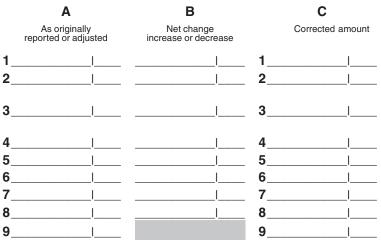
Indicate what tax year you are amending: Tax year beginning/, ending/ Write Indicate what tax year you are amending: Tax year beginning/, ending/ Write If you are filing an amended return for tax years ending before December 31, 2005, you can not use this form. \$					
Step 1: Provide the following business information Write your business name and mailing address. If you have a change, check this box.	F	Write your federal employer identification number (FEIN).			
ame /0		Write your Illinois Business Tax number (IBT).			
ailing address	-	If a federal change, check one: Partial agreed Fin If finalized, write the finalization date:/			
ityStateZip Check the box if your business is a ☐ Combined return (unitary) ☐ Foreign insurer.	· 1	If you have completed the following federal forms, check the and attach them to this return, if you have not previously do Federal Schedule 8886 Federal Schedule M-3			
 Check the box if you are filing this form only to report an increased net loss on Line 37, Column C. Check this box if you annualized your income on Form IL-2220. Check this box if Schedule 1299-D is attached Step 2: Explain the changes on this return 		 Check this box if you are filing a "corrected" return and are the election to treat all nonbusiness income as business income as busi			
Step 3: Figure your income or loss		A B C As originally Net change Correcte increase or decrease	ed amou		
 Step 3: Figure your income or loss Federal Taxable Income from U.S. Form 1120. Net operating loss deduction from U.S. Form 1120. State, municipal, and other interest income excluded from Line 1. Illinois income and replacement tax deducted 	1 2 3	reported or adjusted increase or decrease 1 2	I		

- 1 Federal Taxable Income from U.S. Form 1120.
- 2 Net operating loss deduction from U.S. Form 1120.
- 3 State, municipal, and other interest income excluded from Line 1.
- 4 Illinois income and replacement tax deducted in arriving at Line 1.
- 5 Illinois Bonus Depreciation addition (Form IL-4562). 6 Related Party Expense addition (Schedule 80/20).
- 7 Distributive Share of Additions (Schedule K-1-P or K-1-T).
- 8 Other additions (Illinois Schedule M for businesses).
- **9** Add Lines 1 through 8. This is your total income or loss.



А

			Α	В	С
			As originally reported or adjusted	Net change increase or decrease	Corrected amount
10	Write the amounts of income or loss from Line 9	10_	I	10)I
Step	4: Figure your base income or loss				
11	Federally-taxed refund of Illinois income and replacement tax.	11_		1 1	II
	Interest income from U.S. Treasury and	_			
	exempt federal obligations.	12_	I		2I
13	Enterprise Zone Dividend subtraction (Schedule 1299-B).	13_	I		3 l
14	Enterprise Zone Interest subtraction (Schedule 1299-B).		I		۱ <u> </u>
15	High Impact Business Dividend subtraction (Schedule 1299-B).				5I
16	High Impact Business Interest subtraction (Schedule 1299-B).				<u>، ا</u>
	Contribution Subtraction (Schedule 1299-B).				I
18	31 3				3 I
19	5)l
20			l)l
21	Related-Party Expenses subtraction (Schedule 80/20).		l		
22					2l
23					₿ ŀ
24	Total subtractions. Add Lines 11 through 23. Base income or net loss. Subtract Line 24 from Line 10.		I		•I
25					
	If the amount on Line 25 is derived inside and outsi		innois, complete	Step 5. Otherwise, go	to Step 6.
Step	5: Figure your income allocable to Illinois				
	Nonbusiness income or loss (Schedule NB).	26	1	26	5
	Non-unitary partnership business income or loss		[_]		· • • • •
	included in Line 25.	27_	I	27	7
28	Add Lines 26 and 27.	28_	I	28	3
29	Business income or loss. Subtract Line 28 from Line 25.	29_		29)
30	Total sales everywhere (this amount cannot be negative).	30_	I	30)
31	Total sales inside Illinois (this amount cannot be negative).	31_	I	31	ll
32	Apportionment Factor. Divide Line 31 by Line 30.	32_	I	32	2l
33	Business income or loss apportionable to Illinois.				
	Multiply Line 29 by Line 32.	33_	I	33	
	Nonbusiness income or loss allocable to Illinois (Sch. NB).	34_	I	34	ll
35	Non-unitary partnership business income or loss	05			
20	apportionable to Illinois.	35_	I	3)
30	Base income or net loss allocable to Illinois. Add Lines 33 through 35.	36_		36	5 I
	A -				
	6: Figure your net income				_
37	Base income or net loss from Line 25 or Line 36.	37_	I	37	
38	Illinois net loss deduction (Schedule NLD or UB/NLD).	~~			
20	If Line 37 is zero or a negative amount, write "0."	_	l		3 l
- 39	Net income. Subtract Line 38 from Line 37.	39_	I	38]I
Step	7: Figure your net replacement tax				
40	Replacement Tax. Multiply Line 39 by 2.5% (.025).	40_	I	40)
41	Recapture of investment credits (Schedule 4255).		I	I 4 1	ll
42	Replacement Tax before credits. Add Lines 40 and 41.	42_	I	42	2
43	Investment credits (Form IL-477).		I		3 I
44	Net replacement tax. Subtract Line 43 from Line 42.				
	If negative, write "0."	44_	I	44	ll

Step	8: Figure your net income tax							
45	Multiply Line 39 by 4.8% (.048).	45	I	45	I			
46	Recapture of investment credits (Schedule 4255).	46	I	46	I			
47	Income tax before credits. Add Lines 45 and 46.	47	I	47	I			
48	Income tax credits (Schedule 1299-D).	48	I	48	I			
49	Net income tax. Subtract Line 48 from Line 47.	40	I	49	I			
	If negative, write "0."	49	I	49	I			
Step 9: Figure your refund or balance due								
50	Net replacement tax from Line 44.		I		l			
51	Net income tax from Line 49.	51	I	51	l			
52	Total net income and replacement taxes.							
	Add Lines 50 and 51.	52	I	52				
53	Payments							
	a Credit from prior year overpayment		I					
	b Total estimated payments	b	I					
	c Form IL-505-B (extension) payment	C	I					
	Total payments. Add Lines 53a through 53c.			53	l			
54	Tax paid with original return (do not include penalties an	54						
55	Subsequent tax payments made since the orignal return	۱.		55	l			
56	Total tax paid. Add Lines 53, 54, and 55.	56	l					
57	Total amount previously refunded and/or credited for the	57	l					
58	Net tax paid. Subtract Line 57 from Line 56.			58	I			
59	Refund. Subtract Line 52 from Line 58.			59	l			
60	Tax due. Subtract Line 58 from Line 52.			60	l			
61	Penalty (See instructions.)			61	l			
62	Interest (See instructions.)			62	I			
63	Total balance due. Add Lines 60 through 62.			63	I			

Step 10: Sign here

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.

Signature of authorized officer		// Date	Title	() Phone
/ Signature of preparer		// Date	Preparer's Social Security Number o	f firm's FEIN
Preparer firm's name (or yours, if self-employed)	Address			() Phone

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

