

	Illinois Department of Revenue 2019 IL-1065-X Amended Pa For tax years ending on or after December 31, 2019	artn	ership		nen				
In	dicate what tax year you are amending: Tax year beginning month	day	, endi	ing dayyea	ar	Enter the amount you are paying.			
	If you are filing an amended return for tax years ending before Dec		31, 2019,	you		are paying.			
WARN	you may not use this form. For prior years, see instructions to determ	nine the	correct forr	n to use.		\$			
Step	1: Identify your partnership		G Enter w	our federal employer	identif	ication number (FEIN).			
-	Enter your complete legal business name.			-	iu				
				eck this box if you a	ream	nember of a unitary			
				s group and are inc					
						tary Business Group.			
				e FEIN of the memb					
			Schedu	le UB and attach it i	to this	return.			
(J/U:								
If you have a name change, check this box. Name: B Enter your mailing address. If you have an address change, check this box. C/O: Mailing address: City: City: Check this box if you are filing this form only to loss on Line 47, Column B. Check this box if you are: Classified as an investment partnership. Check the applicable box for the type of change NLD State change Federal change, check one: Partial agreed Finalized Enter the finalization date Attach your federal finalization to this return. Check this box if you are filing Form IL-1065-X I date and making the election to treat all nonbus	Mailing address:		•	our North American		•			
(City: State: ZIP:		System	(NAICS) Code. See	; instri	uctions.			
		+	J If you h	ave completed the fo	ollowi	ng. check the box			
		Έ		ach the federal form					
				ot previously done so	· ·				
[🗌 Fe	deral Form 8886	∏ Fe	ederal Schedule M-3, art II, Line 10			
Ī	classified as a publicly-traded partnership.		K Chook	his boy if you attach					
E (Check the applicable box for the type of change being made.			this box if you attach		_			
ſ				his box if you attach his box if you attach					
1				this box if you attach		=			
ſ				this box if your busin					
				ed under Public Law					
			-	ack adjustment - see					
	Check this box if you are filing Form IL-1065-X before the extended due			throwback adjustme					
	date and making the election to treat all nonbusiness income as		R Check th	his box if you attached	the Su	ıbgroup Schedule. 🔲			
ł	business income.		S Check tl	Check this box if you are a 52/53 week filer.					
STO	Explain the changes on this return (Attach a separate sheet								
Step	2: Figure your ordinary income or loss			A As most recently		B Corrected			
▼ ⊽				eported or adjusted		amount			
Attach your payment and Form IL-1065-X-V here.	1 Ordinary income or loss or equivalent from U.S. Schedule K		(Whole dollars only)	1	(Whole dollars only)			
hen -< h	 Ordinary income or loss or equivalent from U.S. Schedule K. Net income or loss from all rental real estate activities. 		2	<u>•00</u> •00	2	• <u>00</u>			
payı 5-X.	3 Net income or loss from other rental activities.			<u></u>		<u> </u>			
our -106	4 Portfolio income or loss.			<u></u>		•00			
고망	5 Net IRC Section 1231 gain or loss.		5	•00	5	•00			
For	6 All other items of income or loss that were not included in the computati	tion of in	come						
	or loss on Page 1 of U.S. Form 1065. Identify:			•00	6	•00			
	7 Add Lines 1 through 6. This is your ordinary income.		7_	•00	7	<u> </u>			
Step	3: Figure your unmodified base income or loss								
	8 Charitable contributions.		_	•00	-	<u> </u>			
	9 Expense deduction under IRC Section 179.		9 _	•00	-	<u> </u>			
	10 Interest on investment indebtedness.			•00	10	<u> </u>			
	11 All other items of expense that were not deducted in the computation of c	ordinary	income						

11 _

12 _

13 _

•<u>00</u>

11 ______00

12 ______00

13 _____

<u>•00</u>

•<u>00</u>

•<u>00</u>

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12 Add Lines 8 through 11.

or loss on Page 1 of U.S. Form 1065. Identify: __

13 Subtract Line 12 from Line 7. This is your total

unmodified base income or total loss.



Step	4: Figure your income or loss		A As most recently reported or adjusted		B Corrected amount				
14	Enter the amounts from Line 13.	14	<u>•00</u>	14	•00				
15	State, municipal, and other interest income excluded from Line 14.	15	<u></u> • <u>00</u>	15	<u></u>				
16	Illinois replacement tax deducted in arriving at Line 14.		<u> </u>	16	<u> </u>				
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	<u>00</u>	17	<u></u> • <u>00</u>				
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	<u></u> • <u>00</u>	18	<u></u>				
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		<u>•00</u>	19	<u></u> • <u>00</u>				
20	Guaranteed payments to partners from U.S. Form 1065.		<u>00</u>		<u></u> • <u>00</u>				
21	The amount of loss distributable to a partner subject to								
	replacement tax. Attach Schedule B.		<u>00</u>		<u> </u>				
	Other additions. Attach Schedule M (for businesses).	22	<u> </u>		<u> </u>				
23	Add Lines 14 through 22. This is your income or loss.	23	<u> </u>	23	<u> </u>				
Step	5: Figure your base income or loss								
24	Interest income from U.S. Treasury and exempt federal obligations.	24	<u>00</u>	24	<u>•00</u>				
25	August 1, 1969, valuation limitation amount. Attach Schedule F.	25	•00	25	<u>•00</u>				
26	Personal service income or reasonable allowance for								
	compensation of partners.	26	<u> </u>	26	<u> </u>				
27	Share of income distributable to a partner subject to								
	replacement tax. Attach Schedule B.		<u> </u>	27	<u></u> • <u>00</u>				
28	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.		<u>00</u>		<u> </u>				
29	High Impact Business Dividend subtraction. Attach Schedule 1299-A.		<u>00</u>		<u> </u>				
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	<u>•00</u>	30	<u> </u>				
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31	<u> </u>	31	<u> </u>				
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	<u> </u>	32	<u> </u>				
33	Other subtractions. Attach Schedule M (for businesses).	33	<u> </u>	33	<u> </u>				
34	Total subtractions. Add Lines 24 through 33.	34	<u> </u>	34	<u> </u>				
35	Base income or loss. Subtract Line 34 from Line 23.	35	<u> </u>	35	<u> </u>				
A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) =Note If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6. B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions.									
Ste	6: Figure your income allocable to Illinois (Complete only if you checked	ed the	e box on Line B, above	e.)					
36	Nonbusiness income or loss. Attach Schedule NB.	36	<u> </u>	36	<u> </u>				
37	Business income or loss included in Line 35 from non-unitary partnerships,								
	partnerships included on a Schedule UB, S corporations, trusts,								
	or estates. See instructions.		<u>•00</u>		<u>•00</u>				
	Add Lines 36 and 37.		<u> </u>		<u> </u>				
39	Business income or loss. Subtract Line 38 from Line 35.		<u>•00</u>		<u> </u>				
40	Total sales everywhere. This amount cannot be negative.	40	<u>•00</u>	40	<u></u> 00				

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43 _____

42 _____

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•<u>00</u>

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•00

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•00

<u>•00</u>

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45 _____

46

41 Total sales inside Illinois. This amount cannot be negative.

S corporations, trusts, or estates. See instructions.

42 Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.

43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.

44 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.

46 Base income or loss allocable to Illinois. Add Lines 43 through 45.

45 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB,



Step	7: Figure your net income		As most recently reported or adjusted	B Corrected amount		
	Base income or net loss from Step 5, Line 35 or Step 6, Line 46. Illinois net loss deduction. Attach Schedule NLD.	47	•00	47 _	•00	
	If Line 47 is zero or negative, enter zero.	48	<u>00</u>	48	•00	
49	Income after NLD. Subtract Line 48 from Line 47.		•00		•00	
50	Enter the amount from Step 5, Line 35.		•00		•00	
51	Divide Line 47 by Line 50. Round to six decimal places. Cannot be greater than one.		•		•	
52	Exemption allowance. See instructions before completing.	52	<u> </u>		•00	
53	Net income. Subtract Line 52 from Line 49.	53	<u>00</u>	53 _	•00	
Step	8: Figure your net replacement tax and pass-through withholdin	g yo	u owe			
54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	<u> </u>	54	•00	
55	Recapture of investment credits. Attach Schedule 4255.		<u>•00</u>	55	• <u>00</u>	
56	Replacement tax before investment credits. Add Lines 54 and 55.		<u> 00</u>	56	•00	
57	Investment credits. Attach Form IL-477.	57	<u> 00</u>		• <u>00</u>	
58	Net replacement tax. Subtract Line 57 from Line 56. If negative, enter zero.		<u> </u>	58 _	•00	
59	Sale of assets by gaming licensee surcharge. See instructions.	59	•00	59 _	•00	
60	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. Attach Schedule I	B. 60	•00	60 _	•00	
61	Total net replacement tax, surcharge, and pass-through withholding you ow Add Lines 58, 59, and 60.		<u>00</u>	61 _	•00	
Step	9: Figure your refund or balance due					
62	Payments. See instructions.					
	a Credits from previous overpayments.			62a _	•00	
	b Total payments made before the date this amended return is filed.			62b	•00	
	c Pass-through withholding reported to you on Schedule(s)					
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.				•00	
	d Illinois gambling withholding. Attach Form(s) W-2G.				•00	
	Total payments. Add Lines 62a through 62d.				•00	
	Previously paid penalty and interest. See instructions. Total amount of overpayment (including any carryforward or refund) before the filing of the	nis retu	Irn	64 _	<u>•00</u>	
	for the year being amended. See instructions.			65	<u>•00</u>	
66	Add lines 64 and 65.			66	•00	
67	Net tax paid. Subtract Line 66 from Line 63.			67	•00	
68	Overpayment. If Line 67 is greater than Line 61, subtract Line 61 from Line 67	7.		68 _	•00	
69	Amount of overpayment from Line 68 to be credited forward. See instructions	6.		69 _	•00	
70	Refund. Subtract Line 69 from Line 68. This is the amount to be refunded.			70 _	•00	
71	Tax due with this amended return. If Line 61 is greater than Line 67, subtract $= Note \rightarrow 3$ You will be sent a bill for any additional penalty and interest.	t Line	e 67 from Line 61.	71 _	•00	

If you owe tax on Line 71, complete a payment voucher, Form IL-1065-X-V. Write your FEIN, tax year ending, and "IL-1065-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

<u>Especial</u> Enter the amount of your payment on the top of Page 1 in the space provided.

Step	Step 10: Sign below - 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.												
Sign Here								()			Check if the Department may discuss this return with the		
	Sign	Signature of partner			Date (mm/dd/yyyy)		Title	1	Phone	paid	paid preparer shown in this s		
Daid	Doid										Che	ck if	
	ror	Print/Type paid p	l preparer's name			Paid preparer's signature			Date (mm/dd/yyyy) se		self-empl	oyed	Paid Preparer's PTIN
		Firm's name	•							Firm's	s FEIN 🕨		
	, ,	Firm's address	•							Firm's	s phone ▶	()

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





Month Year

Attach to your Form IL-1065 or Form IL-1120-ST.

IL Attachment No. 1

Enter you	ur name as shown on your Form IL-1065 or Form IL-1120-ST.	your federa	al employ	yer identification numbe	r (FEIN).
STOP	Read this information first				
•	You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.				
•	You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing S	ection A of	Schedule	e B.	
<u>=Note</u> →	Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the De information to support your filing.	epartment.`	You may	also be required to sub	mit further
Sectio	on A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)				
STOP	Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use this section.	e the amou	nts from t	those schedules when c	completing
Totals	for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)				
1	Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.		1 _		
2	Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instruction	S.	2 _		
3	Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have check mark in Column D. Enter the total here. See instructions.	entered a	3_		
Totals 1	for nonresident partners or shareholders only (from Schedule B, Section B)				
4	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonreside individual members. See instructions.	ent	4 _		
5	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonreside estate members. See instructions.	ent	5 _		
6	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnersh and S corporation members. See instructions.	ip	6 _		
7	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonreside members. See instructions.	ent trust	7 _		
8	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corpora members. See instructions.	ation	8 _		
9	Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or sha This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders or Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See inst	n all pages	9		

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. Attach all pages of Schedule B, Section B behind this page.



Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.



Members' information (See instructions before completing.) Section B: С F В D Е G Н Т Α J Pass-through Name and Address Partner SSN Subject to Member's Excluded Share of Distributable Pass-through distributable Illinois income withholding withholding or or Illinois from share of Shareholder FEIN before replacement amount pass-through subject to credits amount of base pass-through credits type tax or an withholding FSOP income or loss withholding (If Column F is blank, complete Column G through Column J. Otherwise, enter zero in 1 Name _____ Column G through Column J.) C/O _____ Addr. 1 _____ Addr. 2_____ _____ City ____ _____ State 7IP 2 Name _____ C/O _____ Addr. 1 Addr. 2 City _______State _____ ____ ____ 7IP 3 Name C/O Addr. 1 Addr. 2 ____ 7IP 4 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ __ ___ ____ ZIP 5 Name _____ C/O _____ Addr. 1 Addr. 2 City State ZIP **ENOTE** If you have more members than space provided, attach additional copies of this page as necessary. Printed by the authority of the State

Schedule B Back (R-12/19)

Printed by the authority of the State of Illinois - web only, 1 copy

Enter your federal employer identification number (FEIN).

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