



Illinois Department of Revenue 2019 IL-1120-ST-X

For tax years ending **on** or **after** December 31, 2019

Amended Small Business Corporation Replacement Tax Return

ı	Indic	cate what tax year you are amending: Tax year beginning month		vear	_, ending day	vear	Enter the amount you			
ı		If you are filing an amended return for tax years ending before	,	,	, , ,	youi	are paying.			
Ŀ	WARNING	you may not use this form. For prior years, see instructions to de	etermine	the co	rrect form to use.		\$			
S	tep 1	: Identify your small business corporation		M	Enter your federal employe	er identifi	ication number (FEIN).			
Α	-	er your complete legal business name.			-		(· ·)·			
		ou have a name change, check this box.	N	Check this box if you	ou are a	member of a				
	Nam	ne:		•••	unitary business group,					
		er your mailing address.			member who prepared the Schedule UB, Combined					
ט		ou have an address change, check this box.			Apportionment for Unitary Business Group. Attach					
	_	-	_		Schedule UB to this return.					
	C/O			_						
	Mail	ing address:	0	Enter your North Americ						
	City:			System (NAICS) Code.	See ins	structions.				
C		eck this box if you are filing this form only to report an increased		D	Enter vour Illinois serne	wote file				
_		loss on Line 49, Column B.	H	Р	Enter your Illinois corpo	rate ille	e (charter) number.			
D		eck this box if you attached Form IL-4562.	H	•	<u> </u>					
E		eck this box if you attached Schedule M.	片	Q	before the extended due date and making the					
F		eck this box if you attached Schedule 80/20.	H							
G		eck this box if you attached Schedule 1299-A.	H		election to treat all nonbusiness income as business income.					
Н		eck this box if you attached the Subgroup Schedule.	Ш	R	If you have completed t	he follo	wing, check the box			
ı		eck the applicable box for the type of change being made. NLD State change Federal change			and attach the federal form(s) to this return, if you					
		NLD State change Federal change federal change, check one:		have not previously don		•				
		Partial agreed Finalized		Federal Form 8886		Federal Schedule				
		ter the finalization date		M-3, Part II, Lir						
		ach your federal finalization to this return.	S	Check this box if you are making a discharge of indebtedness adjustment on Line 48, or						
J		rowback adjustment - see instructions.		Schedule NLD or UB/N						
K		uble throwback adjustment - see instructions.	Ħ	Т	Check this box if your b					
L		eck this box if you are a 52/53 week filer.	Ħ	•	protected under Public Law 86-272.					
_			<u> </u>		`					
	STOP	Explain the changes on this return (Attach a separate shee	t if nece	essary.)					
_										
S	tep 2	: Figure your ordinary income or loss			As most recently		B Corrected			
7	, di				reported or adjusted		amount			
an	here				(Whole dollars only)		(Whole dollars only)			
tent) (L	Ordinary income or loss or equivalent from U.S. Schedule K.		1		1	<u>•00</u>			
ave.	Form IL-1120-ST-X	Net income or loss from all rental real estate activities.		2	<u>00</u>	2	<u>•00</u>			
1	5 4	Net income or loss from other rental activities. Portfolio income or loss.		3 4	<u>•00</u>	3	<u>•00</u>			
2	= 5			5	00	4 5	• <u>00</u>			
tact	- 6	Net IRC Section 1231 gain or loss. All other items of income or loss that were not included in the compu	station o	-	00	3	<u> </u>			
Ā	E O	income or loss on Page 1 of U.S. Form 1120S. Identify:	lialion o	" 6	<u>•00</u>	6				
4	7	Add Lines 1 through 6. This is your ordinary income.		7		7	•00			
_		• • • •								
5	-	: Figure your unmodified base income or loss		0	00	0	00			
		Charitable contributions.		8	<u>•00</u>	8	<u>•00</u>			
		Expense deduction under IRC Section 179.		9 10	<u>•00</u>	9 10	<u>•00</u>			
		Interest on investment indebtedness.	of ordi			10				
	11	All other items of expense that were not deducted in the computatior income or loss on Page 1 of U.S. Form 1120S. Identify:	i oi ordii	nary 11	•00	11	•00			
	12	Add Lines 8 through 11.		' ' 12		12	•00			
		Subtract Line 12 from Line 7. This is your		12		12				
	.0	total unmodified base income or total loss.		13	•00	13				

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.



Step					
	4: Figure your income or loss		As most recently reported or adjusted		B Corrected amount
14	Enter the amounts from Line 13. Unitary filers, see instructions.	14 _	•00	14	
15	State, municipal, and other interest income excluded from Line 14.	15 _	<u>•00</u>	15	
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16 _	<u>•00</u>	16	
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17 _	•00	17	
18	Related-Party Expenses addition. Attach Schedule 80/20.	18 _	<u>•00</u>	18	
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19 _	<u>•00</u>	19	
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20 _	•00	20	
21	Other additions. Attach Schedule M (for businesses).	21 _	•00	21	<u>•00</u>
22	Add Lines 14 through 21. This is your total income or loss.	22	•00	22	<u>•00</u>
Ster	5: Figure your base income or loss				
23	Interest income from U.S. Treasury and exempt federal obligations.	23	•00	23	
24	Share of income distributable to a shareholder subject to	20 _	•00	20	
27	replacement tax. Attach Schedule B.	24 _	•00	24	
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A	. 25	•00	25	
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26 _	•00	26	<u>•00</u>
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27 _	•00	27	<u>•00</u>
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28 _	•00	28	<u>•00</u>
29	Contribution subtraction. Attach Schedule 1299-A.	29 _	•00	29	<u>•00</u>
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30 _	•00	30	<u>•00</u>
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31 _	•00	31	<u>•00</u>
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32 _	•00	32	<u> </u>
33	Other subtractions. Attach Schedule M (for businesses).	33 _	<u>•00</u>	33	<u></u>
33 34	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33.	_	• <u>00</u>		• <u>00</u>
	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22.	34 _ 35 _	• <u>00</u>	34 35	•00
34	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave	34 _ 35 _ s box an Step 6, box on , or you	•00 •00 d enter the amount through 46 Line B and completer are a unitary filer, completer through 46	34 35 from St 6 blank e Step	•00 •00 tep 5, Line 35 .)
34 35	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave = Note - If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois	34 35 s box an Step 6, box on , or you ank.) Se	•00 •00 d enter the amount of Lines 36 through 46 Line B and complete are a unitary filer, core instructions.	34 35 from St 6 blank e Step heck th	•00 •00 tep 5, Line 35 .)
34 35 Ste	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave = Note - If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks)	34 _ 35 _ s box an Step 6, box on , or you ank.) Se	•00 •00 d enter the amount of Lines 36 through 46 Line B and complete are a unitary filer, core instructions.	34 35 from St 6 blank e Step heck th	•00 •00 tep 5, Line 35 .)
34 35 Ste 36	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—) If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) P 6: Figure your income allocable to Illinois (Complete only if you che Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates.	34 _ 35 _ s box an Step 6, box on , or you ank.) Se ecked the 36	•00 •00 define the amount of the B and complete are a unitary filer, complete are box on Line B, above	34 35 from Si 6 blank e Step heck th	•00 •00 tep 5, Line 35 .)
34 35 Ste 36 37	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—) If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 black of Step 6). (Do not leave Lines 40 through 42 black of Step 6). (Business income or loss. Attach Schedule NB. 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.	34 _ 35 _ s box an Step 6, box on , or you ank.) Se ecked the 36 _ 37	•00 •00 define the amount the Lines 36 through 46 Line B and complete are a unitary filer, cle instructions. e box on Line B, above •00	34 35 from Si 6 blank e Step heck th /e.) 36	•00 •00 tep 5, Line 35 .) 6. his box and
34 35 Ste 36 37 38	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) P 6: Figure your income allocable to Illinois (Complete only if you che Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37.	34 _ 35 _ s box an Step 6, box on , or you ank.) Se ecked the 36 _ 37 _ 38 _ s	•00 •00 define the amount of Lines 36 through 46 Line B and complete are a unitary filer, complete instructions. e box on Line B, above •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00
34 35 Ste 36 37 38 39	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note of If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace of Step 6.) Possible of Step 6. (Do not leave Lines 40 through 42 blace of Step 6.) Ronbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35.	34 _ 35 _ 35 _ 37 _ 38 _ 39 _ 35	•00 •00 •00 ad enter the amount the Lines 36 through 46 Line B and complete are a unitary filer, che instructions. e box on Line B, above •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00
34 35 Ste 36 37 38 39 40	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note: If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks) of St	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40	•00 •00 •00 ad enter the amount to Lines 36 through 46 Line B and complete are a unitary filer, color entertuctions. e box on Line B, above •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00
34 35 Stee 36 37 38 39 40 41	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note: If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Possible of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Ronbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative.	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41	•00 •00 •00 ad enter the amount to Lines 36 through 46 Line B and complete are a unitary filer, clee instructions. e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00 •00 •00
34 35 Ste 36 37 38 39 40 41 42	Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note:—If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace) P 6: Figure your income allocable to Illinois (Complete only if you check the Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 42	•00 •00 •00 ad enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. e box on Line B, above •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00
34 35 Ste 36 37 38 39 40 41 42 43	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace) Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 43 _ 43	•00 •00 •00 •00 •00 denter the amount of Lines 36 through 46 Line B and complete are a unitary filer, core instructions. e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42 43	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00 •00 •00 •00 •
34 35 Ste 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace) P 6: Figure your income allocable to Illinois (Complete only if you check the Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 43 _ 43	•00 •00 •00 ad enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. e box on Line B, above •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00
34 35 Ste 36 37 38 39 40 41 42 43 44	Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) P 6: Figure your income allocable to Illinois (Complete only if you che Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. Nonbusiness income or loss apportionable to Illinois from non-unitary	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 43 _ 43	•00 •00 •00 •00 •00 denter the amount of Lines 36 through 46 Line B and complete are a unitary filer, core instructions. e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42 43	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00 •00 •00 •00 •
34 35 Ste 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace) P 6: Figure your income allocable to Illinois (Complete only if you check the Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 43 _ 44 _ 44	•00 •00 •00 •00 •00 denter the amount of Lines 36 through 46 Line B and complete are a unitary filer, core instructions. e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42 43	•00 •00 tep 5, Line 35 .) 6. his box and •00 •00 •00 •00 •00 •00 •00 •



Step	7: Figure your net income		As most recently reported or adjusted		B Corrected amount
47	Base income or net loss from Step 5, Line 35 or Step 6, Line 46.	47	•00	47	•00
48	Discharge of indebtedness adjustment. Attach U.S. Form 982.	48	•00	48	•00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	•00	49	•00
50	Illinois net loss deduction. Attach Schedule NLD.				
	If Line 49 is zero or a negative amount, enter zero.	50	<u> </u>	50 _	<u>•00</u>
51	Net income. Subtract Line 50 from Line 49.	51		51 _	•00
Step	8: Figure your net replacement tax, surcharge, and pass-through	h witl	hholding you owe		
52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	•00	52	•00
	Recapture of investment credits. Attach Schedule 4255.	53	•00	53	•00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	•00	54	•00
55	Investment credits. Attach Form IL-477.	55	•00	55	•00
56	Net replacement tax. Subtract Line 55 from Line 54. If negative, enter zero.	56	<u>•00</u>	56 _	•00
57	Compassionate Use of Medical Cannabis Program Act surcharge. See instr.	57	<u>•00</u>	57 _	•00
58	Sale of assets by gaming licensee surcharge. See instructions.	58	<u> </u>	58	<u>•00</u>
59	Pass-through withholding you owe on behalf of your members. Enter the amount	t			
	from Schedule B, Section A, Line 9. See Instructions. Attach Schedule B.	59	<u> </u>	59 _	<u>•00</u>
60	Total net replacement tax, surcharges, and pass-through withholding				
	you owe. Add Lines 56 through 59.	60	<u>00</u>	60 _	<u>•00</u>
Step	9: Figure your refund or balance due				
61	Payments. See instructions.				
	a Credits from previous overpayments.			61a _	<u>•00</u>
	b Total payments made before the date this amended return is filed.			61b _	<u>•00</u>
	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.			61c _	<u>•00</u>
	d Illinois gambling withholding. Attach Form(s) W-2G.			61d _	• <u>00</u>
	Total payments. Add Lines 61a through 61d.			62 _	•00
	Previously paid penalty and interest. See instructions.	ماملا		63 _	<u>•00</u>
04	Total amount of overpayment (including any carryforward or refund) before the filing of	tnis ret	urn	64	00
6E	for the year being amended. See instructions. Add Lines 63 and 64.			64 _ 65 _	•00
	Net tax paid. Subtract Line 65 from Line 62.			66 _	• <u>00</u>
	Overpayment. If Line 66 is greater than Line 60, subtract Line 60 from Line 6	66		-	•00
	Amount of overpayment from Line 67 to be credited forward . See instruction			68	•00
	Refund. Subtract Line 68 from Line 67. This is the amount to be refunded.	69	•00		
	Tax due with this amended return. If Line 60 is greater than Line 66, subtra	ne 66 from Line 60.	70	•00	
. 3	<u>■Note</u> You will be sent a bill for any additional penalty and interest.				
•	If you owe tax on Line 70, complete a payment voucher, Form IL-1120-ST-X-V. Writcheck or money order and make it payable to "Illinois Department of Revenue." At	ttach y	our voucher and payme	nt to the fir	st page of this form.

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	Sign	ature of authorized o	fficer	Date (mm/dd/y	уууу)	Title	() Phone		may	discus	if the Department s this return with the rer shown in this step.
Paid		Print/Type paid prep	oarer's name		Paid p	oreparer's signature	Date (mm/dd/y	ууу)		ck if loyed	Paid Preparer's PTIN
Prepa Use C		Firm's name	•					Firm's	FEIN >		
	···· y	Firm's address	•					Firm's	s phone •	()

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

IL-1120-ST-X (R-12/19) Page 3 of 5





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

Year ending

Month Year

IL Attachment No. 1

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

Enter your federal employer identification number (FEIN).



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 Section A of Schedule B.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



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 the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.
- Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions.

Totals 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 nonresident individual members. See instructions.
- 5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions.
- **6** Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.
- 7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.
- Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. 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 instructions.

Attach all pages of Schedule B, Section B behind this page.

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Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. Enter your federal employer identification number (FEIN). Members' information (See instructions before completing.) Section B: Ε F G Н П 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 credits type tax or an of base withholding pass-through **FSOP** income or loss withholding (If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.) City _____ State ZIP Addr. 2

<u>=Note</u> If you have more members than space provided, attach additional copies of this page as necessary. Schedule B Back (R-12/19)

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