

Amended Corporation Income and Replacement Tax Return

STO	If you are filing an amended return for tax years ending before Dec you cannot use this form. For prior years, use the amended return for						
	ep 1: Identify your corporation		K	Write your federal employer identification no. (FEIN).			
Α	Write your complete legal business name. If you have a name change, check this box. Name:		L	Write your North American Industry Classification System Code (NAICS). See instructions.			
В	Write your mailing address. If you have an address change, check this box. C/O:		M	Write your Illinois corporate file (charter) number.			
	Mailing address: State: ZIP:		N	Check the applicable box for the type of change being made. NLD State change Federal change			
С	Check the box if your business is a Combined return (unitary) Foreign insurer			If a federal change, check one: Partial agreed Finalized			
D	Check this box if you are filing this form only to report an increased noss on Line 37, Column B.	et		Write the finalization date Attach your federal finalization to this return.			
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 this 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.			
F	Check this box if you attached Illinois Schedule UB.		Р	Check this box if you are making a discharge of			
G	Check this box if you attached Illinois Schedule 1299-D.			indebtedness adjustment on Line 36, or Schedule NLD or UB/NLD. (U.S Form 982)			
Н	Check this box if you attached Form IL-4562.		Q	If you are filing Schedule INL check this box.			
I J	Check this box if you attached Illinois Schedule M (for businesses). Check this box if you attached Schedule 80/20.		R	If you annualized your income on Form IL-2220 check this box. (IL-2220)			
If you owe tax on Line 64, complete a payment voucher, Form IL-1120-X-V, make your check payable to "Illinois Department of Revenue" and attach them here.							
	 Write the amount of your payment on the top of this page in the space provided. 						
	► Mail this return to: Illinois Department of Re	evenue	e, P.O). Box 19016, Springfield, IL 62794-9016			
► Attach your payment and Form IL-1120-X-V here.	ep 2: Explain the changes on this return						

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Step 3: Figure your income or loss			A As most recently reported or adjusted		B Corrected amount	
1	Federal taxable income from U.S. Form 1120.	1 _	• <u>00</u>	1 _	•00	
2	Net operating loss deduction from U.S. Form 1120.	2 _	•00	2 _	•00	
3	State, municipal, and other interest income excluded from Line 1.	3 _	•00	3 _	•00	
4	Illinois income and replacement tax deducted in arriving at Line 1.	4 _	• <u>00</u>	4 _	•00	
5	Illinois Special Depreciation addition (Form IL-4562).	5 _	<u>•00</u>	5 _	<u>•00</u>	
6	Related-party expenses addition (Schedule 80/20).	6 _	<u>•00</u>	6 _	<u>•00</u>	
7	Distributive share of additions (Schedule(s) K-1-P or K-1-T).	7 _	<u>•00</u>	7 _	<u>•00</u>	
8	Other additions (Illinois Schedule M for businesses).	8 _	• <u>00</u>	8 _	<u>•00</u>	
9	Add Lines 1 through 8. This is your total income or loss.	9 _	• <u>00</u>	9 _	•00	
Step	4: Figure your base income or loss					
10	Interest income from U.S. Treasury and exempt federal obligations.	10 _	• <u>00</u>	10 _	•00	
11	Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).	11 _	•00	11 _	•00	
12	Enterprise Zone or River Edge Redevelopment Zone Interest subtraction (Schedule 1299-B).	12 _	•00	12 _	•00	
13	High Impact Business Dividend subtraction (Schedule 1299-B).	13 _	•00	13 _	•00	
14	High Impact Business Interest subtraction (Schedule 1299-B).	14 _	•00	14 _	•00	
15	Contribution subtraction (Schedule 1299-B).	15 _	• <u>00</u>	15 _	•00	
16	Contribution to certain job training projects.	16 _	•00	16 _	•00	
17	Foreign Dividend subtraction (Schedule J).	17 _	•00	17 _	•00	
18	Illinois Special Depreciation subtraction (Form IL-4562).	18 _	<u>•00</u>	18 _	•00	
19	Related-party expenses subtraction (Schedule 80/20).	19 _	<u>•00</u>	19 _	•00	
20	Distributive share of subtractions (Schedule(s) K-1-P or K-1-T).	20 _	<u>•00</u>	20 _	<u>•00</u>	
21	Other subtractions (Schedule M for businesses).	21 _	<u>•00</u>	21 _	<u>•00</u>	
22	Total subtractions. Add Lines 10 through 21.	22 _	• <u>00</u>	22 _	<u>•00</u>	
23	Base income or loss. Subtract Line 22 from Line 9.	23 _	<u>•00</u>	23 _	•00	
A If the amount on Line 23 is derived inside Illinois only, check this box and write the amount from Step 4, Line 23 on Step 6, Line 35. You may not complete Step 5. (You must leave Step 5, Lines 24 through 34 blank.) B If any portion of the amount on Line 23 is derived outside Illinois, check this box and complete all lines of Step 5. See instructions.						
1	p 5: Figure your income allocable to Illinois (Complete only Nonbusiness income or loss (Schedule NB).	-	•00	=	•00	
	Trust, estate, and non-unitary partnership business income		•00		•00	
-	or loss included in Line 23.	25 _	<u>•00</u>	25 _	•00	
26	Add Lines 24 and 25.	26 _	<u>•00</u>	26 _	<u>•00</u>	
27	Business income or loss. Subtract Line 26 from Line 23.	27 _	• <u>00</u>	27 _	<u>•00</u>	
28	Total sales everywhere (this amount cannot be negative).	28 _	<u>•00</u>	28 _	•00	
29	Total sales inside Illinois (this amount cannot be negative).	29 _	• <u>00</u>	29 _	•00	
30	Apportionment factor. Divide Line 29 by Line 28.	30 _	•	30 _		
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.		•00		•00	
32	Nonbusiness income or loss allocable to Illinois (Schedule NB).	32 _	<u>•00</u>	32 _	<u>•00</u>	
	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	33 _	•00	33 _	•00	
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34 _	•00	34 _	•00	

Step	6: Figure your net i	income		re	As most recently eported or adjusted			B Corrected amount
35	Base income or net lo	ss from Step 4, Lin	e 23 or Step 5, Line 34.	35 _	•(00	35 _	•00
36	Discharge of indebted	dness adjustment. (U.S. Form 982).	36 _	•(00	36 _	•00
37	Adjusted base income	e or net loss. Add Li	nes 35 and 36.	37 _	•(00	37 _	•00
38			ro or negative, write "0".					
			chedule NLD or UB/NLD).	38 _	•(38 _	<u>•00</u>
	Net income. Subtract			39 _	•(<u>00</u>	39 _	•00
- :-	7: Figure your replacement tox. Mul			40	,	00	40	00
40	Replacement tax. Mul							•00
41	Recapture of investme	· ·	·					•00
42	Replacement tax before		es 40 and 41.					•00
43	Investment credits (Fo	•	in a 40 feet at 1 in a 40 lf to a section of the WO!!					•00
44 Stop			ine 43 from Line 42. If negative, write "0".	44 _	•(<u>00</u>	44 _	<u>•00</u>
-	8: Figure your inco			45	,	00	45	00
45	Income Tax. Multiply L	-					45 _	•00
46	Recapture of investme	-	•	_				•00
47	Income tax before cre		and 46.					<u>•00</u>
48	Income tax credits (Se	· ·						<u>•00</u>
49			48 from Line 47. If negative, write "0".			<u>00</u>	49 _	•00
-	-	-	acement tax and refund or balan					
	·		e the amount from Line 44.					<u>•00</u>
			n. (Schedule INS or UB/INS).					<u>•00</u>
50 l	Subtract Line 50a fror	m Line 50. This is	your net replacement tax.					•00
51	Net income tax before	e reductions. Write t	he amount from Line 49.					•00
51a	a Foreign Insurer incom	ne tax reduction. (S o	chedule INS or UB/INS).					•00
511	Subtract Line 51a fror	m Line 51. This is y	our net income tax.	51b_		<u>00</u>	51b_	•00
52	Total net income and	replacement taxes.	Add Lines 50b and 51b.	52 _		<u>00</u>	52 _	<u>•00</u>
53	a Credit from prior year	r overpayment.				<u>00</u>		
	b Total estimated paym			_	•(<u>00</u>		
	c Form IL-505-B (exter			53c_		<u>00</u>		
	d Pass-through entity p	•	e(s) K-1-P or K-1-T).	_		<u>00</u>		
54	e Gambling withholding Total payments. Add L		20	53e_		<u>00</u>	54	•00
55		•	de penalties and interest).				55	•00
56		·	e original return was filed.				56 <u> </u>	•00
57	Total tax paid. Add Lir		e original return was med.				57	•00
58	•	, ,	dits for the year being amended,				<i>Ji</i> _	
	whether or not you re						58	•00
59	Net tax paid. Subtract	Line 58 from Line	57.				59	•00
60	•		2, subtract Line 52 from Line 59.				60 _	•00
61		_	9, subtract Line 59 from Line 52.				61	•00
62	Penalty. See instruction	_					62	•00
63	Interest. See instruction						63	•00
64	Total balance due. Ad		63.				64	•00
			I state that I have examined this return and,	to the	best of mv knowled			
p		. Formula of borjury,	mail	,	_			
	re of authorized officer	Date	Title	() _ Phone		discus	ss this r	ox if we may eturn with the wn in this step.
Signatu	re of preparer	Date	Preparer's Social Security number or f	irm's FE	IN	,		
Prepare	r's firm name (or yours, if self	-employed) Addi	ress		((Phone)	

- Attach supporting documents to your Form IL-1120-X.
- Failure to attach the required documents will result in the disallowance of the corresponding line item.

If you	completed:	Attach					
	Form IL-1120-X	U.S. 1120-X, and U.S. 1139 or federal RAR (if applicable)					
<u> </u>	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 21Other additionsOther 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 subtractions Contributions subtraction 	Schedule 1299-B					
<u> </u>	Line 17 Foreign Dividend Subtraction ──►	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent					
	Lines 24 and 32 ■ Nonbusiness income or loss ■ Nonbusiness income or loss allocable to Illinois	Schedule NB					
	 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. **Theorem					
<u> </u>	Lines 50a and 51a Foreign Insurer tax reduction →	Schedule INS or UB/INS					
	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					