



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



If you are filing an amended return for tax years ending before December 31, 2013, you cannot use this form. For prior years, use the amended return form for that year.

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

- C Write your federal employer identification no. (FEIN).
D Check the box that identifies the return you filed.
E Check the applicable box for the type of change being made.
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

Attach your payment and Form IL-1023-C-X-V here.

Step 3: Figure your income and net income tax

Table with 2 columns: A (As most recently reported or adjusted) and B (Corrected amount). Rows 1a-8 for income and tax calculations.

**Step 4: Figure your net replacement tax** (Complete only if this return includes any trust members.)

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

**Step 5: Figure your refund or balance due**

<b>15 Total net income and replacement taxes.</b> Add Lines 8 and 14.	15 <u>                  .00</u>	15 <u>                  .00</u>
<b>16</b> Payments.		
<b>a</b> Credit from prior year overpayment.	16a <u>                  .00</u>	
<b>b</b> Form IL-1023-CES payments.	16b <u>                  .00</u>	
<b>c</b> Form IL-505-B (extension) payment.	16c <u>                  .00</u>	
<b>d</b> Pass-through entity payments. <b>(Schedule(s) K-1-P or K-1-T)</b>	16d <u>                  .00</u>	
<b>17</b> Total payments. Add Lines 16a through 16d.		17 <u>                  .00</u>
<b>18</b> Tax paid with original return (do not include penalty and interest).		18 <u>                  .00</u>
<b>19</b> Subsequent tax payments made since the original return was filed.		19 <u>                  .00</u>
<b>20</b> Total tax paid. Add Lines 17, 18, and 19.		20 <u>                  .00</u>
<b>21</b> Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		21 <u>                  .00</u>
<b>22</b> Net tax paid. Subtract Line 21 from Line 20.		22 <u>                  .00</u>
<b>23 Refund.</b> If Line 22 is greater than Line 15, subtract Line 15 from Line 22.		23 <u>                  .00</u>
<b>24 Tax due.</b> If Line 15 is greater than Line 22, subtract Line 22 from Line 15.		24 <u>                  .00</u>
<b>25</b> Penalty. See instructions.		25 <u>                  .00</u>
<b>26</b> Interest. See instructions.		26 <u>                  .00</u>
<b>27</b> Total balance due. Add Lines 24 through 26.		27 <u>                  .00</u>

▶ **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.** ◀

**Special 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.

Signature of authorized officer	Date	Title	( ) Phone	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)	Address		( ) Phone	

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