



Do not write above this line.

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

Write the amount you are paying.
 \$ _____



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.

Step 1: Identify your partnership

- A** Write your complete legal business name.
 If you have a name change check this box.
 Name: _____
- B** If you have an address change or this is a first return, check this box and complete the following information.
 C/O: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
- C** Check the box if you are a member of a unitary business group and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.
 _____ - _____ - _____
- D** Check the box if you are filing this form **only** to report an increased net loss on Line 47, Column B.
- E** Check the box if you are classified as investment partnership.

- F** Write your federal employer identification no (FEIN).
 _____ - _____ - _____
- G** Check the applicable box for the type of change being made.
 NLD State change Federal change
 If a federal change, check one:
 Partial agreed Finalized
Write the finalization date _____
Attach federal finalization.
- H** Check this box if you are filing a "corrected" return and making the election to treat all nonbusiness income as business income.
- I** If you have completed the following federal forms, check the box and attach them to this return, if you have not previously done so.
 Federal Form 8886 Federal Schedule M-3
- J** Check the box if you attached Form IL-4562.
- K** Check the box if you attached Schedule M.
- L** Check the box if you attached Schedule 80/20.

Step 2: Explain the changes on this return

Step 3: Figure your ordinary income or loss

- 1** Ordinary income or loss or equivalent from U.S. Schedule K.
- 2** Net income or loss from all rental real estate activities.
- 3** Net income or loss from other rental activities.
- 4** Portfolio income or loss.
- 5** Net IRC Section 1231 gain or loss.
- 6** All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065 or 1065-B.
 Identify: _____
- 7** Add Lines 1 through 6. This is your ordinary income.

A		B	
As most recently reported or adjusted		Corrected amount	
1	_____ .00	1	_____ .00
2	_____ .00	2	_____ .00
3	_____ .00	3	_____ .00
4	_____ .00	4	_____ .00
5	_____ .00	5	_____ .00
6	_____ .00	6	_____ .00
7	_____ .00	7	_____ .00

Step 4: Figure your unmodified base income or loss

- 8** Charitable contributions.
- 9** Expense deduction under IRC Section 179.
- 10** Interest on investment indebtedness.
- 11** All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B.
 Identify: _____
- 12** Add Lines 8 through 11.
- 13** Subtract Line 12 from Line 7. This is your total unmodified base income or total loss.

8	_____ .00	8	_____ .00
9	_____ .00	9	_____ .00
10	_____ .00	10	_____ .00
11	_____ .00	11	_____ .00
12	_____ .00	12	_____ .00
13	_____ .00	13	_____ .00

Attach your payment here.



A
As most recently
reported or adjusted

B
Corrected
amount

14 Write the amounts from Line 13. 14 _____ .00 14 _____ .00

Step 5: Figure your income or loss

15 State, municipal, and other interest income excluded from Line 14. 15 _____ .00 15 _____ .00
 16 Illinois replacement tax deducted in arriving at Line 14. 16 _____ .00 16 _____ .00
 17 Illinois Special Depreciation addition (Form IL-4562). 17 _____ .00 17 _____ .00
 18 Related-party expenses addition (Schedule 80/20). 18 _____ .00 18 _____ .00
 19 Distributive share of additions (Schedule(s) K-1-P or K-1-T). 19 _____ .00 19 _____ .00
 20 Guaranteed payments to partners from U.S. Form 1065. 20 _____ .00 20 _____ .00
 21 The amount of loss distributable to a partner subject to replacement tax (Schedule B). 21 _____ .00 21 _____ .00
 22 Other additions (Schedule M for businesses). 22 _____ .00 22 _____ .00
 23 Add Lines 14 through 22. This is your income or loss. 23 _____ .00 23 _____ .00

Step 6: Figure your base income or loss

24 Interest income from U.S. Treasury and exempt federal obligations. 24 _____ .00 24 _____ .00
 25 August 1, 1969, valuation limitation amount (Schedule F). 25 _____ .00 25 _____ .00
 26 Personal service income or reasonable allowance for compensation of partners. 26 _____ .00 26 _____ .00
 27 Share of income distributable to a partner subject to replacement tax (Schedule B). 27 _____ .00 27 _____ .00
 28 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-A). 28 _____ .00 28 _____ .00
 29 High Impact Business Dividend subtraction (Schedule 1299-A). 29 _____ .00 29 _____ .00
 30 Illinois Special Depreciation subtraction (Form IL-4562). 30 _____ .00 30 _____ .00
 31 Related-party expenses subtraction (Schedule 80/20). 31 _____ .00 31 _____ .00
 32 Distributive share of subtractions (Schedule(s) K-1-P or K-1-T). 32 _____ .00 32 _____ .00
 33 Other subtractions (Schedule M for businesses). 33 _____ .00 33 _____ .00
 34 Total subtractions. Add Lines 24 through 33. 34 _____ .00 34 _____ .00
 35 **Base income or net loss.** Subtract Line 34 from Line 23. 35 _____ .00 35 _____ .00

If the amount on Line 35 is derived inside and outside Illinois, complete Step 7. Otherwise, go to Step 8.

Step 7: Figure your income allocable to Illinois

36 Nonbusiness income or loss (Schedule NB). 36 _____ .00 36 _____ .00
 37 Trust, estate, and non-unitary partnership business income or loss included on Line 35. 37 _____ .00 37 _____ .00
 38 Add Lines 36 and 37. 38 _____ .00 38 _____ .00
 39 Business income or loss. Subtract Line 38 from Line 35. 39 _____ .00 39 _____ .00
 40 Total sales everywhere (this amount cannot be negative). 40 _____ .00 40 _____ .00
 41 Total sales inside Illinois (this amount cannot be negative). 41 _____ .00 41 _____ .00
 42 Apportionment factor. Divide Line 41 by Line 40. 42 _____ .00 42 _____ .00
 43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. 43 _____ .00 43 _____ .00
 44 Nonbusiness income or loss allocable to Illinois (Schedule NB). 44 _____ .00 44 _____ .00
 45 Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois. 45 _____ .00 45 _____ .00
 46 **Base income or net loss allocable to Illinois.** Add Lines 43 through 45. 46 _____ .00 46 _____ .00



A
As most recently
reported or adjusted

B
Corrected
amount

Step 8: Figure your net income

47 Base income or net loss from Step 6, Line 35 or Step 7, Line 46.	47 _____	47 _____
48 Illinois net loss deduction (Schedule NLD). If Line 47 is zero or a negative amount, write "0".	48 _____	48 _____
49 Income after NLD. Subtract Line 48 from Line 47.	49 _____	49 _____
50 Write the amount from Step 6, Line 35.	50 _____	50 _____
51 Divide Line 47 by Line 50. (This figure cannot be greater than "1".)	51 _____	51 _____
52 Exemption allowance. Multiply Line 51 by \$1,000.	52 _____	52 _____
53 Net income. Subtract Line 52 from Line 49.	53 _____	53 _____

Step 9: Figure your net replacement tax

54 Replacement tax. Multiply Line 53 by 1.5% (.015).	54 _____	54 _____
55 Recapture of investment credits (Schedule 4255).	55 _____	55 _____
56 Replacement tax before investment credits. Add Lines 54 and 55.	56 _____	56 _____
57 Investment credits (Form IL-477).	57 _____	57 _____
58 Net replacement tax. Subtract Line 57 from Line 56. If negative, write "0".	58 _____	58 _____

Step 10: Figure your refund or balance due

59 Payments		
a Credit from prior year overpayment.	59a _____	
b Form IL-505-B (extension) payment.	59b _____	
c Pass-through entity payments from Schedule(s) K-1-P or K-1-T.	59c _____	
d Gambling withholding (Form(s) W-2G).	59d _____	
60 Total payments. Add Lines 59a through 59d.		60 _____
61 Tax paid with original return (do not include penalties and interest).		61 _____
62 Subsequent tax payments made since the original return.		62 _____
63 Total tax paid. Add Lines 60, 61, and 62.		63 _____
64 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		64 _____
65 Net tax paid. Subtract Line 64 from Line 63.		65 _____
66 Refund. Subtract Line 58 from Line 65.		66 _____
67 Tax due. Subtract Line 65 from Line 58.		67 _____
68 Penalty (See instructions.)		68 _____
69 Interest (See instructions.)		69 _____
70 Total balance due. Add Lines 67 through 69.		70 _____

► **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀

Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 11: 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 partner	_____ Date	_____ Title	_____ Phone
_____ Signature of preparer	_____ Date	_____ Preparer's Social Security Number or 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** ◀





Schedule B

Partners' or Shareholders' Identification

Attach to your Form IL-1065 or Form IL-1120-ST

IL Attachment no. 1

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. **1** _____
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. **2** _____

Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Total amount of base income (loss) distributable (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) **7** _____