	Illinois Department of Revenue <b>2020 IL-1120-ST-X</b> Amended Small Business Corporation			nent Tax Return	
	For tax years ending on or after December 31, 2020 Indicate what tax year you are amending: Tax year beginning	day Decem	year <b>ber 3</b> 1	_, ending month day year <b>1, 2020</b> ,	Enter the amount you are paying.
Sto A	ep 1: Identify your small business corporation Enter your complete legal business name. If you have a name change, check this box. Name:		M	Enter your federal employer identi 	a member of a nter the FEIN of the
В	Enter your mailing address. If you have an address change, check this box. C/O:		ο	Apportionment for Unitary Bus Schedule UB to this return.	siness Group. Attach
C D	City: State: ZIP: Check this box if you are filing this form <b>only</b> to report an increased net loss on Line 49, Column B. Check this box if you attached Form IL-4562.		Ρ	System (NAICS) Code. See in 	e (charter) number.
E F G	Check this box if you attached Schedule M. Check this box if you attached Schedule 80/20. Check this box if you attached Schedule 1299-A.		Q	before the extended due date election to treat all nonbusines income.	and making the s income as business
H	Check this box if you attached the Subgroup Schedule. 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		R	If you have completed the follo and <b>attach</b> the federal form(s) have not previously done so. Federal Form 8886	to this return, if you
J K L	Enter the finalization date Attach your federal finalization to this return. Throwback adjustment - see instructions. Double throwback adjustment - see instructions. Check this box if you are a 52/53 week filer.		S T	Check this box if you are makindebtedness adjustment on L federal Form 982 and a detailed Check this box if your business protected under Public Law 86	ine 48. and <b>attach</b> ed statement.

Step	o 2	: Figure your ordinary inco	me or loss		Α		В
▼					As most recently		Corrected
ъë					reported or adjusted (Whole dollars only)		amount (Whole dollars only)
hei 'hei	1	Ordinary income or loss or equiv	valent from U.S. Schedule K.	1	• <u>00</u>	1	• <u>00</u>
mer -X-V	2	Net income or loss from all renta		2	•00	2	•00
pay ST	3	Net income or loss from other re	ental activities.	3	•00	3	•00
our 112(	4	Portfolio income or loss.		4	<u>•00</u>	4	<u>•00</u>
ا ج	5	Net IRC Section 1231 gain or lo	SS.	5	<u></u> • <u>00</u>	5	<u> </u>
Attach Form IL	6	All other items of income or loss t	hat were not included in the computation	on of			
≺ŭ ▲		income or loss on Page 1 of U.S.	Form 1120S. Identify:	6	<u>•00</u>	6	<u>•00</u>
	7	Add Lines 1 through 6. This is yo	our ordinary income.	7	<u></u> • <u>00</u>	7	<u> </u>
Step	o 3	: Figure your unmodified ba	ase income or loss				
	8	Charitable contributions.		8	<u>•00</u>	8	<u>•00</u>
	9	Expense deduction under IRC S	Section 179.	9	<u>•00</u>	9	<u>•00</u>
	10	Interest on investment indebted	ness.	10	<u>•00</u>	10	<u>•00</u>
	11	All other items of expense that we	re not deducted in the computation of c	ordinary			
		income or loss on Page 1 of U.S. F	Form 1120S. Identify:	11	<u></u> • <u>00</u>	11	• <u>00</u>
	12	Add Lines 8 through 11.		12	<u></u> • <u>00</u>	12	<u> </u>
	13	Subtract Line 12 from Line 7. This	s is your				
		total unmodified base income or t	otal loss.	13	<u>•00</u>	13	<u>•00</u>
		IL-1120-ST-X (R-12/20)	This form is authorized as outlined by the Illinois Incor information is REQUIRED. Failure to provide information				Page 1 of 5



Step	4: Figure your income or loss		As most recently reported or adjusted		<b>B</b> Corrected amount
14	Enter the amounts from Line 13. Unitary filers, see instructions.	14	<u></u>	14	<u></u> • <u>00</u>
15	State, municipal, and other interest income excluded from Line 14.	15	<u>00</u>	15	<u>00</u>
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	•00	16	<u></u> • <u>00</u>
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	•00	17	<u>00</u>
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	•00	18	<u>•00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	•00	19	<u>    00    </u>
20	The amount of loss distributable to a shareholder subject to replacement tax. <b>Attach</b> Schedule B.	20	<u>•00</u>	20	<u>00</u>
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> </u>
Step	5: Figure your base income or loss				
23	Interest income from U.S. Treasury and exempt federal obligations.	23	<u>    00</u>	23	<u></u> • <u>00</u>
24	Share of income distributable to a shareholder subject to replacement tax. <b>Attach</b> Schedule B.	24	<u>•00</u>	24	<u>00</u>
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A	. 25	•00	25	<u></u> •00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	•00	26	•00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	•00	27	<u></u> • <u>00</u>
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	<u></u>	28	<u></u> • <u>00</u>
29	Contribution subtraction. Attach Schedule 1299-A.	29	<u>00</u>	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>00</u>
33	Other subtractions. Attach Schedule M (for businesses).	33	•00	33	<u>00</u>
34	Total subtractions. Add Lines 23 through 33.	34	•00	34	<u> </u>
35	Base income or loss. Subtract Line 34 from Line 22.	35	•00	35	<u>•00</u>
STO	<ul> <li>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 <u>=Note</u>] If you are a unitary filer, do not check this box. Check the</li> <li>B If any portion of the amount on Line 35 is derived outside Illinois, complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blacks)</li> </ul>	Step box o	6, Lines 36 through 46 on Line B and complete ou are a unitary filer, ch	blank Step	.) 6
Ste	p 6: Figure your income allocable to Illinois (Complete only if you che	ecked	the box on Line B, above	e.)	
36	Nonbusiness income or loss. Attach Schedule NB.	36	<u>00</u>	36	<u>00</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.	37	<u>00</u>	37	00
38	Add Lines 36 and 37.	~~	•00		•00
39	Business income or loss. Subtract Line 38 from Line 35.		•00		00
40	Total sales everywhere. This amount cannot be negative.		•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	• <u>•••</u>
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.		• <u>00</u>	43	• <u>00</u>
44	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.		•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.		<u>•00</u>	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		As most recently ported 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	• <u>00</u>	49	•00
50	Illinois net loss deduction. If Line 49 is zero or a negative amount, enter zero.	50	•00	50	•00
51	Check this box and attach a detailed statement if you have merged losses. <b>Net income.</b> Subtract Line 50 from Line 49.	」 51	• <u>00</u>	51	•00
Step	8: Figure your net replacement tax, surcharge, and pass-through	n withhc	olding you owe		
52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	•00	52	•00
53	Recapture of investment credits. Attach Schedule 4255.	53	•00	53	•00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	• <u>00</u>	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	•00	56	•00
57	Compassionate Use of Medical Cannabis Program Act surcharge. See instr.	57	•00	57	•00
58	Sale of assets by gaming licensee surcharge. See instructions.	58	•00	58	•00
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. <b>Attach</b> Schedule B.	59	• <u>00</u>	59	•00
60	Total net replacement tax, surcharges, and pass-through withholding you owe. Add Lines 56 through 59.	60	•00	60	•00
		00	• <u>00</u>	00 _	• <u>••</u> •
Step	9: Figure your refund or balance due				
61	Payments. See instructions.				
	a Credits from previous overpayments.			61a _	•00
	<b>b</b> Total payments made before the date this amended return is filed.			61b _	•00
	<b>c</b> 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 _	•00
	Total payments. Add Lines 61a through 61d.			62	•00
	Previously paid penalty and interest. See instructions.			63 _	•00
64	Total amount of overpayment (including any carryforward or refund) before the filing of t	this return		64	
CE.	for the year being amended. See instructions.			64 _	•00
	Add Lines 63 and 64. Net tax paid. Subtract Line 65 from Line 62.			65 _ 66	• <u>00</u> •00
	<b>Overpayment.</b> If Line 66 is greater than Line 60, subtract Line 60 from Line 6	86		67	• <u>00</u> • <u>00</u>
	Amount of overpayment from Line 67 to be <b>credited forward</b> . See instruction			68	
00	Check this box and attach a detailed statement if this carryforward is going to		nt FEIN. 🗖	00 _	<u></u> • <u>00</u>
69	Refund. Subtract Line 68 from Line 67. This is the amount to be refunded.			69	•00
70	<b>Tax due with this amended return.</b> If Line 60 is greater than Line 66, subtrational <u><i>ENote</i></u> You will be sent a bill for any additional penalty and interest.	act Line 6	6 from Line 60.	70 _	•00

If you owe tax on Line 70, complete a payment voucher, Form IL-1120-ST-X-V. Write your FEIN, tax year ending, and "IL-1120-ST-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.

 $\underline{\underline{\overline{Special}}}_{Note}$  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 Departme may discuss this return with			s this return with the	
				Date (mm/dd/	m/dd/yyyy) Title			Phone		paid p	paid preparer shown in this step.		
Paid										Chee	ck if		
Prepa Use O	Print/Type paid prepar		arer's name		Paid p	oreparer's signature		Date (mm/dd/y	ууу)	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	r name as shown on your Form IL-1065 or Form IL-1120-ST. Ente	employe	r identification number (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	Section A of So	chedule E	3.	
<u>=Note</u> →	Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the D information to support your filing.	epartment. Yo	ou may al	so be required to submit furt	her
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 us this section.	e the amounts	s from the	ose schedules when comple	ting
Totals 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	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	ns.	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.		3		
Totals f	or 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 nonresid individual members. See instructions.	ent 2	4		
5	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresid estate members. See instructions.		5		
6	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partners and S corporation members. See instructions.		6		
7	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresid 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 corpor members. See instructions.		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 of Enter the total here <b>and</b> on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See ins	on 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.

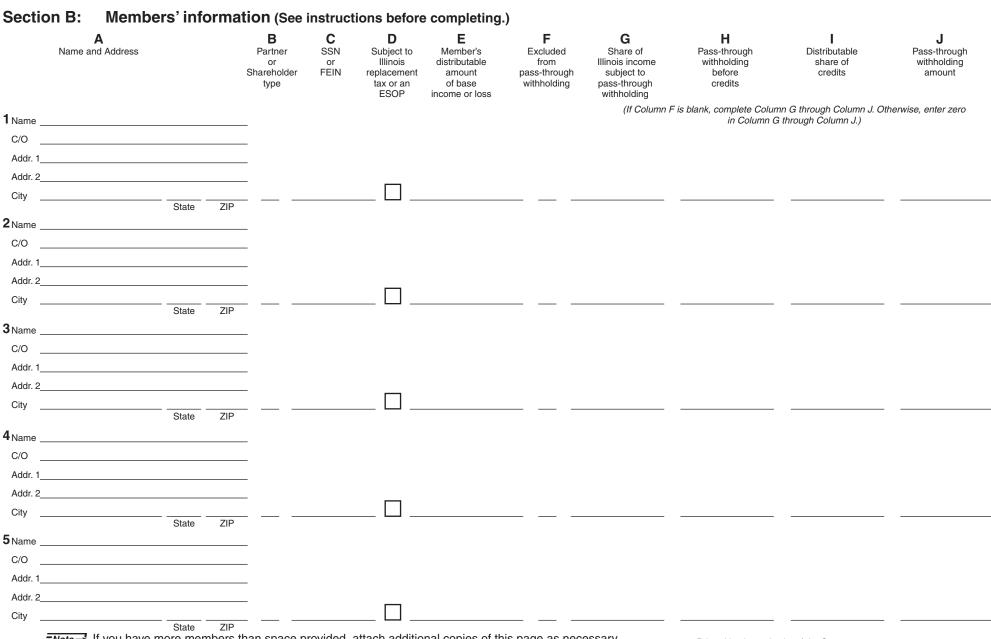
Attach all pages of Schedule B, Section B behind this page.





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

Enter your federal employer identification number (FEIN).



**<u>=Note</u>** If you have more members than space provided, attach additional copies of this page as necessary. Schedule B Back (R-12/20)

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