### FORM **BCA 14.05** (rev. Oct. 2019) **DOMESTIC CORPORATION** ANNUAL REPORT **Business Corporation Act** Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-7808 www.cyberdriveillinois.com Payment must be made by check or money order payable to Secretary of State. Year: \_\_\_\_\_ File #: \_\_\_\_ Approved: \_\_ File Prior To: Note: A change in the Registered Agent and/or Registered Office may only be affected by filing form BCA-5.10/5.20. 1. Corporate Name: Registered Agent: Registered Office: City, IL, ZIP: County: 2. Principal address of corporation: City 3. Date incorporated: Month 4. Names and addresses of officers and directors: NOTE: The names and addresses of ALL officers and directors must be entered in this item or on an additional sheet. **OFFICE** NAME **NUMBER & STREET** CITY STATE ZIP President Secretary Treasurer Director Director Director 5. If 51 percent or more of stock is owned by a minority or female, please check the appropriate box: $\Box$ Minority Owned $\Box$ Female Owned Number of shares authorized and issued (as of \_\_\_\_ 6. **CLASS SERIES** PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED IMPORTANT: If the amount in item 6 or 7a differs from the Secretary of State's records, form BCA 14.30 must be completed. Amount of Paid-in Capital (as of \_ 7a. Paid-in Capital on record with Secretary of State: \$ \_ 7b. (Paid-in Capital reflects the sum of the Stated Capital and Paid-in surplus accounts.)

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

### Item 8 Must Be Signed.



By:

Any authorized officer's signature	Title	Date

# Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.

	ending	Day	Month	, Year					
	Value of property	y (gross assets	):						
	(a) owned	by the corpora	ion, wherever located:.		(a)	\$			
	(b) of the o	corporation loca	ted within the State of I	llinois:	(b)	\$			
	Gross amount of business transacted by the corporation:								
	(c) everyw	here for the ab	ove period:		(c)	\$			
	(d) at or from	om places of bu	siness in Illinois for the	above period:	(d)	\$			
	ALLOCATION F	ACTOR =	$\frac{b+d}{a+c} = \frac{\bullet}{6c}$	Enter this fig	gure on line	11b below.			
10a.	☐ ALL property ness in Illino	of the Corpora is.	tion is located in Illinois	and ALL business of the Corpora	ation is trans	sacted at or fi	om places of busi-		
10b.	☐ The Corpora	tion <b>elects</b> to p	ay franchise tax on the	basis of 100 percent of its total	Paid-in Cap	oital.			
	IF SELECTING	10a or 10b, PL	ACE THE ALLOCATIO	N FACTOR 1.00000 ON LINE 1	1b BELOW.				
STO	P: Item 9 or	10 must be	e completed befo	ore continuing to Item	11.				
11.	ANNUAL FRAN	CHISE TAX AN	D FEES						
11a.			r amount from Item 7a;	a.					
				b.					
11b.	ALLOCATION F	AC FOR (Enter	from Item 9 or Item 10.)	)					
11c.	ILLINOIS CAPIT	AL (Multiply line	e 11a by line 11b.)	<u></u>					

11e3. INTEREST & PENALTIES (Add lines e1 and e2.)

ANNUAL REPORT FILING FEE (\$75) .....

11d1. Multiply line 11c by .001 (Round to nearest cent.).....

11e1. If Annual Report is late, multiply line d2 by .10 .....

TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE

late or part thereof (minimum \$1).....e2

11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month

11d2. ANNUÁL FRANCHISE TÀX (Enter amount from line d1, \*SEE NOTE BELOW.)......

## **Franchise Tax Liability Exemption Amounts**

d1

d2.

11f.

+ 75.00

FILING PERIOD	EXEMPTION AMOUNT	TAX AMOUNT TO BE PLACED IN LINE D2 ABOVE
1/1/20-12/31/20	Exemption \$30.00	(Tax amount in d1-\$30=d2. If negative number, please place 0 in d2.)
1/1/21-12/13/21	Exemption \$1,000.00	(Tax amount in d1-\$1,000=d2. If negative number, please place 0 in d2.)
1/1/22-12/31/22	Exemption \$10,000.00	(Tax amount in d1-\$10,000=d2. If negative number, please place 0 in d2.)
1/1/23-12/31/23	Exemption \$100,000.00	(Tax amount in d1-\$100,000=d2. If negative number, please place 0 in d2.)
1/1/23 and after	No Franchise Tax Due	

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (Place corporate file number on check.)

### **IMPORTANT:**

If there have been changes in items 6 or 7, form BCA 14.30 must be executed and submitted with this Annual Report in the <u>same envelope</u>.