

Illinois Department of Revenue

2016 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.

	1			
Tax year beginning 20, ending 20 month day year month day year				
For tax years ending on or after December 31, 2016. For prior years, use the fo	orm for that year. \$			
Step 1: Identify your corporation	M Enter your federal employer identification no. (FEIN)			
A Enter your complete legal business name. If you have a name change, check this box.	N If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.			
 Enter your mailing address. Check this box if either of the following apply: this is your first return, or you have an address change. 	O Enter your North American Industry Classification System (NAICS) Code. See instructions.			
C/O: Mailing address: City: State: ZIP:	P Enter your corporate file (charter) number assigned to you by the Secretary of State.			
C Check the applicable box if one of the following applies. First return Final return (If final, enter the date dd	Q 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.)			
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.	City State Zip R If you are making the business income election to			
E Check the box if your business is a: Combined return (unitary) Foreign insurer F If you completed the following, check the box and attach the federal form(s) to this return.	treat all nonbusiness income as business income, check this box and enter "0" on Lines 24 and 32. Check your method of accounting. Cash Accrual Other			
Federal Form 8886 Federal Schedule M-3, Part II, Line 12 G Special Apportionment Formulas. If you use a special apportionment	T If you are making a Discharge of Indebtedness adjustment on Schedules NLD or UBNLD, or Form IL-1120, Line 36, check this box and attach federal Form 982.			
formula, mark the appropriate box and see Special Apportionment Formula instructions. Insurance companies Transportation companies Federally regulated exchanges	U If you are a cooperative with an Illinois net loss modification, check this box and attach a completed Schedule INL.			
H Check this box if you attached Illinois Schedule UB. I Check this box if you attached Illinois Schedule 1299-D.	V If you annualized your income on Form IL-2220, check this box and attach Form IL-2220.			
J Check this box if you attached Form IL-4562.				
K Check this box if you attached Illinois Schedule M (for businesses).				
L Check this box if you attached Schedule 80/20.				
If you owe tax on Line 66, complete a payment voucher, Form IL-1120-V. Von your check or money order and make it payable to "Illinois Department"	• • •			
Enter the amount of your payment on the top of this page in the space	ce provided.			
Illinois Department of Revenue Illinois Department of Revenue P.O. Box 19008 P.O. Box 190	enclosed, mail this return to: artment of Revenue 028 IL 62794-9028			

DR_____

Ste	p 2: Figure your income or loss		(Whole	(Whole dollars only)	
1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return.		1	•00	
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amo		•00		
3	State, municipal, and other interest income excluded from Line 1.		•00		
4	Illinois income and replacement tax and surcharge deducted in arriving	_	•00		
5	Illinois Special Depreciation addition. Attach Form IL-4562.		•00		
6	Related-party expenses additions. Attach Schedule 80/20.	_	•00		
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	_	•00		
8	Other additions. Attach Schedule M (for businesses).		•00		
9	Add Lines 1 through 8. This amount is your income or loss.			•00	
Ste	p 3: Figure your base income or loss				
	Interest income from U.S. Treasury and other exempt federal obligation	ns. 10	•00		
11					
	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	•00		
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	•00		
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	<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	•00		
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	•00		
21	Other subtractions. Attach Schedule M (for businesses).	21	•00		
22	Total subtractions. Add Lines 10 through 21.		22	•00	
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, che on Step 5, Line 35. You may not complete Step 4. (You mus			o 3, Line 23	
SI	B If any portion of the amount on Line 23 is derived outside	• •		es of Step 4.	
	See instructions. (If you are a unitary filer, you must comp	lete Lines 28 throu	gh 30.)		
St	tep 4: Figure your income allocable to Illinois (Complete only i	•	, ,		
2		24	<u>•00</u>		
2	· · · · · · · · · · · · · · · · · · ·	erships,			
	partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	25	•00		
2				•00	
2			27		
2		28		•00	
2	,				
3	G				
			00		
3		-	31		
3				<u>•00</u>	
3	3 Business income or loss apportionable to Illinois from non-unitary princluded on a Schedule UB, S corporations, trusts, or estates. See		•	•00	
3	•		34		
ı	and the second s	- - — —			

Step	5: Figure your net income	•					
35	Base income or net loss from S		Step 4, Line 34.			35 _	•00
36					36 _	<u>•00</u>	
37						•00	
38				" 38	•00		
39	Net income. Subtract Line 38 t			J	,		•00
Ster	6: Figure your replacemen	nt tax after cred	dits				
40	Replacement tax. Multiply Line					40 _	•00
41	Recapture of investment credits	s. Attach Schedu	le 4255.			41 _	•00
42	Replacement tax before credits	s. Add Lines 40 ar	nd 41.			42 _	•00
43	Investment credits. Attach Form	m IL-477.				43 _	•00
44	Replacement tax after credits	s. Subtract Line 4	3 from Line 42. If the	amount is negative,	enter "0."		•00
Ster	7: Figure your income tax	after credits					
45	Income tax. Multiply Line 39 by					45 _	•00
46	Recapture of investment credits	-	le 4255.				•00
47	Income tax before credits. Add						•00
48	Income tax credits. Attach Sch	nedule 1299-D.				48	•00
49	Income tax after credits. Sub	tract Line 48 from	Line 47 If the amour	nt is negative enter "	0."		•00
	8: Figure your refund or b		Line 17:11 the amoun	n lo rioganvo, omor	<u> </u>		
50	Replacement tax before reduct		nount from Line 44.			50	•00
51	Foreign Insurer replacement ta			JB/INS. See instructi	ons.		•00
52	Subtract Line 51 from Line 50.						•00
53	Income tax before reductions.	-	=				•00
54				S. See instructions.			•00
55	5					•00	
56						•00	
57						•00	
58	·					•00	
59						•00	
60	Payments. See instructions.	idity: / tad Emico o	. 4.14 00.			-	
00	a Credit from prior year over	rnavments		60a	•00		
	b Total estimated payments.			60b	•00		
	c Form IL-505-B (extension)			60c	•00		
	d Pass-through withholding		ed to you on Schedule				
	K-1-P or K-1-T. Attach Sc		•	60d	•00		
	e Illinois gambling withholding	ng. Attach Form(s	s) W-2G.	60e	•00		
61	Total payments. Add Lines 60a	-				61 _	•00
62	Overpayment. If Line 61 is gre	· ·	, subtract Line 59 fror	m Line 61.		62	•00
63	Amount to be credited forward				•	63	•00 €
64	Refund. Subtract Line 63 from	Line 62. This is th	ne amount to be refur	ided.		64	•00
65	Complete to direct deposit ye	our refund.					
	Routing Number		Chec	king or Saving	S		
	Assourt Number						
_	Account Number						
66	Tax due. If Line 59 is greater the	nan Line 61, subtr	act Line 61 from Line	59. This is the amou	unt you owe.	66 _	<u>•00</u>
-	9: Sign here						
Unde	er penalties of perjury, I state that	at I have examined	a this return and, to th	ie best of my knowle	eage, it is true, o	correct,	and complete.
				()	[hook this	s box if the Department may
Signa	ture of authorized officer	Date	Title	Phone	di	scuss th	is return with the paid
<u>C:</u>					p	reparer s	shown in this step.
Signa	ture of paid preparer	Date	Paid preparer's PTIN				
Paid p	preparer's firm name	Address			(<u> </u>) Phone	

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