

IL-1120-X

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

Name	Federal employer identification number (FEIN)					
Mailing address	_ Check the approp		Unitary filers on			
Mailing address	type of change be	-	unitary return previo	-		
City State ZIP	_ NOL	State change	Separate unitary	-		
Oily State 21	Federal change:		One combined up the Combined of the Member			
Check the box if any of the above information is new.		Finalized	Schedule UB to its F			
Check the box it any of the above information is new.	Date:/_ Month Day	/ Year	FEIN:			
Part I - Base income (loss) (See specific instructions.)		B Net cha	nge C Co	orrected amount		
()	reported or adjuste		decrease			
1 Federal taxable income (loss)	1 _	(CXPIGITITI	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 obligations			5a			
b Other subtractions (specify:						
c Federal NOL carryforward from years prior to 12/31/86 (See instructions			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	•		
b Recapture of investment credits from Schedule 4255	9b					
10 Total income tax. Add Lines 9a and 9b.	10					
▼ 11 a Income tax credits from Schedule 1299-D	11a					
b Credit for replacement tax paid (See instructions.) c Carryforward of credit for replacement tax paid (See instructions.)	11b 11c		11b 11c			
c Carryforward of credit for replacement tax paid (See instructions.) 12 Total credits. Add Lines 11a through 11c.	12		116 12			
13 Net income tax. Subtract Line 12 from Line 10 (cannot be less than zero 14 Net replacement tax from Part IV, Line 10	14		13	I		
15 Total net income and replacement tax. Add Lines 13 and 14	15		1 -	I		
			16a			
b Tax paid with Form IL-505-B	16b					
17 Total payments (and credit) as corrected. Add Column C, Lines 16a		here and on Part II.				
b Tax paid with Form IL-505-B 17 Total payments (and credit) as corrected. Add Column C, Lines 16a Part II – Income and replacement tax change 1 Write the total payments (and credit) as corrected, from Part I, Line 1		,		I		
Part II − Income and replacement tax change						
1 Write the total payments (and credit) as corrected, from Part I, Line 1	7.		1			
	d interest).					
3 Write any subsequent tax payments (do not include penalty and inte	rest).		3			
 Write the tax paid with your original return (do not include penalty an Write any subsequent tax payments (do not include penalty and inte Total tax paid. Add Lines 1 through 3. 						
5 Write the total amounts previously refunded and/or credited for the year	ar being amended.		5			
6 Net tax paid. Subtract Line 5 from Line 4.						
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 cred	ited to estimated tax.)		8			
 Write the total amounts previously refunded and/or credited for the yes Net tax paid. Subtract Line 5 from Line 4. Write the corrected net tax from Part I, Line 15, Column C. Refund. Subtract Line 7 from Line 6. (Overpayments cannot be cred Tax due. Subtract Line 6 from Line 7. Penalty (See instructions.) 						
To remain (eee mendenen)						
11 Interest (See instructions.)			11			
12 Total balance due. Add Lines 9 through 11. Pay in full if \$1 or more.	(See instructions.)		12	ı		

1 Base income (loss) from Part I, Line 7 (Unitary filers, refer to Schedule UB instructions.) 1	Do == 4	III Daga inagena (laga) allagabla ta Illinaia	Α			0
(Unitary filers, refer to Schedule UB instructions.) 1	Part	III – Base Income (IOSS) allocable to Illinois	A As origina reported or adju	increase or decrease	С	Corrected amount
2 a Norbusiness income (loss), ret of deductions clinically allocable to such income 2a						
b Non-unitary partnership business income (loss) in Line 1 2b 3 3 3 4 4 8 Business income (loss). Subtract Line 3 from Line 1. 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			_1			
3 Total Add Lines 2a and 2b. 4 Business income (loss). Subtract Line 3 from Line 1. 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.) a Property factor 5 Business income (poss) apportionment Formulas.) a Property factor 5 Business factor 6 Calma 2. Column 3. Column 3. Column 5 Business factor 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 The port of a division or correction of the factors originally reported, that is shown above. 8 8 By Nonbusiness income (loss) apportionable to Illinois. For the entry in Column C, by 1 average are referense expense and provide and provide are used. 8 By Nonbusiness income (loss) apportionable to Illinois 1 average are used.						
4 Business income (loss). Subtract Line 3 from Line 1. 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.) 1 Properly factor 1 Properly factor 2 Properly factor 5 Peyroll factor 5 Sub Payroll factor 5		• • • • • • • • • • • • • • • • • • • •				
Business income apportionment formula (Insurance companies, financial organizations, transportation companies, and unitary businesses should refer to Form II-1120 instructions for Special Apportionment Formulas.) 1			3	_		
transportation companies, and unitary businesses should refer to Form IL-1120 instructions for Special Apportionment Formulas.) Total everywhere (cannot be regative) a Property factor 5a b Payroll factor 5b c Sales factor (Tax years ending on or after 1/1/87.) 5 Total everywhere (cannot be regative) c Sales factor (Tax years ending on or after 1/1/87.) 5 Total Add Column 3, Lines 5s through 5d. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 Average, If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 As soriginally reported, that is shown above. 8 Business income (loss) apportionable to Illinois Part V ary revision or correction of the factors originally reported, that is shown above. 8 Port of Part V average of Corrected amount reported or adjusted expression or correction of the factors originally reported, that is shown above. 8 Port IV - Net income and replacement tax 9 Port 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). 1 Description or Part I, Line 1, Column C, is a loss and you are electing to forgo the Illinois NDD carryback period. 2 Illinois net loss deduction (NLD). Complete Schedule NLD (see instructions). 2 Standard exemption, Divide Line 1 by Line 4, Multiply the result by \$1,000 (not to exceed \$1,000). 5 Ne	4 E	3usiness income (loss). Subtract Line 3 from Line 1.	4		4	
a Property factor 5a	tı	ransportation companies, and unitary businesses should refer to Fo nstructions for Special Apportionment Formulas.) Total eve	orm IL-1120 1 erywhere	2		3 column 2 ÷ Column 1
b Payroll factor 5b c G Sales factor (Tax years ending on or after 1/1/87.) 6 Total. Add Column 3, Lines 5a through 5d. 7 Average. If all factors are used, divide Line 6 by 4; otherwise, refer to Form IL-1120 instructions for the year being amended. 7 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 7 above. Be sure to explain in Part V any revision or correction of the factors originally reported, that is shown above. 8		(cannot be	e negative)	(cannot be negative)	(cai	rry to six decimal places)
c Sales factor 5c 5d 5d 5d 5d 6 5d 6 6 6 6 7d 5d 6 6 6 6 7d 6 5d 6 6 6 7d 6 5d 6 6 7d 6 5d 6 6 7d 6 6 7d 6 6 7d 7d	а	a Property factor 5a				
c Sales factor 5c 5d 5d 5d 5d 5d 5d 5d	b	Payroll factor 5b				
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multiply Line 4, Column C, by the original average if unchanged, or the average as revised on Line 7 above. Be sure to explain in Part V any revision or correction of the factors originally reported, that is shown above. 8	7 A	Average. If all factors are used, divide Line 6 by 4; otherwise, refer to	o Form IL-1120 instructi	ons for the year being amended.		
10 Partnership business income (loss) apportionable to Illinois 10 10 10 10 10 11 11 11	n a re	multiply Line 4, Column C, by the original average if unchanged, or average as revised on Line 7 above. Be sure to explain in Part V any revision or correction of the factors originally reported, that is shown a	the reported or adju y above. 8	increase or decrease (explain in Part V)	8	
Base income or net loss allocable to Illinois. Add Lines 8 through 10. Write on Part IV, Line 1, Columns A and C. 11		,				
Write on Part IV, Line 1, Columns A and C. 11 11 11 11 11 11 11 11					_ 10	
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. 2 Illinois net loss deduction (NLD). Complete Schedule NLD (see instructions). 2 Illinois net loss deduction (NLD). Complete Schedule NLD (see instructions). 3 Income after NLD. Subtract Line 2 from Line 1 (cannot be less than zero). 4 Total base income from Part I, Line 7 5 Standard exemption. Divide Line 1 by Line 4. Multiply the result by \$1,000 (not to exceed \$1,000). 6 Net income. Subtract Line 5 from Line 3. Write here and on Part I, Line 8. 6 Pare Replacement tax. Multiply Line 6 by 2.5% (.025). 7 Pare Pare Pare Part Part Part Part Part Part Part Part). 11		11	
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Write the result here and on Part I, Line 14, Columns A and C. 10					_ 9	
		·	*		10	1
Part V – Use this area to explain, in detail, any change being reported. Attach an additional sheet, if necessary.						
	5 S N N 6 N 7 a k k 8 T 9 III	Standard exemption. Divide Line 1 by Line 4. Multiply the result by \$1,000 (not to exceed \$1,000). Net income. Subtract Line 5 from Line 3. Write here and on Part I, L. Replacement tax. Multiply Line 6 by 2.5% (.025). Recapture of investment credits from Schedule 4255 Total replacement tax. Add Lines 7a and 7b. Ret replacement tax. Subtract Line 9 from Line 8 (cannot be less than 1). Write the result here and on Part I, Line 14, Columns A and C.	ine 8. 6	ted. Attach an additional s	6_ 7a_ 7b_ 8_ 9_	if I
		Under penalties of perjury, I state that I have examined this ret	turn and, to the best of r	ny knowledge, it is true, correct, a	and compl	lete.
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.	Sia	ın	1 1		())
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Sign Signature of authorized officer Date Title Phone	her	'e	/ /			_
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Sign Signature of authorized officer Date Title Phone Check if self-employed Phone					())
Sign Signature of authorized officer Date Title Phone Check if self- employed make the self		Preparer firm's name (or yours, if self-employed) Address			Phone	