



**Illinois Corporation  
Income and Replacement  
Tax Return**

**1999 IL-1120**

or fiscal year beginning \_\_\_\_/\_\_\_\_, 1999, 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.

**Place** Name \_\_\_\_\_

**label** C/O \_\_\_\_\_

**here** Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_ - \_\_\_\_\_  
Federal employer identification number (FEIN)

- This is an Illinois combined unitary return. Attach completed Schedule UB.
- Foreign insurer (see instructions)

- Check applicable boxes:
- Name or address change     First return     Final return
- If you checked final return, complete the questions located at the end of this return.

Are you a member of a group filing a federal consolidated return?  yes  no If "yes," write the FEIN of the federal parent \_\_\_\_ - \_\_\_\_\_

**Part I — Base income (loss)**

- 1 Federal taxable income before FNOLD from worksheet (See specific instructions for Part I.) (Attachments required, see General Information, "What attachments do I need?") 1 \_\_\_\_\_
- 2 Additions (See specific instructions for Part I.)
  - a State, municipal, and other interest income excluded in arriving at Line 1 above 2a \_\_\_\_\_
  - b Illinois income and replacement tax deducted in arriving at Line 1 above 2b \_\_\_\_\_
  - c Other additions (specify: \_\_\_\_\_) 2c \_\_\_\_\_
- 3 Total additions. Add Lines 2a through 2c. 3 \_\_\_\_\_
- 4 Total income. Add Lines 1 and 3. 4 \_\_\_\_\_
- 5 Subtractions (See specific instructions for Part I.)
  - a Interest income from U.S. Treasury and federal agency obligations 5a \_\_\_\_\_
  - b Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-B 5b \_\_\_\_\_
  - c Enterprise zone contributions from Schedule 1299-B 5c \_\_\_\_\_
  - d Enterprise zone or high impact business interest from Schedule 1299-B 5d \_\_\_\_\_
  - e Contributions to certain job training projects (See specific instructions for Part I.) 5e \_\_\_\_\_
  - f Other subtractions (specify: \_\_\_\_\_) 5f \_\_\_\_\_
  - g Federal NOL carryforward from tax years ending prior to 12/31/86 (Attach Sch. NL-5g.) 5g \_\_\_\_\_
- 6 Total subtractions. Add Lines 5a through 5g. 6 \_\_\_\_\_
- 7 Base income (loss). Subtract Line 6 from Line 4. 7 \_\_\_\_\_  
If base income (loss) is derived solely inside Illinois, write this amount on Part IV, Line 1.  
**If base income (loss) is derived inside and outside Illinois, write this amount on Part III, Line 1.**

**Part II — Total tax**

- 1 Write the net replacement tax from Part IV, Line 11. 1 \_\_\_\_\_
- 2 Write the net income tax from Part V, Line 6. 2 \_\_\_\_\_
- 3 Total net income and replacement tax. Add Lines 1 and 2. 3 \_\_\_\_\_
- 4 a Estimated income and replacement tax payments (Include any 1998 overpayment credited to 1999 income and replacement tax.) 4a \_\_\_\_\_  
b Income and replacement tax paid with Form IL-505-B (See instructions.) 4b \_\_\_\_\_
- 5 Total payments (and credit). Add Lines 4a and 4b. 5 \_\_\_\_\_
- 6 Overpayment. Subtract Line 3 from Line 5. 6 \_\_\_\_\_  
a Write the amount of overpayment to be credited to 2000 estimated tax. 6a \_\_\_\_\_
- 7 Tax due. Subtract Line 5 from Line 3. This is your balance of tax due (see instructions). Pay in full if \$1 or more. 7 \_\_\_\_\_  
If you attached a completed Form IL-2220, check this box.

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** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of authorized officer Date

(\_\_\_\_) \_\_\_\_\_  
Phone

**here** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of preparer Date

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 19008, Springfield, IL 62794-9008** ◀

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

**Part III — Base income (loss) allocable to Illinois**

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

- 1 Base income (loss) from Part I, Line 7 1 \_\_\_\_\_
- 2 a Nonbusiness income (loss) net of deductions directly allocable to such income.  
(Attach Schedule NB. See Part III - General Instructions.) 2a \_\_\_\_\_
- b Non-unitary partnership business income (loss) included in Part III, Line 1.  
(See instructions.) 2b \_\_\_\_\_
- 3 Total. Add Lines 2a and 2b. 3 \_\_\_\_\_
- 4 Business income (loss). Subtract Line 3 from Line 1. 4 \_\_\_\_\_
- 5 Business income apportionment formula. (Insurance companies, financial organizations, and transportation companies see Special Apportionment Formulas instructions.)

	1 Total everywhere (cannot be negative)	2 Within Illinois (cannot be negative)	3 Ratio Column 2 ÷ Column 1 (carry to six decimal places)	4 Weighted factors	5 Weighted totals
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- |   |          |  |  |                     |           |
|---|----------|--|--|---------------------|-----------|
| a Property factor   | 5a _____ |  |  |                     |           |
| b Payroll factor  | 5b _____ |  |  |                     |           |
| c Sales factor  | 5c _____ |  |  |                     |           |
|   |          |  |  | • _____ X .083333 = | • _____   |
|   |          |  |  | • _____ X .083333 = | • _____   |
|   |          |  |  | • _____ X .833334 = | • _____   |
| 6 Apportionment factor. Add Column 5, Lines 5a through 5c. (See instructions.)                                |          |  |  |                     | 6 • _____ |
| 7 Business income (loss) apportionable to Illinois. Multiply Line 4 by Line 6.                                |          |  |  |                     | 7 _____   |
| 8 Nonbusiness income (loss) allocable to Illinois. (Attach Schedule NB. See Part III - General Instructions.) |          |  |  |                     | 8 _____   |
| 9 Non-unitary partnership business income (loss) apportionable to Illinois. (See instructions.)               |          |  |  |                     | 9 _____   |
| 10 Base income or net loss allocable to Illinois. Add Lines 7 through 9. Write on Part IV, Line 1.            |          |  |  |                     | 10 _____  |

**Part IV — Net income and replacement tax**

- 1 Base income (loss) from Part III, Line 10, if applicable; otherwise from Part I, Line 7 1 \_\_\_\_\_  
Check this box if Line 1 above is a loss and you are electing to forgo the Illinois NLD carryback period. → a
- 2 Illinois net loss deduction (NLD). (Attach Schedule NLD.) Write "0" if Line 1 is zero or negative. 2 \_\_\_\_\_
- 3 Income after NLD. Subtract Line 2 from Line 1 (cannot be less than zero). 3 \_\_\_\_\_
- 4 Total base income (loss) from Part I, Line 7 4 \_\_\_\_\_
- 5 Divide Line 1 by Line 4. If Line 1 equals or exceeds Line 4, write "1." 5 \_\_\_\_\_
- 6 Standard exemption. Multiply Line 5 by \$1,000. (Short year filers. See General Information.) 6 \_\_\_\_\_
- 7 Net income. Subtract Line 6 from Line 3. (Also write on **Part V, Line 1.**) 7 \_\_\_\_\_
- 8 a Replacement tax. Multiply Line 7 by 2.5% (.025). 8a \_\_\_\_\_
- b Recapture of investment credits from Schedule 4255. (See instructions.) 8b \_\_\_\_\_
- 9 Total replacement tax before investment credits. Add Lines 8a and 8b. 9 \_\_\_\_\_
- 10 Investment credits from Form IL-477. (Attach Form IL-477. See instructions.) 10 \_\_\_\_\_
- 11 Net replacement tax. Subtract Line 10 from Line 9 (cannot be less than zero). Write on Part II, Line 1. 11 \_\_\_\_\_

**Part V — Income tax**

- 1 Net income from Part IV, Line 7 1 \_\_\_\_\_
- 2 a Income tax. Multiply Line 1 by 4.8% (.048). 2a \_\_\_\_\_
- b Recapture of investment credits from Schedule 4255. (See instructions.) 2b \_\_\_\_\_
- 3 Total income tax before credits. Add Lines 2a and 2b. 3 \_\_\_\_\_
- 4 a Income tax credits from Schedule 1299-D (Attach Schedule 1299-D.) 4a \_\_\_\_\_
- b Credit for replacement tax paid (from worksheet, see instructions) 4b \_\_\_\_\_
- c Carryforward of credit for replacement tax paid (from worksheet) 4c \_\_\_\_\_
- 5 Total credits. Add Lines 4a through 4c. 5 \_\_\_\_\_
- 6 Net income tax. Subtract Line 5 from Line 3 (cannot be less than zero). Write on Part II, Line 2. 6 \_\_\_\_\_

**Part VI — This information must be completed by all taxpayers.**

- 1 Check the method of accounting used in preparing this return.  
 Cash  Accrual  Other (Specify: \_\_\_\_\_)
- 2 In which state is the corporation's trade or business principally directed or managed? \_\_\_\_\_
- 3 Where are the corporation's accounting records?  
City, state: \_\_\_\_\_
- 4 Where is your principal place of business in Illinois?  
Address: \_\_\_\_\_
- 5 Date of incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_ and state: \_\_\_\_\_  
Principal business activity: \_\_\_\_\_
- 6 If this is a **final return**, complete the date the business was  
 discontinued \_\_\_\_/\_\_\_\_/\_\_\_\_ or  sold \_\_\_\_/\_\_\_\_/\_\_\_\_  
New owner's name: \_\_\_\_\_
- 7 Write the date and amount of all 1999 Illinois estimated income tax payments made.
 

1st	____/____/____	\$ _____
2nd	____/____/____	\$ _____
3rd	____/____/____	\$ _____
4th	____/____/____	\$ _____
<b>Credit from 1998</b>		\$ _____
<b>Total</b>		\$ _____

