



Illinois Department of Revenue

2013 Form IL-1120-ST**Small Business Corporation Replacement Tax Return**

Due on or before the 15th day of the 3rd month following the close of the tax year.



If this return is not for calendar year 2013, write your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year

Write the amount you are paying.

\$ _____

Step 1: Identify your small business corporation**A** Write your complete legal business name.If you have a name change, check this box. ☐

Name: _____

B Write your mailing address.If you have an address change or this is a first return, check this box. ☐

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Check the applicable box if one of the following applies.☐ First return ☐ Final return (If final, write the date. ____/____/____)
mm dd yyyy**D** If this is a final return because you sold this business, write the date sold (mm dd yy) _____, and the new owner's FEIN. _____**E Special Apportionment Formulas.** If you use a special apportionment formula, check the appropriate box, and see the Special Apportionment Formula instructions.☐ Financial organizations ☐ Transportation companies
☐ Federally regulated exchanges**F** Check this box if you attached Form IL-4562. ☐**G** Check this box if you attached Illinois Schedule M (for businesses). ☐**H** Check this box if you attached Schedule 80/20. ☐**I** Check this box if you attached Schedule 1299-A. ☐**J** Write your federal employer identification no. (FEIN). _____**K** ☐ Check this box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups. _____**L** Write your North American Industry Classification System Code (NAICS). See instructions. _____**M** Write your Illinois corporate file (charter) number issued by the Secretary of State. _____**N** Write the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, **e.g.**, IL, GA, etc.)
City _____ State _____ Zip _____**O** If you are making the business income election to treat all nonbusiness income as business income, check this box and write "0" on Lines 36 and 44. ☐**P** If you have completed the following federal forms, check the box and **attach** them to this return.☐ Federal Form 8886 ☐ Federal Sch. M-3**Q** 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. ☐**Step 2: Figure your ordinary income or loss**

Attach your payment and Form IL-1120-ST-V here.

1 Ordinary income or loss, or equivalent from federal Schedule K.	1 _____ .00
2 Net income or loss from all rental real estate activities.	2 _____ .00
3 Net income or loss from other rental activities.	3 _____ .00
4 Portfolio income or loss.	4 _____ .00
5 Net IRC Section 1231 gain or loss.	5 _____ .00
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6 _____ .00
7 Add Lines 1 through 6. This is your ordinary income or loss.	7 _____ .00

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.	8 _____ .00
9 Expense deduction under IRC Section 179.	9 _____ .00
10 Interest on investment indebtedness.	10 _____ .00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11 _____ .00
12 Add Lines 8 through 11.	12 _____ .00
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 _____ .00

Step 4: Figure your income or loss

14	Write the amount from Line 13. Unitary filers , write the amount from Schedule UB, Step 2, Col E, Line 30.	14	_____	.00
15	State, municipal, and other interest income excluded from Line 14.	15	_____	.00
16	Illinois replacement tax deducted in arriving at Line 14.	16	_____	.00
17	Illinois special depreciation addition. Attach Form IL-4562.	17	_____	.00
18	Related-party expenses addition. Attach Schedule 80/20.	18	_____	.00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	_____	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	_____	.00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	_____	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	_____	.00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury obligations or other exempt federal obligations.	23	_____	.00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	_____	.00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	_____	.00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	_____	.00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	_____	.00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	_____	.00
29	Contribution subtraction. Attach Schedule 1299-A.	29	_____	.00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	_____	.00
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	_____	.00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	_____	.00
33	Other subtractions. Attach Schedule M (for businesses).	33	_____	.00
34	Total subtractions. Add Lines 23 through 33.	34	_____	.00
35	Base income or loss. Subtract Line 34 from Line 22.	35	_____	.00



- A** If the amount on Line 35 is derived inside Illinois only, check this box and write the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) ☐
- B** If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42). ☐

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	_____	.00
37	Trust, estate, and non-unitary partnership business income or loss included in Line 35.	37	_____	.00
38	Add Lines 36 and 37.	38	_____	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	_____	.00
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 (carry to six decimal places).	42	_____	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	_____	.00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	_____	.00
45	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	45	_____	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	_____	.00





Schedule B

Partners' or Shareholders' Identification

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

Month Year

IL Attachment no. 1

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

Write your federal employer identification number (FEIN).

Step 1: Provide the following information

- 1

Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47.

1
- 2

Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42.

2

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Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Partner's or shareholder's distributable amount of base income or loss (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1				☐		
2				☐		
3				☐		
4				☐		
5				☐		
6				☐		

- 7

Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.)

7