



For tax years ending on or after December 31, 2023

Indicate what tax year you are amending: Tax year beginning, ending Enter the amount you								
	are paying.	۳						
WAR	If you are filing an amended return for tax years ending before Dece form. For prior years, see instructions to determine the correct form to	mbeا معدد ن	r ថា, ឧបឧថ, you may not use t ៶	nis	\$	_		
	The second second to determine the contest form t							
Si	tep 1: Identify your exempt organization		F Enter your federal employe	er ide	entification number (Fl	EIN).		
Α	Enter your complete legal business name.	_						
	If you have a name change, check this box.		G Check the applicable box	for th	ne type of change			
	Name:		being made.		Fodoral -b			
В	Enter your mailing address.		State change If a federal change, check	ر ا	Federal change			
	C/O:		Partial agreed		Finalized			
	Mailing address:		Enter the finalization da					
	City: State: ZIP:	_	Attach your federal finalized H Check this box if you are					
С	Throwback adjustment - see instructions.		-		-	\vdash		
D	Double throwback adjustment - see instructions.	Ī	I Check this box if you are			무		
, E	Check this box if you are a 52/53 week filer.	Ī	J Check this box if Schedul	le 12	99-D is attached.	Ш		
, ai	•							
her	Explain the changes on this return (Attach a separate	A cho	et if necessary):					
` <u>`</u>	Explain the changes on this return (Attach a separate	.c 511E	oct ii 1100000ai y.j.					
-06 1-06								
3 3								
Form IL-990-T-X-V here								
. - .	Step 2: Figure your base income or loss		Α		В			
-	, J ,		As most recently reported or adjusted		Corrected amount			
			(Whole dollars only)		(Whole dollars only)			
1	Unrelated business taxable income or loss from U.S. Form 990-T.		-			١		
^		1 _	<u>•00</u>	1	<u>•(</u>	00		
2	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	•00	2		00		
3	-	3 _	• <u>00</u>			<u>00</u> 00		
_	A If the amount on Line 3 is derived inside Illinois only or if you are ar					_		
CI	from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3.					Ц		
STC	B if any portion of the amount on Line 3 is derived outside illinois, che	eck th	nis box and complete all lines of	of Ste	ep 3.			
	(Do not leave Lines 6 through 8 blank.) See instructions.							
Ste	ep 3: Figure your income allocable to Illinois (Complete onl	ly if v	ou checked the box on Line F	3, ab	ove.)			
	Business income or loss included in Line 3 from non-unitary partnership				•			
ľ	partnerships included on a Schedule UB, S corporations, trusts,	-,						
		4 _	• <u>00</u>	4		00		
5	Business income or loss. Subtract Line 4 from Line 3.	5 _	•00			00		
6	Total sales everywhere. This amount cannot be negative.	6 _	•00	6	<u>•</u> C	00		
7	Total sales inside Illinois. This amount cannot be negative.	7 _	•00			00		
8	Apportionment Factor. Divide Line 7 by Line 6. Round to six decimal places.	8 _		8		_		
9	and the second s	0	2 -	_		20		
	, ,	9 _	• <u>00</u>	9	<u>•</u> C	00		
10	Business income or loss apportionable to Illinois from non-unitary							
	partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	0	•00	10	•C	00		
11	•					00 00		
11	Dase income or loss anocable to initiols. Add Lines 9 and 10.	<u>' </u>	<u> </u>			<u> </u>		



			As most recently		B Corrected
	4: Figure your net replacement tax		reported or adjusted		amount
	Net income or loss from Line 3 or Line 11.		•(<u>00</u> 12	<u>•00</u>
13	Replacement tax. Corporations: multiply Line 12 b		_		
	Trusts: multiply Line 12 by 1.5% (.015).		•0		•00
	Recapture of investment credits. Attach Schedule 42		•(<u>)0</u> 14	•00
	Replacement tax before investment credits. Add Lin		•0	<u>)0</u> 15	•00
_	Investment credits. Attach Form IL-477.		•(<u> 16</u>	•00
17	Net replacement tax. Subtract Line 16 from Line 15			47	
	If the amount is negative, enter zero.	17	•0	00 17	•00
Step	5: Figure your net income tax				
18	Net income or loss from Line 12.	18			•00
19	Income tax. See instructions.				<u> </u>
20	Recapture of investment credits. Attach Schedule 4	·255. 20	•(<u>•00</u>
21	Income tax before credits. Add Lines 19 and 20.	21	•(<u>00</u>
22	Income tax credits. Attach Schedule 1299-D.	22		<u>00</u> 22	•00
23	Net income tax. Subtract Line 22 from Line 21.				
	If the amount is negative, enter zero.	23	•(<u>00</u> 23	<u>•00</u>
Step	6: Figure your refund or balance due				
_	Net replacement tax from Line 17.	24		00 24	•00
	Net income tax from Line 23.		•(•00
	Compassionate Use of Medical Cannabis Program	Act surcharge			
	See instructions.			<u>00</u> 26	•00
27	Sale of assets by gaming licensee surcharge. See in				•00
	Total net income and replacement taxes and sur	charges.			
	Add Lines 24 through 27.	28		<u>00</u> 28	•00
29	Payments. See instructions.				
	a Credit from prior year overpayments.			29a	<u>•00</u>
	b Total payments made before the date this amend	led return is filed.		29b	<u>•00</u>
	c Pass-through withholding reported to you on				
	Schedule(s) K-1-P or K-1-T. Attach Schedule(s)	K-1-P or K-1-T.		29c	• <u>00</u>
	d Pass-through entity tax credit reported to you.				
	Attach Schedule(s) K-1-P or K-1-T.				<u> </u>
	e Illinois income tax withholding. Attach Form(s) W	'-2G.			•00
	Total payments. Add Lines 29a through 29e.				•00
	Previously paid penalty and interest. See instruction			31	
32	Total amount of overpayment (including any carryfor	ward or refund) before th	e filing of this return		
	for the year being amended. See instructions.				•00
	Add Lines 31 and 32.			33	•00
	Net tax paid. Subtract Line 33 from Line 30.				•00
	Overpayment. If Line 34 is greater than Line 28, su				•00
36	Amount of overpayment from Line 35 to be credited			36	• <u>00</u>
27	Check this box and attach a detailed statement if thi		a different FEIN.		•00
	Refund. Subtract Line 36 from Line 35. This is the a				
30	Tax due with this amended return. If Line 28 is great a bill for any additional penals.		act Line 34 from Line	28. 30	•00
	If you owe tax on Line 38, complete a paymen		-T-Y-V Write your F	FIN tay year	ending and
	"IL-990-T-X-V" on your check or money order	and make it payable to	"Illinois Department	of Revenue."	Attach vour voucher
	and payment to the front of this form. Enter t				
Step	7: Sign below - Under penalties of perjury, I state that	at I have examined this return	and, to the best of my	knowledge, it is t	rue, correct, and complete.
Sign					Check if the Department
Here		1	[()		discuss this return with the
11016	Signature of authorized officer Date (mm/dd/yyyy)	Title	Phone		preparer shown in this step.
			T	Che	ock if
Paid	Print/Type paid preparer's name Paid	preparer's signature	Date (mm/dd/y		loyed Paid Preparer's PTIN
Prep	arer Firm's name	, , ,	(, 30/)	Firm's FEIN >	
Use	Only				
	Firm's address •			Firm's phone	<u> </u>
	► Mail this return to: Illinois Department o	of Revenue, PO Box 190	16, Springfield, IL	62794-9016	

Printed by the authority of the state of Illinois - electronic only - one copy.

IL-990-T-X (R-12/23)

Page 2 of 2