	Illinois Department of Revenue 2020 IL-1065-X Amended Partnership Replace For tax years ending on or after December 31, 2020 Indicate what tax year you are amending: Tax year beginning month data If you are filing an amended return for tax years ending before December you may not use this form. For prior years, see instructions to determine	iy embe	year , ending month day year Enter the amount you are paying.
L Ste A B	Enter your complete legal business name. If you have a name change, check this box. Name: Enter your mailing address.		 G Enter your federal employer identification number (FEIN). H Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the
	If you have an address change, check this box. C/O: Mailing address: City:		Schedule UB and attach it to this return.
C D	Check this box if you are filing this form only to report an increased net loss on Line 47, Column B. Check this box if you are: classified as an investment partnership. classified as a publicly-traded partnership.		J If you have completed the following, check the box and attach the federal form(s) to this return, if you have not previously done so. □ Federal Form 8886 □ Federal Schedule M-3, Part II, Line 10
E	Check the applicable box for the type of change being made. NLD State change Federal change If a federal change, check one: Partial agreed Finalized		 K Check this box if you attached Form IL-4562. L Check this box if you attached Schedule M. M Check this box if you attached Schedule 80/20. N Check this box if you attached Schedule 1299-A. O Check this box if your business activity is protected under Public Law 86-272.
F	Enter the finalization date Attach your federal finalization to this return. Check this box if you are filing Form IL-1065-X before the extended due date and making the election to treat all nonbusiness income as business income.		P Throwback adjustment - see instructions. Q Double throwback adjustment - see instructions. R Check this box if you attached the Subgroup Schedule. S Check this box if you are a 52/53 week filer.

Explain the changes on this return (Attach a separate sheet if necessary.):

Step ▼	2:	Figure your ordinary incor	ne or loss		As most recently reported or adjusted (Whole dollars only)		B Corrected amount (Whole dollars only)
nt al here	1	Ordinary income or loss or equiva	alent from U.S. Schedule K.	1	•00	1	<u>•00</u>
- e	2	Net income or loss from all rental		2	•00	2	<u>•00</u>
our pa) -1065-)	3	Net income or loss from other ren	ntal activities.	3	<u>•00</u>	3	<u> </u>
your L-10	4	Portfolio income or loss.		4	<u>•00</u>	4	<u> </u>
	5	Net IRC Section 1231 gain or los	s.	5	<u>•00</u>	5	<u>•00</u>
Attach Form I	6	All other items of income or loss that	t were not included in the computation	on of income			
•		or loss on Page 1 of U.S. Form 106	65. Identify:	_ 6	<u>•00</u>	6	<u>•00</u>
	7	Add Lines 1 through 6. This is you	ur ordinary income.	7	•00	7	<u>•00</u>
Step	Step 3: Figure your unmodified base income or loss		se income or loss				
	8	Charitable contributions.		8	<u>•00</u>	8	<u> </u>
	9	Expense deduction under IRC Se	ection 179.	9	<u>•00</u>	9	<u></u> • <u>00</u>
	10	Interest on investment indebtedne	ess.	10	<u>•00</u>	10	•00
	11	All other items of expense that were	not deducted in the computation of or	dinary income			
		or loss on Page 1 of U.S. Form 106	5. Identify:	. 11	<u>•00</u>	11	<u>•00</u>
	12	Add Lines 8 through 11.		12	<u>•00</u>	12	<u>•00</u>
	13	Subtract Line 12 from Line 7. This	s your total				
	unmodified base income or total loss.				<u>•00</u>	13	•00
			This form is authorized as outlined by the Illinois	Income Tax Act Discl	osure of this		

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.

STOP



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	•00	14	•00
15	State, municipal, and other interest income excluded from Line 14.	15	•00	15	•00
16	Illinois replacement tax deducted in arriving at Line 14.	16	•00	16	•00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	•00	17	•00
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	•00	18	•00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	•00	19	•00
20	Guaranteed payments to partners from U.S. Form 1065.	20	•00	20	<u> </u>
21	The amount of loss distributable to a partner subject to				
	replacement tax. Attach Schedule B.	21	<u>00</u>		<u>00</u>
22	Other additions. Attach Schedule M (for businesses).	22	<u>00</u>	22	<u>00</u>
23	Add Lines 14 through 22. This is your income or loss.	23	<u>00</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> </u>
26	Personal service income or reasonable allowance for				
	compensation of partners.	26	<u>•00</u>	26	<u></u> • <u>00</u>
27	Share of income distributable to a partner subject to				
			•00		<u> </u>
28	-		<u></u> • <u>00</u>		<u> </u>
29			<u>•00</u>		<u>00</u>
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	<u>00</u>		<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	<u>•00</u>		<u>00</u>
33	Other subtractions. Attach Schedule M (for businesses).	33	<u>•00</u>	33	<u></u>
34	Total subtractions. Add Lines 24 through 33.	34	<u>•00</u>	34	<u> </u>
35	Base income or loss. Subtract Line 34 from Line 23.	35	•00	35	<u>00</u>
STO	A If the amount on Line 35 is derived inside Illinois only, check this bo on Step 7, Line 47. You may not complete Step 6. (You must leave Ste <u>=Note</u> If you are a unitary filer, do not check this box. Check the box	ep 6	, Lines 36 through 46	6 blar	nk.)
	B If any portion of the amount on Line 35 is derived outside Illinois, or complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank			heck	this box and
Step	6: Figure your income allocable to Illinois (Complete only if you checked	d the	e box on Line B, above	.)	
		00	00	00	00

36	Nonbusiness income or loss. Attach Schedule NB.	36	•00	36	•00
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.	37	•00	37	<u>•00</u>
38	Add Lines 36 and 37.	38	•00	38	•00
39	Business income or loss. Subtract Line 38 from Line 35.	39	•00	39	•00
40	Total sales everywhere. This amount cannot be negative.	40	•00	40	•00
41	Total sales inside Illinois. This amount cannot be negative.	41	•00	41	•00
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42		42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	<u>•00</u>	43	•00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	•00	44	•00
45	Business income or loss apportionable to Illinois from non-unitary				
	partnerships, partnerships included on a Schedule UB,				
	S corporations, trusts, or estates. See instructions.	45	•00	45	•00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	•00	46	<u>•00</u>



Step	7: Figure your net income	re	As most recently eported 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
	Illinois net loss deduction. If Line 47 is zero or negative, enter zero.	48	•00		•00
	Check this box and attach a detailed statement if you have merged losses.	40		40	
	Income after NLD. Subtract Line 48 from Line 47. Enter the amount from Step 5, Line 35.		• <u>00</u> •00		• <u>00</u> •00
	Divide Line 47 by Line 50. Round to six decimal places. Cannot be greater than one.				
	Exemption allowance. See instructions before completing.		• <u>00</u>	_	• <u>00</u>
53	Net income. Subtract Line 52 from Line 49.		•00		<u>•00</u>
-	8: Figure your net replacement tax and pass-through withholding				
	Replacement tax. Multiply Line 53 by 1.5% (.015).		•00		•00
	Recapture of investment credits. Attach Schedule 4255.		•00		•00
56	Replacement tax before investment credits. Add Lines 54 and 55.		<u>•00</u>		•00
57	Investment credits. Attach Form IL-477.		•00	57 _	• <u>00</u>
58	Net replacement tax. Subtract Line 57 from Line 56. If negative, enter zero.		•00		•00
	Sale of assets by gaming licensee surcharge. See instructions.		•00	59 _	•00
60	Pass-through withholding you owe on behalf of your members. See instructions.			~~~	
61	Enter the amount from Schedule B, Section A, Line 9. Attach Schedule B. Total net replacement tax, surcharge, and pass-through withholding you own		• <u>00</u>	60 _	• <u>00</u>
01	Add Lines 58, 59, and 60.		•00	61	•00
-	9: Figure your refund or balance due				
62	Payments. See instructions.			~~	
	a Credits from previous overpayments.				•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.			620	•00
	d Illinois gambling withholding. Attach Form(s) W-2G.				
63	Total payments. Add Lines 62a through 62d.				• <u>00</u> • <u>00</u>
	Previously paid penalty and interest. See instructions.				<u>•00</u>
	Total amount of overpayment (including any carryforward or refund) before the	filing o	f this raturn	04 _	000
05	for the year being amended. See instructions.	ning o		65	•00
66	Add lines 64 and 65.				•00
	Net tax paid. Subtract Line 66 from Line 63.				•00
	Overpayment. If Line 67 is greater than Line 61, subtract Line 61 from Line 67.	,			•00
	Amount of overpayment from Line 68 to be credited forward. See instructions.				•00
	Check this box and attach a detailed statement if this carryforward is going to a		ent FEIN. 🔲		
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	t Line 6	7 from Line 61.	71 _	•00
	<u>ENote</u> You will be sent a bill for any additional penalty and interest.				

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.

 $\frac{\overline{\underline{Special}}_{Note}}{Note}$ Enter the amount of your payment on the top of Page 1 in the space provided.

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	ature of partner		Date (mm/dd/	уууу)	Title	Ph	ione		pai	d prepa	rer shown in this step.
Paid											neck if	
		Print/Type paid prepa	nt/Type paid preparer's name		Paid preparer's signature Date (m			Date (mm/dd/yy	ld/yyyy) se		nployed	Paid Preparer's PTIN
Prepa Use C		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



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



Enter your federal employer identification number (FEIN)

Month Year

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

IL Attachment No. 1

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 Section A of S	of Schedule B.					
Note 	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 information to support your filing.						
Sectio	n 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 the amount this section.	ts from those schedules when completing					
fotals f	or 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 instructions.	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 entered a check mark in Column D. Enter the total here. See instructions.	3					
Fotals f	or nonresident partners or shareholders only (from Schedule B, Section B)						
ļ	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.	4					
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.	5					
i	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.	6					
,	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.	7					
	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.	8					
)	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.	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.



Section B: Members' information (See instructions before completing.) С F В D Е G Н Т Α J Name and Address Partner SSN Subject to Member's Excluded Share of Pass-through 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 _____ 7IP 3 Name _____ C/O Addr. 1 Addr. 2 City ______ State ZIP 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-12/20)

of Illinois - web only, 1 copy

Enter your federal employer identification number (FEIN).