	Illinois Departme						
		rtnership Replace	me	nt	Tax Return		
	ndicate what tax year you are amene				_, ending		Enter the amount you
		n for tax years ending before Dece	ember	r 31, ź	2021 ,	rear	are paying.
	p 1: Identify your partnership						Ψ
Δ	Enter your complete legal business na	amo		HE	Enter your federal employe	er identi	fication number (FEIN).
A	If you have a name change, check thi			ιĒ	Check this box if you	are a r	member of a unitary
	Name:				business group and are i	ncluded	on a Schedule UB,
В	Enter your mailing address. If you have an address change, check	k this box.		E	Combined Apportionmen Enter the FEIN of the me Schedule UB and attach	mber w	ho prepared the
	C/O:			_			
	Mailing address:				Enter your North America		-
	City:	State: ZIP:		5	System (NAICS) Code. S	ee instr	uctions.
С	Check this box if you are filing this for	rm only to report an increased net	_	K II	f you have completed the	followi	 na_ check the box
_	loss on Line 47, Column B.			а	and attach the federal for	m(s) to	
D	Check this box if you are:			h r	nave not previously done		adaval Cabadula M O
	classified as an investment partne			L	Federal Form 8886		ederal Schedule M-3, art II, Line 10
-	Classified as a publicly-traded part	•			Check this box if you atta		
Е	Check the applicable box for the type				Check this box if you atta		
	If a federal change, check one:	rai change			Check this box if you atta		
	Partial agreed Finalized				Check this box if you atta Check this box if your bus		
	Enter the finalization date				protected under Public La		
	Attach your federal finalization to this	s return.		-	hrowback adjustment - s		
F	Check this box if you are filing Form I		!	RD	Oouble throwback adjustr	nent - s	ee instructions.
	date and making the election to treat	all nonbusiness income as	_		heck this box if you attache		•
	business income.		Ш		heck this box if you are a you are paying Pass-three		
G	Check this box if you elected to file an Pass-through Entity Tax. (See instruct			an	inualized your income or is box and attach Form I	Form I	L-2220, check
ST	Explain the changes on this	return (Attach a separate sheet if	neces	ssary	x.):		
Ste	p 2: Figure your ordinary incor	ne or loss			Α		В
▼					As most recently reported or adjusted		Corrected amount
pu ,					(Whole dollars only)		(Whole dollars only)
Attach your payment and	 Ordinary income or loss or equiv. Net income or loss from all rental 				1 <u>•00</u> 2 <u>•00</u>	1	<u>•00</u>
aymo	3 Net income or loss from other rer				3 <u>•00</u>	3	0 <u>00</u>
ur p	4 Portfolio income or loss.				400	4	•00
h yo	5 Net IRC Section 1231 gain or los				5 00	5	<u> </u>
Attac	6 All other items of income or loss that		on of in	ncome	•	6	00
	 or loss on Page 1 of U.S. Form 106 7 Add Lines 1 through 6. This is yo 	-	_		600 700	-	<u>•00</u>
Ste	p 3: Figure your unmodified ba					-	
010	8 Charitable contributions.				8 00	8	•00
	9 Expense deduction under IRC Se	ection 179.			9 • <u>00</u>	9	<u>•00</u>
	10 Interest on investment indebtedn				10 • <u>00</u>	10	<u>00</u>
	11 All other items of expense that w					4.4	00
	12 Add Lines 8 through 11.	Form 1065. Identify:			11•00 12•00		<u>•00</u>
	13 Subtract Line 12 from Line 7. Thi	s is your total					
	unmodified base income or loss.				13 00	13	<u>•00</u>
	IL-1065-X (R12/21)	This form is authorized as outlined by the Illinois information is REQUIRED. Failure to provide inf					Page 1 of 5



Step	4:	Figure your income or loss		A As most recently reported or adjusted		B Corrected amount
14	Ent	er the amounts from Line 13.	14	<u>•00</u>	14	<u></u> • <u>00</u>
15	Sta	te, municipal, and other interest income excluded from Line 14.		•00		•00
16	Illin	ois replacement tax deducted in arriving at Line 14.	16	<u></u> • <u>00</u>	16	•00
17	Illin	ois Special Depreciation addition. Attach Form IL-4562.		<u>00</u>	17	•00
18	Rel	ated-Party Expenses addition. Attach Schedule 80/20.	18	<u>00</u>		<u>00</u>
19	Dist	tributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		<u>00</u>		•00
20	Gua	aranteed payments to partners from U.S. Form 1065.	20	<u>•00</u>		•00
21	The	amount of loss distributable to a partner subject to				
	repl	lacement tax. Attach Schedule B.	21	<u>00</u>	21	<u> </u>
22	Oth	er additions. Attach Schedule M (for businesses).	22	<u>00</u>	22	•00
23	Add	Lines 14 through 22. This is your income or loss.	23	<u> 00</u>	23	•00
Step	5:	Figure your base income or loss				
24	Inte	erest income from U.S. Treasury and exempt federal obligations.	24	<u>00</u>	24	•00
25	Aug	just 1, 1969, valuation limitation amount. Attach Schedule F.		•00	25	•00
	-	sonal service income or reasonable allowance for				
	con	npensation of partners.	26	<u> 00 </u>	26	<u>•00</u>
27	Sha	are of income distributable to a partner subject to				
	repl	lacement tax. Attach Schedule B.	27	<u> </u>	27	<u>00</u>
28	Rive	er Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	28	<u> </u>	28	<u>•00</u>
29	Hig	h Impact Business Dividend subtraction. Attach Schedule 1299-A.	29	<u> </u>	29	<u> </u>
30	Illin	ois Special Depreciation subtraction. Attach Form IL-4562.	30	<u></u>	30	•00
31	Rel	ated-Party Expenses subtraction. Attach Schedule 80/20.	31	<u> </u>	31	•00
32	Dist	tributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	<u> </u>	32	•00
33	Oth	er subtractions. Attach Schedule M (for businesses).	33	<u></u>	33	•00
34	Tota	al subtractions. Add Lines 24 through 33.	34	<u> </u>	34	•00
35	Bas	se income or loss. Subtract Line 34 from Line 23.	35	<u>00</u>	35	<u> </u>
STO	DP	A If the amount on Line 35 is derived inside Illinois only, check this b on Step 7, Line 47. You may not complete Step 6. (You must leave S <u>=Note</u> → If you are a unitary filer, do not check this box. Check the b	Step 6	6, Lines 36 through 4	6 blar	nk.)
		B If any portion of the amount on Line 35 is derived outside Illinois, of complete all lines of Step 6. (Do not leave Lines 40 through 42 blan			heck	this box and
Step	o 6:	Figure your income allocable to Illinois (Complete only if you check	ed the	e box on Line B, above	e.)	

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	•00	43	•00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	•00	44	<u>•00</u>
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		A s most recently orted 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. Check this box and attach a detailed statement if you have merged loss		•00	48 _	• <u>00</u>
49	Income after NLD. Subtract Line 48 from Line 47.	49	•00	49 _	• <u>00</u>
50	Enter the amount from Step 5, Line 35.	50	•00	50 _	•00
51	Divide Line 47 by Line 50. Round to six decimal places. Cannot be greater than one.	51	·	51 _	
52	Exemption allowance. See instructions before completing.	52	•00	52 _	•00
53	Net income. Subtract Line 52 from Line 49.	53	•00	53 _	•00
Step	8: Figure the taxes and pass-through withholding you owe	•			
54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	•00	54 _	•00
55	Recapture of investment credits. Attach Schedule 4255.	55	•00	55 _	• <u>00</u>
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	•00	56 _	•00
57	Investment credits. Attach Form IL-477.	57	•00	57 _	•00
58	Net replacement tax. Subtract Line 57 from Line 56. If negative, enter	zero. 58	•00	58 _	•00
59	Pass-through withholding you owe on behalf of your members. See ins Enter the amount from Schedule B, Section A, Line 9. Attach Schedule		• <u>00</u>	59 _	•00
60	Pass-through entity income. See instructions.	60	•00	60 _	•00
61	Pass-through entity tax. Multiply Line 60 by 4.95% (.0495).	61	•00	61 _	•00
62	Total taxes and pass-through withholding. Add Lines 58, 59, and 61.			62 _	• <u>00</u>
Step	9: Figure your refund or balance due				
63	Payments. See instructions.				
	a Credits from previous overpayments.			63a _	•00
	b Total payments made before the date this amended return is filed.			63b _	•00
	c Pass-through withholding reported to you. Attach Schedule(s) K-1-P	or K-1-T.		63c _	•00
	d Illinois income tax withholding. Attach Form(s) W-2G.				•00
64	Total payments. Add Lines 63a through 63d.				•00
	Previously paid penalty and interest. See instructions.			65 _	•00
66	Total amount of overpayment (including any carryforward or refund) be for the year being amended. See instructions.	fore the filing of	this return	66 _	•00
67	Add lines 65 and 66.			67 _	• <u>00</u>
68	Net tax paid. Subtract Line 67 from Line 64.			68 _	•00
69	Overpayment. If Line 68 is greater than Line 62, subtract Line 62 from	Line 68.			•00
70	Amount of overpayment from Line 69 to be credited forward. See inst Check this box and attach a detailed statement if this carryforward is go	ructions. oing to a differen	t FEIN. 🔲	70 _	•00
71	Refund. Subtract Line 70 from Line 69. This is the amount to be refund	led.			•00
72	Tax due with this amended return. If Line 62 is greater than Line 68, You will be sent a bill for any additional penalty and interest.	subtract Line 68	from Line 62.	72 _	• <u>00</u>

<u>Especial Note</u> 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		ature of partner		Date (mm/dd/y	уууу)	Title	(() Phone		may	discus	t if the Department to this return with the rer shown in this step.
Paid		Print/Type paid pre	parer's name		Paid p	preparer's signature		Date (mm/dd/y	/ууу)	Che self-empl	-	Paid Preparer's PTIN
Prepa Use C		Firm's name	•						Firm's	FEIN 🕨		
00000	,y	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 IL-1065 or Form IL-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	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. Information to support your filing.	You may also be required to submit furthe				
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.	nts from those schedules when completin				
otals f	or 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.	1				
	Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.	2				
	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				
otals f	or nonresident partners or shareholders only (from Schedule B, Section B)					
	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				
	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				
	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 59, 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.

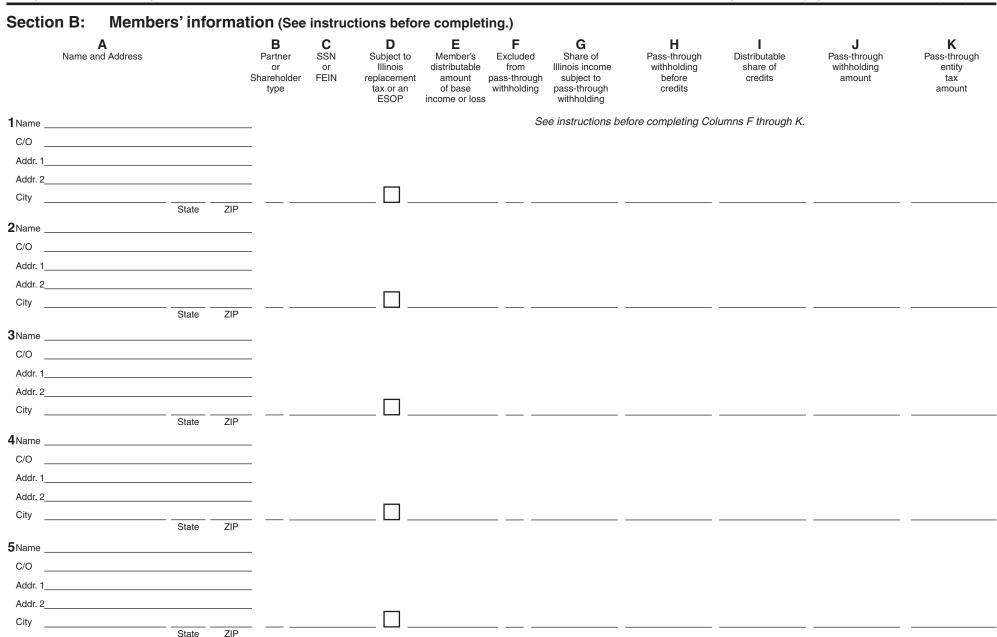
Attach all pages of Schedule B, Section B behind this page.





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

Enter your federal employer identification number (FEIN).



ENote If you have more members than space provided, attach additional copies of this page as necessary.

Page 5 of 5

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