



## Illinois Department of Revenue 2024 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.

|  | is return is not for calendar year 2024, enter your fiscal tax year here.  year beginning 20, ending 20 month day year month day year  This form is for tax years ending on or after December 31, 2024, and before December 31 other situations, see instructions to determine the correct form to use. | embe                          | Enter the amount you are paying.   |
|--|---|-------------------------------|--|
| Α  | 1: Identify your corporation Enter your complete legal business name.   | N                             | Enter your federal employer identification number (FEIN).  |
|  | If you have a name change, check this box.  Name:  Enter your mailing address.  | 0                             | If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.   |
|  | C/O:  Mailing address:  City:  State:  ZIP:   | Р                             | Enter your North American Industry Classification System (NAICS) Code. See instructions.   |
|  | If this is the first or final return, check the applicable box(es).  First return  Final return (Enter the date of termination  |                               | Enter your corporate file (charter) number assigned to you by the Secretary of State.  |
|  | If this is a final return because you sold this business, enter the date sold (mm dd yyyy) , and the new owner's FEIN.  | R                             | Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, <b>e.g.</b> , IL, GA, etc.)   |
| F  | Check the box and see the instructions if your business is a:  Unitary Filer (Combined return) Foreign insurer  If you completed the following, check the box and <b>attach</b> the federal form(s) to this return.  Federal Form 8886 Federal Schedule M-3,  |                               | 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.   |
| <br>   | Part II, Line 12  Apportionment Formulas. Mark the appropriate box or boxes and see Apportionment Formula instructions. Sales companies Insurance companies Financial organizations Transportation companies Federally regulated exchanges  |                               | Check your method of accounting.  Cash Accrual Other  If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and attach federal Form 982. |
| 1  | Check this box if you attached Illinois Schedule UB.  Check this box if you attached the Subgroup Schedule.  Check this box if you attached Illinois Schedule 1299-D.   |                               | Check this box if you attached Schedule INL.  If you annualized your income on Form IL-2220,   |
| K<br>L                                       | Check this box if you attached filmois Schedule 1255-B.  Check this box if you attached Form IL-4562.  Check this box if you attached Illinois Schedule M (for businesses).  Check this box if you attached Schedule 80/20.   | X                             | check this box and <b>attach</b> Form IL-2220.  Check this box if your business activity is protected under Public Law 86-272.   |
| •  | If you owe tax on Line 67, make an electronic payment at Tax.lllinois.g payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, a make it payable to "Illinois Department of Revenue." Attach your vouc  | ov. l                         | L-1120-V" on your check or money order and   |
| Attach your payment and Form IL-1120-V here. | <ul> <li>▶ Enter the amount of your payment on the top of this page in the space</li> <li>▶ If a payment is not enclosed, mail this return to:         ILLINOIS DEPARTMENT OF REVENUE         PO BOX 19048         SPRINGFIELD IL 62794-9048     </li> </ul>  | pro<br>If a<br>IL<br>P(<br>SF | • •  |

IL-1120 (R-12/24)



|           | o 2: Figure your income or loss  |   | (Who   | ole dollars only) |  |  |  |  |
|-----------|--|---|--|-------------------|--|--|--|--|
| 1         | Federal taxable income from federal Form 1120, Line 30.  | _   | 0.0  |                   |  |  |  |  |
| _         | Attach a copy of your federal return.  | 1   | •00  |                   |  |  |  |  |
| 2         | Net operating loss deduction from federal Form 1120, Line 29a. This amour  |   | •00  |                   |  |  |  |  |
| 3         | State, municipal, and other interest income excluded from Line 1.  | 3   | •00  |                   |  |  |  |  |
| 4         | Illinois income and replacement tax and surcharge deducted in arriving at L  |   | <u>•00</u>   |                   |  |  |  |  |
| 5         | Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.  |   | _  | •00<br>•00        |  |  |  |  |
| 6         | Related-Party Expenses additions. <b>Attach</b> Schedule 80/20. Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.   |   |  | • <u>00</u>       |  |  |  |  |
| 7<br>8    | Other additions. <b>Attach</b> Schedule M (for businesses).  |   |  | •00               |  |  |  |  |
| 9         | Add Lines 1 through 8. This amount is your income or loss.   |   | 9  | •00               |  |  |  |  |
| Ste       | o 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.  | 11  | <u>•00</u>   |                   |  |  |  |  |
| 12        | River Edge Redevelopment Zone Interest subtraction.  |   |  |                   |  |  |  |  |
|           | Attach Schedule 1299-B.  | 12  |  |                   |  |  |  |  |
| 13        | High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-B.  | 13  |  |                   |  |  |  |  |
| 14        | High Impact Business Interest subtraction. <b>Attach</b> Schedule 1299-B.  | 14  |  |                   |  |  |  |  |
| 15        | Contribution subtraction. <b>Attach</b> Schedule 1299-B.   | 15  |  |                   |  |  |  |  |
| 16        | Contributions to certain job training projects. See instructions.  | 16  |  |                   |  |  |  |  |
| 17        | Foreign Dividend subtraction. <b>Attach</b> Schedule J. See instructions.  | 17  |  |                   |  |  |  |  |
| 18        | Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.   | 18  |  |                   |  |  |  |  |
| 19        | Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.  | 19  |  |                   |  |  |  |  |
| 20        | Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.  | 20  |  |                   |  |  |  |  |
| 21        | Other subtractions. <b>Attach</b> Schedule M (for businesses).   | 21  | <u>•00</u>   |                   |  |  |  |  |
| 22        | Total subtractions. Add Lines 10 through 21.   |   | 22   | •00               |  |  |  |  |
| 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 lease 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 Inc.) | ive Step 4, Lines 24 th<br>he box on Line B and<br>is, or you are a unitar<br>plank.) See instruction | rough 34 blai<br>complete Ste<br>y filer, check<br>is. | nk.)              |  |  |  |  |
| 3te<br>24 | p 4: Figure your income allocable to Illinois (Complete only if you of Nonbusiness income or loss. Attach Schedule NB.   | necked the box on Line  |  |                   |  |  |  |  |
| 25        | Business income or loss included in Line 23 from non-unitary partnerships,   | 24  |  |                   |  |  |  |  |
| 23        | partnerships included on a Schedule UB, S corporations, trusts,  |   |  |                   |  |  |  |  |
|           | or estates. See instructions.  | 25  | <u>•00</u>   |                   |  |  |  |  |
| 26        | Add Lines 24 and 25.   |   | 26   | <u>•00</u>        |  |  |  |  |
| 27        | Business income or loss. Subtract Line 26 from Line 23.  |   | 27   | •00               |  |  |  |  |
| 28        | Total sales everywhere. This amount cannot be negative.  | 28  |  |                   |  |  |  |  |
| 29        | Total sales inside Illinois. This amount cannot be negative.   | 29  |  |                   |  |  |  |  |
| 30        | Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places.  | 30  |  |                   |  |  |  |  |
| 31        | Business income or loss apportionable to Illinois. Multiply Line 27 by Line 3  |   | 31   | •00               |  |  |  |  |
| 32        | Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.   |   | 32   | •00               |  |  |  |  |
| 33        |  |   |  |                   |  |  |  |  |
|           | included 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   | <u>•00</u>        |  |  |  |  |



| Step     | 5: Fig  | gure your net  | ind          | come                   |                     |                 |        |            |          |       |       |          | 111    |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
|----------|---|--|--------------|------------------------|---------------------|-----------------|--------|------------|----------|-------|-------|----------|--------|----------|---------------|------------|---------------------|-------------------|---------------|--------------------------------|------------|---|--|-------------------------|--|--|--|--|
| 35       | Base i  | ncome or net lo  | ss 1         | from S                 | tep 3,              | Line 2          | 3, or  | Step       | 4,       | Line  | 34.   |          |        |          |               |            |                     |                   | 3             | 85 <u> </u>                    |            |   |  | <u>•00</u>              |  |  |  |  |
| 36       | Discha  | arge of indebted   | nes          | ss adju                | ıstmer              | nt. <b>Atta</b> | ch f   | edera      | al Fo    | orm   | 982.  | Se       | e in   | struct   | ions.         |            |                     |                   | 3             | .00<br>.00                     |            |   |  |                         |  |  |  |  |
| 37       | Adjusted base income or net loss. Add Lines 35 and 36. See instructions.  37000 |  |              |                        |                     |                 |        | <u>•00</u> |          |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
| 38       |   | net loss deductio  |              |                        |                     |                 |        |            |          |       |       |          |        |          | <b>1</b> Sche | edul       | e NLD or            | UB/NLI            |               |                                |            |   |  |                         |  |  |  |  |
|          |   | this box and att   |              |                        |                     |                 | ent if | you        | hav      | /e m  | erge  | d lo     | osse   | S.       |               |            |                     | <b>◆</b> □        | ◆ 3           |                                |            |   |  | <u>•00</u>              |  |  |  |  |
|          |   | come. Subtract   |              |                        |                     |                 |        | •••        |          |       |       |          |        |          |               |            |                     |                   | 3             | <u> </u>                       |            | _ |  | <u>•00</u>              |  |  |  |  |
|          | •   | gure your rep  |              |                        |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  | 00                      |  |  |  |  |
| 40       |   | cement tax. Mult   |              |                        | -                   |                 |        | ,          |          |       |       |          |        |          |               |            |                     |                   |               | ŀ0                             |            |   |  | <u>•00</u>              |  |  |  |  |
| 41       |   | ture of investme   |              |                        |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   |               | 11 _                           |            |   |  |                         |  |  |  |  |
| 42       |   |  |              |                        |                     |                 |        |            |          |       |       | 2 _      |        |          |               | <u>•00</u> |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
| 43       |   |  |              |                        |                     |                 |        |            |          |       | 0 16  |          |        |          |               |            |                     |                   |               | I3 _                           |            |   |  |                         |  |  |  |  |
| 44       |   | cement tax afte  |              |                        |                     |                 |        | 3 fron     | n Lı     | ne 4  | 2. It | the      | am     | ount     | s neg         | atıv       | e, enter            | zero.             | 4             | l4 _                           |            | _ |  | <u>•00</u>              |  |  |  |  |
| _        |   | gure your inco   |              |                        |                     |                 | ts     |            |          |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  | 00                      |  |  |  |  |
| 45       |   |  |              |                        |                     |                 |        |            |          |       |       |          |        |          |               |            | 45 <u>•00</u><br>46 |                   |               |                                |            |   |  |                         |  |  |  |  |
| 46       | -   |  |              |                        |                     |                 |        | le 42      | 55.      |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
| 47       |   | e tax before cred  |              |                        |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   | 47 <u>•00</u> |                                |            |   |  |                         |  |  |  |  |
| 48       |   | e tax credits. At  |              |                        |                     |                 |        |            | 47       | 16.11 |       |          |        |          | e.            |            |                     |                   |               | 48                             |            |   |  |                         |  |  |  |  |
|          |   | e tax after cred   |              |                        |                     |                 |        | Line       | 47.      | it th | e an  | nou      | int is | nega     | ative, e      | ente       | er zero.            |                   | 4             | 19                             |            | _ |  | <u>•00</u>              |  |  |  |  |
|          |   | gure your refu   |              |                        |                     |                 |        | 4          | <b>.</b> | 1 :   | 4     | ,        |        |          |               |            |                     |                   |               | - 0                            |            |   |  | 00                      |  |  |  |  |
| 50       |   | cement tax befor   |              |                        |                     |                 |        |            |          |       |       |          | ום (וו |          | · :           | - <b>4</b> | _4:                 |                   | _             | 50 <u>•00</u><br>51 <u>•00</u> |            |   |  |                         |  |  |  |  |
| 51       | -   | n Insurer replac   |              |                        |                     |                 |        |            |          |       |       |          | JB/II  | NS. 5    | ee ins        | stru       | ctions.             |                   |               |                                |            |   |  |                         |  |  |  |  |
| 52<br>52 |   | ct Line 51 from  |              |                        |                     | -               |        |            |          |       |       | •        |        |          |               |            |                     |                   | _             | 52 <u> </u>                    |            |   |  |                         |  |  |  |  |
| 53<br>54 |   | e tax before red   |              |                        |                     |                 |        |            |          |       |       | ) /I K I | IC C   | oo in    | otruot        | ione       |                     |                   |               |                                | <u>•00</u> |   |  |                         |  |  |  |  |
| 54<br>55 | •   | n Insurer income   |              |                        |                     |                 |        |            |          |       | ט וע  | )/IIN    | 13. S  | ee in    | Struct        | IOH        | <b>5.</b>           |                   |               | 55 <u> </u>                    |            |   |  |                         |  |  |  |  |
| 55<br>56 |   | ct Line 54 from  |              |                        |                     | -               |        |            |          |       | orao  | c.       | aa in  | otruo    | tiono         |            |                     |                   |               | oo<br>56                       |            |   |  |                         |  |  |  |  |
| 56<br>57 |   | assionate Use o  |              |                        |                     |                 | -      |            |          |       | -     | . 36     | ee in  | Struc    | lions.        |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
| 57<br>50 |   | f assets by gam  | _            |                        |                     | _               |        |            |          |       |       | l I iv   |        | 50 EI    | - FG          | 000        | 1 57                |                   |               |                                | •00<br>•00 |   |  |                         |  |  |  |  |
| 58<br>59 |   | <b>net income and</b><br>payment of estir                                |              | -                      |                     |                 |        |            |          | _     |       |          |        |          | 5, 56,        | and        | 157.                |                   |               | 90 —<br>59 —                   |            |   |  |                         |  |  |  |  |
| 60       |   | taxes, surcharg  |              |                        |                     | -               |        |            |          |       |       | เรแ      | ucu    | JI 15.   |               |            |                     |                   |               | 99                             |            |   |  |                         |  |  |  |  |
| 61       |   | ents. See instruc  |              | -                      | Jenai               | ty. Aud         | LIIIC  | 55 00      | an       | น วฮ  |       |          |        |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
| 01       | •   | edits from previo  |              |                        | avma                | nte             |        |            |          |       |       |          |        | 61       | la            |            |                     | •0                | 0             |                                |            |   |  |                         |  |  |  |  |
|          |   | tal payments ma  |              |                        | •                   |                 | ic rot | urn i      | e fila   | ha    |       |          |        |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
|          |   | ss-through with  |              |                        |                     |                 |        | .uiii i    | 3 1110   | cu.   |       |          |        | 0 1      |               |            |                     |                   | <u> </u>      |                                |            |   |  |                         |  |  |  |  |
|          | At  | tach Schedule(s  | s) K         | (-1-P o                | r K-1-              | T.              |        |            |          |       |       |          |        | 61       | lc _          |            |                     | <u>•0</u>         | 0             |                                |            |   |  |                         |  |  |  |  |
|          | d Pa  | ss-through entit<br>tach Schedule(s                                      | y ta<br>s) K | ax cred<br>(-1-P o     | lit repo<br>or K-1- | orted to<br>·T. | you    | I.         |          |       |       |          |        | 61       | d _           |            |                     |                   | _             |                                |            |   |  |                         |  |  |  |  |
|          |   | nois income tax  |              |                        | -                   |                 | •      | s) W       | -2G      |       |       |          |        | 61       | le _          |            |                     |                   | 0             |                                |            |   |  |                         |  |  |  |  |
| 62       |   | payments. Add L  |              |                        |                     | _               |        |            |          |       |       |          |        |          |               |            |                     |                   |               | 2 _                            |            |   |  | <u>•00</u>              |  |  |  |  |
| 63       |   | ayment. If Line  |              | •                      |                     |                 |        |            | rac      | t Lin | e 60  | fro      | m Li   | ine 62   | 2.            |            |                     |                   | 6             | 3 _                            |            | — |  | <u>•00</u>              |  |  |  |  |
| 64       |   | nt to be <b>credited</b><br>this box and att                             |              |                        |                     |                 |        |            | carı     | ryfor | ward  | l is     | goir   | ng to    | a diffe       | ren        | t FEIN.             | $\bullet \square$ | <b>*</b> 6    | 64                             |            |   |  | <u>.00</u> 🄷            |  |  |  |  |
| 65       | Refun   | d. Subtract Line   | 64           | from I                 | Line 6              | 3. This         | is th  | ne am      | nou      | nt to | be r  | efu      | nde    | d.       |               |            |                     |                   | 6             | 65 <u> </u>                    |            |   |  | <u>•00</u>              |  |  |  |  |
| 66       | Comp  | lete to direct de  | epo          | osit yo                | ur re               | fund.           |        |            |          |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  |                         |  |  |  |  |
|          | R   | touting Number   |              |                        |                     | Ш               |        |            |          |       |       | ╝        | Che    | cking    | or L          |            | Savings             |                   |               |                                |            |   |  |                         |  |  |  |  |
|          |   | .ccount Number   |              | Ш                      |                     | Ш               | T      |            |          |       | Ī     |          |        | I        |               |            | 3                   |                   |               |                                |            |   |  |                         |  |  |  |  |
| 67       |   | ue. If Line 60 is  | are          | ater th                | an I ir             | ne 62 s         | subtr  | act I      | ine      | 62 f  | rom   | line     | e 60   | This     | is the        | e an       | nount vo            | n owe             | 6             | 67 <u> </u>                    |            |   |  | •00                     |  |  |  |  |
|          |   | n below - Under  | _            |                        |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   |               |                                |            |   |  | complete                |  |  |  |  |
| •        | 1   | II Delow - Onde  | þe           | i iaili <del>c</del> s | oi bei              | jury, i Si      | ale ii | ial I I    | lave     | Сха   |       | u iii    | 115 16 | luiii a  | riu, io i     | uiei       | Desi Oi III         | y KI IOWIE        | suge          |                                |            |   |  | · ·                     |  |  |  |  |
| Sigr     |   |  |              |                        | 1                   |                 |        |            | ı        |       |       |          |        |          |               | l(         | )                   |                   |               |                                |            |   |  | partment<br>on with the |  |  |  |  |
| Here     | Sign  | ature of authorized  | d of         | ficer                  | 1                   | Date (mr        | n/dd/y | ууу)       | Ti       | tle   |       |          |        |          |               | Ph         | ione                |                   |               |                                |            |   |  | n this step             |  |  |  |  |
|          | , ,   |  |              |                        |                     |                 | Ĭ      |            |          |       |       |          |        |          |               | Τ          |                     |                   | T             | Che                            |            |   |  |                         |  |  |  |  |
| Paid     |   | Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yy |              |                        |                     |                 |        |            |          |       |       |          |        | dd/yyyy) | se            | If-empl    | -                   | Pai               | d Prepa       | arer's PTIN                    |            |   |  |                         |  |  |  |  |
|          | oarer   | Firm's name  | •            |                        |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   | Firm's FEIN ▶ |                                |            |   |  |                         |  |  |  |  |
| use      | Only  | Firm's address   | •            | $\vdash$               |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   |               | hone                           | (          | 7 |  |                         |  |  |  |  |
|          |   |  |              | ı                      |                     |                 |        |            |          |       |       |          |        |          |               |            |                     |                   | μ.            |                                |            | , |  |                         |  |  |  |  |

IL-1120 (R-12/24)

Attach supporting documents to your Form IL-1120.



| Attach supporting documents to your Form IL-1120.                               |   |
|---|---|
| (If you completed:  | Attach:   |
| Form IL-1120  | Federal Form 1120, Pages 1 through 6, or equivalent                           |
| Step 1, Line E (unitary) only   |   |
|   | <u>=Note</u> Check the box on Form IL-1120, Step 1, Line H or Line I          |
| Step 1, Line E (foreign insurer) only   | Schedule INS  |
|   | Schedule UB/Subgroup Schedule and Schedule UB/INS                             |
|   | <b>=Note→</b> Check the box on Form IL-1120, Step 1, Line H or Line I         |
| Step 1, Line F  | Federal Form 8886 or federal Schedule M-3 (as applicable)                     |
| Step 1, Line U  | Federal Form 982  |
| Step 1, Line V  | Schedule INL  |
| Step 1, Line W  | Form IL-2220  |
|   | Form IL-4562  |
| <ul> <li>Special Depreciation addition</li> </ul>                               | <b>=Note→</b> Check the box on Form IL-1120, Step 1, Line K                   |
| Special Depreciation subtraction  | , , , , , , , , , , , , , , , , , , ,   |
|   | Schedule 80/20  |
| <ul> <li>Related-Party Expenses addition</li> </ul>                             | <b>=Note→</b> Check the box on Form IL-1120, Step 1, Line M                   |
| <ul> <li>Related-Party Expenses subtraction</li> </ul>                          |   |
| — Lines 7 and 20 —  | Schedule(s) K-1-P or K-1-T  |
| <ul> <li>Distributive share of additions</li> </ul>                             |   |
| <ul> <li>Distributive share of subtractions</li> </ul>                          |   |
|   | Schedule M and any required support listed on Schedule M                      |
| Other additions   | <u>=Note</u> Check the box on Form IL-1120, Step 1, Line L                    |
| Other subtractions  |   |
|   | Schedule 1299-B and any required support listed on Schedule                   |
| River Edge Redevelopment Zone   | 1299-B  |
| Dividend subtraction  |   |
| <ul> <li>River Edge Redevelopment Zone</li> <li>Interest subtraction</li> </ul> |   |
| High Impact Business Dividend subtraction                                       |   |
| High Impact Business Interest subtraction                                       |   |
| Contribution subtraction  |   |
|   | Illinois Schedule J, <b>and</b> federal Form 1120, Schedule C or equivalent   |
| Lines 24 and 32   | ·   |
| Nonbusiness income or loss  | Scriedule ND  |
| Nonbusiness income or loss allocable to Illinois                                |   |
|   | Schedule(s) K-1-P or K-1-T  |
| <ul> <li>Business income or loss from non-unitary</li> </ul>                    |   |
| partnerships, partnerships included on a Schedule UB,                           | Failure to attach the required  |
| S corporations, trusts, or estates  | documents may result in the   |
| <ul> <li>Business income or loss apportionable to Illinois from</li> </ul>      | disallowance of the   |
| non-unitary partnerships, partnerships included on a                            | corresponding line item.  |
| Schedule UB, S corporations, trusts, or estates                                 |   |
| Line 36 Discharge of indebtedness adjustment                                    |   |
|   | <u>=Note</u> → Check the box on Form IL-1120, Step 1, Line U                  |
| Line 38 Illinois net loss deduction   | , , , ,   |
| Lines 41 and 46 Recapture of 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                               |
| Mars E4 and E4 E 1 1 1 1 1 1 1  | <u>Note</u> Check the box on Form IL-1120, Step 1, Line J                     |
| Lines 51 and 54 Foreign Insurer tax reduction                                   | · · · · · · · · · · · · · · · · · · ·   |
|   | <u>Note</u> Check the box on Form IL-1120, Step 1, Line E                     |
| Line 59 Underpayment of estimated tax penalty →                                 | Form IL-2220  |
|   | <u>Note</u> If you annualized your income on Form IL-2220, Step 6,            |
| Line 640. Does through withhalding and add                                      | check the box on Form IL-1120, Step 1, Line W                                 |
| · ·   | All Schedules K-1-P and K-1-T you received showing                            |
| to you  Line 61d Pass-through entity tax credit                                 | pass-through withholding - All Schedules K-1-P and K-1-T you received showing |
| reported to you   | NI OCHEUUICO IX-I-L AHU IX-I-L VOU LECEIVEU SHOWIHU                           |
|   |   |
| ·   | pass-through entity tax credit  Copies of all Forms W-2G                      |

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