

Do not write in this box.

For tax years ending on or after December 31, 2009						
Indicate what tax year you are amending: Tax year beginni	ng//	_, en	ding//	W	rite the amount you	ı
If you are filling an amount of return factory years and in a hafare December 24, 2000					are paying.	
you cannot use this form. For prior years, use the amend				\$_		_
you cannot use this form. For prior years, use the americ		triat	ycar.			
Step 1: Provide the following information						
	•					
If you have a change, check this box.	C Write you	ır fed	eral employer identifica	ation n	umber (FEIN).	
					666	
lame of partnership or subchapter S corporation	D Chook the	onn	licable boy for the type	of obc	ungo boing modo	
n care of			licable box for the type ange Fede	eral cha	-	
	_		ange, check one:		_	ized
Mailing address			rite the finalization da	ate:		
Sity State Zip	-				h Day Year	
			if you are filing a "cori			
3 Check the box that identifies the return you filed.			if any partners or sha	reholde	ers	
Form IL-1065 Form IL-1120-ST			ust members.	مامام طاما	المام من معادما	
			if the partners or shar and/or estate membe			
Step 2: Explain the changes on this return						
			Δ		B	
			A As most recently reported or adjusted		B Corrected amount	
Step 3: Figure your income and net income tax			As most recently reported or adjusted	1 a		
Step 3: Figure your income and net income tax 1 a Modified base income of the partnership or subchapter s b Total percentage of ownership for resident members.	S corporation.	1a _ 1b ¦	As most recently reported or adjusted	1a 1b		•00
Step 3: Figure your income and net income tax 1 a Modified base income of the partnership or subchapter s b Total percentage of ownership for resident members. c Multiply Line 1a by Line 1b.	S corporation.	1b .	As most recently reported or adjusted	1b		
Step 3: Figure your income and net income tax 1 a Modified base income of the partnership or subchapter s b Total percentage of ownership for resident members. c Multiply Line 1a by Line 1b.	S corporation.	1b 1c 2a	As most recently reported or adjusted •00 •00 •00	1b 1c 2a	Corrected amount	<u>•00</u>
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Step 3: Figure your income and net income tax 1 a Modified base income of the partnership or subchapter of the partnership of subchapter of the partnership of subchapter of the partnership for resident members. c Multiply Line 1a by Line 1b. 2 a Modified base income allocable to Illinois. b Total percentage of ownership for nonresident members c Multiply Line 2a by Line 2b. 3 Add Lines 1c and 2c. This amount is your income. 4 Income tax before credits. Multiply Line 3 by 3% (.03). 5 Income tax credits. (Schedule 1299-A, see instructions.) 6 Net income tax. Subtract Line 5 from Line 4.	S corporation.	1b 1c _ 2a _ 2b 2c _ 3 _ 4 _ 5 _	As most recently reported or adjusted •00 •00 •00 •00 •00 •00 •00 •	1b 1c 2a 2b 2c 3 4 5	Corrected amount	•00 •00 •00 •00 •00 •00 •00
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		As most recently reported or adjusted		B Corrected amount
p 5: Figure your refund or balance due				
Net income tax from Line 6.		•00		•00
Net replacement tax from Line 10.		<u>•00</u>		•0
Total net income and replacement taxes. Add Lines 11 and 12. Payments.	13 _	•00	13 _	<u>•0</u>
a Credit from prior year overpayment.		<u>•00</u>		
b Form IL-1023-CES payments.		<u>•00</u>		
c Form IL-505-B (extension) payment.	14c _	<u>•00</u>		
d Pass-through entity payments from Schedule K-1-P or K-1-T.	14d _	<u>•00</u>		
Total payments. Add Lines 14a through 14d.				•0
Tax paid with original return (do not include penalty and interest).			_	•0
Subsequent tax payments made since the original return.			17 _	<u>•0</u>
Total tax paid. Add Lines 15, 16, and 17.			18 _	•0
Total amount previously refunded and/or credited for the year being an	nended.		19 _	•0
Net tax paid. Subtract Line 19 from Line 18.				•0
Refund. Subtract Line 13 from Line 20.			21	<u> </u>
Tax due. Subtract Line 20 from Line 13.			22	• <u> </u>
Penalty (See instructions.)			23	•0
Interest (See instructions.)			24	•0
Total balance due. Add Lines 22 through 24.			_	•
► Make your check payable to "Illinois <u>Special Note</u> Write the amount of your payment of	s Departme on the top of	nt of Revenue."◀ f Page 1 in the space	e provid	led.
p 6: Sign here				
	and, to the be	est of my knowledge,	it is true	e, correct, and com
p 6: Sign here	_/	est of my knowledge,	it is true	e, correct, and comp
p 6: Sign here Under penalties of perjury, I state that I have examined this return a	/ ī		it is true	()

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

Address



Phone

Preparer firm's name (or yours, if self-employed)