

# Illinois Department of Revenue 2011 IL-1120-X 

## Amended Corporation Income and Replacement Tax Return

Indicate what tax year you are amending: Tax year beginning $\square$ , ending


If you are filing an amended return for tax years ending before December 31, 2011, you cannot use this form. For prior years, use the amended return form for that year.

## Write the amount you

 are paying.Step 1: Provide the following business information
A Write your complete legal business name.
If you have a name change only check this box.
Name: $\qquad$
B If you have an address change check this box and complete the following information.

C/O:

Mailing address:
City: $\qquad$ State: $\qquad$ ZIP: $\qquad$
C Check the box if your business is a
$\square \quad$ Combined return (unitary) $\square$ Foreign insurer
D Check the box if you are filing this form only to report an increased net loss on Line 35, Column B.

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.
$\square$ Federal Form $8886 \quad \square$ Federal Schedule M-3
F Check the box if you attached Illinois Schedule UB.
G Check the box if you attached Illinois Schedule 1299-D.
H Check the box if you attached Form IL-4562.
I Check the box if you attached Illinois Schedule M (for businesses).
$J$ Check the box if you attached Schedule 80/20.

K Write your federal employer identification no. (FEIN).
$\qquad$ - $\qquad$
L Write your North American Industry Classification System Code (NAICS). See instructions.
$\qquad$
M Write your Illinois corporate file (charter) number.
$\qquad$
N Check the applicable box for the type of change being made. $\begin{aligned} \square & \square \text { NLD } \quad \square \text { State change } \\ \square & \text { Federal change }\end{aligned}$ If a federal change, check one: $\square$ Partial agreed
$\square$ Finalized
Write the finalization date
Attach your federal finalization to this return.
O Check the box if you are filing Form IL-1120-X on or before the extended due date and are making the election to treat all nonbusiness income as business income.
P Check the box if you are making a discharge of indebtedness adjustment on Line 36, or Schedule NLD or UB/NLD. (U.S Form 982)

Q If you are filing Schedule INL check the box.
R If you annualized your income on Form IL-2220 check the box. (IL-2220)

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

## Step 2: Explain the changes on this return

|  |  | A |
| :---: | :---: | :---: |
|  |  | As most recently reported or adjusted |
|  | 1 | . 00 |
| 0. | 2 | . 00 |
| ded from Line 1. | 3 | . 00 |
| arriving at Line 1. | 4 | . 00 |
| 56). | 5 | . 00 |
| ). | 6 | . 00 |
| P or K-1-T). | 7 | .00 |
| sses). | 8 | . 00 |
| or loss. | 9 | .00 |


| B |  |
| :---: | :---: |
| Corrected amount |  |
| 1 | . 00 |
| 2 | .00 |
| 3 | . 00 |
| 4 | .00 |
| 5 | .00 |
| 6 | . 00 |
| 7 | .00 |
| 8 | . 00 |
| 9 | .00 |

## Step 4: Figure your base income or loss

10 Interest income from U.S. Treasury and exempt federal obligations.
$10 \quad .00$
$11 \longrightarrow \quad .00$

| 10 | .00 |
| :--- | ---: |
| 11 | .00 |
| 12 | .00 |
| 13 | .00 |
| 14 | .00 |
| 15 | .00 |
| 16 | .00 |
| 17 | .00 |
| 18 | .00 |
| 19 | .00 |
| 20 | .00 |
| 21 | .00 |
| 22 | .00 |
| 23 | .00 |
| .00 |  |


| 1 Federal taxable income from U.S. Form 1120. | 1 | . 00 |
| :---: | :---: | :---: |
| 2 Net operating loss deduction from U.S. Form 1120. | 2 | . 00 |
| 3 State, municipal, and other interest income excluded from Line 1. | 3 | . 00 |
| 4 Illinois income and replacement tax deducted in arriving at Line 1. | 4 | . 00 |
| 5 Illinois Special Depreciation addition (Form IL-4562). | 5 | . 00 |
| 6 Related-party expenses addition (Schedule 80/20). | 6 | .00 |
| 7 Distributive share of additions (Schedule(s) K-1-P or K-1-T). | 7 | .00 |
| 8 Other additions (Illinois Schedule M for businesses). | 8 | . 00 |
| 9 Add Lines 1 through 8. This is your total income or loss. | 9 | . 00 |

11 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).

| 12 | .00 |
| :---: | :---: |
| 13 | .00 |
| 14 | .00 |
| 15 | .00 |
| 16 | .00 |
| 17 | .00 |
| 18 | .00 |
| 19 | .00 |
| 20 | .00 |
| 21 | .00 |
| 22 | .00 |
| 23 | .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 Nonbusiness income or loss (Schedule NB).
25 Trust, estate, and non-unitary partnership business income or loss included in Line 23.

26 Add Lines 24 and 25.
27 Business income or loss. Subtract Line 26 from Line 23.
28 Total sales everywhere (this amount cannot be negative).
29 Total sales inside Illinois (this amount cannot be negative).
30 Apportionment factor. Divide Line 29 by Line 28.
31 Business income or loss apportionable to Illinois. 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 or loss apportionable to Illinois.
34 Base income or net loss allocable to Illinois.
Add Lines 31 through 33.




## Step 10: 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 |  | $\overline{\text { Title }} \quad(\overline{\text { Phone }})$ | $(\underset{\text { Phone }}{ })_{1}$ |
| :---: | :---: | :---: | :---: | :---: |
| Signature of preparer | Date |  | Preparer's Social Security Number or firm's FEIN |  |
|  |  |  | ( |  |
| Preparer firm's name (or yours, if self-employed) IL-1120-X (R-12/11) | Address |  | Phone | Page 3 of 4 |
|  | Reset | Print |  |  |

- 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:



## Form IL-1120-X

Step 1, Line C (unitary) only
Step 1, Line C (foreign insurer) only
Step 1, Line C (unitary) and (foreign insurer)
Step 1, Line N (federal change)
Lines 5 and 18

- Special Depreciation addition
- Special Depreciation subtraction

Lines 6 and 19

- Related-party expenses addition
- Related-party expenses subtraction

Lines 7 and 20

- Distributive share of additions
- Distributive share of subtractions

Lines 8 and 21

- Other additions
- Other subtractions


## 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

Line 17 Foreign Dividend Subtraction
Lines 24 and 32

- Nonbusiness income or loss
- Nonbusiness 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

Line 36 Discharge of Indebtedness adjustment

Line 38 Illinois net loss deduction
Lines 41 and 46 Recapture of investment credit
Line 43 Investment credits
Line 48 Income tax credits

- Line 53d Pass-through entity payments


Line 53e Gambling withholding

## = $=$

Attach

- U.S. 1120-X
U.S. 1139 or federal RAR (if applicable)

Schedule UB
Schedule INS
Schedule UB and Schedule UB/INS
Copy of federal finalization
Form IL-4562

Schedule 80/20

Schedule(s) K-1-P or K-1-T

Schedule M and any required support listed on Schedule M

Schedule 1299-B

- Illinois Schedule J
U.S. 1120, Schedule C or equivalent

Schedule NB

Schedule(s) K-1-P or K-1-T

Federal Form 982
=Note马 Check the box on Form IL-1120-X, Step 1, Line P.
Schedule NLD or UB/NLD (for unitary filers)
Schedule 4255
Form IL-477
Schedule 1299-D and any required support listed in the Schedule 1299-D instructions.
シNote Check the box on Form IL-1120-X, Step 1, Line G.
All Schedules K-1-P and K-1-T you received showing a pass-through entity payment
All copies of Form W-2G

