



Illinois Department of Revenue

2001 Form IL-1120-ST

Small Business Corporation

Replacement Tax Return

or fiscal year beginning ___/___/___, 2001, ending ___/___/___, 20___.

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

Do not write above this line.

Type Name
or C/O
print Mailing address
City State ZIP
Check the box if your name or address has changed.

Federal employer identification number (FEIN)
Illinois business tax (IBT) number
Check this box if you are unitary and write the FEIN of the Sch. UB filer
Check the box if this is your: First return
Final return, complete the questions at the end.

Part I - Base income or loss Complete Part IA before completing Part I

1 Write your unmodified base income or loss from Part IA, Line 5.
2 Additions (See specific instructions for Part I.)
2a State, municipal, and other interest income excluded in arriving at Line 1 above
2b Illinois replacement tax deducted in arriving at Line 1 above
2c Other additions (specify:)
2d The share of loss distributable to a shareholder subject to Illinois replacement tax
3 Add Lines 2a through 2d. This is the total of your additions.
4 Add Lines 1 and 3. This is your total income.
5 Subtractions. (See specific instructions for Part I.)
5a Interest income from U.S. Treasury and other exempt federal obligations
5b Enterprise zone subtractions from Schedule 1299-A (See instructions.)
5c The share of income distributable to a shareholder subject to Illinois replacement tax
5d Expenses incurred in producing certain federally tax-exempt income (See instructions.)
5e Other subtractions (specify:)
6 Add Lines 5a through 5e. This is the total of your subtractions.
7 Subtract Line 6 from Line 4. This is your base income or loss.
If your base income or loss is derived solely inside Illinois, write this amount on Part II, Line 1a.
If your base income or loss is derived inside and outside Illinois, write this amount on Part III, Line 1.

Part II - Net income or loss and replacement tax

1a Write your base income or loss from Part III, Line 9, if applicable; otherwise, from Part I, Line 7.
Check this box if Line 1a is a loss and you are electing to only carry this loss forward. (See instructions.)
1b Illinois net loss deduction (NLD). (Attach Schedule NLD, see instructions.)
1c Subtract Line 1b from Line 1a (cannot be less than zero). This is your income after NLD.
2 Write your total base income from Part I, Line 7
3 Divide Line 1a by Line 2. If Line 1a equals or exceeds Line 2, write "1."
4 Multiply Line 3 by \$1,000. This is your standard exemption. If you are a short-year filer, see General Information.
5 Subtract Line 4 from Line 1c. This is your net income.
6a Multiply Line 5 by 1.5% (.015). This is your replacement tax.
6b Recapture of investment credits from Schedule 4255. (See instructions.)
7 Add Lines 6a and 6b. This is the total of your replacement tax before investment credits.
8 Investment credits from Form IL-477. (Attach Form IL-477, see instructions.)
9 Subtract Line 8 from Line 7 (cannot be less than zero). This is your net replacement tax.
10 Tax paid with Form IL-505-B. Include any 2000 overpayment credited to 2001 tax.
11 Overpayment. Subtract Line 9 from Line 10.
11a Write the amount of overpayment to be credited to 2002.
12 Tax due. Subtract Line 10 from Line 9. This is your balance of tax due (see instructions). Pay in full if \$1 or more.

Attach remittance payable to "Illinois Department of Revenue" here.

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.

Do not write in this box.

Sign here
Signature of authorized officer / Date
Signature of preparer / Date

Phone
Preparer's SSN, FEIN, or PTIN

Check if self-employed

Preparer firm's name (or yours, if self-employed) Address Phone

Mail this return to: Illinois Department of Revenue, P.O. Box 19032, Springfield, IL 62794-9032

Part IA — Ordinary income adjustments — (See instructions.)

- 1 Write your ordinary income or loss from U.S. Form 1120S, Schedule K, Line 1. 1 _____ | _____
- 2 Write the appropriate amounts from U.S. Form 1120S, Schedule K.
 - a Net income or loss from rental real estate activities from Line 2 2a _____ | _____
 - b Net income or loss from other rental activities from Line 3c 2b _____ | _____
 - c Portfolio income or loss from Lines 4a through 4f 2c _____ | _____
 - d Net IRC, Section 1231, gain or loss from involuntary conversions due to casualty and theft, included in Line 6 2d _____ | _____
 - e Net gain or loss from sale or exchange of property used in trade or business and certain involuntary conversions under IRC, Section 1231, from Line 5 2e _____ | _____
 - f Any other items of income or loss that were not included in the computation of ordinary income or loss on U.S. Form 1120S, Page 1 identify: _____ 2f _____ | _____
- 2 **Total.** Add Lines 2a through 2f. 2 _____ | _____
- 3 Add Lines 1 and 2. 3 _____ | _____
- 4 Write the appropriate amounts from U.S. Form 1120S, Schedule K.
 - a Charitable contributions from Line 7 4a _____ | _____
 - b Expense deduction under IRC, Section 179, from Line 8 4b _____ | _____
 - c Oil and gas depletion (See instructions.) 4c _____ | _____
 - d Interest on investment indebtedness from Line 11a 4d _____ | _____
 - e Any other items of expense that were not deducted in the computation of ordinary income or loss on U.S. Form 1120S, Page 1 identify: _____ 4e _____ | _____
- 4 **Total.** Add Lines 4a through 4e. 4 _____ | _____
- 5 Subtract Line 4 from Line 3. This is your unmodified base income or loss. Write here and on Part I, Line 1. 5 _____ | _____

Part III — Base income or loss allocable to Illinois

Complete Part III only if base income or loss is derived inside and outside Illinois.

- 1 Base income or loss from Part I, Line 7 1 _____ | _____
- 2 **a** Nonbusiness income or loss, minus deductions allocable to that income and included in Part III, Line 1. (Attach Schedule NB. See Part III, specific instructions.) 2a _____ | _____
 - b** Business income or loss from non-unitary partnerships, trusts, and estates included in Part III, Line 1. (See instructions.) 2b _____ | _____
- 3 Add Lines 2a and 2b. This is the total of your subtractions. 3 _____ | _____
- 4 Subtract Line 3 from Line 1. This is your business income or loss. 4 _____ | _____
- 5 Business income apportionment formula. (Financial organizations and transportation companies see Special Apportionment Formulas instructions.)
 - a** Total sales everywhere 5a _____
 - b** Total sales within Illinois 5b _____
 - c** Divide Line 5b by Line 5a. (Carry to six decimal places.) This is your apportionment factor. 5c . _____
- 6 Multiply Line 4 by Line 5c. This is your business income or loss apportionable to Illinois. 6 _____ | _____
- 7 Nonbusiness income or loss allocable to Illinois. (Attach Schedule NB. See Part III, specific instructions.) 7 _____ | _____
- 8 Business income or loss apportionable to Illinois from non-unitary partnerships, trusts, and estates. (See instr.) 8 _____ | _____
- 9 Add Lines 6 through 8. This is your base income or net loss allocable to Illinois. Write here and on Part II, Line 1a. 9 _____ | _____

- 1 Check the method of accounting used in preparing this return: Cash Accrual Other (Specify: _____)

If you discontinued or sold your business, please complete the following.

- 2 If you discontinued your business, write the date: _____ / _____ / _____
- 3 If you sold your business, write the date: _____ / _____ / _____
- 4 Tell us the new owner's name: _____
- 5 Tell us the new owner's address: _____
- 6 Tell us the former owner's forwarding address: _____





Schedule B Partners' or Shareholders' Identification

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

Year ending

_____/_____
Month Year

Name as shown on your Form IL-1065 or Form IL-1120-ST

Federal employer identification number (FEIN)

Identify your partners or shareholders

A	B	C	D
Name	Address	Social Security number or FEIN	Share of income (%)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			



Schedule NB Nonbusiness Income

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

Month Year

Name as shown on your Form IL-1120, IL-1120-ST, IL-1065

Federal employer identification no. (FEIN)

Read the instructions before completing this form.

	Column A Total everywhere	Column B Allocable to Illinois
1 Interest*	1 _____	_____
2 Dividends*	2 _____	_____
3 Rental income	3 _____	_____
4 Patent royalties	4 _____	_____
5 Copyright royalties	5 _____	_____
6 Other royalty income	6 _____	_____
7 Capital gain (loss) from real property	7 _____	_____
8 Capital gain (loss) from tangible personal property	8 _____	_____
9 Capital gain (loss) from intangible personal property	9 _____	_____
10 Other (specify) _____	10 _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____
	Write this total on Part III, Line 2a.	Write this total on Part III, Line 7.

*Interest and dividends are allocable to Illinois if your commercial domicile was in Illinois at the time the interest or dividend was paid or accrued.