Illinois Department of Revenue 2009 IL-1023-C-X
For tax years ending on or after December 31, 2009
Amended Composite Income
and Replacement Tax Return
Do not write in this box

Indicate what tax year you are amending: Tax year beginning $\qquad$ 1 , ending
 1 -
If you are filing an amended return for tax years ending before December 31, 2009, you cannot use this form. For prior years, use the amended return form for that year.

Write the amount you are paying.
\$ $\qquad$

## Step 1: Provide the following information

A If you have a change, check this box.
C Write your federal employer identification number (FEIN).

| Name of partnership or subchapter S corporation |  |  |
| :--- | :--- | :--- |
| In care of |  |  |
| Mailing address |  |  |
| City | State | Zip |

B Check the box that identifies the return you filed.
Form IL-1065
Form IL-1120-ST
D Check the applicable box for the type of change being made.

State change
Federal change: If a federal change, check one: $\square$ Partial agreed $\square$ Finalized If finalized, write the finalization date: $\qquad$
E Check this box if you are filing a "corrected" return.
F Check this box if any partners or shareholders included are trust members.
G Check this box if the partners or shareholders included are individuals and/or estate members only.

## Step 2: Explain the changes on this return

## Step 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.



Step 4: Figure your net replacement tax (Complete only if this return includes any trust members.)

7 Income included in Line 3 that is subject to replacement tax.
8 Replacement tax before credits. Multiply Line 7 by $1.5 \%$ (.015).
9 Investment credits. (Form IL-477, see instructions.)
10 Net replacement tax. Subtract Line 9 from Line 8. If negative, write " 0 ".


A
As most recently reported or adjusted

## Step 5: Figure your refund or balance due

11 Net income tax from Line 6.
12 Net replacement tax from Line 10.
13 Total net income and replacement taxes. Add Lines 11 and 12.
14 Payments.
a Credit from prior year overpayment.
11 $\qquad$ .00 11 11 .00

## 12

$\qquad$ .00

12 $\qquad$ . 00
b Form IL-1023-CES payments.
14a $\qquad$ . 00
c Form IL-505-B (extension) payment.
$14 b$ $\qquad$ .00
d Pass-through entity payments from Schedule K-1-P or K-1-T.
14 c
14d $\qquad$ $\square . \underline{00}$ 13 3 $\qquad$ . 00

15 Total payments. Add Lines 14a through 14d.
16 Tax paid with original return (do not include penalty and interest).
17 Subsequent tax payments made since the original return.
18 Total tax paid. Add Lines 15, 16, and 17.
19 Total amount previously refunded and/or credited for the year being amended.
20 Net tax paid. Subtract Line 19 from Line 18.
21 Refund. Subtract Line 13 from Line 20.
22 Tax due. Subtract Line 20 from Line 13.
23 Penalty (See instructions.)
24 Interest (See instructions.)
25 Total balance due. Add Lines 22 through 24.

| 15 | .00 |
| :---: | :---: |
| 16 | .00 |
| 17 | . 00 |
| 18 | . 00 |
| 19 | .00 |
| 20 | . 00 |
| 21 | - |
| 22 |  |
| 23 | . 00 |
| 24 | .00 |
| 25 | - |

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


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


Print

