



Illinois Department of Revenue
2024 Schedule UB/INS



Year ending

Tax for a Unitary Business Group with Foreign Insurer Members

Month Year

For tax years ending on or after December 31, 2024. Attach to your Form IL-1120.

IL Attachment No. 7

Enter your name as shown on the tax return of the member filing the Schedule UB.

Enter your 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 or Unitary Business Groups, before completing this schedule.

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

Table with 3 columns: A, B, C. Rows 1-20 detailing tax calculations for foreign insurer members, including business income, apportionment factors, and tentative net tax.



## 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. <b>State or country:</b>                                                                                                                                                                                                                              | 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. <span style="float: right;">→</span> | 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. <b>Do not include retaliatory tax.</b>                                            | 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. <b>Enter the total in this space:</b> _____                                                            | 35 _____ .00 | _____ .00 | _____ .00 |
| 36 If Line 33 is greater than Line 35, subtract Line 35 from Line 33. Otherwise, enter zero. 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. <b>Enter the total in this space:</b> _____<br>Enter the amounts from Page 2, Line 38 on Page 3, Line 39. | 38 _____ .00 | _____ .00 | _____ .00 |



|           |                                                                                                                                           |           |       |            |       |            |       |            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|------------|-------|------------|-------|------------|
| <b>39</b> | Enter the amounts from Page 2, Line 38.<br><b>Enter the total from Line 38 in this space:</b> _____                                       | <b>39</b> | _____ | <b>.00</b> | _____ | <b>.00</b> | _____ | <b>.00</b> |
| <b>40</b> | Enter the foreign insurer member's share of Schedule 1299-D credits from Line 18. <b>Enter the total in this space:</b> _____             | <b>40</b> | _____ | <b>.00</b> | _____ | <b>.00</b> | _____ | <b>.00</b> |
| <b>41</b> | Add Lines 39 and 40. This is the foreign insurer member's income tax before applying credits. <b>Enter the total in this space:</b> _____ | <b>41</b> | _____ | <b>.00</b> | _____ | <b>.00</b> | _____ | <b>.00</b> |

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

|           |                                                                                                                                                    |            |            |            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| <b>42</b> | Enter the business income (loss) of the unitary business group from Form IL-1120, Line 27.                                                         | <b>42</b>  | _____      | <b>.00</b> |
| <b>43</b> | Figure the apportionment formula.                                                                                                                  |            |            |            |
| <b>a</b>  | Enter the total Illinois net sales from Form IL-1120, Line 29.                                                                                     | <b>43a</b> | _____      | <b>.00</b> |
| <b>b</b>  | Enter the foreign insurer members' total sales from the <b>total line</b> of Line 2a.                                                              | <b>43b</b> | _____      | <b>.00</b> |
| <b>44</b> | Subtract Line 43b from Line 43a. This is the other members' total Illinois sales.                                                                  | <b>44</b>  | _____      | <b>.00</b> |
| <b>45</b> | Enter the total sales everywhere from your Form IL-1120, Line 28.                                                                                  | <b>45</b>  | _____      | <b>.00</b> |
| <b>46</b> | Divide Line 44 by Line 45. Round to six decimal places. This is the other members' apportionment factor.                                           | <b>46</b>  | __ . _____ |            |
| <b>47</b> | Multiply Line 42 by Line 46. This is the other members' business income (loss) apportioned to Illinois.                                            | <b>47</b>  | _____      | <b>.00</b> |
| <b>48</b> | Enter the other members' nonbusiness income (loss) allocable to Illinois.                                                                          | <b>48</b>  | _____      | <b>.00</b> |
| <b>49</b> | Enter the other members' non-unitary partnership business income (loss) apportioned to Illinois.                                                   | <b>49</b>  | _____      | <b>.00</b> |
| <b>50</b> | Add Lines 47 through 49. This is the other members' base income or loss allocable to Illinois.                                                     | <b>50</b>  | _____      | <b>.00</b> |
| <b>51</b> | Enter the unitary group's base income or loss allocable to Illinois from your Form IL-1120, Line 34.                                               | <b>51</b>  | _____      | <b>.00</b> |
| <b>52</b> | Divide Line 50 by Line 51. Round to six decimal places. This is the other members' share of Illinois base income or loss. If negative, enter zero. | <b>52</b>  | __ . _____ |            |
| <b>53</b> | Enter the Illinois net loss deduction from your Form IL-1120, Line 38.                                                                             | <b>53</b>  | _____      | <b>.00</b> |
| <b>54</b> | Multiply Line 53 by Line 52. This is the other members' share of the Illinois net loss deduction.                                                  | <b>54</b>  | _____      | <b>.00</b> |
| <b>55</b> | Subtract Line 54 from Line 50. This is the other members' net income.                                                                              | <b>55</b>  | _____      | <b>.00</b> |

### Step 6: Figure your unitary group's total tax

|           |                                                                                                                                                 |           |       |            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|------------|
| <b>56</b> | Multiply Line 55 by 2.5% (.025). This is the other members' replacement tax.                                                                    | <b>56</b> | _____ | <b>.00</b> |
| <b>57</b> | Enter the foreign insurer members' total replacement tax from the <b>total line</b> of Line 35.                                                 | <b>57</b> | _____ | <b>.00</b> |
| <b>58</b> | Add Lines 56 and 57.                                                                                                                            | <b>58</b> | _____ | <b>.00</b> |
| <b>59</b> | Enter the replacement tax after credits from your Form IL-1120, Step 6, Line 44.                                                                | <b>59</b> | _____ | <b>.00</b> |
| <b>60</b> | Subtract Line 58 from Line 59. This is your unitary group's replacement tax reduction. Enter this amount on your Form IL-1120, Step 8, Line 51. | <b>60</b> | _____ | <b>.00</b> |
| <b>61</b> | See Instructions. This is the other members' income tax.                                                                                        | <b>61</b> | _____ | <b>.00</b> |
| <b>62</b> | Enter the recapture of investment credits from your Form IL-1120, Line 46.                                                                      | <b>62</b> | _____ | <b>.00</b> |
| <b>63</b> | Multiply Line 62 by Line 52. This is the other members' share of recapture.                                                                     | <b>63</b> | _____ | <b>.00</b> |
| <b>64</b> | Add Lines 61 and 63. This is the total other members' tentative income tax plus recapture.                                                      | <b>64</b> | _____ | <b>.00</b> |
| <b>65</b> | Enter the Schedule 1299-D credits from your Form IL-1120, Line 48.                                                                              | <b>65</b> | _____ | <b>.00</b> |
| <b>66</b> | Multiply Line 65 by Line 52. This is the other members' share of Schedule 1299-D credits.                                                       | <b>66</b> | _____ | <b>.00</b> |
| <b>67</b> | Subtract Line 66 from Line 64 (cannot be less than zero). This is the other members' net income tax.                                            | <b>67</b> | _____ | <b>.00</b> |
| <b>68</b> | Enter the foreign insurer members' total income tax before credits from the <b>total line</b> of Line 41.                                       | <b>68</b> | _____ | <b>.00</b> |
| <b>69</b> | Enter the foreign insurer members' total share of credits from the <b>total line</b> of Line 40.                                                | <b>69</b> | _____ | <b>.00</b> |
| <b>70</b> | Subtract Line 69 from Line 68. This is the foreign insurer members' total net income tax.                                                       | <b>70</b> | _____ | <b>.00</b> |
| <b>71</b> | Add Lines 67 and 70.                                                                                                                            | <b>71</b> | _____ | <b>.00</b> |
| <b>72</b> | Enter the income tax after credits from your Form IL-1120, Step 7, Line 49.                                                                     | <b>72</b> | _____ | <b>.00</b> |
| <b>73</b> | Subtract Line 71 from Line 72. This is your unitary group's income tax reduction. Enter this amount on your Form IL-1120, Step 8, Line 54.      | <b>73</b> | _____ | <b>.00</b> |