



Illinois Department of Revenue 2019 IL-990-T-X

Amended Exempt Organization Income and Replacement Tax Return

B	2019 IL-990-T-X For tax years ending on or after December 31, 2019	con	ne and Replacement	Tax Return					
	icate what tax year you are amending: Tax year beginning month day If you are filing an amended return for tax years ending before De form. For prior years, see instructions to determine the correct form to	cemb	er 31, 2019, you may not use this	Enter the amount you are paying.					
S	tep 1: Identify your exempt organization		F Enter your federal employer	dentification number (FEIN).					
	Enter your complete legal business name.								
	If you have a name change, check this box.	Ш	G Check the applicable box fo	r the type of change					
	Name:		being made.	_					
В	· , · · · · · · · · · · · · · · · · · ·		State change Federal change						
	If you have an address change, check this box.	ш	If a federal change, check of	_					
	C/O:		Partial agreed	Finalized					
	Mailing address:	Enter the finalization date Attach your federal finalization to this return							
	City: State: ZIP:	_	H Check this box if you are taxed as a corporation.						
С	Throwback adjustment - see instructions.	Ц	I Check this box if you are taxed as a corporation						
D	Double throwback adjustment - see instructions.	\sqcup	J Check this box if Schedule						
▼E	Check this box if you are a 52/53 week filer.								
Attach your payment and Form IL-990-T-X-V here.	Explain the changes on this return (Attach a separate sheet if necessary.):								
Attach yo Form IL-9	Step 2: Figure your base income or loss		A As most recently reported or adjusted (Whole dollars only)	Corrected amount (Whole dollars only)					
1	Unrelated business taxable income or loss								
2	from U.S. Form 990-T, Line 39.	1 2 İ	•00						
3	RESERVED. RESERVED.	3	• <u>00</u>						
4	Illinois income and replacement tax and surcharge deducted in	0 1	<u>(•00</u>	<u>, 000</u>					
	arriving at Line 1.	4	•00	• <u>00</u>					
5	Base income or loss. Add Lines 1 and 4.	5 .	<u>•00</u>	• <u>00</u>					
	A If the amount on Line 5 is derived inside Illinois only or if you are								
STO	from Step 2, Line 5 on Step 4, Line 14. You may not complete Step B If any portion of the amount on Line 5 is derived outside Illinois,		·						
	(Do not leave Lines 8 through 10 blank.) See instructions.	CHECK	tins box and complete an inics of	Step 6.					
S	tep 3: Figure your income allocable to Illinois (Complete	only	if you checked the hox on Line B	ahove)					
	Business income or loss included in Line 5 from non-unitary partnersh	-	in you offeeting the box off Emb B	, 450,001					
١	partnerships included on a Schedule UB, S corporations, trusts,	ilips,							
	or estates. See instructions.	6	•00	•00					
7	Business income or loss. Subtract Line 6 from Line 5.			•00					
8	Total sales everywhere. This amount cannot be negative.			•00					
9	Total sales inside Illinois. This amount cannot be negative.			•00					
10	Apportionment Factor. Divide Line 9 by Line 8. Round to six decimal places.)					
11		-							
	Multiply Line 7 by Line 10.	11 .	<u>•00</u> 11	<u> </u>					
12	Business income or loss apportionable to Illinois from non-unitary								
	partnerships, partnerships included on a Schedule UB,								
	S corporations, trusts, or estates. See instructions.	12		•00					

13 _

•00

13 _

13 Base income or loss allocable to Illinois. Add Lines 11 and 12.



		As	most recently	Corrected		
	4: Figure your net replacement tax		rted or adjusted		amount	
	Net income or loss from Line 5 or Line 13.	14	<u>•00</u>	14	•00	
15	Replacement tax. Corporations: multiply Line 14 by 2.5% (.025);					
	Trusts: multiply Line 14 by 1.5% (.015).	15	• <u>00</u>	15	<u>•00</u>	
	Recapture of investment credits. Attach Schedule 4255.	16	<u>•00</u>	16	<u>•00</u>	
	Replacement tax before investment credits. Add Lines 15 and 16.	17	• <u>00</u>	17	<u>•00</u>	
_	Investment credits. Attach Form IL-477.	18	•00			
19	Net replacement tax. Subtract Line 18 from Line 17.					
	If the amount is negative, enter zero.	19	•00	19	•00	
Step	5: Figure your net income tax					
20	Net income or loss from Line 14.	20	<u>•00</u>	20	<u>•00</u>	
21	Income tax. Corporations: Multiply Line 20 by 7.00% (.07).					
	Trusts: Multiply Line 20 by 4.95% (.0495).		<u>•00</u>		<u>•00</u>	
	Recapture of investment credits. Attach Schedule 4255.		<u>•00</u>	22	<u>•00</u>	
23	Income tax before credits. Add Lines 21 and 22.	23	• <u>00</u>	23	<u>•00</u>	
24	Income tax credits. Attach Schedule 1299-D.	24	<u>•00</u>	24	<u>•00</u>	
25	Net income tax. Subtract Line 24 from Line 23.					
	If the amount is negative, enter zero.	25	<u>•00</u>	25	<u>•00</u>	
Stor	6: Figure your refund or balance due					
	Net replacement tax from Line 19.	26	<u>•00</u>	26	•00	
	Net income tax from Line 25.		•00		•00	
	Compassionate Use of Medical Cannabis Program Act surcharge.		<u> </u>			
20	See instructions.	28	•00	28	•00	
29	Sale of assets by gaming licensee surcharge. See instructions.		•00		•00	
	Total net income and replacement taxes and surcharges.		<u></u>			
00	Add Lines 26 through 29.	30	•00	30	•00	
31	Payments. See instructions.	00	<u></u> -	00 _		
•	a Credit from prior year overpayments.			31a	<u>•00</u>	
	b Total payments made before the date this amended return is filed.				•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.			31c	•00	
	d Illinois gambling withholding. Attach Form W-2G.				•00	
32	Total payments. Add Lines 31a through 31d.				•00	
	Previously paid penalty and interest. See instructions.				•00	
	Total amount of overpayment (including any carryforward or refund) b	efore the filir	na of this return			
	for the year being amended. See instructions.		9	34	•00	
35	Add Lines 33 and 34.				•00	
	Net tax paid. Subtract Line 35 from Line 32.				•00	
	Overpayment. If Line 36 is greater than Line 30, subtract Line 30 from	n Line 36.			•00	
	Amount of overpayment from Line 37 to be credited forward . See ins				•00	
	Refund. Subtract Line 38 from Line 37. This is the amount to be refunded by the subtract Line 38 from Line 37.				•00	
	Tax due with this amended return. If Line 30 is greater than Line 36		ne 36 from Line 30.		•00	
-	<u>=Note</u> → You will be sent a bill for any additional penalty and interest.	,		-		

- If you owe tax on Line 40, complete a payment voucher, Form IL-990-T-X-V. Write your FEIN, tax year ending, and "IL-990-T-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.
- ► Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: 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							()		may di	scuss	if the Department this return with the
	Signa	ignature of authorized officer Date (mm/dd		уууу)	Title	Phone	one		paid preparer shown in this step		
Paid									Check	< if	
		Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		self-employed		Paid Preparer's PTIN	
Prepa Use (Firm's name						Firm's	FEIN ▶		
	,	Firm's address >						Firm's	phone	()

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