

Illinois Department of Revenue Amended Exempt Organization 2009 IL-990-T-X Income and Replacement Tax Return For tax years ending ON or AFTER December 31, 2009

Do not write in this box.

Ir	ndicate what tax year you are amending: Tax year beginning	//, e	ending//		amount you paying.		
ST	If you are filing an amended return for tax years ending before you cannot use this form. For prior years, use the amended ret	\$					
A W	p 1: Identify your exempt organization /rite your exempt organization name and mailing address. you have a change, check this box.	C Write your fe	ederal employer ident	ification number	· (FEIN).		
Name		Check the applicable box for the type of change being made. State change Federal change: If a federal change, check one: Partial agreed Finalized					
C/O			write the finalization				
Mailing address		E Check this box if you are filing a "corrected" return.					
City State Zip		F Check this box if you are taxed as a corporation.					
B C	heck this box if Schedule 1299-D is attached.	G Check this b	ox if you are taxed as	s a trust.			
"Illinois Depar J	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	rep 1	A As most recently reported or adjusted		B Corrected amount		
payable to	Illinois income and replacement tax deducted in arriving at Line 1 Base income or loss. Add Lines 1 and 2.	. 2 3	• <u>00</u>	2 3	• <u>00</u>		
If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 4 and go to Step 5; otherwise complete Step 4. Step 4: Figure your income allocable to Illinois							
4	Trust, estate, and non-unitary partnership business income or los	S					
Α.	included in Line 3.	4	•00		•00		
5			•00		•00		
6 7	Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative.		• <u>00</u>		• <u>00</u>		
	Apportionment Factor. Divide Line 7 by Line 6.	_			<u>•00</u>		
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.		•00	9			
10					<u>•00</u>		
	Trust, estate, and non-unitary partnership business income or los		00	10			
	Trust, estate, and non-unitary partnership business income or los apportionable to Illinois. Base income or net loss allocable to Illinois. Add Lines 9 and 10.	10	•00	10 11	•00		



			Α		В
•	(100100 10000 1110) (1001 10110 1000) (1001 1001		As most recently reported or adjusted	Corrected amount	
Step	5: Figure your net replacement tax		.,		
12	Base income or net loss from Line 3 or Line 11.	12	•00	12	•00
	Replacement tax. Corporations multiply Line 12 by 2.5% (.02	5);			
4.4	trusts 1.5% (.015).	13	•00	13	•00
	Recapture of investment credits (Schedule 4255). Replacement tax before investment credits. Add Lines 13 and	14 15	• <u>00</u> • <u>00</u>	14 15	• <u>00</u>
	Investment credits (Form IL-477).	16	•00	16	•00
	Net replacement tax. Subtract Line 16 from Line 15.				
	If negative, write "0."	17	•00	17	<u>•00</u>
Step	6: Figure your net income tax				
18	Net income or loss from Line 12.	18	<u>•00</u>	18	•00
19	Income tax. Corporations: multiply Line 18 by 4.8% (.048);	40	22	40	22
20	trusts: multiply Line 18 by 3% (.03).		•00		•00
	Recapture of investment credits (Schedule 4255). Income tax before credits. Add Lines 19 and 20.		• <u>00</u>		• <u>00</u>
	Income tax before credits. Add Lines 19 and 20. Income tax credits (Schedule 1299-D).		• <u>00</u>		• <u>00</u>
		22 .			•00
	If the amount is negative, write "0."	23	•00	23	•00
Step	7: Figure your refund or balance due				
24	Net replacement tax from Line 17.	24	•00	24	•00
25	Net income tax from Line 23.	25	•00		•00
	Total net income and replacement taxes . Add Lines 24 and Payments	d 25. 26	•00	26	•00
	a Credit from prior year overpayment	a	<u>•00</u>		
	b Total estimated payments	b .	• <u>00</u>		
	c Form IL-505-B (extension) payment	C	•00		
	d Gambling withholding (Form W-2G)	d .	<u>•00</u>		
28	Total payments. Add Lines 27a through 27d.			28	<u>•00</u>
29	Tax paid with original return (do not include penalties and inte	erest).			<u>•00</u>
30	Subsequent tax payments made since the original return.			30	
31	Total tax paid. Add Lines 28, 29, and 30.				•00
	Total amount previously refunded and/or credited for the year	being amende	ed.		•00
	Net tax paid. Subtract Line 32 from Line 31.				<u>•00</u>
34	Refund. Subtract Line 26 from Line 33.				·
35	Tax due. Subtract Line 33 from Line 26.				•
36	Penalty (See instructions.)				<u>•00</u>
37	Interest (See instructions.)				<u>•00</u>
38	Total balance due. Add Lines 35 through 37.			38	•
	Make your check payable to	o "Illinois Dep	artment of Revenue".		
	Special Note → Write the amount of your pa	yment on the	top of Page 1 in the spa	ace provided.	
Step	8: Sign here				
	Under penalties of perjury, I state that I have examined thi	s return and, to	the best of my knowledg	e, it is true, corr	ect, and complete
				(_)
	Signature of authorized officer M	onth Day Yea	Title	Phone	
	Signature of preparer M	onth Day Yea	Preparer's Social Securit	y Number or firm's F	FEIN
				()
	Preparer firm's name (or yours, if self-employed) Address Mail this return to: Illinois Department of R	evenue, P.O. I	3ox 19016, Springfield, II	Phone L 62794-9016	