



Illinois Department of Revenue
2010 IL-1023-C-X
 For tax years ending on or after December 31, 2010

**Amended Composite Income
 and Replacement Tax Return**

Do not write in this box.

Indicate what tax year you are amending: Tax year beginning _____, ending _____
month day year month day year



If you are filing an amended return for tax years ending **before December 31, 2010**,
 you cannot use this form. For prior years, use the amended return form for that year.

Write the amount you
 are paying.

\$ _____

Step 1: Identify your exempt organization

A Write your complete legal business name.
 If you have a name change **only**, check this box.

Name: _____

B If you have an address change, check this box and complete
 the following information.

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Write your federal employer identification number (FEIN).
 _____ - _____ 6 6 6
 Seq. code

D Check the box that identifies the return you filed.
 Form IL-1065 Form IL-1120-ST

E Check the applicable box for the type of change
 being made.

State change Federal change

If a federal change, check one:

Partial agreed Finalized

Write the finalization date _____

Attach your federal finalization to this 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 | B |
|--|------------------|
| As most recently reported or adjusted | Corrected amount |

| | | |
|---|--------------|--------------|
| 1 a Modified base income of the partnership or subchapter S corporation. | 1a _____ .00 | 1a _____ .00 |
| b Total percentage of ownership for resident members. (Write the percentage as a decimal and carry to six decimal places). | 1b _____ | 1b _____ |
| c Multiply Line 1a by Line 1b. | 1c _____ .00 | 1c _____ .00 |
| 2 a Modified base income allocable to Illinois. | 2a _____ .00 | 2a _____ .00 |
| b Total percentage of ownership for nonresident members. (Write the percentage as a decimal and carry to six decimal places). | 2b _____ | 2b _____ |
| c Multiply Line 2a by Line 2b. | 2c _____ .00 | 2c _____ .00 |
| 3 Add Lines 1c and 2c. This amount is your income. | 3 _____ .00 | 3 _____ .00 |
| 4 Income tax. Multiply Line 3 by 3% (.03). | 4 _____ .00 | 4 _____ .00 |
| 5 Recapture of investment credits (Schedule 4255). | 5 _____ .00 | 5 _____ .00 |
| 6 Income tax before investment credits. Add Lines 4 and 5. | 6 _____ .00 | 6 _____ .00 |
| 7 Income tax credits (Schedule 1299-A). See instructions. | 7 _____ .00 | 7 _____ .00 |
| 8 Net income tax. Subtract Line 7 from Line 6. | 8 _____ .00 | 8 _____ .00 |

Attach remittance payable to "Illinois Department of Revenue" here.



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

| | A As most recently reported or adjusted | B Corrected amount |
|---|--|---------------------------------|
| 9 Income included in Line 3 that is subject to replacement tax. | 9 <u> .00</u> | 9 <u> .00</u> |
| 10 Replacement tax. Multiply Line 9 by 1.5% (.015). | 10 <u> .00</u> | 10 <u> .00</u> |
| 11 Recapture of investment credits. (Schedule 4255) | 11 <u> .00</u> | 11 <u> .00</u> |
| 12 Replacement tax before investment credits. Add Lines 10 and 11. | 12 <u> .00</u> | 12 <u> .00</u> |
| 13 Investment credits (Form IL-477) . | 13 <u> .00</u> | 13 <u> .00</u> |
| 14 Net replacement tax. Subtract Line 13 from Line 12. | 14 <u> .00</u> | 14 <u> .00</u> |

Step 5: Figure your refund or balance due

| | | |
|---|----------------------------------|---------------------------------|
| 15 Total net income and replacement taxes. Add Lines 8 and 14. | 15 <u> .00</u> | 15 <u> .00</u> |
| 16 Payments. | | |
| a Credit from prior year overpayment. | 16a <u> .00</u> | |
| b Form IL-1023-CES payments. | 16b <u> .00</u> | |
| c Form IL-505-B (extension) payment. | 16c <u> .00</u> | |
| d Pass-through entity payments. (Schedule(s) K-1-P or K-1-T) | 16d <u> .00</u> | |
| 17 Total payments. Add Lines 16a through 16d. | | 17 <u> .00</u> |
| 18 Tax paid with original return (do not include penalty and interest). | | 18 <u> .00</u> |
| 19 Subsequent tax payments made since the original return. | | 19 <u> .00</u> |
| 20 Total tax paid. Add Lines 17, 18, and 19. | | 20 <u> .00</u> |
| 21 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment. | | 21 <u> .00</u> |
| 22 Net tax paid. Subtract Line 21 from Line 20. | | 22 <u> .00</u> |
| 23 Refund. Subtract Line 15 from Line 22. | | 23 <u> .00</u> |
| 24 Tax due. Subtract Line 22 from Line 15. | | 24 <u> .00</u> |
| 25 Penalty. See instructions. | | 25 <u> .00</u> |
| 26 Interest. See instructions. | | 26 <u> .00</u> |
| 27 Total balance due. Add Lines 24 through 26. | | 27 <u> .00</u> |

▶ **Make your check payable to "Illinois Department of Revenue" and attach it to the front page of this form.** ◀
Special 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.

| | | | |
|---|---------|--|--------------|
| Signature of authorized officer | Date | Title | () Phone |
| Signature of preparer | Date | Preparer's Social Security Number of 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** ◀

