Step 1, Line E (unitary) and (foreign insurer) → Schedule UB and Schedule UB/INS **=Note**→ Check the box on Form IL-1120, Step 1, Line H ► Federal Form 8886 or Federal Schedule M-3 (as applicable) Step 1, Line F Step 1, Line U Federal Form 982 Step 1, Line V ➤ Schedule INL Step 1, Line W ► Form IL-2220 Lines 5 and 18 Form IL-4562 Special Depreciation addition **<u>=Note</u>**→ Check the box on Form IL-1120, Step 1, Line K Special Depreciation subtraction Lines 6 and 19 ➤ Schedule 80/20 Related-Party Expenses addition **Note** 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 Lines 8 and 21 Schedule M and any required support listed on Schedule M **<u>=Note</u>** Check the box on Form IL-1120, Step 1, Line L Other additions Other subtractions Lines 11 through 15 Schedule 1299-B and any required support listed on Schedule River Edge Redevelopment Zone 1299-R Dividend subtraction River Edge Redevelopment Zone Interest subtraction High Impact Business Dividend subtraction High Impact Business Interest subtractions Contributions subtraction Line 17 Foreign Dividend Subtraction → 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 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 **<u>≡Note</u>** Check the box on Form IL-1120, Step 1, Line U Lines 41 and 46 Recapture of investment credit Schedule 4255 Line 43 Investment credits ► 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 **<u>=Note</u>** 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) =Note→ Check the box on Form IL-1120, Step 1, Line E Form IL-2220 Line 59 Underpayment 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 W Line 61c Pass-through withholding reported All Schedules K-1-P and K-1-T you received showing to you pass-through withholding Copies of all Forms W-2G **Line 61d** Illinois gambling withholding

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