

## Form 1120 Return Summary

For calendar year 2017 or tax year beginning **07/01/17** , ending **06/30/18**  
**QUAD-CITY FOREIGN TRADE ZONE INC** **45-3675675**

**Taxable Income**

Total income	12,533	
Total deductions	3,381	
Taxable income before NOL / special deductions	9,152	
Net operating loss deduction		
Special deductions		
<b>Taxable income</b>		<b>9,152</b>

**Tax Computation**

Income tax	1,645	
Alternative minimum tax		
Foreign tax credit		
General business credit		
Other credits		
Personal holding company tax		
Other taxes		
Additional taxes		
<b>Total tax</b>		<b>1,645</b>

**Payments / Penalties**

Estimated tax payments	200	
Extension payment		
Other payments / credits		
Estimated tax penalty (Form 2220)	38	
Penalties and interest	124	
<b>Total payments / penalties</b>		<b>38</b>

**Tax due** **1,607**

**Overpayment credited to next year's estimated tax**  

**Refund**  

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	<b>1,680</b>

**Schedule L**

	Prior Year	Current Year
Assets	41,828	49,302
Liabilities	41,828	49,302
Difference	0	0

**Schedule M-1**

Schedule M-1	9,152
Page 1	9,152
Difference	0

**Schedule M-2**

Schedule M-2	49,302
Schedule L	49,302
Difference	0

**Schedule M-3**

Schedule M-3	
Page 1	
Difference	0

Form **8879-C**

**IRS e-file Signature Authorization for Form 1120**

For calendar year 2017, or tax year beginning 07/01/17, ending 06/30/18

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**uGo to [www.irs.gov/Form8879C](http://www.irs.gov/Form8879C) for latest information.**

**2017**

Name of corporation

Employer identification number

**QUAD-CITY FOREIGN TRADE ZONE INC**

**45-3675675**

**Part I Tax Return Information (Whole dollars only)**

<b>1</b>	Total income (Form 1120, line 11)	<b>1</b>	<b>12,533</b>
<b>2</b>	Taxable income (Form 1120, line 30)	<b>2</b>	<b>9,152</b>
<b>3</b>	Total tax (Form 1120, line 31)	<b>3</b>	<b>1,645</b>
<b>4</b>	Amount owed (Form 1120, line 34)	<b>4</b>	<b>1,607</b>
<b>5</b>	Overpayment (Form 1120, line 35)	<b>5</b>	

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize ANDERSON, LOWER, WHITLOW, PC to enter my PIN 75675 as my signature  
ERO firm name do not enter all zeros  
on the corporation's 2017 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

Officer's signature **u** \_\_\_\_\_ Date **u** 03/26/19 Title **u** PRESIDENT/CEO  
**PAUL RUMLER**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**42115194940**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **u** \_\_\_\_\_ Date **u** 03/26/19

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2017)

**1120**  
Form  
Department of the Treasury  
Internal Revenue Service

**U.S. Corporation Income Tax Return**  
For calendar year 2017 or tax year beginning **07/01/17**, ending **06/30/18**  
**U** Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2017**

- A Check if:**  
**1a** Consolidated return (attach Form 851)   
**b** Life/nonlife consolidated return   
**2** Personal holding co. (attach Sch. PH)   
**3** Personal service corp. (see instructions)   
**4** Schedule M-3 attached

<b>TYPE OR PRINT</b>	Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1601 RIVER DRIVE, SUITE 310</b>
	City or town, state, or province, country, and ZIP or foreign postal code <b>MOLINE IL 61265</b>

<b>B</b> Employer identification number <b>45-3675675</b>
<b>C</b> Date incorporated <b>09/25/1984</b>
<b>D</b> Total assets (see instructions)  <b>\$ 49,302</b>

**E** Check if: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>12,533</b>	<b>1a</b>	
	<b>b</b> Returns and allowances		<b>1b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a		<b>1c</b>	<b>12,533</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)		<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>	<b>12,533</b>
	<b>4</b> Dividends (Schedule C, line 19)		<b>4</b>	
	<b>5</b> Interest		<b>5</b>	
	<b>6</b> Gross rents		<b>6</b>	
	<b>7</b> Gross royalties		<b>7</b>	
	<b>8</b> Capital gain net income (attach Schedule D (Form 1120))		<b>8</b>	
	<b>9</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>9</b>	
<b>10</b> Other income (see instructions—attach statement)		<b>10</b>		
<b>11 Total income.</b> Add lines 3 through 10	<b>u</b>	<b>11</b>	<b>12,533</b>	
<b>Deductions (See instructions for limitations on deductions.)</b>	<b>12</b> Compensation of officers (see instructions—attach Form 1125-E)		<b>12</b>	
	<b>13</b> Salaries and wages (less employment credits)		<b>13</b>	
	<b>14</b> Repairs and maintenance		<b>14</b>	
	<b>15</b> Bad debts		<b>15</b>	
	<b>16</b> Rents		<b>16</b>	
	<b>17</b> Taxes and licenses		<b>17</b>	<b>961</b>
	<b>18</b> Interest		<b>18</b>	
	<b>19</b> Charitable contributions		<b>19</b>	
	<b>20</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		<b>20</b>	
	<b>21</b> Depletion		<b>21</b>	
	<b>22</b> Advertising		<b>22</b>	
	<b>23</b> Pension, profit-sharing, etc., plans		<b>23</b>	
	<b>24</b> Employee benefit programs		<b>24</b>	
	<b>25</b> Domestic production activities deduction (attach Form 8903)		<b>25</b>	
	<b>26</b> Other deductions (attach statement)	<b>SEE STMT 1</b>	<b>26</b>	<b>2,420</b>
	<b>27 Total deductions.</b> Add lines 12 through 26	<b>u</b>	<b>27</b>	<b>3,381</b>
	<b>28</b> Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		<b>28</b>	<b>9,152</b>
<b>29a</b> Net operating loss deduction (see instructions)		<b>29a</b>		
	<b>b</b> Special deductions (Schedule C, line 20)	<b>29b</b>		
	<b>c</b> Add lines 29a and 29b	<b>29c</b>		
<b>30 Taxable income.</b> Subtract line 29c from line 28. See instructions		<b>30</b>	<b>9,152</b>	
<b>31</b> Total tax (Schedule J, Part I, line 11)		<b>31</b>	<b>1,645</b>	
<b>32</b> Total payments and refundable credits (Schedule J, Part II, line 21)		<b>32</b>	<b>200</b>	
<b>33</b> Estimated tax penalty. See instructions. Check if Form 2220 is attached	<b>u</b> <input checked="" type="checkbox"/>	<b>33</b>	<b>38</b>	
<b>34 Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed		<b>34</b>	<b>1,483</b>	
<b>35 Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		<b>35</b>		
<b>36</b> Enter amount from line 35 you want: <b>Credited to 2018 estimated tax</b> <b>u</b> <b>Refunded</b> <b>u</b>		<b>36</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

Signature of officer **PAUL RUMLER** Date \_\_\_\_\_ Title **PRESIDENT/CEO**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BARRY L. ANDERSON</b>	Preparer's signature	Date <b>03/30/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00115583</b>
	Firm's name <b>u</b> <b>ANDERSON, LOWER, WHITLOW, PC</b>	Firm's EIN <b>u</b> <b>42-1394940</b>			
	Firm's address <b>u</b> <b>1805 STATE ST STE 201 BETTENDORF, IA 52722</b>	Phone no. <b>563-359-4757</b>			

<b>Schedule C Dividends and Special Deductions</b> (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) .....		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) .....		80	
3	Dividends on debt-financed stock of domestic and foreign corporations .....		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities .....		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities .....		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs .....		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs .....		80	
8	Dividends from wholly owned foreign subsidiaries .....		100	
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation .....			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 .....		100	
11	Dividends from affiliated group members .....		100	
12	Dividends from certain FSCs .....		100	
13	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, or 12 .....			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471) .....			
15	Foreign dividend gross-up .....			
16	IC-DISC and former DISC dividends not included on line 1, 2, or 3 .....			
17	Other dividends .....			
18	Deduction for dividends paid on certain preferred stock of public utilities .....			
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 .....			
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b .....			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation. See instructions	<input type="checkbox"/>	<b>1,645</b>
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		<b>1,645</b>
5a	Foreign tax credit (attach Form 1118)		
5b	Credit from Form 8834 (see instructions)		
5c	General business credit (attach Form 3800)		
5d	Credit for prior year minimum tax (attach Form 8827)		
5e	Bond credits from Form 8912		
6	<b>Total credits.</b> Add lines 5a through 5e		<b>0</b>
7	Subtract line 6 from line 4		<b>1,645</b>
8	Personal holding company tax (attach Schedule PH (Form 1120))		
9a	Recapture of investment credit (attach Form 4255)		
9b	Recapture of low-income housing credit (attach Form 8611)		
9c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)		
9d	Interest due under the look-back method—income forecast method (attach Form 8866)		
9e	Alternative tax on qualifying shipping activities (attach Form 8902)		
9f	Other (see instructions—attach statement)		
10	<b>Total.</b> Add lines 9a through 9f		
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31		<b>1,645</b>

**Part II—Payments and Refundable Credits**

12	2016 overpayment credited to 2017		
13	2017 estimated tax payments		<b>200</b>
14	2017 refund applied for on Form 4466		
15	Combine lines 12, 13, and 14		<b>200</b>
16	Tax deposited with Form 7004		
17	Withholding (see instructions)		
18	<b>Total payments.</b> Add lines 15, 16, and 17		<b>200</b>
19	Refundable credits from:		
19a	Form 2439		
19b	Form 4136		
19c	Form 8827, line 8c		
19d	Other (attach statement—see instructions)		
20	<b>Total credits.</b> Add lines 19a through 19d		
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32		<b>200</b>

**Schedule K Other Information** (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <b>u</b>	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <b>u 561490</b>		
b	Business activity <b>u FOREIGN TRADE ZONE</b>		
c	Product or service <b>u FOREIGN TRADE ZONE</b>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation <b>u</b>		<b>X</b>
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)	<b>X</b>	
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		<b>X</b>

**Schedule K** **Other Information** (continued from page 3)

	Yes	No
<b>5</b> At the end of the tax year, did the corporation:		
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on <b>Form 851</b> , Affiliations Schedule? For rules of constructive ownership, see instructions. ... If "Yes," complete (i) through (iv) below.		<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. .... If "Yes," complete (i) through (iv) below.		<b>X</b>
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

<b>6</b> During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 ..... If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		<b>X</b>
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<b>7</b> At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? ..... For rules of attribution, see section 318. If "Yes," enter: <b>(a)</b> Percentage owned <b>u</b> ..... and <b>(b)</b> Owner's country <b>u</b> ..... <b>(c)</b> The corporation may have to file <b>Form 5472</b> , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <b>u</b> .....		<b>X</b>
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<b>8</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount ..... <b>u</b> <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
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<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ ..... <b>0</b> .....		
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<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) <b>u</b> .....		
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<b>11</b> If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ..... <b>u</b> <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election won't be valid.		
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<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ..... <b>u</b> \$ .....		
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<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? ..... If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year <b>u</b> \$ .....		<b>X</b>
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<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions ..... If "Yes," complete and attach Schedule UTP.		<b>X</b>
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<b>15a</b> Did the corporation make any payments in 2017 that would require it to file Form(s) 1099? .....		<b>X</b>
<b>b</b> If "Yes," did or will the corporation file required Forms 1099? .....		

<b>16</b> During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? ..		<b>X</b>
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<b>17</b> During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? .....		<b>X</b>
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<b>18</b> Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? .....		<b>X</b>
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<b>19</b> During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? .....		<b>X</b>
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Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		26,828		36,802
2a	Trade notes and accounts receivable	15,000		12,500	
b	Less allowance for bad debts	0	15,000	0	12,500
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach stmt.)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt.)				
15	<b>Total assets</b>		<b>41,828</b>		<b>49,302</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		290		0
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.) <b>STMT 2</b>		1,129		0
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (att. stmt.)				
25	Retained earnings—Unappropriated		40,409		49,302
26	Adjustments to SH equity (att. stmt.)				
27	Less cost of treasury stock				
28	<b>Total liabilities and shareholders' equity</b>		<b>41,828</b>		<b>49,302</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	8,893	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	200		Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):		a	Depreciation \$	
a	Depreciation \$		b	Charitable contributions \$	
b	Charitable contributions \$				
c	Travel and entertainment \$		9	Add lines 7 and 8	
	<b>STMT 3</b>	<b>59</b>	10	Income (page 1, line 28)—line 6 less line 9	<b>9,152</b>
6	Add lines 1 through 5	<b>9,152</b>			

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year	40,409	5	Distributions: a Cash	
2	Net income (loss) per books	8,893		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	<b>49,302</b>	8	Balance at end of year (line 4 less line 7)	<b>49,302</b>

**SCHEDULE G  
(Form 1120)**

(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

**Information on Certain Persons Owning the  
Corporation's Voting Stock**

**u Attach to Form 1120.  
u See instructions on page 2.**

OMB No. 1545-0123

Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>	Employer identification number (EIN) <b>45-3675675</b>
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**Part I Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
QUAD CITIES CHAMBER OF COMMERCE	27-3065786	TAX-EXEMPT	USA	100.000

**Part II Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)



Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**u** Attach to the corporation's tax return.

**2017**

**uGo to** [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>	Employer identification number <b>45-3675675</b>
---	---

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>1,645</b>
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....		<b>3</b>	<b>1,645</b>
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or</b> the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>1,359</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>1,359</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>10/15/17</b>	<b>12/15/17</b>	<b>03/15/18</b>	<b>06/15/18</b>
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>340</b>	<b>340</b>	<b>339</b>	<b>340</b>
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. .... <i>Complete lines 12 through 18 of one column before going to the next column.</i>	<b>11</b>				
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>340</b>	<b>680</b>	<b>1,019</b>
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>340</b>	<b>680</b>	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>340</b>	<b>340</b>	<b>339</b>	<b>340</b>
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **2220** (2017)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19 SEE WORKSHEET</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 4% (0.04)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 4% (0.04)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38</b> Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			<b>38</b>	<b>38</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

<b>Form</b> <b>2220</b>	<b>Underpayment of Estimated Tax by Corporations Worksheet</b>	<b>2017</b>
For calendar year 2017 or tax year beginning <b>07/01/17</b> , ending <b>06/30/18</b>		

Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>	Employer Identification Number <b>45-3675675</b>
---	---

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	
Due date of estimated payment	<b>10/15/17</b>	<b>12/15/17</b>	<b>03/15/18</b>	<b>06/15/18</b>	
Amount of underpayment	<b>340</b>	<b>340</b>	<b>339</b>	<b>340</b>	
Withholding					
	1st Pymt	2nd Pymt	3rd Pymt	4th Pymt	5th Pymt
Date of payment		<b>08/22/18</b>			
Amount of payment		<b>200</b>			

QTR	FROM	TO	UNDERPAYMENT	DAYS	RATE	PENALTY
1	10/15/17	3/31/18	340	167	4.00	6
1	3/31/18	8/22/18	340	144	5.00	7
1	8/22/18	9/15/18	140	24	5.00	0
2	12/15/17	3/31/18	340	106	4.00	4
2	3/31/18	9/15/18	340	168	5.00	8
3	3/15/18	3/31/18	339	16	4.00	1
3	3/31/18	9/15/18	339	168	5.00	8
4	6/15/18	9/15/18	340	92	5.00	4
<b>TOTAL PENALTY</b>						<b>38</b>
						=====

45-3675675

**Federal Statements**

FYE: 6/30/2018

**Statement 1 - Form 1120, Page 1, Line 26 - Other Deductions**

<u>Description</u>	<u>Amount</u>
ANNUAL FEES	\$ 10
OTHER PROFESSIONAL FEES	1,134
MISCELLANEOUS EXPENSE	15
BANK CHARGES	11
MEMBERSHIP/ASSOCIATION FEES	1,250
TOTAL	<u>\$ 2,420</u>

**Statement 2 - Form 1120, Page 5, Schedule L, Line 18 - Other Current Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO RELATED PARTY	\$ 1,129	\$ 0
TOTAL	<u>\$ 1,129</u>	<u>\$ 0</u>

**Statement 3 - Form 1120, Page 5, Schedule M-1, Line 5 - Expenses on Books Not on Return**

<u>Description</u>	<u>Amount</u>
STATE INCOME TAXES	\$ 59
TOTAL	<u>\$ 59</u>

Year Ending: June 30, 2018

45-3675675

Quad-City Foreign Trade Zone Inc  
1601 River Drive, Suite 310  
Moline, IL 61265

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

**Late Filing Interest and Penalty Worksheet**Form **1120/  
1120S****2017**For calendar year 2017 or tax year beginning **07/01/17**, ending **06/30/18**

Name

Employer Identification Number

**QUAD-CITY FOREIGN TRADE ZONE INC****45-3675675****Late Payment Interest**

Description	Amount	Balance	Days	Interest Rate %	Interest Amount
<b>TAX DUE - 9/17/18</b>	<b>1,445</b>	<b>1,445</b>			
<b>LATE FILING PENALTY</b>	<b>325</b>	<b>1,770</b>			
<b>9/18/18 - 9/30/18</b>		<b>1,770</b>	<b>13</b>	<b>5.00</b>	<b>3</b>
<b>10/01/18 - 12/31/18</b>		<b>1,773</b>	<b>92</b>	<b>5.00</b>	<b>22</b>
<b>1/01/19 - 3/31/19</b>		<b>1,796</b>	<b>90</b>	<b>6.00</b>	<b>27</b>
<b>4/01/19 - 5/15/19</b>		<b>1,822</b>	<b>45</b>	<b>6.00</b>	<b>14</b>
<b>DATE FILED - 5/15/19</b>		<b>1,836</b>			
<b>Total Late Payment Interest</b>					<b>66</b>

**Failure to File Penalty****Failure to File Penalty Based on Number of Shareholders**

Description	Shareholders	Months	Penalty Rate	Penalty Amount

**Failure to File Penalty Based on Tax Due**

Description	Amount	Balance	Months	Penalty Rate %	Penalty Amount
<b>RETURN DUE - 9/17/18</b>	<b>1,445</b>	<b>1,445</b>			
<b>9/18/18 - 5/15/19</b>		<b>1,445</b>	<b>8</b>	<b>4.50</b>	<b>325</b>
<b>DATE FILED - 5/15/19</b>		<b>1,770</b>			
<b>PENALTY LIMITED TO MAXIMUM</b>					
<b>Total Failure to File Penalty</b>				<b>PENALTY IS SUPPRESSED ON THE RETURN</b>	<b>325</b>

**Late Payment Penalty**

Description	Amount	Balance	Months	Penalty Rate %	Penalty Amount
<b>TAX DUE - 9/17/18</b>	<b>1,445</b>	<b>1,445</b>			
<b>9/18/18 - 5/15/19</b>		<b>1,445</b>	<b>8</b>	<b>0.50</b>	<b>58</b>
<b>DATE PAID - 5/15/19</b>		<b>1,503</b>			
<b>Total Late Payment Penalty</b>					<b>58</b>

**Blended Tax Rate Worksheet**

Form **1120**

**2017**

For calendar year 2017 or tax year beginning **07/01/17**, ending **06/30/18**

Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>	Employer Identification Number <b>45-3675675</b>
---	---

**Pre-TCJA Tax Computation**

1) Taxable income from <b>LINE 30, FORM 1120</b>	1	<b>9,152</b>
2) Number of months in tax year	2	<b>12</b>
3) Taxable income (annualized, if applicable) (Multiply line 1 times 12 months divided by line 2) (If PSC, skip to line 16)	3	<b>9,152</b>
4) Enter the lesser of line 3 or \$50,000	4	<b>9,152</b>
5) Subtract line 4 from line 3	5	
6) Enter the lesser of line 5 or \$25,000	6	
7) Subtract line 6 from line 5	7	
8) Enter the lesser of line 7 or \$9,925,000	8	
9) Subtract line 8 from line 7	9	
10) Multiply line 4 times 15%	10	<b>1,373</b>
11) Multiply line 6 times 25%	11	
12) Multiply line 8 times 34%	12	
13) Multiply line 9 times 35%	13	
14) Additional tax. If line 3 is more than \$100,000, enter the lesser of: (a) 5% of the excess of line 3 over \$100,000 or (b) \$ 11,750	14	
15) Additional tax. If line 3 is more than \$15,000,000, enter the lesser of: (a) 3% of the excess of line 3 over \$15,000,000 or (b) \$ 100,000	15	
16) If PSC, multiply line 3 by 35%	16	
17) Tentative tax. Add lines 10 through 16.	17	<b>1,373</b>
18) Number of months in tax year	18	<b>12</b>
19) Tentative tax liability before credits (annualized, if applicable) (Multiply line 17 times line 18 divided by 12 months)	19	<b>1,373</b>
20) Applicable ratio. <b>184</b> days included in this period divided by <b>365</b> total days in the year	20	<b>0.504110</b>
21) Tentative tax for the pre-TCJA period	21	<b>692</b>

**Post-TCJA Tax Computation**

22) Taxable income from <b>LINE 30, FORM 1120</b>	22	<b>9,152</b>
23) Tentative tax. Multiply line 22 times 21%	23	<b>1,922</b>
24) Applicable ratio. <b>181</b> days included in this period divided by <b>365</b> total days in the year	24	<b>0.495890</b>
25) Tentative tax for the post-TCJA period	25	<b>953</b>

**Total Tax Computation**

26) Tentative tax for the pre-TCJA period from line 21 above	26	<b>692</b>
27) Tentative tax for the post-TCJA period from line 25 above	27	<b>953</b>
28) Total tentative tax liability before credits. Sum of line 26 plus line 27	28	<b>1,645</b>
29) Deferred tax under section 1291	29	<b>0</b>
30) Additional tax under section 197(f)	30	<b>0</b>
31) Income tax. Add lines 28 through 30 Enter here and on <b>LINE 2, SCHEDULE J, FORM 1120</b>	31	<b>1,645</b>

<b>Federal Estimated Tax Payments Worksheet</b>		<b>2018</b>
Form <b>1120/1120S</b>	For calendar year 2018 or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>	
Name <b>QUAD-CITY FOREIGN TRADE ZONE INC</b>		Employer Identification Number <b>45-3675675</b>

1. Tax .....	1.	<b>1,645</b>
2. Tax increase/decrease .....	2.	
3. Net tax .....	3.	<b>1,645</b>
4. If large corporation, 2018 expected liability .....	4.	
5. Estimates before rounding, overpayment applied and estimates already paid:		
<b>Estimate 1</b>	<b>Estimate 2</b>	<b>Estimate 3</b>
		<b>Estimate 4</b>
		<b>1,645</b>
6. Estimates after rounding, but before overpayment applied and estimates already paid:		
		<b>1,680</b>
<b>Less:</b>		
7. 2017 overpayment applied to 2018 estimates:		
<b>Less:</b>		
8. 2018 estimates already paid:		
9. Final estimates after rounding, overpayment applied and estimates already paid:		
		<b>1,680</b>
10. Estimate due dates:	<b>10/15/18</b>	<b>12/17/18</b>
		<b>03/15/19</b>
		<b>06/17/19</b>



**Electronic Filing - PDF Attachment Worksheet**

Form **1120/1120S**

For calendar year 2017 or tax year beginning **07/01/17**, ending **06/30/18**

**2017**

Name  
**QUAD-CITY FOREIGN TRADE ZONE INC**

Employer Identification Number  
**45-3675675**

Title	Attachment Source	Proforma
<p><b>AUTOMATICALLY ATTACHED TO RETURN UNDERPAYMENT OF ESTIMATED TAX BY CORPORATION WORKSHEET</b></p>	<p><b>UNDERPAYMENTOFESTIMATEDTAXBYCORPORATIONWORKSHEET.PDF</b></p>	

45-3675675

**Federal Statements**

FYE: 6/30/2018

**Form 1120, Page 1, Line 1a - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>12,533</u>
TOTAL	\$ <u><u>12,533</u></u>

**Form 1120, Page 1, Line 17 - Taxes and Licenses**

<u>Description</u>	<u>Amount</u>
ILLINOIS REPLACEMENT TAX	\$ <u>961</u>
TOTAL	\$ <u><u>961</u></u>

**Form 1120, Page 5, Schedule L, Line 2a - Trade Notes and Accounts Receivable**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$ <u>15,000</u>	\$ <u>12,500</u>
TOTAL	\$ <u><u>15,000</u></u>	\$ <u><u>12,500</u></u>

### Illinois Form IL-1120 Return Summary

For calendar year 2017, or fiscal year beginning **07/01/17** , and ending **06/30/18**  
**QUAD-CITY FOREIGN TRADE ZONE INC** **45-3675675**

**Taxable Income**

Federal taxable income	9,152	
Federal net operating loss		
Total additions	961	
Total subtractions		
Base income (loss)	10,113	
Income (loss) allocable to Illinois	10,113	
Discharge of indebtedness adjustment		
Net loss deduction		
<b>Net income</b>		<b>10,113</b>

**Tax Computation**

Replacement tax	253	
Recapture of investment credits		
Investment credits		
Replacement tax after credits	253	
Income tax	708	
Recapture of investment credits		
Income tax credits		
Income tax after credits	708	
Foreign insurer tax reduction		
Medical cannabis surcharge		
<b>Total tax</b>		<b>961</b>

**Payments / Penalties**

Payments	960	
Failure to file		
Failure to pay		
Late interest		
Form IL-2220	38	
<b>Total payments / penalties</b>		<b>922</b>

**Tax due** 39

**Overpayment credited to next year's estimated tax**

**Refund**

Next Year's Estimates		Apportionment	
1st quarter		Sales	<u>1.000000</u>
2nd quarter			
3rd quarter			
4th quarter	970		
<b>Total</b>	<b>970</b>		

Illinois

**IL-1120-ES Estimated Income and Replacement Tax Payment for Corporations**

(on bottom of page)

CUT HERE

Illinois Department of Revenue  
**2018 IL-1120-ES** (R-12/17)

**Estimated Income and Replacement  
Tax Payment for Corporations**

Official use only

ID: 2C9

Mail to Illinois Department of Revenue,  
P.O. Box 19045, Springfield, IL 62794-9045.

**Estimated tax payment due dates**  
• 15th day of the 12th month

FEIN: **45-3675675 000 4**

Tax year ending 06 19  
Month Year

**QUAD-CITY FOREIGN TRADE ZONE INC  
1601 RIVER DRIVE, SUITE 310  
MOLINE IL 61265**

**\$ 970 . 00**

**Enter your payment amount on this line.**  
Write your FEIN, tax year ending, and "IL-1120-ES"  
on your check or money order and make it payable  
to "Illinois Department of Revenue."

Phone: **563-359-4757**



112060619 5 453675675 000 4

Illinois

**IL-1120-V Payment Voucher for Corporation Income and Replacement Tax**

(on bottom of page)

CUT HERE

Illinois Department of Revenue

**2017 IL-1120-V**

**Payment Voucher for Corporation  
Income and Replacement Tax**

IL-1120-V (R-12/17)

ID: 2C9

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19028, Springfield, IL 62794-9028

**STOP**

**If no payment is due or you make your payment electronically, do not file this form.**

FEIN: 45-3675675 000 4

**QUAD-CITY FOREIGN TRADE ZONE INC  
1601 RIVER DRIVE, SUITE 310  
MOLINE IL 61265**

Tax year ending  
06 18  
Month Year

**\$ 39.00**

**Payment Amount (Whole dollars only)**

Write your FEIN, tax year ending, and "IL-1120-V"  
on your check or money order and make it payable  
to "Illinois Department of Revenue."

Phone: 563-359-4757



112080618 6 453675675 000 4 00000003900

# Illinois Department of Revenue

## 2017 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.

If this return is not for calendar year 2017, enter your fiscal tax year here. Tax year beginning <u>07/01/2017</u> , ending <u>06/30/2018</u> <small>month day year month day year</small> For tax years ending on or after December 31, 2017. For prior years, use the form for that year.	Enter the amount you are paying.  \$ _____ <b>39</b>
---	--

#### Step 1: Identify your corporation

**A** Enter your complete legal business name.  
 If you have a name change, check this box.   
 Name: QUAD-CITY FOREIGN TRADE ZONE INC

**B** Enter your mailing address.  
 Check this box if either of the following apply:   
 • this is your **first return**, or  
 • you have an **address change**.  
 C/O: \_\_\_\_\_  
 Mailing address: 1601 RIVER DRIVE, SUITE 310  
 City: MOLINE State: IL ZIP: 61265

**C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_\_)  
mm dd yyyy

**D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy) \_\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_

**E** Check the box and see the instructions if your business is a:  
 Combined return (unitary)  Foreign insurer

**F** If you completed the following, check the box and **attach** the federal form(s) to this return.  
 Federal Form 8886  Federal Schedule M-3, Part II, Line 12

**G Apportionment Formulas.** Mark the appropriate box or boxes and see Apportionment Formula instructions.  
 Sales companies  Financial organizations  
 Insurance companies  Federally regulated exchanges  
 Transportation companies

**H** Check this box if you attached Illinois Schedule UB.   
**I** Check this box if you attached the Subgroup Schedule.   
**J** Check this box if you attached Illinois Schedule 1299-D.   
**K** Check this box if you attached Form IL-4562.   
**L** Check this box if you attached Illinois Schedule M (for businesses).   
**M** Check this box if you attached Schedule 80/20.

**N** Enter your federal employer identification no. (FEIN).  
45-3675675

**O** If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.  
 \_\_\_\_\_

**P** Enter your North American Industry Classification System (NAICS) Code. See instructions.  
561490

**Q** Enter your corporate file (charter) number assigned to you by the Secretary of State.  
 \_\_\_\_\_

**R** Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)  
MOLINE  
IL 61265  
City State Zip

**S** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 24 and 32.

**T** Check your method of accounting.  
 Cash  Accrual  
 Other \_\_\_\_\_

**U** 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.

**V** If you are a cooperative with an Illinois net loss modification, check this box and **attach** a completed Schedule INL.

**W** If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220.

**X** Check this box if your business activity is protected under Public Law 86-272.

**u** If you owe tax on Line 66, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.  
**u** Enter the amount of your payment on the top of this page in the space provided.  
**u** If a payment is **not** enclosed, mail this return to: **u** If a payment is enclosed, mail this return to:  
 Illinois Department of Revenue Illinois Department of Revenue  
 P.O. Box 19008 P.O. Box 19028  
 Springfield, IL 62794-9008 Springfield, IL 62794-9028

**u** Attach your payment and **t** Form IL-1120-V here.



**QUAD-CITY FOREIGN TRADE ZONE INC**  
**45-3675675**



(Whole dollars only)

**Step 2: Figure your income or loss**

1	Federal taxable income from U.S. Form 1120, Line 30. <b>Attach</b> a copy of your federal return.	1	<u>9,152.00</u>
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	2	<u>.00</u>
3	State, municipal, and other interest income excluded from Line 1.	3	<u>.00</u>
4	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	4	<u>961.00</u>
5	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	5	<u>.00</u>
6	Related-party expenses additions. <b>Attach</b> Schedule 80/20.	6	<u>.00</u>
7	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	7	<u>.00</u>
8	Other additions. <b>Attach</b> Schedule M (for businesses).	8	<u>.00</u>
9	Add Lines 1 through 8. This amount is your income or loss.	9	<u>10,113.00</u>

**Step 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. <b>Attach</b> Schedule 1299-B.	11	<u>.00</u>
12	River Edge Redevelopment Zone Interest subtraction. <b>Attach</b> Schedule 1299-B.	12	<u>.00</u>
13	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-B.	13	<u>.00</u>
14	High Impact Business Interest subtraction. <b>Attach</b> Schedule 1299-B.	14	<u>.00</u>
15	Contribution subtraction. <b>Attach</b> Schedule 1299-B.	15	<u>.00</u>
16	Contributions to certain job training projects. See instructions.	16	<u>.00</u>
17	Foreign Dividend subtraction. <b>Attach</b> Schedule J. See instructions.	17	<u>.00</u>
18	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	18	<u>.00</u>
19	Related-party expenses subtraction. <b>Attach</b> Schedule 80/20.	19	<u>.00</u>
20	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	20	<u>.00</u>
21	Other subtractions. <b>Attach</b> Schedule M (for businesses).	21	<u>.00</u>
22	Total subtractions. Add Lines 10 through 21.	22	<u>.00</u>
23	<b>Base income or loss.</b> Subtract Line 22 from Line 9.	23	<u>10,113.00</u>

<b>STOP</b>	<p><b>A</b> If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) <input checked="" type="checkbox"/></p> <p><small>Note 11</small> If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.</p>
	<p><b>B</b> If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions. <input type="checkbox"/></p>

**Step 4: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

24	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	24	<u>.00</u>
25	Business income or loss included in Line 23 from non-unitary partnerships, 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	<u>.00</u>
28	Total sales everywhere. This amount cannot be negative.	28	<u></u>
29	Total sales inside Illinois. This amount cannot be negative.	29	<u></u>
30	Apportionment Factor. Divide Line 29 by Line 28 (carry to six decimal places).	30	<u></u>
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	<u>.00</u>
32	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	32	<u>.00</u>
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	33	<u>.00</u>
34	<b>Base income or loss allocable to Illinois.</b> Add Lines 31 through 33.	34	<u>.00</u>

**QUAD-CITY FOREIGN TRADE ZONE INC**  
**45-3675675**



**Step 5: Figure your net income**

35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	<u>10,113.00</u>
36	Discharge of Indebtedness adjustment. <b>Attach</b> federal Form 982. See instructions.	36	<u>0.00</u>
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	<u>10,113.00</u>
38	Illinois net loss deduction. <b>Attach</b> Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter "0."	38	<u>.00</u>
39	<b>Net income.</b> Subtract Line 38 from Line 37.	39	<u>10,113.00</u>

**Step 6: Figure your replacement tax after credits**

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	<u>253.00</u>
41	Recapture of investment credits. <b>Attach</b> Schedule 4255.	41	<u>.00</u>
42	Replacement tax before credits. Add Lines 40 and 41.	42	<u>253.00</u>
43	Investment credits. <b>Attach</b> Form IL-477.	43	<u>.00</u>
44	<b>Replacement tax after credits.</b> Subtract Line 43 from Line 42. If the amount is negative, enter "0."	44	<u>253.00</u>

**Step 7: Figure your income tax after credits**

45	Income tax. <b>See instructions for tax rate calculations.</b>	45	<u>708.00</u>
46	Recapture of investment credits. <b>Attach</b> Schedule 4255.	46	<u>.00</u>
47	Income tax before credits. Add Lines 45 and 46.	47	<u>708.00</u>
48	Income tax credits. <b>Attach</b> Schedule 1299-D.	48	<u>.00</u>
49	<b>Income tax after credits.</b> Subtract Line 48 from Line 47. If the amount is negative, enter "0."	49	<u>708.00</u>

**Step 8: Figure your refund or balance due**

50	Replacement tax before reductions. Enter the amount from Line 44.	50	<u>253.00</u>
51	Foreign Insurer replacement tax reduction. <b>Attach</b> Schedule INS or UB/INS. See instructions.	51	<u>.00</u>
52	Subtract Line 51 from Line 50. <b>This is your net replacement tax.</b>	52	<u>253.00</u>
53	Income tax before reductions. Enter the amount from Line 49.	53	<u>708.00</u>
54	Foreign Insurer income tax reduction. <b>Attach</b> Schedule INS or UB/INS. See instructions.	54	<u>.00</u>
55	Subtract Line 54 from Line 53. <b>This is your net income tax.</b>	55	<u>708.00</u>
56	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	56	<u>.00</u>
57	<b>Total net income and replacement taxes and surcharge.</b> Add Lines 52, 55, and 56.	57	<u>961.00</u>
58	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	58	<u>38.00</u>
59	<b>Total tax, surcharge, and penalty.</b> Add Lines 57 and 58.	59	<u>999.00</u>

60	Payments. See instructions.		
	a Credit from prior year overpayments.	60a	<u>.00</u>
	b Total estimated payments.	60b	<u>960.00</u>
	c Form IL-505-B (extension) payment.	60c	<u>.00</u>
	d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	60d	<u>.00</u>
	e Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	60e	<u>.00</u>

61	Total payments. Add Lines 60a through 60e.	61	<u>960.00</u>
62	<b>Overpayment.</b> If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	<u>.00</u>
63	Amount to be <b>credited forward.</b> See instructions.	63	<u>.00</u>
64	<b>Refund.</b> Subtract Line 63 from Line 62. This is the amount to be refunded.	64	<u>.00</u>

65 **Complete to direct deposit your refund.**

Routing Number	<input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number	<input type="text"/>	

66	<b>Tax due.</b> If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	<u>39.00</u>
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**Step 9: Sign below** - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	TITLE	563-322-1706	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	<b>BARRY L. ANDERSON</b>	<b>03/30/2019</b>	PRESIDENT/CEO		
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	<b>P00115583</b>
	Firm's name	<b>ANDERSON, LOWER, WHITLOW, PC</b>		Firm's FEIN	<b>42-1394940</b>
	Firm's address	<b>1805 STATE ST STE 201 BETTENDORF IA 52722</b>		Firm's phone	<b>563-359-4757</b>



# Illinois Department of Revenue IL-2220 Computation of Penalties for Businesses

# 2017

Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-990-T

IL Attachment No. 19

**Read this information first** - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself. You must complete this form if you are using the annualized income installment method for late-payment penalty for underpayment of estimated tax in Step 6.

You do not owe the late-payment penalty for underpayment of estimated tax if you made timely estimated installment payments equaling at least 90 percent of this year's tax liability or 100 percent of the prior year's tax liability (provided you reported a liability in the prior year and it was not a short taxable year). See the Specific Instructions for more information. The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

## Step 1: Provide the following information

- 1 This form is for the 2017 calendar year or fiscal year beginning 07/01 2017, and ending 06/30/18 .  
Month Day Month Day Year
- 2 Enter your FEIN as it appears on your annual return. 2 45-3675675
- 3 Enter your name as it appears on your annual return. 3 QUAD-CITY FOREIGN TRADE ZONE INC
- 4 If your prior year return was filed under a different FEIN than the one shown on Line 2, enter that number here. 4

## Step 2: Figure your required installments - Form IL-1120 filers only

	A This year		B Last year	
5 Enter the total net income and replacement tax and surcharge from Form IL-1120. If prior year's tax was zero or you filed a short year return, enter "N/A" in Column B. You may be required to make installments even if you enter "N/A" in Column B. See instructions.	5	<u>961.00</u>		<u>762.00</u>
6 Enter the total amount of pass-through withholding payments made on your behalf and the amount of Illinois gambling withholding from Form IL-1120. See instructions.	6	<u>.00</u>		
7 Subtract Line 6 from Column A, Line 5.	7	<u>961.00</u>		
8 Multiply Column A, Line 5, by 90% (.9).	8	<u>865.00</u>		
9 If Line 7, is \$400 or less, enter "0" and go to Step 3. Otherwise, enter the lesser of Line 8, or Column B, Line 5. (If Line 7 is more than \$400 and you entered "N/A" in Column B, Line 5, enter the amount from Line 8.) See instructions.	9	<u>762.00</u>		
10 Divide the amount on Line 9 by four. This is the amount of each required installment. (If you used the annualized income installment method, see instructions for Line 12.)	10	<u>191.00</u>		
11 Enter in Quarters 1 through 4, the installment date that corresponds with the 15th day of the 4th, 6th, 9th, and 12th month of your tax year.	11	<u>Quarter 1</u> <u>10/16/17</u>	<u>Quarter 2</u> <u>12/15/17</u>	<u>Quarter 3</u> <u>03/15/18</u>
12 Enter the required installment. See instructions.	12	<u>191.00</u>	<u>191.00</u>	<u>191.00</u>
13 Enter the amount of any pass-through withholding payments reported to you and any gambling withholding shown on Form W-2G. See instructions.	13	<u>.00</u>	<u>.00</u>	<u>.00</u>
14 Subtract Line 13 from Line 12. If the amount is negative, use brackets.	14	<u>191.00</u>	<u>191.00</u>	<u>191.00</u>
15 If the amount on Line 16 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	15	<u>Skip this line for Quarter 1.</u>	<u>0.00</u>	<u>0.00</u>
16 Subtract Line 15 from Line 14. If the amount is negative, use brackets.	16	<u>191.00</u>	<u>191.00</u>	<u>191.00</u>

## Step 3: Figure your unpaid tax - all taxpayers

- 17 Enter your total net income and replacement tax, surcharge, and pass-through withholding payments you owed and reported on behalf of your members. See instructions. 17 961.00
- 18 a Enter the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), total estimated payments or prepayments made this year, 505-B payments, any pass-through withholding payments made on your behalf, annual payments made with your tax return or "V" vouchers, electronic payments, and any withholding shown on your W-2G or 1099 forms. 18a 960.00
- b Form IL-1120 filers only: Enter the total of all Columns, Line 12. All others, enter zero. 18b 762.00
- Enter the **greater** of Line 18a or Line 18b here. 18 960.00
- 19 Subtract Line 18 from Line 17. If this amount is  
 —*positive*, enter that amount here. Continue to Step 4 and enter this amount in Penalty Worksheet 2, Column C, Line 23.  
 —*zero or negative*, enter that amount here and, if negative, use brackets. 19 1.00



QUAD-CITY FOREIGN TRADE ZONE INC 45-3675675



**Step 4: Figure your late-payment penalty**

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.  
Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

**Note** You must follow the instructions in order to properly complete the penalty worksheets.

20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

	Amount	Date paid	Amount	Date paid	Amount	Date paid
a	720	03/15/18	e		i	
b	240	06/15/18	f		j	
c			g		k	
d			h		l	

Penalty rates	Number of days late	Penalty rate
	1 - 30	.02
	31 or more	.10

**Penalty Worksheet 1 — Late-payment penalty for underpayment of estimated tax - Form IL-1120 filers only**

**Note** If you paid the required amount from Line 16 by the payment due date on Line 11 for each quarter, do not complete this worksheet.

21 Enter the unpaid amounts from Line 16, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	No. of days late	Penalty rate (see above)	Penalty
Qtr. 1	10/16/17	191	720	(529)	03/15/18	150	.10	19
Qtr. 2	12/15/17	191	529	(338)	03/15/18	90	.10	19
Qtr. 3	03/15/18	191	338	(147)	03/15/18	0		
Qtr. 4	06/15/18	189	147	42	03/15/18	0		0
		42	240	(198)	06/15/18	0		

22 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.

Enter the total amount here and on Form IL-1120, Step 8, Line 58.

22 38

**Note** You may apply any remaining overpayment from the 4th quarter in Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date shown in the 4th quarter of Column F is after the original due date of the return.

**Penalty Worksheet 2 — Late-payment penalty for unpaid tax**

23 Enter any positive amount from Line 19 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	No. of days late	Penalty rate (see above)	Penalty
Return	09/17/18	1	198	(197)	06/15/18	0		0

24 Add Column I. This is your late-payment penalty for unpaid tax.

Enter the total amount here and on Step 5, Line 28.

24 \_\_\_\_\_

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

**Step 5: Figure your late-filing penalty and your total penalties**



**Note** Complete Lines 25 through 27 to figure your late-filing penalty only if

- you are filing your return after the extended due date; and
- your tax was not paid by your original due date.

25	Enter the amount of your tax due from your return. See instructions.	25	<u>1</u>	.00
26	Multiply the amount on Line 25 by 2% (.02).	26		.00
27	Enter the lesser of Line 26 or \$250. This is your <b>late-filing penalty</b> .	27		.00
28	Enter your <b>late-payment penalty for unpaid tax</b> from Line 24.	28		.00
29	If you have an overpayment on your tax return*, enter that amount as a <negative number>. If you have an amount due on your tax return*, enter that amount here. * <b>Note</b> See instructions for the correct line references for all tax returns.	29		.00
30	Add Lines 27, 28, and 29. If the result is positive, this is the total amount you owe. If the result is negative, this is the amount you are overpaid.	30		.00

**Note** This amount may not match your overpayment or tax due on your original tax form. Pay the amount on Line 30 if you wish to pay your penalties at this time. Otherwise, we will send you a bill.

**Step 6: Complete the annualization worksheet for Step 2, Line 12**

**Note** Complete this worksheet if your income was not received evenly throughout the year and you choose to annualize your income. You may also need to complete this worksheet because of the mid-year changes to the Illinois Income Tax Act (see Public Act 100-0022). **Beginning with Column A, complete Lines 31 through 50 of each column.** If you fail to complete all lines of Step 6, Lines 31 through 50, Columns A through D, we may disregard your election to annualize your income and calculate your late-payment penalty for underpayment of estimated tax based on four equal installments.

	A	B	C	D		
		First 3 months	First 6 months	First 9 months		
31	Enter your Illinois <b>net</b> income for each period. If negative, enter "0".	31	<u>.00</u>	<u>.00</u>	<u>.00</u>	
32	Annualization factors	32	<u>4</u>	<u>2</u>	<u>1.33333</u>	
33	Multiply Line 31 by Line 32.	33	<u>.00</u>	<u>.00</u>	<u>.00</u>	
		First 3 months	First 5 months	First 8 months	First 11 months	
34	Enter your Illinois <b>net</b> income for each period. If negative, enter "0".	34	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
35	Annualization factors	35	<u>4</u>	<u>2.4</u>	<u>1.5</u>	<u>1.09091</u>
36	Multiply Line 34 by Line 35.	36	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
37	In Column A, enter the amount from Line 36, Column A. In Columns B, C, and D, enter the lesser of Line 33 or 36 for each period.	37	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
38	Net replacement tax for the period. See instructions.	38	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
39	Net income tax for the period. See instructions.	39	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
40	Cannabis surcharge for the period. See instructions.	40	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
41	Add Lines 38, 39, and 40.	41	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
42	Applicable percentage	42	<u>22.5% (.225)</u>	<u>45% (.45)</u>	<u>67.5% (.675)</u>	<u>90% (.9)</u>
43	Multiply Line 41 by Line 42. This is your annualized installment.	43	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
44	Add the amounts on Line 50 of each of the preceding columns and enter the total here.	44	<u>Do not write on this line.</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
45	Subtract Line 44 from Line 43. If less than zero, enter "0."	45	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
46	See instructions.	46	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
47	Enter the amount from Line 49 of the preceding column.	47	<u>Do not write on this line.</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
48	Add Lines 46 and 47.	48	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>
49	If Line 48 is greater than Line 45, subtract Line 45 from Line 48. Otherwise, enter "0."	49	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>Do not write on this line.</u>
50	Enter the lesser of Line 45 or 48 here and on Step 2, Line 12. This is your required installment.	50	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>