

Amended Corporation Income and Replacement Tax Return

Do not write above this line.

	nd TOI	icate what tax year you are amending: Tax year beginning month do	embe	r 31 , :		Write the amount you are paying.	ou —		
Step 1: Provide the following business information K Write your federal employer identification no. (FEIN).									
	A	Write your complete legal business name. If you have a name change only check this box. Name:			Write your North American Industry Classification System Code (NAICS). See instructions.				
	В	If you have an address change check this box and complete the following information. C/O:		M	Write your Illinois corporate fi	 le (charter) number			
		Mailing address:		_ N	Check the applicable box for being made. NLD Federal ch	State change			
	С	Check the box if your business is a Combined return (unitary) Foreign insurer			If a federal change, check one	e: Finalized			
	D	Check the box if you are filing this form only to report an increased n loss on Line 35, Column B.	et		Write the finalization date _ Attach your federal finalization				
	E	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		0	Check the box if you are filing on or before the extended du making the election to treat a income as business income.	ue date and are all nonbusiness			
	F	Check the box if you attached Illinois Schedule UB.		Р	Check the box if you are mak indebtedness adjustment on	•			
	G	Check the box if you attached Illinois Schedule 1299-D.			Schedule NLD or UB/NLD. (U	_			
	Н	Check the box if you attached Form IL-4562.		Q	If you are filing Schedule INL	check the box.			
о. Д	I J	Check the box if you attached Illinois Schedule M (for businesses).		R	If you annualized your income check the box. (IL-2220)	e on Form IL-2220	П		
le her	J	Check the box if you attached Schedule 80/20.		نام ام	, ,	•	_		
ayab		 Make your check payable to "Illinois Department of Revenue" and attach it here. Write the amount of your payment on the top of this page in the space provided. 							
ance p		► Mail this return to: Illinois Department of Revenue, P.O. Bo	•						
Check the box if you attached Schedule 80/20. Check the box. (IL-2220)							—		



As most recently

В

reported or adjusted Corrected amount 1 Federal taxable income from U.S. Form 1120. •00 **2** •00 2 Net operating loss deduction from U.S. Form 1120. •00 3 ______00 **3** State, municipal, and other interest income excluded from Line 1. •00 •00 4 Illinois income and replacement tax deducted in arriving at Line 1. 5 Illinois Special Depreciation addition (Form IL-4562). •00 •00 •00 6 •00 Related-party expenses addition (Schedule 80/20). 7 Distributive share of additions (Schedule(s) K-1-P or K-1-T). •00 •00 •00 Other additions (Illinois Schedule M for businesses). •00 9 Add Lines 1 through 8. This is your total income or loss. •00 •00 Step 4: Figure your base income or loss 10 _______00 10 _______00 10 Interest income from U.S. Treasury and exempt federal obligations. 11 Enterprise Zone or River Edge Redevelopment Zone 11 •00 Dividend subtraction (Schedule 1299-B). •00 12 Enterprise Zone or River Edge Redevelopment Zone 12 12 Interest subtraction (Schedule 1299-B). •00 •00 13 13 •00 13 High Impact Business Dividend subtraction (Schedule 1299-B). •00 **14** _______ **14** _______ 14 High Impact Business Interest subtraction (Schedule 1299-B). **15** ______ **15** •00 15 Contribution subtraction (Schedule 1299-B). 16 Contribution to certain job training projects. **16** _______ **16** _______ 17 Foreign Dividend subtraction (Schedule J). **17** _______ 18 _____ 18 Illinois Special Depreciation subtraction (Form IL-4562). **18** ________ •00 **19** ______ 19 Related-party expenses subtraction (Schedule 80/20). 20 _____ 20 20 Distributive share of subtractions (Schedule(s) K-1-P or K-1-T). •00 •00 21 Other subtractions (Schedule M for businesses). 21 _____ •00 •00 22 Total subtractions. Add Lines 10 through 21. 22 •00 22 •00 23 23 23 Base income or net loss. Subtract Line 22 from Line 9. •00 •00 If the amount on Line 23 is derived inside and outside Illinois, complete Step 5. Otherwise, go to Step 6. Step 5: Figure your income allocable to Illinois 24 24 24 Nonbusiness income or loss (Schedule NB). •00 •00 25 Trust, estate, and non-unitary partnership business income or loss included in Line 23. **26** •00 26 26 Add Lines 24 and 25. •00 27 Business income or loss. Subtract Line 26 from Line 23. 27 _____ 27 _____ •00 •00 28 ________ Total sales everywhere (this amount cannot be negative). **29** •00 **29** •00 29 Total sales inside Illinois (this amount cannot be negative). 30 ___. 30 ___.__ 30 Apportionment factor. Divide Line 29 by Line 28. 31 Business income or loss apportionable to Illinois. 31 _______00 Multiply Line 27 by Line 30. 32 Nonbusiness income or loss allocable to Illinois (Schedule NB). 33 Trust, estate, and non-unitary partnership business income **33** •00 •00 or loss apportionable to Illinois.

34 _____

•00

34 Base income or net loss allocable to Illinois.

Add Lines 31 through 33.

			Α		В	
Step	6: Figure your net income		As most recently reported or adjusted		Corrected amount	
35	Base income or net loss from Step 4, Line 23 or Step 5, Line 34.	35	<u>•00</u>	35	<u> </u>	
36	Discharge of indebtedness adjustment. (U.S. Form 982).	36	<u>•00</u>	36	<u>•00</u>	
37	Adjusted base income or net loss. Add Lines 35 and 36.	37	<u>•00</u>	37	<u>•00</u>	
38	Illinois net loss deduction. If Line 37 is zero or negative, write "0". (Schedule NLD or UB/NLD).	38	Not applicable for this tax year.	38	Not applicable for this tax year.	
39	Net income. Write the amount from Line 37.	39	<u>•00</u>	39	<u>•00</u>	
Step	7: Figure your net replacement tax					
40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	<u>•00</u>	40	<u>00</u>	
41	Recapture of investment credits (Schedule 4255).	41	<u>000</u>	41	<u>00</u>	
42	Replacement tax before credits. Add Lines 40 and 41.	42	<u>000</u>	42	<u>•00</u>	
43	Investment credits (Form IL-477).	43		43	<u></u>	
44	Net replacement tax. Subtract Line 43 from Line 42. If negative, write "	0". 44	<u>•00</u>	44	<u>•00</u>	
Step	8: Figure your net income tax					
45	Income Tax. Multiply Line 39 by 7% (.07).	45	<u>•00</u>	45	<u>•00</u>	
46	Recapture of investment credits (Schedule 4255).	46	•00	46	•00	
47	Income tax before credits. Add Lines 45 and 46.		•00	47	•00	
48	Income tax credits (Schedule 1299-D).	48	•00		•00	
49			•00		•00	
Step	9: Figure your refund or balance due					
50	Net replacement tax from Line 44.	50	•00	50	•00	
51	Net income tax from Line 49.	51	•00	51	•00	
52			•00		•00	
53	a Credit from prior year overpayment.		•00			
	b Total estimated payments.		•00			
	c Form IL-505-B (extension)payment.	530	•00			
	d Pass-through entity payments (Schedule(s) K-1-P or K-1-T).	530	• <u>00</u>			
(e Gambling withholding (Form(s) W-2G).	53e	•00			
54	Total payments. Add Lines 53a through 53e.			54	<u></u>	
55	Tax paid with original return (do not include penalties and interest).			55	<u> </u>	
56	Subsequent tax payments made since the original return.			56	<u></u>	
57	Total tax paid. Add Lines 54, 55, and 56.			57	<u>00</u>	
58	Total amount of previous refunds and credits for the year being ame whether or not you received the overpayment.	ended,		58	•00	
59	Net tax paid. Subtract Line 58 from Line 57.				•00	
60	Refund. Subtract Line 52 from Line 59.				•00	
61	Tax due. Subtract Line 59 from Line 52.				•00	
62	Penalty. See instructions.				•00	
63	Interest. See instructions.				•00	
	Total balance due. Add Lines 61 through 63.				•00	
Ur	10: Sign here Inder penalties of perjury, I state that I have examined this return and, Signature of authorized officer Date	to the b	est of my knowledge, it is	s true, co	orrect, and complete. ()	
	Signature of preparer Date Preparer's Social Security Number or firm's FEIN					
	Propagar firm's name (or yours, if solf ampleyed)			(_	/	

• Attach corrected supporting documents to your Form IL-1120-X.



• Failure to attach the required corrected documents will result in the disallowance of the corresponding line item.

		_	
If you	completed:	Attach	
	Form IL-1120-X	•	U.S. 1120-X U.S. 1139 or federal RAR (if applicable)
	Step 1, Line C (unitary) only	•	Schedule UB
<u> </u>	Step 1, Line C (foreign insurer) only	•	Schedule INS
<u> </u>	Step 1, Line C (unitary) and (foreign insurer)	•	Schedule UB and Schedule UB/INS
<u> </u>	Step 1, Line N (federal change)	•	Copy of federal finalization
	Lines 5 and 18 ■ Special Depreciation addition ■ Special Depreciation subtraction	•	Form IL-4562
	Lines 6 and 19 ■ Related-party expenses addition ■ Related-party expenses subtraction	•	Schedule 80/20
	Lines 7 and 20 ■ Distributive share of additions ■ Distributive share of subtractions	>	Schedule(s) K-1-P or K-1-T
	Lines 8 and 21 ■ Other additions ■ Other subtractions	>	Schedule M and any required support listed on Schedule M
	 Lines 11 through 15 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction Enterprise Zone or River Edge Redevelopment Zone Interest subtraction High Impact Business Dividend subtraction High Impact Business Interest subtraction Contributions subtraction 	•	Schedule 1299-B
	Line 17 Foreign Dividend Subtraction	•	Illinois Schedule J U.S. 1120, Schedule C or equivalent
<u> </u>	Lines 24 and 32	•	Schedule NB
	Nonbusiness income or lossNonbusiness income or loss allocable to Illinois		
	 Lines 25 and 33 Trusts, estates and non-unitary partnership business income or loss Trusts, estates, and non-unitary partnerships business income or loss apportionable to Illinois 	•	Schedule(s) K-1-P or K-1-T
	Line 36 Discharge of Indebtedness adjustment	•	Federal Form 982 <u>■Note</u> Check the box on Form IL-1120-X, Step 1, Line P.
<u> </u>	Line 38 Illinois net loss deduction	•	Schedule NLD or UB/NLD (for unitary filers)
<u> </u>	Lines 41 and 46 Recapture of investment credit	•	Schedule 4255
<u> </u>	Line 43 Investment credits	•	Form IL-477
	Line 48 Income tax credits	>	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions. <u>■Note</u> Check the box on Form IL-1120-X, Step 1, Line G.
	Line 53d Pass-through entity payments	>	All Schedules K-1-P and K-1-T you received showing a pass-through entity payment
	Line 53e Gambling withholding	•	All copies of Form W-2G