

Illinois Department of Revenue IL-1120-X Amended Corporation Income and Replacement Tax Return ON or AETER December 31, 1986 and BEFORE December 31, 2005.

		1 1	1 1 1	1 1 1			
Name		Federal emp	ı - ıı oloyer identificat	ion number (FEIN)	.''		
Mailing	address	Illinois business tax (IBT) number d Check the applicable box for the type of change being made. Unitary filers only — Type of unitary return previously filed					
City	State ZIP	_ type o □ NOL			arate unitary		
b Ch	eck the box if any of the above information is new. eck the box if you are a foreign insurer. (See instructions.) eck the box if you are filing this form only to report an creased net loss on Part IV, Line 1, Column C. (See instr.)	Federal c	hange: 🗌 F	Partial agreed One	combined un the member walle UB to its Fo	nitary return ho will attach	
Pa	art I – Base income or loss (See specific instructions	a.) A As o reported	riginally I or adjusted	B Net change increase or decrease (explain in Part V)	C Co	rrected amount	
1	Write your federal taxable income or loss.	1		I	_ 1		
2	2 Additions						
	a State, municipal, and other interest income excluded from Line 1				_ 2a		
	b Illinois income and replacement tax deducted in arriving at Line 1			l	_ 2b		
_	C Other additions (specify:)	2c					
3	Add Lines 2a through 2c. This is the total of your additions.		!				
	Add Lines 1 and 3. This is your total income.	4			4		
,	Subtractions. (See instructions.)	_			_		
	a Interest income from U.S. Treasury and exempt federal obligations		!		_ 5a		
	b Other subtractions (specify:)				_ 5b		
,	C Federal NOL carryforward from years prior to 12/31/86 (See instructions.) 50			_		
	Add Lines 5a through 5c. This is the total of your subtractions.	0	l		6 7	l	
	Subtract Line 6 from Line 4. This is your base income or loss.				/		
	ontinue to Part III, Line 1 or Part IV, Line 1, as appropr		1	1	8	1	
	Write the net income from Part IV, Line 6. a Multiply Line 8 by the applicable rate (see instr.). This is your income tax.				o _ 9a		
√ `	 a Multiply Line 8 by the applicable rate (see instr.). This is your income tax. b Recapture of investment credits from Schedule 4255 				_ 9a 9b	l	
. 10	Add Lines 9a and 9b. This is your total income tax before credits.				_ 9D 10	ll	
D 11					_ 10 _11a	ll	
nevernue 12					_11b	' 	
	C Carryforward of credit for replacement tax paid (See instructions.)				_11c	<u>'</u>	
12	2 Add Lines 11a through 11c. This is the total of your credits.				_110 12	'	
_	Subtract Line 12 from Line 10 (cannot be less than zero). Net income tax			' 	_ 13	<u>'</u>	
	Write the net replacement tax from Part IV, Line 10.				14	<u>'</u>	
15	Add Lines 13 and 14. This is your total net income and replacement tax						
ਨੂੰ 16	a Estimated tax payments and any overpayment credited to this year						
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<u> </u>	Add Column C, Lines 16a and 16b. Total payments and credit as cor		e total here ar	nd on Part II, Line 1.	17		
= —	art II – Income and replacement tax change			·			
e - 1	Write the total payments and credit as corrected, from Part I, Line 17				1		
[B 2]	Write the tax paid with your original return (do not include penalty an	nd interest).					
g. 3	Write any subsequent tax payments (do not include penalty and inte	rest).					
2 4	Add Lines 1 through 3. This is your total tax paid.						
E 5	Write the total amounts previously refunded and/or credited for the year						
5 6	Subtract Line 5 from Line 4. This is your net tax paid.						
	Write the corrected net tax from Part I, Line 15, Column C.						
3 1	Refund. Subtract Line 7 from Line 6. (Overpayments cannot be cred		l				
. (
A 10	,				10		
11	,				11		
12	· · · · · · · · · · · · · · · · · · ·				12		
	Mail to: Illinois Department of Revenue, P.O. Bo		_	L 62794-9016 Failure to provide information of		write in this box.	

Par	t III – Base income or loss allocable to Illinois	A As originally reported or adju		C Corrected amount
1	Write your base income or loss from Part I, Line 7.		(explain in rail v)	_
	(Unitary filers, refer to Schedule UB instructions.)	1	1	1
	a Nonbusiness income or loss (See instructions.)	2a	 	2a
	b Business income or loss from non-unitary partnerships, trusts,		· 	
	and estates included in Line 1	2b	I I	2b
2	Add Lines 2a and 2b. This is the total of your subtractions.	3	·	3
		4		4
4	Subtract Line 3 from Line 1. This is your business income or loss.	4		4
	Business income apportionment formula. (Insurance companies, finance transportation companies, and unitary businesses should refer to Form instructions for Special Apportionment Formulas.)	•	(Report revised amou	4 5
	Total everywhere (cannot be negative)	Within Illinois (cannot be negative)	Ratio Column 2 ÷ Column 1 (carry to six decimal places) (**	Weighted Weighted factors totals 12/31/98-12/30/00) (12/31/98-12/30/00)
	a Property factor 5a		1. x	_ = _
	a Property factor 5a			
	C Sales factor 5C			
	·		•	•
_	d Sales factor (Tax years ending 1/1/87 through 12/30/98.)		5 d •	
	Total. Add Column 3, Lines 5a through 5d. Average.		6	
	 a For tax years ending 1/1/87 through 12/30/98, if all factors are use otherwise, refer to Form IL-1120 instructions for the year being amen b For tax years ending 12/31/98 through 12/30/2000. Add Column 5, 	nded. , Lines 5a through 5c. (7a See instructions.)	7b <u>. </u>
	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		re. 7c.	
	Business income or loss apportionable to Illinois. For Column C, multipl Line 4, Column C, by the original average if unchanged, or the average as revised on Line 7a, 7b, or 7c above. Explain in Part V any revision or	reported or adju	(explain in Part V)	_
_	correction of the factors originally reported, that is shown above.	8	<u> </u>	8
	Nonbusiness income or loss allocable to Illinois (See instructions.)		<u> </u>	9
10	Partnership, trust, and estate business income or loss apportionable to Illinoi	is 10	<u> </u>	10
	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
Par	t 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.)	1	<u></u>	1
	Check this box if Line 1, Column C, is a loss and you are electing to only carry this loss forward. (See instructions.)			
2	Illinois net loss deduction (NLD). Complete Schedule NLD (See instructions	s). 2	<u> </u>	2ı
3	Subtract Line 2 from Line 1 (cannot be less than zero). Income after NL	.D. 3	<u> </u>	3
or t	ax years ending before 12/31/03, complete all Lines. For tax years endin	ig on		_
	ter 12/31/03, write the amount from Line 3 on Line 6 and continue to Line	e 7.		
	Write your total base income from Part I, Line 7.	4		4
	Divide Line 1 by Line 4. Multiply the result by \$1,000 (not to exceed \$1,00	,		
	This is your standard exemption.	5	<u> </u>	5!
_	Subtract Line 5 from Line 3. Net income. Write here and on Part I, Line		<u> </u>	6
	a Multiply Line 6 by 2.5% (.025). This is your replacement tax.	7a	!!	7al
	b Recapture of investment credits from Schedule 4255	7b	<u></u>	7bi
	Add Lines 7a and 7b. This is your total replacement tax.	8 9		8l
	Investment credits from Form IL-477	<u> </u>		9ıı
	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.	^{x.} 10	JI	10
 Par	t V – Explain, in detail, any changes being report	ed.		
	Under penalties of perjury, I state that I have examined this return	and, to the best of my	knowledge, it is true, correct, a	ind complete.
Siç	Signature of authorized officer	// Date	Title	() Phone
	orginatare of dutilionized officer	Date	riue	Phone Check if self-
he	Signature of preparer	/ Date	Preparer's SSN, FEIN, or PTIN	employed →
	Preparer firm's name (or yours if self-employed) Address			() Phone