

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.

	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 year 20	ombo	× 01 0001							
WAR	This form is for tax years ending on or after December 31, 2020, and before Dece For all other situations, see instructions to determine the correct form to use.	embe	131, 2021.	\$						
	1: Identify your corporation	N	Enter your feder (FEIN).	al employer identification number						
Α	Enter your complete legal business name. If you have a name change, check this box.									
	Name:	0		nber of a group filing a federal						
В	Enter your mailing address.		consolidated ret	urn, enter the FEIN of the parent.						
	Check this box if either of the following apply:	Р	Enter your North American Industry Classification							
	 this is your first return, or you have an address change. 	Г		Code. See instructions.						
	C/O:									
	Mailing address:	Q		prate 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	ate, and zin code where your						
	First return		Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter							
	Final return (Enter the date of termination mm ddyyyy)		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.	s	City State ZIP If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32.							
_	Charly the hay and are the instructions if your business is a									
_	Check the box and see the instructions if your business is a: Unitary Filer (Combined return) Foreign insurer									
F	If you completed the following, check the box and attach the federal	т		nod of accounting.						
	form(s) to this return.	•	Cash Accrual Other							
	Federal Form 8886 Federal Schedule M-3, Part II, Line 12	U		ing a discharge of indebtedness						
G	Apportionment Formulas. Mark the appropriate box or boxes and see		adjustment on Form IL-1120, Line 36, check this box and attach federal Form 982 and a							
	Apportionment Formula instructions. Sales companies		detailed statement.							
	Insurance companies Financial organizations	V	Check this box if Schedule INL.							
н	Transportation companies	w		d your income on Form IL-2220,						
	Check this box if you attached thinlois Schedule OB. Check this box if you attached the Subgroup Schedule.	-	-	nd attach Form IL-2220.						
	Check this box if you attached Illinois Schedule 1299-D.	X		f your business activity is Public Law 86-272.						
	Check this box if you attached Form IL-4562.	v	•	f you are a 52/53 week filer.						
	Check this box if you attached Illinois Schedule M (for businesses).			your tax year began on or						
M	Check this box if you attached Schedule 80/20.	_	after January 1,							
_										
and and	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 or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.									
ment here.										
Attach your payment and Form IL-1120-V here.										
acn yo	Refer to the 2020 IL-1120 Instructions for the address to mail yo	ur re	turn.							
For										

IR



	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			
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	4		
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	· · · · · · · · · · · · · · · · · · ·	
6	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>	
7	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.	•00		
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.		<u>•00</u>	
16	Contributions to certain job training projects. See instructions.		<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 the on Step 5, Line 35. You may not complete Step 4. (You must lea Note→ If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 23 is derived outside Illino complete all lines of Step 4. (Do not leave Lines 28 through 30 leaves.)	ve Step 4, Li he box on Li pis, or you ar plank.) See i	nes 24 through 34 blank.) ine B and complete Step 4. re a unitary filer, check this b nstructions.	
	p 4: Figure your income allocable to Illinois (Complete only if you c			
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>	<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	•00
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		<u></u> • <u>∪∪</u>	
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.	34 34		
ι .	independent of the control of		J.	

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Stel) 5: FI	gure your net in	come										
35	Base	income or net loss	from Step 3	3, Line 23,	or Step	4, Line	34.				35		<u>•00</u>
36	Disch	arge of indebtedne	ss adjustm	ent. Attach	federa	Form 9	982. See ir	structions.			36		•00
37	Adjust	ted base income or	net loss. A	dd Lines 3	5 and 3	6. See i	nstructions	S.			37		•00
38	Illinois	net loss deduction. I	f Line 37 is	zero or a ne	gative a	mount,	enter zero.			_			
	Check	this box and attack	h a detailed	d statement	if you h	nave me	erged losse	s.			▶ 38		•00
39	Net in	come. Subtract Lir	ne 38 from	Line 37.							39		• <u>00</u>
Step	6: Fi	gure your replac	ement ta	x after cr	edits								
40	Repla	cement tax. Multiply	y Line 39 b	y 2.5% (.02	25).						40		• <u>00</u>
41	Recap	oture of investment	credits. At	tach Sched	dule 425	55.					41		•00
42	Repla	cement tax before	credits. Add	d Lines 40	and 41.						42		• <u>00</u>
43	Invest	ment credits. Attac	h Form IL-	477.							43		• <u>00</u>
44	Repla	cement tax after of	credits. Su	btract Line	43 from	Line 42	2. If the an	ount is neg	ative, enter	zero.	44		• <u>00</u>
Step	7: Fi	gure your incom	ne tax afte	er credits									
45	Incom	e tax. See Instructi	ons.								45		•00
46	Recap	oture of investment	credits. At	tach Sched	lule 425	55.					46		•00
47	Incom	e tax before credits	s. Add Line	s 45 and 46	3.						47		•00
48	Incom	e tax credits. Attac	h Schedule	e 1299-D.							48		•00
49	Incom	ne tax after credits	S. Subtract	Line 48 fro	m Line 4	47. If the	e amount i	s negative,	enter zero.		49		•00
Step	8: Fi	gure your refund	d or balar	nce due									
50	-	cement tax before									50		•00
51	Foreig	ın Insurer replacem	ent tax red	luction. Att	ach Sch	nedule I	NS or UB/	NS. See ins	structions.				•00
52	Subtra	act Line 51 from Lin	ne 50. This	is your ne	t replac	cement	tax.				52		•00
53	Incom	e tax before reduct	ions. Enter	the amour	nt from L	ine 49.					53		•00
54	Foreig	ın Insurer income ta	ax reductio	n. Attach S	Schedul	e INS o	r UB/INS.	See instructi	ions.		54		<u>•00</u>
55	Subtra	act Line 54 from Lin	ne 53. This	is your ne	t incon	ne tax.					55		<u>•00</u>
56	Comp	assionate Use of M	ledical Can	nabis Prog	ram Ac	t surcha	arge. See i	nstructions.			56		<u>•00</u>
57	Sale o	of assets by gaming	licensee s	urcharge. S	See inst	ructions	3.						• <u>00</u>
58	Total	net income and re	eplacemen	t taxes and	d surch	arges.	Add Lines	52, 55, 56,	and 57.		58		• <u>00</u>
59	Under	payment of estimat	ted tax pen	alty from F	orm IL-2	2220. S	ee instruct	ons.					• <u>00</u>
60	Total	taxes, surcharges	s, and pena	alty. Add Li	nes 58	and 59.					60		• <u>00</u>
61	Paymo	ents. See instructio	ns.										
	a C	Credits from previou	ıs overpayr	ments.				61a _		<u>•00</u>	<u>)</u>		
	b T	otal payments mad	de before th	ne date this	return i	s filed.		61b _		<u>•00</u>	<u>)</u>		
	c F	Pass-through withho	olding repo	rted to you	on Sch	edule(s))						
	K	K-1-P or K-1-T. Atta	ach Schedu	ıle(s) K-1-F	or K-1	-T.		61c _		<u>•00</u>	<u>)</u>		
	d II	linois gambling with	hholding. A	ttach Form	n(s) W-2	2G.		61d _		<u>•00</u>	<u>)</u>		
62	Total	payments. Add Line	es 61a thro	ugh 61d.							62		•00
63	Overp	payment. If Line 62	is greater	than Line 6	0, subtr	act Line	e 60 from L	ine 62.			63		•00
64	Amou	nt to be credited fo	orward. Se	e instructio	ns.								
	Check	this box and attacl	h a detailed	d statement	if this c	arryfor	ward is goi	ng to a diffe	rent FEIN.	♦⊔∢	64		•00 ∢
65		d. Subtract Line 64			the am	ount to	be refunde	d.			65		•00
66	Comp	lete to direct depo	sit your re	efund.									
	Routin	ng Number					Checkin	g or \square S	avings				
	riodiii						- OHOOKIII	9 01 <u> </u>	avings				
	Accou	ınt Number		<u> </u>		<u></u>							
67	Tax d	ue. If Line 60 is gre	ater than L	ine 62, sub	tract Li	ne 62 fr	om Line 60). This is the	e amount vo	ou owe.	67_		•00
Step		n below - Under pen									lge, it is	true, co	orrect and complete
Sign	า											Chec	k if the Department
Her	e								()			y discus	ss this return with the
	Sign	ature of authorized of	ficer	Date (mm/do	d/yyyy)	Title			Phone		pai	d prepa	arer shown in this step
Paid	, .											neck if	
	parer	Print/Type paid prep	arer's name		Paid p	reparer's	signature		Date (mm/	11111			Paid Preparer's PTI
	Only	Firm's name	<u> </u>							Firm	s FEIN	•	
	y	Firm's address								Firm'	s phone	1)

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.**