Illinois Department of Revenue 2007 IL-1023-C-X For tax years ending on or after December 31, 2007	Amended Composite Income and Replacement Tax Return			
Indicate what tax year you are amending: Tax year beginning If you are filing an amended return for tax years ending be you can not use this form. For prior years, use the amended	are paying.			
Step 1: Provide the following information				
 A Write your partnership or subchapter S corporation name and mailing address. If you have a change, check this box. 	 C Write your federal employer identification number (FEIN). 			
Name	 E Check the applicable box for the type of change being made. State change Federal change: 			
C/O	If a federal change, check one: Partial agreed Finalized If finalized, write the finalization date://			
Mailing address	Month Day Year F Check this box if you are filing a "corrected" return.			
City State Zip B Check the box that identifies the return you filed.	G Check this box if any partners or shareholders included are trust members.			
Form IL-1065 Form IL-1120-ST	H Check this box if the partners or shareholders included are			

Step 2: Explain the changes on this return

1 2 3 4					
St	ep 3: Figure your income and net income tax		A As most recently reported or adjusted		B Corrected amount
1	a Modified base income of the partnership or subchapter S corporation.	1a _		1a _	
	b Total percentage of ownership for resident members.		%	1b _	%
	c Multiply Line 1a by Line 1b	1c _		1c _	
2	a Modified base income allocable to Illinois.	2a _		2a _	
	b Total percentage of ownership for nonresident members.	2b _	%	2b _	
	c Multiply Line 2a by Line 2b.	2c _		2c _	
	Add Lines 1c and 2c. This amount is your income.	3 _		3 _	
4	Net income tax. Multiply Line 3 by 3% (.03).				
	If negative, write "0."	4 _		4 _	
en	4: Figure your net replacement tax (Complete only if this return	n include	s any trust members ')	
- 1-			,,	,	
5	Income included in Line 3 that is subject to replacement tax.	5 _		5 _	

6 _____

6 _____

6	Net replacement tax. Multiply Line 5 by 1.5% (.015).
	If negative, write "0."

			Α		В
			As most recently reported or adjusted		Corrected amount
Ster	5: Figure your refund or balance due		reported of adjusted		Confected amount
-	Net income tax from Line 4.	7	I	7	1
8	Net replacement tax from Line 6.	8		2 /	
0	Total net income and replacement taxes. Add Lines 7 and 8.	0_		0	
10		9_		5_	
	a Credit from prior year overpayment.	a _			
	b Form IL-1023-CES payment, plus any extension payment.	b _			
	c Form IL-505-B (extension) payment.	с _			
11	Total payments. Add Lines 10a through 10c.			11 _	
12	Tax paid with original return (do not include penalty and interest).			12 _	
13	Subsequent tax payments made since the original return.			13 _	
14	Total tax paid. Add Lines 11, 12, and 13.			14 _	
15	Total amount previously refunded and/or credited for the year being ame	ended.		15 _	
16	Net tax paid. Subtract Line 15 from Line 14.			16 _	
17	Refund. Subtract Line 9 from Line 16.			17 _	
18	Tax due. Subtract Line 16 from Line 9.			18 _	
19	Penalty (See instructions.)			19 _	
20	Interest (See instructions.)			20 _	
21	Total balance due. Add Lines 18 through 20.			21	

Make your check payable to "Illinois Department of Revenue."

<u> \equiv Special</u> <u>Note</u> \Rightarrow Write the amount of your payment on the top of Page 1 in the space provided.

Step 6: 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 of	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

ŵ