



Illinois Department of Revenue

IL-1120-X Amended Corporation Income and Replacement Tax Return

For years ending ON or AFTER December 31, 1986.

Check one: [ ] For calendar year [ ] Other year beginning [ ] ending [ ]

Name
Mailing address
City State ZIP

Federal employer identification number (FEIN)

Illinois business tax (IBT) number

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

[ ] NOL [ ] State change
Federal change: [ ] Partial agreed [ ] Finalized

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: [ ]

Date: [ ]/[ ]/[ ]
Month Day Year

Check the box if any of the above information is new. [ ]
Check the box if you are a foreign insurer. (See instructions.) [ ]

Part I - Base income or loss (See specific instructions.)

Table with 3 columns: A As originally reported or adjusted, B Net change increase or decrease (explain in Part V), C Corrected amount. Rows 1-7 for base income and loss.

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

Table with 3 columns: A, B, C. Rows 8-17 for income tax and replacement tax change.

Part II - Income and replacement tax change

Table with 3 columns: A, B, C. Rows 1-12 for income and replacement tax change.

Do not write in this box.

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

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. This form has been approved by the Forms Management Center. IL-492-0106



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

**Part III – Base income or loss allocable to Illinois**

	A As originally reported or adjusted	B Net change increase or decrease (explain in Part V)	C Corrected amount
1 Write your base income or loss from Part I, Line 7 (Unitary filers, refer to Schedule UB instructions.)	1 _____		1 _____
2 a Nonbusiness income or loss net of allocable deductions included in Line 1	2a _____		2a _____
b Business income or loss from non-unitary partnerships, trusts, and estates included in Line 1	2b _____		2b _____
3 Add Lines 2a and 2b. This is the total of your subtractions.	3 _____		3 _____
4 Subtract Line 3 from Line 1. This is your business income or loss.	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 (12/31/98-12/30/00)	5 Weighted totals (12/31/98-12/30/00)
a Property factor	5a _____	_____	_____ X _____ = _____	_____ = _____	_____
b Payroll factor	5b _____	_____	_____ X _____ = _____	_____ = _____	_____
c Sales factor	5c _____	_____	_____ X _____ = _____	_____ = _____	_____
d Sales factor (Tax years ending 1/1/87 through 12/30/98.)			5d _____		_____
6 Total. Add Column 3, Lines 5a through 5d.			6 _____		_____
7 <b>Average.</b>					
a For tax years ending 1/1/87 through 12/30/98, 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 12/31/98 through 12/30/2000. Add Column 5, Lines 5a through 5c. (See instructions.)					7b _____
c For tax years ending on or after 12/31/2000. Single factor - sales. Complete Line 5c only, Columns 1 through 3. Write the amount from Line 5c, Column 3, here.					7c _____

	A As originally reported or adjusted	B Net change increase or decrease (explain in Part V)	C Corrected amount
8 Business income or 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, 7b, or 7c 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 or loss allocable to Illinois	9 _____		9 _____
10 Partnership, trust, and estate business income or loss apportionable to Illinois	10 _____		10 _____
11 Add Lines 8 through 10. This is your base income or net loss allocable to Illinois. Write here and on Part IV, Line 1, Columns A and C.	11 _____		11 _____

**Part IV – Net income and replacement tax**

1 Write your 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 only carry this loss forward. (See instructions.) <input type="checkbox"/> → a <input type="checkbox"/>	1 _____		1 _____
2 Illinois net loss deduction (NLD). Complete Schedule NLD (See instructions).	2 _____		2 _____
3 Subtract Line 2 from Line 1 (cannot be less than zero). Income after NLD.	3 _____		3 _____
4 Write your total base income from Part I, Line 7.	4 _____		4 _____
5 Divide Line 1 by Line 4. Multiply the result by \$1,000 (not to exceed \$1,000). This is your standard exemption.	5 _____		5 _____
6 Subtract Line 5 from Line 3. Net income. Write here and on Part I, Line 8.	6 _____		6 _____
7 a Multiply Line 6 by 2.5% (.025). This is your replacement tax.	7a _____		7a _____
b Recapture of investment credits from Schedule 4255	7b _____		7b _____
8 Add Lines 7a and 7b. This is your total replacement tax.	8 _____		8 _____
9 Investment credits from Form IL-477	9 _____		9 _____
10 Subtract Line 9 from Line 8 (cannot be less than zero). Net replacement tax. 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 SSN, FEIN, or PTIN _____	Check if self-employed <input type="checkbox"/>
Preparer firm's name (or yours, if self-employed) _____	Address _____	Phone _____	