



**Illinois Amended Corporation
Income and Replacement
Tax Return**

IL-1120-X

For years ending **ON** or **AFTER** December 31, 1986

Check one: For calendar year 19____. Other year beginning _____, 19____, ending _____, 19____.

Name _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Federal employer identification number (FEIN)

Mailing address _____

Check the appropriate box for the type of change being made.

Unitary filers only—Type of unitary return previously filed
 Separate unitary returns
 One combined unitary return
 FEIN of the member who will attach Schedule UB to its Form IL-1120-X
 FEIN: _____

City _____ State _____ ZIP _____

NOL State change
 Federal change: Partial agreed Finalized

Check the box if any of the above information is new.

Date: ____/____/____
 Month Day Year

Part I – Base income (loss) (See specific instructions.)

	A As originally reported or adjusted	B Net change increase or decrease (explain in Part V)	C Corrected amount
1 Federal taxable income (loss)	1 _____	_____	1 _____
2 Additions			
a State, municipal, and other interest income excluded from Line 1	2a _____	_____	2a _____
b Illinois income and replacement tax deducted in arriving at Line 1	2b _____	_____	2b _____
c Other additions (specify: _____)	2c _____	_____	2c _____
3 Total additions. Add Lines 2a through 2c.	3 _____	_____	3 _____
4 Total income. Add Lines 1 and 3.	4 _____	_____	4 _____
5 Subtractions (See instructions.)			
a Interest income from U.S. Treasury and federal agency obligations	5a _____	_____	5a _____
b Other subtractions (specify: _____)	5b _____	_____	5b _____
c Federal NOL carryforward from years prior to 12/31/86 (See instructions.)	5c _____	_____	5c _____
6 Total subtractions. Add Lines 5a through 5c.	6 _____	_____	6 _____
7 Base income (loss). Subtract Line 6 from Line 4.	7 _____	_____	7 _____

Continue to Part III, Line 1 or Part IV, Line 1, as appropriate.

8 Net income from Part IV, Line 6	8 _____	_____	8 _____
9 a Income tax. Multiply Line 8 by the applicable rate (see instructions).	9a _____	_____	9a _____
b Recapture of investment credits from Schedule 4255	9b _____	_____	9b _____
10 Total income tax. Add Lines 9a and 9b.	10 _____	_____	10 _____
11 a Income tax credits from Schedule 1299-D	11a _____	_____	11a _____
b Credit for replacement tax paid (See instructions.)	11b _____	_____	11b _____
c Carryforward of credit for replacement tax paid (See instructions.)	11c _____	_____	11c _____
12 Total credits. Add Lines 11a through 11c.	12 _____	_____	12 _____
13 Net income tax. Subtract Line 12 from Line 10 (cannot be less than zero).	13 _____	_____	13 _____
14 Net replacement tax from Part IV, Line 10	14 _____	_____	14 _____
15 Total net income and replacement tax. Add Lines 13 and 14.	15 _____	_____	15 _____
16 a Estimated tax payments and any overpayment credited to this year	16a _____	_____	16a _____
b Tax paid with Form IL-505-B	16b _____	_____	16b _____
17 Total payments (and credit) as corrected. Add Column C, Lines 16a and 16b. Write the total here and on Part II, Line 1.	17 _____	_____	17 _____

Part II – Income and replacement tax change

1 Write the total payments (and credit) as corrected, from Part I, Line 17.	1 _____
2 Write the tax paid with your original return (do not include penalty and interest).	2 _____
3 Write any subsequent tax payments (do not include penalty and interest).	3 _____
4 Total tax paid. Add Lines 1 through 3.	4 _____
5 Write the total amounts previously refunded and/or credited for the year being amended.	5 _____
6 Net tax paid. Subtract Line 5 from Line 4.	6 _____
7 Write the corrected net tax from Part I, Line 15, Column C.	7 _____
8 Refund. Subtract Line 7 from Line 6. (Overpayments cannot be credited to estimated tax.)	8 _____
9 Tax due. Subtract Line 6 from Line 7.	9 _____
10 Penalty (See instructions.)	10 _____
11 Interest (See instructions.)	11 _____
12 Total balance due. Add Lines 9 through 11. Pay in full if \$1 or more. (See instructions.)	12 _____

► **Mail to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016** ◀

Do not write in this box.

Attach remittance payable to "Illinois Department of Revenue" here.



Part III – Base income (loss) allocable to Illinois

	A As originally reported or adjusted	B Net change increase or decrease (explain in Part V)	C Corrected amount
1 Base income (loss) from Part I, Line 7 (Unitary filers, refer to Schedule UB instructions.)	1 _____		1 _____
2 a Nonbusiness income (loss), net of deductions directly allocable to such income	2a _____		2a _____
b Non-unitary partnership business income (loss) in Line 1	2b _____		2b _____
3 Total. Add Lines 2a and 2b.	3 _____		3 _____
4 Business income (loss). Subtract Line 3 from Line 1.	4 _____		4 _____

5 Business income apportionment formula (Insurance companies, financial organizations, transportation companies, and unitary businesses should refer to Form IL-1120 instructions for Special Apportionment Formulas.)

(Report revised amounts only)

	1 Total everywhere (cannot be negative)	2 Within Illinois (cannot be negative)	3 Ratio Column 2 ÷ Column 1 (carry to six decimal places)	4 Weighted factors (12/31/98)	5 Weighted totals (12/31/98)
a Property factor	5a _____	_____	• _____ X	• _____ =	• _____
b Payroll factor	5b _____	_____	• _____ X	• _____ =	• _____
c Sales factor	5c _____	_____	• _____ X	• _____ =	• _____
d Sales factor (Tax years ending on or after 1/1/87 and before 12/31/98.)			5d _____		
6 Total. Add Column 3, Lines 5a through 5d.			6 _____		
7 Average.					
a For tax years ending on or after 1/1/87 and before 12/31/98, if all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended.			7a _____		
b For tax years ending on or after 12/31/98. Add Column 5, Lines 5a through 5c. (See instructions.)					7b _____

	A As originally reported or adjusted	B Net change increase or decrease (explain in Part V)	C Corrected amount
8 Business income (loss) apportionable to Illinois. For the entry in Column C, multiply Line 4, Column C, by the original average if unchanged, or the average as revised on Line 7a or 7b above. Be sure to explain in Part V any revision or correction of the factors originally reported, that is shown above.	8 _____		8 _____
9 Nonbusiness income (loss) allocable to Illinois	9 _____		9 _____
10 Partnership business income (loss) apportionable to Illinois	10 _____		10 _____
11 Base income or net loss allocable to Illinois. Add Lines 8 through 10. Write on Part IV, Line 1, Columns A and C.	11 _____		11 _____

Part IV – Net income and replacement tax

1 Base income or net loss allocable to Illinois from Part III, Line 11, if applicable; otherwise, from Part I, Line 7 (See instructions.) Check this box if Line 1, Column C, is a loss and you are electing to forgo the Illinois NLD carryback period. → a <input type="checkbox"/>	1 _____		1 _____
2 Illinois net loss deduction (NLD). Complete Schedule NLD (see instructions).	2 _____		2 _____
3 Income after NLD. Subtract Line 2 from Line 1 (cannot be less than zero).	3 _____		3 _____
4 Total base income from Part I, Line 7	4 _____		4 _____
5 Standard exemption. Divide Line 1 by Line 4. Multiply the result by \$1,000 (not to exceed \$1,000).	5 _____		5 _____
6 Net income. Subtract Line 5 from Line 3. Write here and on Part I, Line 8.	6 _____		6 _____
7 a Replacement tax. Multiply Line 6 by 2.5% (.025).	7a _____		7a _____
b Recapture of investment credits from Schedule 4255	7b _____		7b _____
8 Total replacement tax. Add Lines 7a and 7b.	8 _____		8 _____
9 Investment credits from Form IL-477	9 _____		9 _____
10 Net replacement tax. Subtract Line 9 from Line 8 (cannot be less than zero). Write the result here and on Part I, Line 14, Columns A and C.	10 _____		10 _____

Part V – Use this area to explain, in detail, any change being reported. Attach an additional sheet, if necessary.

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 _____ Title _____ (____) _____ Phone _____

Signature of preparer _____ / ____ / ____ Date _____ Preparer's Social Security number or firm's FEIN _____ Check if self-employed →

Preparer firm's name (or yours, if self-employed) _____ Address _____ (____) _____ Phone _____