



2014 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 2014, enter your fiscal tax year here.

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

For tax years ending **on** or **after** December 31, 2014. For prior years, use the form for that year.

Enter the amount you are paying.

\$ _____

Step 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.

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, enter the date. ____/____/____)
mm dd yyyy

D If this is a final return because you sold this business, enter 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 Enter your federal employer identification no. (FEIN). _____

K Check this box if you are a member of a unitary business group, and enter the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Group. _____

L Enter your North American Industry Classification System (NAICS) Code. See instructions. _____

M Enter your Illinois corporate file (charter) number issued by the Secretary of State. _____

N Enter 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 enter "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

▼	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

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

Step 4: Figure your income or loss

14 Enter the amount from Line 13. Unitary filers , enter 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 and surcharge 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 enter 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



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 Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	48 _____	.00
49 Adjusted base income or net loss. Add Lines 47 and 48.	49 _____	.00
50 Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter "0".	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 payments

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.	54 _____	.00
55 Investment credits. Attach Form IL-477.	55 _____	.00
56 Net replacement tax. Subtract Line 55 from Line 54. Enter "0" if this is a negative amount.	56 _____	.00
57 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57 _____	.00
58 Pass-through withholding payments you reported on behalf of your members. Enter the amount from Schedule B, Step 1, Line 8. Attach Schedule B.	58 _____	.00
59 Total net replacement tax, surcharge, and pass-through withholding payments. Add Lines 56, 57, and 58.	59 _____	.00

Step 9: Figure your refund or balance due

60 Payments.		
a Credit from prior year overpayments.	60a _____	.00
b Form IL-505-B (extension) payment.	60b _____	.00
c Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	60c _____	.00
d Gambling withholding. Attach Form(s) W-2G.	60d _____	.00
e Form IL-516-I prepayments.	60e _____	.00
f Form IL-516-B prepayments.	60f _____	.00
61 Total payments. Add Lines 60a through 60f.	61 _____	.00
62 Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62 _____	.00
63 Amount to be credited to a subsequent period. See instructions.	63 _____	.00
64 Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64 _____	.00

65 Complete to direct deposit your refund

Routing Number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number	

66 Tax Due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66 _____	.00
---	-----------------	-----

▶ If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign 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.

Signature of authorized officer	Date	Title	(____) _____ Phone	Check this box if the Department may discuss this return with the preparer shown in this step. <input type="checkbox"/>
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)	Address	(____) _____ Phone		

▶ 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
--	---



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

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) (or Schedule(s) K-1-P(3)-FY) before completing this schedule.
You must complete Step 2 of Schedule B and provide all the required information for your partners and shareholders before completing Step 1 of Schedule B.

Note Failure to follow these instructions may result in a delay in processing your return, further correspondence, and you may be required to submit further information to support your filing.

Step 1: Provide the following total amounts

Note Complete this step only after you have completed Schedule(s) K-1-P, Schedule(s) K-1-P(3) (or Schedule(s) K-1-P(3)-FY), and Schedule B, Step 2. You will use the amounts from those schedules when completing this step.

Totals for resident and nonresident partners and shareholders

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1
2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
3 Add the amounts shown on Schedule B, Step 2, 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. 3

Totals for nonresident partners and shareholders only

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Step 2, Column J for your nonresident individual and estate members. See instructions. 4
5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Step 2, Column J for your nonresident partnership and S corporation members. See instructions. 5
6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Step 2, Column J for your nonresident trust members. See instructions. 6
7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Step 2, Column J for your nonresident C corporation members. See instructions. 7
8 Add Line 4 through Line 7. This is the total pass-through withholding reported on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Step 2, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. 8

Attach all pages of Schedule B, Step 2 behind this page.



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

Enter your federal employer identification number (FEIN).

Step 2: Identify your partners or shareholders (See instructions before completing.)

	A Name Address 1 Address 2 City, State, ZIP	B Partner or Shareholder type	C SSN or FEIN	D Subject to Illinois replacement tax or an ESOP	E Member's distributable amount of base income or loss	F Excluded from pass-through withholding payments	G Share of Illinois income subject to pass-through withholding <i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>	H Pass-through withholding before credits	I Distributable share of credits	J Pass-through withholding payment amount
1	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Note → If you have more members than space provided, attach additional copies of this page as necessary.