Indicate what tax year you are amending: Tax year beginning

$\overline{\text { month }}$ day year , ending $\overline{\text { month }}$ day year .

$\qquad$ are paying.
\$

## Step 1: Identify your partnership or S corporation

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


Name: $\qquad$

B Write your mailing address.
If you have an address change, check this box.
C/O: $\qquad$
Mailing address:
City: $\qquad$ State: $\qquad$ ZIP: $\qquad$

C Write your federal employer identification no. (FEIN).
$\qquad$ 666

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

E Check the applicable box for the type of change being
made. $\quad \square$ State change $\quad \square$ Federal change If a federal change, check one:
 Finalized
Write the finalization date $\qquad$
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 4: Figure your net replacement tax (Complete only if this return includes any trust members.)

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

## Step 5: Figure your refund or balance due

15 Total net income and replacement taxes. Add Lines 8 and 14.

| 15 | .00 |
| :---: | :---: |
| 16a | . 00 |
| 16b | .00 |
| 16c | .00 |
| 16d | .00 |

16 Payments.
a Credit from prior year overpayment.
16b $\square$
b Form IL-1023-CES payments.
16c


15 .00
c Form IL-505-B (extension) payment.
d Pass-through entity payments. (Schedule(s) K-1-P or K-1-T)
16d

| 17 | .00 |
| :---: | :---: |
| 18 | .00 |
| 19 | .00 |
| 20 | .00 |
| 21 | . 00 |
| 22 | .00 |
| 23 | .00 |
| 24 | . 00 |
| 25 | . 00 |
| 26 | . 00 |
| 27 | .00 |

17 Total payments. Add Lines 16a through 16d.
18 Tax paid with original return (do not include penalty and interest).
19 Subsequent tax payments made since the original return was filed.
20 Total tax paid. Add Lines 17, 18, and 19.
21 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.
22 Net tax paid. Subtract Line 21 from Line 20.
23 Refund. If Line 22 is greater than Line 15, subtract Line 15 from Line 22.
24 Tax due. If Line 15 is greater than Line 22, subtract Line 22 from Line 15.
25 Penalty. See instructions.
26 Interest. See instructions.
27 Total balance due. Add Lines 24 through 26.
27
. 00

If you owe tax on Line 27, complete a payment voucher, Form IL-1023-C-X-V, make your check payable to "Illinois Department of Revenue" and attach them to the front of this form.
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.


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


Print

