e and a second	icate what tax year you are amending: Tax year beginning	ay	vear	, ending	Enter the amount you are paying.			
ARNING	If you are filing an amended return for tax years ending before Dec form. For prior years, see instructions to determine the correct form to	ember			\$			
Ste	ep 1: Identify your corporation		М	Enter your federal employer ide	ntification number (FEI)			
	Enter your complete legal business name. If you have a name change, check this box. Name:		Ν	Enter your North American Ir System (NAICS) Code. See i	-			
	Enter your mailing address. If you have an address change, check this box.		0	Enter your Illinois corporate file (charter) number				
	C/O:		Ρ	Check the applicable box for being made. NLD Federal cl	State change			
	City: State: ZIP:			If a federal change, check on Partial agreed	e: Finalized			
	Check the box and see the instructions if your business is a: Unitary Filer (Combined return) Foreign insurer			Enter the finalization date _ Attach your federal finalization	_			
	Check this box if you are filing this form only to report an increased net loss on Line 37, Column B.		Q	on or before the extended due date and are				
	If you have completed the following, check the box and attach the fed form(s) to this return, if you have not previously done so.	leral		making the election to treat a income as business income.				
	Federal Form 8886 Federal Schedule M-3, Part II, Line 12		R	Check this box if you are makindebtedness adjustment on federal Form 982 and a detai	Line 36 and attach			
F	Check this box if you attached Illinois Schedule UB.		s	If you are filing Schedule INL, check this box.				
G	Check this box if you attached the Subgroup Schedule.		т U	If you annualized your income on your Form IL-2220, check this box (IL-2220).				
Н	Check this box if you attached Illinois Schedule 1299-D.			Check this box if your business activity is protected under Public Law 86-272. Throwback adjustment - see instructions.				
I	Check this box if you attached Form IL-4562.							
J	Check this box if you attached Illinois Schedule M (for businesses).		V W					
Κ	Check this box if you attached Schedule 80/20.		X	· · · · · · · · · · · · · · · · · · ·				
L	Check this box if you are a 52/53 week filer.			after January 1, 2021.	L			
	Explain the changes on this return (Attach a separate she	et if ne	cess	ary.):				
_								



			A As most recently reported or adjusted		B Corrected amount
Step	2: Figure your income or loss		(Whole dollars only)		(Whole dollars only)
1	Federal taxable income from U.S. Form 1120.	1	<u> 00</u>	1	<u>•00</u>
2	Net operating loss deduction from U.S. Form 1120.	2	<u>00</u>	2	•00
3	State, municipal, and other interest income excluded from Line 1.	3	<u> 00</u>	3	•00
4	· · · · · · · · · · · · · · · · · · ·				
	arriving at Line 1.	4	<u>00</u>		<u>•00</u>
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u> </u>	5	•00
6	Related-Party Expenses addition. Attach Schedule 80/20.		<u> </u>		•00
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	7	<u>00</u>		•00
8	Other additions. Attach Illinois Schedule M (for businesses).	8	<u> </u>	8	•00
9	Add Lines 1 through 8. This is your total income or loss.	9	<u>00</u>	9	<u> </u>
Step	3: Figure your base income or loss				
10	Interest income from U.S. Treasury and exempt federal obligations.	10	<u> 00 </u>	10	•00
11	River Edge Redevelopment Zone Dividend subtraction. Attach Sch. 1299-	B. 11	<u> 00 </u>	11	•00
12	River Edge Redevelopment Zone Interest subtraction. Attach Sch. 1299-E	3. 12	<u> 00 </u>	12	•00
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	<u> 00 </u>	13	<u>•00</u>
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	•00	14	•00
15	Contribution subtraction. Attach Schedule 1299-B.	15	<u> 00</u>	15	<u>•00</u>
16	Contributions to certain job training projects.	16	<u> </u>	16	<u>•00</u>
17	Foreign Dividend subtraction. Attach Schedule J.	17	<u>00</u>	17	<u>•00</u>
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u> </u>	18	•00
19	Related-Party Expenses subtraction. Attach Schedule 80/20.	19	<u> </u>	19	<u>•00</u>
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	<u>00</u>	20	<u>•00</u>
21	Other subtractions. Attach Schedule M (for businesses).	21	<u> 00</u>	21	•00
22	Total subtractions. Add Lines 10 through 21.	22	<u>00</u>		<u>•00</u>
23	Base income or loss. Subtract Line 22 from Line 9.	23	<u>00</u>	23	<u></u> •00
STC	A If the amount on Line 23 is derived inside Illinois only, ch on Step 5, Line 35. You may not complete Step 4. (You mu <u>=Note</u> If you are a unitary filer, do not check this box. Cl B If any portion of the amount on Line 23 is derived outside complete <u>all lines</u> of Step 4. (Do not leave Lines 28 through	ist lea heck t e Illind	ve Step 4, Lines 24 throug he box on Line B and con bis, or you are a unitary fil	gh 34 l pplete	olank.)
Ste	p 4: Figure your income allocable to Illinois (Complete only in	f vou c	checked the box on Line B.	above.)
	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.		<u>•00</u>	25	•00
	Add Lines 24 and 25.		<u>•00</u>		<u>•00</u>
27	Business income or loss. Subtract Line 26 from Line 23.		<u>•00</u>		<u>•00</u>
28	Total sales everywhere. This amount cannot be negative.		<u>•00</u>		<u>•00</u>
29	Total sales inside Illinois. This amount cannot be negative.		<u>•00</u>		<u></u> • <u>00</u>
30	Apportionment factor. Divide Line 29 by Line 28. Round to six decimal places.	30	•	30	•
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	<u></u>	31	•00
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.				•00
1	Business income or loss apportionable to Illinois from non-unitary			51	
	partnerships, partnerships included on a Schedule UB,				
	S corporations, trusts, or estates. See instructions.		<u></u>		•00
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	<u> </u>	34	<u>•00</u>



			Α		В			
Step	5: Figure your net income		As most recently		Corrected			
	Base income or net loss from		reported or adjusted		amount			
	Step 3, Line 23 or Step 4, Line 34.	35	<u> </u>	35	<u>•00</u>			
36	Discharge of indebtedness adjustment. Attach U.S. Form 982.	36	<u> </u>	36	<u>•00</u>			
37	Adjusted base income or net loss. Add Lines 35 and 36.	37	<u> </u>	37	<u>•00</u>			
38	Illinois net loss deduction. If Line 37 is zero or negative, enter zero.	38	•00	38	•00			
	Check this box and attach a detailed statement if you have merged losses.							
39	Net income. Subtract Line 38 from Line 37.	39	<u>•00</u>	39	<u> </u>			
Step	6: Figure your replacement tax after credits							
40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	•00	40	<u></u>			
41	Recapture of investment credits. Attach Schedule 4255.	41	<u></u> • <u>00</u>	41	<u> </u>			
42	Replacement tax before credits. Add Lines 40 and 41.	42	<u>•00</u>	42	<u> </u>			
43	Investment credits. Attach Form IL-477.	43	<u></u> • <u>00</u>	43	<u> </u>			
44	Replacement tax after credits. Subtract Line 43 from Line 42. If negative, enter zero). 44	<u> </u>	44	<u> </u>			
Step	7: Figure your income tax after credits							
45	Income Tax. See Instructions.	45	•00	45	<u> </u>			
46	Recapture of investment credits. Attach Schedule 4255.	46	•00	46	<u> </u>			
47	Income tax before credits. Add Lines 45 and 46.	47	•00	47	<u> </u>			
48	Income tax credits. Attach Schedule 1299-D.	48	<u>•00</u>	48	•00			
49	Income tax after credits. Subtract Line 48 from Line 47. If negative, enter zero.	. 49	<u>•00</u>	49	•00			
Step	8: Figure your refund or balance due							
50	Replacement tax before reductions. Enter the amount from Line 44.	50	•00	50	<u> </u>			
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS.	51	•00	51	<u> </u>			
52	Subtract Line 51 from Line 50. This is your net replacement tax.	52	•00	52	<u> </u>			
53	Net income tax before reductions. Enter the amount from Line 49.	53	•00	53	<u> </u>			
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS.	54	•00	54	<u>•00</u>			
55	Subtract Line 54 from Line 53. This is your net income tax.	55	•00	55	•00			
56	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	•00	56	•00				
57	Sale of assets by gaming licensee surcharge. See instructions.	57	•00	57	•00			
58	Total net income and replacement taxes and surcharges.							
	Add Lines 52, 55, 56, and 57.	58	<u>•00</u>	58	•00			
59	Payments. See instructions.							
	a Credits from previous overpayments.			59a	<u> </u>			
	b Total payments made before the date this amended return is filed.			59b	<u> </u>			
	c Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K-1-T. 59c _							
	d Illinois gambling withholding. Attach Form(s) W-2G.		59d	•00				
60	Total payments. Add Lines 59a through 59d.			60	<u> </u>			
61								
62								
	for the year being amended. See instructions.				• <u>00</u>			
63	Add lines 61 and 62.				<u>•00</u>			
64	Net tax paid. Subtract Line 63 from Line 60.	-	<u> </u>					
	65 Overpayment. If Line 64 is greater than Line 58, subtract Line 58 from Line 64. 65							
66	Amount of overpayment from Line 65 to be credited forward . See instructions.				<u> </u>			
	Check this box and attach a detailed statement if this carryforward is going to a	diffe	erent FEIN.		•00			
67								
68	Tax due with this amended return. If Line 58 is greater than Line 64, subtract	LINE	e 64 from Line 58.	68	<u>00</u>			
Char	<u>ENote</u> You will be sent a bill for any additional penalty and interest due.		have the second second second	• • •	and the second			
· · I	9:Sign below - Under penalties of perjury, I state that I have examined this return and, to	the	· · ·		correct, and complete.			
Sign				I Ch	ack it the Department			

Sign Here	0:00	- 1	(()	Data (111			(()		may d	liscus	t if the Department to this return with the ter shown in this step.
	Sign	ature of authorized o	mcer	Date (mm/dd/	уууу)	Title		Phone		paiu p	repai	ter snown in this step.
Paid									Γ	Chec	k if	
		Print/Type paid preparer's name			Paid preparer's signature		Date (mm/dd/yyyy) se		self-emplo	oyed	Paid Preparer's PTIN	
Prepa Use C		Firm's name	•						Firm's	FEIN 🕨		
	, ,	Firm's address	•						Firm's	phone►	()



Attach	supporting	documents	to your Form	IL-1120-X.
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(If you completed:

Attach:

you completed:	Attach:
	U.S. 1120-X, and U.S.1139 or federal RAR (if applicable)
Step 1, Line C (unitary) only	Schedule UB/Subgroup Schedule
	<i>≡Note</i> → Check the box on Form IL-1120-X, Step 1, Line F/G
	Schedule INS
Step 1, Line C (unitary) and (foreign insurer) -	 Schedule UB/Subgroup Schedule and Schedule UB/INS
	<i>■Note</i> Check the box on Form IL-1120-X, Step 1, Line F/G
	 Federal Form 8886 or Federal Schedule M-3 (as applicable)
	► Federal Form 982
	- Schedule INL
	- Schedule 2220
	Form IL-4562
Special Depreciation addition	<i>■Note</i> Check the box on Form IL-1120-X, Step 1, Line I
Special Depreciation subtraction	
	Schedule 80/20
Related-Party Expenses addition	Check the box on Form IL-1120-X, Step 1, Line K
Related-Party Expenses subtraction Lines 7 and 20	Schedule(s) K-1-P or K-1-T
 Distributive share of additions 	
 Distributive share of subtractions 	
	Schedule M and any required support listed on Schedule M
Other additions	<i>Note</i> - Check the box on Form IL-1120-X, Step 1, Line J
 Other subtractions 	
Lines 11 through 15	Schedule 1299-B and any required support listed on Schedule
River Edge Redevelopment Zone	1299-B
Dividend subtraction	
 River Edge Redevelopment Zone 	
Interest subtraction	
 High Impact Business Dividend subtraction 	
 High Impact Business Interest subtraction Contributions subtraction 	
	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
5	-
Lines 24 and 32 Nonbusiness income or loss	► Schedule NB
 Nonbusiness income or loss allocable to Illinois 	
	Schedule(s) K-1-P or K-1-T
 Business income or loss from non-unitary 	
partnerships, partnerships included on a Schedule UB,	
S corporations, trusts, or estates	
Business income or loss apportionable to Illinois from	
non-unitary partnerships, partnerships included on a	
Schedule UB, S corporations, trusts, or estates	
Line 36 Discharge of indebtedness adjustment	Federal Form 982
	ENote → Check the box on Form IL-1120-X, Step 1, Line R
	Schedule 4255
	Form IL-477 and any required support listed on Form IL-477
Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule
	1299-D instructions or Schedule 1299-I <u>=Note-</u> Check the box on Form IL-1120-X, Step 1, Line H
Lines 51 and 54 Foreign Insurer tax reduction	- Schedule INS or Schedule UB/INS (for unitary filers)
	<u>= Note</u> Check the box on Form IL-1120-X, Step 1, Line C
Line 59c Pass-through withholding reported	All Schedules K-1-P and K-1-T you received showing
to you	pass-through withholding
-	► Copies of all Forms W-2G
	-

Failure to attach the required documents may result in the disallowance of the corresponding line item.