

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

9. Amounts stated in parts (a) through (d) below are given for the 12-month period ending _____, _____, _____
Day Month Year

Value of property (gross assets):

- (a) owned by the corporation, wherever located: (a) \$ _____
(b) of the corporation located within the State of Illinois: (b) \$ _____

Gross amount of business transacted by the corporation:

- (c) everywhere for the above period: (c) \$ _____
(d) at or from places of business in Illinois for the above period: (d) \$ _____

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = $\frac{\blacksquare}{6 \text{ decimal places}}$ Enter this figure on line 11b below.

10a. ☐ ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.

10b. ☐ The Corporation **elects** to pay franchise tax on the basis of 100 percent of its total Paid-in Capital.

IF SELECTING 10a or 10b, PLACE THE ALLOCATION FACTOR 1.00000 ON LINE 11b BELOW.

STOP: Item 9 or 10 must be completed before continuing to Item 11.

11. ANNUAL FRANCHISE TAX AND FEES

11a. TOTAL PAID-IN CAPITAL (Enter amount from Item 7a; if late, enter the greater of 7a or 7b.)

11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)

11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b.)

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

11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, *SEE NOTE BELOW.)

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

11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum \$1)

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

11f. ANNUAL REPORT FILING FEE (\$75)

11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.) TOTAL MINIMUM DUE IS \$75

a.		
b.		
c.		
d1		
	d2.	
e1.		
e2.		
	e3.	
	11f.	+ 75.00
	11g.	

*Note regarding annual franchise tax: Please see filing periods set forth below regarding the exemption amount of each year.

Franchise Tax Liability Exemption Amounts

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.)
1/1/21-12/31/21	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 same envelope.