

Illinois Department of Revenue L-1120-ST-X Amended Small Business Corporation Replacement Tax Return For tax years ending ON or AFTER December 31, 2006

Do not write in this box.	

Indicate what tax year you are amending: Tax year beginn		l l	
STOP If you are filing an amended return for tax years ending by you can not use this form.	*	_/ Writ	te the amount you are paying.
Step 1: Provide the following business information	n .		
A Write your business name and mailing address. If you have a	C Write your federal employe	ar identification nu	mbor (EEINI)
change, check this box.	T	i identification nui	ilbei (FEIN).
change, check this box.	_		
	D Write your Illinois Busines	s Tax number (IBT)).
lame			
	E Check the applicable box t	for the type of char	nge being made.
0/0	☐ NLD ☐ State chang	ge Federal c	hange:
	If a federal change, check	one: Partial a	agreed Finalized
Mailing address	If finalized, write the fina	lization date:	_// n Day Year
City State Zip	F Check this box if you are fi	-	_
Check the box if you are a member of a unitary business	G Write your Illinois corporat		_
and write the FEIN of the member filing the Schedule UB,	Write your minors corporate	e ille (charter) han	iboi.
Combined Apportionment for Unitary Business Groups.	H Check the box if you are fi	ling this form only	to report an
-	increased net loss on Line	48, Column B.	
Step 3: Figure your ordinary income or loss	Α		
Stop of Figure your oraniary income or look	As most recently reported or adjusted		В
			B Corrected amount
2 1 Ordinary income or loss or equivalent from U.S. Schedule	<. 1	_ 1 _	
Ordinary income or loss or equivalent from U.S. Schedule	<. 1	1 _ 2 _	
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1 Ordinary income or loss or equivalent from U.S. Schedule 2 Net income or loss from all rental real estate activities. 3 Net income or loss from other rental activities.	2 3 4	1 _ _ 2 _ _ 3 _ _ 4 _	
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			Α		В
			most recently ted or adjusted	Corre	ected amount
14	Write the amounts from Line 13	14		14	
Step	5: Figure your income or loss				
15	State, municipal, and other interest income excluded from Line 14.	15		15	
16	Illinois replacement tax deducted in arriving at Line 14.	16		16	
17	Illinois Bonus Depreciation addition (Form IL-4562).	17		17	
18			i	18	i
19	Distributive share of additions (Schedule K-1-P or K-1-T).			19	
20	The amount of loss distributable to a shareholder subject to				
	replacement tax (Form IL-2569).	20		20	1
21	Other additions (Schedule M for businesses).			21	
	Add Lines 14 through 21. This is your total income or loss.	22	•	22	
	That Ellies Training graph and to your total moonle or loos.				
Step	6: Figure your Illinois base income or net loss				
23	Interest income from U.S. Treasury and exempt federal obligations.	23		23	
	Share of income distributable to a shareholder subject to		,		,
	replacement tax (Form IL-2569).	24		24	
25	Expenses incurred in producing certain federally tax-exempt				
	income or credits.	25		25	
26	Enterprise Zone or River Edge Redevelopment Zone				
	Dividend subtraction (Schedule 1299-A).	26		26	
27	Enterprise Zone or River Edge Redevelopment Zone	27	1	27	1
28	Interest subtraction (Schedule 1299-A). High Impact Business Dividend subtraction (Schedule 1299-A).				
29	High Impact Business Interest subtraction (Schedule 1299-A).				
30					
31	Illinois Bonus Depreciation subtraction (Form IL-4562).				
	Related-Party Expenses subtraction (Schedule 80/20).				
	• • • • • • • • • • • • • • • • • • • •			33	
	Distributive share of subtractions (Schedules K-1-P or K-1-T).	33		34	
	Other subtractions (Schedule M for businesses).				
	Total subtractions. Add Lines 23 through 34.				
36	Base income or net loss. Subtract Line 35 from Line 22.	36		36	
	If the amount on Line 36 is derived inside and outside Illi	nois, compl	ete Step 7. Oth	nerwise, go to S	Step 8.
Step	7: Figure your base income allocable to Illinois				
37	Nonbusiness income or loss (Schedule NB).	37		37	
38	Non-unitary partnership business income or loss				
	included in Line 36.			38	
39	Add Lines 37 and 38.	39		39	
40	Business income or loss. Subtract Line 39 from Line 36.	40		40	
41	Total sales everywhere (this amount cannot be negative).	41		41	
42	Total sales inside Illinois (this amount cannot be negative).	42		42	
43	Apportionment Factor. Divide Line 42 by Line 41.			43	
	Business income or loss apportionable to Illinois.				
	Multiply Line 40 by Line 43.	44		44	
45	Nonbusiness income or loss allocable to Illinois (Sch. NB).	45		45	
	Non-unitary partnership business income or loss		•		. —
	apportionable to Illinois.	46		46	
47	Base income or net loss allocable to Illinois.		-		-
	Add Lines 44 through 46.	47		47	

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	A As most recen reported or adju	-	B Corrected amount
ep 8: Figure your net income	,		
Base income or net loss from Line 36 or Line 47.	48	48	
9 Illinois net loss deduction (Schedule NLD).			
If Line 48 is zero or a negative amount, write "0."	49	•	
Net income. Subtract Line 49 from Line 48.	50	50 _	
ep 9: Figure your net replacement tax			
1 Replacement Tax. Multiply Line 50 by 1.5% (.015).	51	51	
2 Recapture of investment credits (Schedule 4255).	52	52 _	
3 Replacement Tax before investment credits. Add Lines 51 and 52.	53	53 _	
4 Investment credits (Form IL-477).	54	54	
Net replacement tax. Subtract Line 54 from Line 53.			
If negative, write "0."	55	55 _	
ep 10: Figure your refund or balance due			
6 Payments			
a Credit from prior year overpayment	a	I	
b Form IL-505-B (extension) payment	b	! 	
Total payments. Add Lines 56a and 56b.		 56	I
7 Tax paid with original return (do not include penalties and interest).		57	
8 Subsequent tax payments made since the original return.		58	
9 Total tax paid. Add Lines 56, 57, and 58.		59	
O Total amount previously refunded and/or credited for the year being a	amended	60	
1 Net tax paid. Subtract Line 60 from Line 59.		61	
2 Refund. Subtract Line 55 from Line 61.		62	I
3 Tax due. Subtract Line 61 from Line 55.		63	
4 Penalty (See instructions.)		64	
5 Interest (See instructions.)		65	
		66	
6 Total balance due. Add Lines 63 through 65.		00 _	
ep 11: 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 com
Signature of authorized officer Date	Title		() Phone
Signature of dutionized emoti	/		
Signature of preparer Date	Preparer's S	Social Security Number or f	irm'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 ◀