



Illinois Department of Revenue
Schedule UB/INS
 Attach to your Form IL-1120.

Tax for a Unitary Business
Group with Foreign
Insurer Members

Year ending

 Month Year
IL Attachment No. 7

Name as shown on the tax return of the member filing the Schedule UB _____

Federal employer identification number (FEIN) _____

Note You must complete Steps 1 through 7 of your Form IL-1120 and all steps of your Schedule UB, Combined Apportionment for Unitary Business Groups before completing this schedule.

Step 1: Figure your foreign insurer member's tentative tax

	A	B	C
	FEIN	FEIN	FEIN
1 Enter your combined business income (loss) from Form IL-1120, Line 27.	1 .00	.00	.00
2 Compute the foreign insurer member's apportionment factor.			
a Enter the foreign insurer member's Illinois net sales from Step 4, Line 3 of your Schedule UB. Enter the total in this space: _____	2a .00	.00	.00
b Enter the total everywhere sales from Form IL-1120, Line 28.	2b .00	.00	.00
c Divide Line 2a by Line 2b. Carry to six decimal places. This is the foreign insurer member's apportionment factor.	2c .	.	.
3 Multiply Line 1 by Line 2c. This is the foreign insurer member's business income (loss) apportioned to Illinois.	3 .00	.00	.00
4 Enter the foreign insurer member's nonbusiness income (loss) allocable to IL.	4 .00	.00	.00
5 Enter the foreign insurer member's non-unitary partnership business income (loss) apportioned to Illinois.	5 .00	.00	.00
6 Add Lines 3 through 5. This is the foreign insurer member's base income or loss allocable to Illinois.	6 .00	.00	.00
7 Enter the unitary group's base income or loss allocable to Illinois from your Form IL-1120, Line 34.	7 .00	.00	.00
8 Divide Line 6 by Line 7. Carry to six decimal places. This is the foreign insurer member's share of Illinois base income or loss allocable to Illinois. If negative, enter "0."	8 .	.	.
9 Enter the Illinois net loss deduction from your Form IL-1120, Line 38.	9 .00	.00	.00
10 Multiply Line 9 by Line 8. This is the foreign ins. member's share of the NLD.	10 .00	.00	.00
11 Subtract Line 10 from Line 6. This is the foreign insurer member's net income or loss.	11 .00	.00	.00
12 Multiply Line 11 by 2.5% (.025). This is the foreign insurer member's tentative replacement tax.	12 .00	.00	.00
13 Multiply Line 11 by your blended rate. This is the foreign insurer member's tentative income tax. If your group elected Specific Accounting, see instructions.	13 .00	.00	.00
14 Enter the recapture of investment credits from your Form IL-1120, Line 46.	14 .00	.00	.00
15 Multiply Line 14 by Line 8. This is the foreign ins. member's share of recapture.	15 .00	.00	.00
16 Add Lines 13 and 15. This is the tentative income tax plus recapture.	16 .00	.00	.00
17 Enter the Schedule 1299-D credits from your Form IL-1120, Line 48.	17 .00	.00	.00
18 Multiply Line 17 by Line 8. This is the foreign insurer member's share of Schedule 1299-D credits.	18 .00	.00	.00
19 Subtract Line 18 from Line 16 (cannot be less than zero). This is the foreign insurer member's tentative net income tax.	19 .00	.00	.00
20 Add Lines 12 and 19. This is the foreign insurer member's tentative total net tax.	20 .00	.00	.00



Step 2: Figure the tax imposed by the foreign insurer member's state or country of domicile (See instructions.)

	A	B	C
	FEIN	FEIN	FEIN
21 Enter the foreign ins. member's state or country of domicile. State or country:	21 _____	_____	_____
22 Enter the base income (loss) from your Form IL-1120, Line 23.	22 _____ .00	_____ .00	_____ .00
23 Enter the foreign insurer member's net income from Line 11.	23 _____ .00	_____ .00	_____ .00
24 Multiply Line 22 by Line 8. This is the foreign insurer member's share of base income (loss).	24 _____ .00	_____ .00	_____ .00
25 Figure the pro forma tax imposed by the foreign insurer member's state or country of domicile, using the income shown on Lines 22 and 23. If the state or country of domicile does not impose an income tax on insurance companies, check the box and enter zero on this line. →	25 <input type="checkbox"/> _____ .00	<input type="checkbox"/> _____ .00	<input type="checkbox"/> _____ .00

Step 3: Figure your foreign insurer member's income tax reduction limit

26 Enter the foreign insurer member's net premiums taxable under Section 409 of the Illinois Insurance Code and included in your Form IL-1120, Step 4, Line 29.	26 _____ .00	_____ .00	_____ .00
27 Multiply Line 26 by 1.75% (.0175). This is the total tax reduction limit.	27 _____ .00	_____ .00	_____ .00
28 Enter the following amounts deducted when you computed this year's federal taxable income for the foreign insurer members:			
a The privilege tax imposed under Section 409 of the Illinois Insurance Code. Do not include retaliatory tax.	28a _____ .00	_____ .00	_____ .00
b The fire insurance company tax imposed under Section 12 of the Fire Investigation Act.	28b _____ .00	_____ .00	_____ .00
c Any fire department tax imposed under Section 11-10-1 of the Illinois Municipal Code.	28c _____ .00	_____ .00	_____ .00
29 Add Lines 28a through 28c.	29 _____ .00	_____ .00	_____ .00
30 Subtract Line 29 from Line 27 (cannot be less than zero). This is the 1.75 percent income tax reduction limit.	30 _____ .00	_____ .00	_____ .00

Step 4: Figure your foreign insurer member's tax

31 Enter the foreign insurer member's pro forma tax from Line 25.	31 _____ .00	_____ .00	_____ .00
32 Enter the foreign insurer member's 1.75 percent income tax reduction limit from Line 30.	32 _____ .00	_____ .00	_____ .00
33 Enter the greater of Line 31 or Line 32.	33 _____ .00	_____ .00	_____ .00
34 Enter the foreign insurer member's tentative replacement tax from Line 12.	34 _____ .00	_____ .00	_____ .00
35 Enter the lesser of Line 33 or Line 34. This is the foreign insurer member's replacement tax. Enter the total in this space: _____	35 _____ .00	_____ .00	_____ .00
36 If Line 33 is greater than Line 35, subtract Line 35 from Line 33. Otherwise, enter "0." This is the maximum net income tax after applying credits.	36 _____ .00	_____ .00	_____ .00
37 Enter the foreign insurer member's tentative net income tax from Line 19.	37 _____ .00	_____ .00	_____ .00
38 Enter the lesser of Line 36 or Line 37. This is the net income tax after applying credits. Enter the total in this space: _____	38 _____ .00	_____ .00	_____ .00



Enter the amounts from Page 2, Line 38.

38	Enter the total from Line 38 in this space: _____	38	_____	.00	_____	.00	_____	.00
39	Enter the foreign insurer member's share of Schedule 1299-D credits from Line 18. Enter the total in this space: _____	39	_____	.00	_____	.00	_____	.00
40	Add Lines 38 and 39. This is the foreign insurer member's income tax before applying credits. Enter the total in this space: _____	40	_____	.00	_____	.00	_____	.00

Step 5: Figure the net income of your other (domestic insurer and non-insurer) members

41	Enter the business income (loss) of the unitary business group from Form IL-1120, Line 27.	41	_____	.00
42	Figure the apportionment formula.			
a	Enter the total Illinois net sales from Form IL-1120, Line 29.	42a	_____	.00
b	Enter the foreign insurer members' total sales from the total line of Line 2a.	42b	_____	.00
43	Subtract Line 42b from Line 42a. This is the other members' total Illinois sales.	43	_____	.00
44	Enter the everywhere sales from Form IL-1120, Line 28.	44	_____	.00
45	Divide Line 43 by Line 44. Carry to six decimal places. This is the other members' apportionment factor.	45	_____	.00
46	Multiply Line 41 by Line 45. This is the other members' business income (loss) apportioned to Illinois.	46	_____	.00
47	Enter the other members' nonbusiness income (loss) allocable to Illinois.	47	_____	.00
48	Enter the other members' non-unitary partnership business income (loss) apportioned to Illinois.	48	_____	.00
49	Add Lines 46 through 48. This is the other members' base income or loss allocable to Illinois.	49	_____	.00
50	Enter the unitary group's base income or loss allocable to Illinois from your Form IL-1120, Line 34.	50	_____	.00
51	Divide Line 49 by Line 50. Carry to six decimal places. This is the other members' share of Illinois base income or loss. If negative, enter "0."	51	_____	.00
52	Enter the Illinois net loss deduction from your Form IL-1120, Line 38.	52	_____	.00
53	Multiply Line 52 by Line 51. This is the other members' share of the Illinois net loss deduction.	53	_____	.00
54	Subtract Line 53 from Line 49. This is the other members' net income.	54	_____	.00

Step 6: Figure your unitary group's total tax

55	Multiply Line 54 by 2.5% (.025). This is the other members' replacement tax.	55	_____	.00
56	Enter the foreign insurer members' total replacement tax from the total line of Line 35.	56	_____	.00
57	Add Lines 55 and 56.	57	_____	.00
58	Enter the amount from your Form IL-1120, Step 6, Line 44.	58	_____	.00
59	Subtract Line 57 from Line 58. This is your unitary group's replacement tax reduction. Enter this amount on your Form IL-1120, Step 8, Line 51.	59	_____	.00
60	Multiply Line 54 by your blended rate. This is the other members' income tax. If your group elected Specific Accounting, see instructions.	60	_____	.00
61	Enter the recapture of investment credits from your Form IL-1120, Line 46.	61	_____	.00
62	Multiply Line 61 by Line 51. This is the other members' share of recapture.	62	_____	.00
63	Add Lines 60 and 62. This is the total other members' tentative income tax plus recapture.	63	_____	.00
64	Enter the Schedule 1299-D credits from your Form IL-1120, Line 48.	64	_____	.00
65	Multiply Line 64 by Line 51. This is the other members' share of Schedule 1299-D credits.	65	_____	.00
66	Subtract Line 65 from Line 63 (cannot be less than zero). This is the other members' net income tax.	66	_____	.00
67	Enter the foreign insurer members' total income tax before credits from the total line of Line 40.	67	_____	.00
68	Enter the foreign insurer members' total share of credits from the total line of Line 39.	68	_____	.00
69	Subtract Line 68 from Line 67. This is the foreign insurer members' total net income tax.	69	_____	.00
70	Add Lines 66 and 69.	70	_____	.00
71	Enter the amount from your Form IL-1120, Step 7, Line 49.	71	_____	.00
72	Subtract Line 70 from Line 71. This is your unitary group's income tax reduction. Enter this amount on your Form IL-1120, Step 8, Line 54.	72	_____	.00

