



Illinois Department of Revenue

Amended Corporation Income and Replacement Tax Return

Indicate what tax year you are amending: Tax year beginning, ending, ending, vear_					Enter the amount you are paying.
WARNII	If you are filing an amended return for tax years ending before De form. For prior years, see instructions to determine the correct form		31, 2	2019, you may not use this	\$
St	ep 1: Identify your corporation		M	Enter your federal employer id	entification number (FEIN
A	Enter your complete legal business name. If you have a name change, check this box. Name:		N	Enter your North American System (NAICS) Code. See	
В	Enter your mailing address. If you have an address change, check this box.		0	Enter your Illinois corporate	file (charter) number.
	C/O:		Р	Check the applicable box fo being made. NLD	State change
	Check the box and see the instructions if your business is a: Unitary Filer (Combined return) Foreign insurer Check this box if you are filing this form only to report an increased	ı <u>_</u>		If a federal change, check one Partial agreed Enter the finalization date Attach your federal finalizatio	Finalized
E	form(s) to this return, if you have not previously done so.		Q Q	Check this box if you are fill on or before the extended of making the election to treat	ing Form IL-1120-X due date and are all nonbusiness
F	Federal Form 8886 Federal Schedule M-3 Part II, Line 12 Check this box if you attached Illinois Schedule UB.	, 	R	Check this box if you are maindebtedness adjustment or Schedule NLD or UB/NLD.	aking a discharge of n Line 36, or
	Check this box if you attached the Subgroup Schedule. Check this box if you attached Illinois Schedule 1299-D.		s	If you are filing Schedule IN	IL, check this box.
ï	Check this box if you attached Form IL-4562.		Т	If you annualized your incor Form IL-2220, check this bo	· 1 1
J K	Check this box if you attached Illinois Schedule M (for businesses). Check this box if you attached Schedule 80/20.		U	Check this box if your busin protected under Public Law	ess activity is
	Check this box if you are a 52/53 week filer.		V W	Throwback adjustment - see Double throwback adjustment	
.V here.	Explain the changes on this return (Attach a separate s	sheet if r	neces	sary.):	



- If you owe tax on Line 68, complete a payment voucher, Form IL-1120-X-V. Write your FEIN, tax year ending, and "IL-1120-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to this page.
- Enter 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





Sten	2: Figure your income or loss		As most recently reported or adjusted (Whole dollars only)		B Corrected amount (Whole dollars only)
-	Federal taxable income from U.S. Form 1120.	1	<u>•00</u>	1	•00
	Net operating loss deduction from U.S. Form 1120.		•00		<u>•00</u>
3	State, municipal, and other interest income excluded from Line 1.		•00		•00
4	Illinois income and replacement tax and surcharge deducted in	3	<u> </u>	3	
•	arriving at Line 1.	4	<u>•00</u>	4	<u>•00</u>
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u>•00</u>	5	<u>•00</u>
6	Related-Party Expenses addition. Attach Schedule 80/20.	6	<u>•00</u>		<u>•00</u>
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	7	<u>•00</u>	7	<u>•00</u>
8	Other additions. Attach Illinois Schedule M (for businesses).		<u>•00</u>	8	<u>•00</u>
9	Add Lines 1 through 8. This is your total income or loss.	9	•00	9	00
	3: Figure your base income or loss				
•		10	00	10	•00
	Interest income from U.S. Treasury and exempt federal obligations.		• <u>00</u>		
11	River Edge Redevelopment Zone Dividend subtraction. Attach Sch. 1299-E				•00
	River Edge Redevelopment Zone Interest subtraction. Attach Sch. 1299-B High Impact Business Dividend subtraction. Attach Schedule 1299-B.		•00		•00
	High Impact Business Dividend subtraction. Attach Schedule 1299-B.		•00		• <u>00</u>
	Contribution subtraction. Attach Schedule 1299-B.		•00		•00
	Contributions to certain job training projects.		•00		•00
17	Foreign Dividend subtraction. Attach Schedule J.		•00		•00
			•00		•00
19	Related-Party Expenses subtraction. Attach Schedule 80/20.		•00		•00
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.		•00		•00
21	Other subtractions. Attach Schedule M (for businesses).		•00		•00
22	Total subtractions. Add Lines 10 through 21.		•00		•00
23	Base income or loss. Subtract Line 22 from Line 9.		•00		•00
A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) = Note - If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4. B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions.					
Ste	p 4: Figure your income allocable to Illinois (Complete only if	you	checked the box on Line B, at	oove.)
1	Nonbusiness income or loss. Attach Schedule NB.	-	•00		•00
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	25	•00	25	.00
26	Add Lines 24 and 25.	26	<u>•00</u> <u>•00</u>	26	<u>•00</u>
27	Business income or loss. Subtract Line 26 from Line 23.		•00		•00
28	Total sales everywhere. This amount cannot be negative.		•00		•00
1	Total sales inside Illinois. This amount cannot be negative.		•00		•00
1	Apportionment factor. Divide Line 29 by Line 28. Round to six decimal places.				
1	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	•00		•00
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	32		32	
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB,	22	00	22	00
	S corporations, trusts, or estates. See instructions.		•00		•00
_ 34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	<u>•00</u>	34	<u> </u>

Page 2 of 4 IL-1120-X (R-12/19)



			Α			В
-	5: Figure your net income		As most recently reported or adjuste			Corrected
35	Base income or net loss from					amount
	Step 3, Line 23 or Step 4, Line 34.			• <u>00</u>	35 _	•00
36	Discharge of indebtedness adjustment. Attach U.S. Form 982.			• <u>00</u>	36 _	•00
37	Adjusted base income or net loss. Add Lines 35 and 36.	37		<u>•00</u>	37 _	•00
38	Illinois net loss deduction. If Line 37 is zero or negative, enter zero.					•
	Attach Schedule NLD or UB/NLD.			• <u>00</u>	38 _	•00
39	Net income. Subtract Line 38 from Line 37.	39		• <u>00</u>	39 _	<u>•00</u>
	6: Figure your replacement tax after credits	40		00	4.0	00
40	Replacement tax. Multiply Line 39 by 2.5% (.025).			• <u>00</u>	40 _	•00
41	Recapture of investment credits. Attach Schedule 4255.			• <u>00</u>	41 _	•00
42	Replacement tax before credits. Add Lines 40 and 41.			• <u>00</u>	42 _	•00
43	Investment credits. Attach Form IL-477.			• <u>00</u>	43 _	•00
44	Replacement tax after credits. Subtract Line 43 from Line 42. If negative	ve, enter zero. 44		• <u>00</u>	44 _	<u>•00</u>
	7: Figure your income tax after credits			00		00
45	Income Tax. Multiply Line 39 by 7.00% (.07).			• <u>00</u>	45 _	<u>•00</u>
46	Recapture of investment credits. Attach Schedule 4255.	46		• <u>00</u>	46 _	•00
47	Income tax before credits. Add Lines 45 and 46.			• <u>00</u>	47 _	•00
48	Income tax credits. Attach Schedule 1299-D.			<u>•00</u>	48 _	<u>•00</u>
49	Income tax after credits. Subtract Line 48 from Line 47. If negative	e, enter zero. 49		<u>•00</u>	49 _	•00
-	8: Figure your refund or balance due	50		00	50	•00
50	Replacement tax before reductions. Enter the amount from Line 44.			• <u>00</u>	50 _	•00
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or			•00	51 _	•00
52 52	Subtract Line 51 from Line 50. This is your net replacement tax. Net income tax before reductions. Enter the amount from Line 49.			•00	52 _ 53 _	•00
53 54				•00	54	•00
54 55	Foreign Insurer income tax reduction. Attach Schedule INS or UB/I Subtract Line 54 from Line 53. This is your net income tax.			•00	55 _	•00
55 56	Compassionate Use of Medical Cannabis Program Act surcharge. See			•00	56 _	•00
56 57	•			•00	50 _ 57 _	•00
57 50	Sale of assets by gaming licensee surcharge. See instructions.	57		<u>•00</u>	57 _	
58	Total net income and replacement taxes and surcharges.			•00	58 _	•00
E 0	Add Lines 52, 55, 56, and 57. Payments. See instructions.			<u>-00</u>	30 _	<u> </u>
59	a Credits from previous overpayments.				502	•00
	b Total payments made before the date this amended return is file	ad.				•00
	c Pass-through withholding reported to you. Attach Schedule(s) h					•00
	d Illinois gambling withholding. Attach Form(s) W-2G.	(-1-1 OI IX-1-1.			590 _ 59d _	•00
60	Total payments. Add Lines 59a through 59d.				60 _	•00
61	Previously paid penalty and interest. See instructions.				61 _	•00
	Total amount of overpayment (including any carryforward or refund)	before the filing	of this return		0	
-	for the year being amended. See instructions.	20.0.0			6 2 _	•00
63	Add lines 61 and 62.				_	•00
64	Net tax paid. Subtract Line 63 from Line 60.				64	•00
65	Overpayment. If Line 64 is greater than Line 58, subtract Line 58 fr	om Line 64.			65 _	•00
66	Amount of overpayment from Line 65 to be credited forward . See				66 _	•00
67	Refund. Subtract Line 66 from Line 65. This is the amount to be ref				67 _	•00
68	Tax due with this amended return. If Line 58 is greater than Line		64 from Line 58.		68 _	•00
	Note You will be sent a bill for any additional penalty and interest	st due.				
	Especial Note → Enter the amount of your payment on	the top of Page 1	in the space pro	vide	ed.	
Step		his return and, to th	e best of my knowle	edge	, it is true,	correct, and complete.
Sign					Chec	ck if the Department
Here		()	Ш		uss this return with the
	Signature of authorized officer Date (mm/dd/yyyy) Title	Pr	none		paid prepa	arer shown in this step.
Paid				Ш	Check if	
Prepa	Print/Type paid preparer's name Paid preparer's signatur	e I	Date (mm/dd/yyyy)	self	-employed	Paid Preparer's PTIN
Use C	l Eirm'a nama		Firm	's FE	∃N ▶	
	Firm's address		Firm	's ph	one▶ ()
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IL-1120-X (R-12/19)

Page 3 of 4

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



Form IL-1120-X Step 1, Line C (unitary) only Step 1, Line C (unitary) and (foreign insurer) Step 1, Line C (unitary) and (foreign insurer) Step 1, Line C (unitary) and (foreign insurer) Step 1, Line E Step 1, Line E Step 1, Line B Step 1, Line C Step 1, Line B	If you completed:	
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Line 59d Illinois gambling withholding ———— Copies of all Forms W-2G		· · · · · · · · · · · · · · · · · · ·
	Line 59d Illinois gambling withholding	Copies of all Forms W-2G

^{**}Failure to attach the required documents may result in the disallowance of the corresponding line item.**

IL-1120-X (R-12/19) Page 4 of 4