



Amended Small Business Corporation Replacement Tax Return For tax years ending on or after December 31, 2021

	ndicate what tax year you are amending: Tax year beginning	dou		, ending	/0.0 M	Enter the amount you		
	If you are filing an amended return for tax years ending before	day Decemb	year oer 31		/ear	are paying.		
(w	you may not use this form. For prior years, see instructions to d					\$		
Ste	p 1: Identify your small business corporation		N	Enter your federal employe	er identif	ication number (FEIN).		
Α	Enter your complete legal business name.		_					
	If you have a name change, check this box.	Ш	0	Check this box if your				
	Name:			unitary business group, member who prepared				
В	Enter your mailing address.			Apportionment for Unita				
	If you have an address change, check this box.	Ш		Schedule UB to this ret		·		
	C/O:							
	Mailing address:		Р	Enter your North Americ				
	City: State: ZIP:			System (NAICS) Code.	See ins	structions.		
С	Check this box if you are filing this form only to report an increased net loss on Line 50, Column B.		Q	Enter your Illinois corpo	rate file	e (charter) number.		
D	Check this box if you attached Form IL-4562.							
Е	Check this box if you attached Schedule M.		R	Check this box if you ar				
F	Check this box if you attached Schedule 80/20.			before the extended due election to treat all nonb				
G	Check this box if you attached Schedule 1299-A.			income.	, 4011100			
Н	Check this box if you attached the Subgroup Schedule.		S	If you have completed t	he follo	wing, check the box		
I	Check the applicable box for the type of change being made.			and attach the federal f		to this return, if you		
	☐ NLD ☐ State change ☐ Federal change			have not previously don Federal Form 8886		Foderal Cabadula		
	If a federal change, check one:			Federal Form 8886		Federal Schedule M-3, Part II, Line 10		
	Partial agreed Finalized		Т	Check this box if you ar				
	Enter the finalization date			indebtedness adjustme				
	Attach your federal finalization to this return.			federal Form 982 and a		_		
J	Throwback adjustment - see instructions.	H	U	Check this box if your b protected under Public				
K	Double throwback adjustment - see instructions.	H	V	If you are paying Pass-t				
L	Check this box if you are a 52/53 week filer.	H		annualized your income				
M	Check this box if you elected to file and pay Pass-through Entity Tax.			this box and attach For	m IL-22	20. L		
Explain the changes on this return (Attach a separate sheet if necessary.)								
	Step 2: Figure your ordinary income or loss			A		В		
lacktriangle				As most recentely		Corrected		
Attach your payment and Form II -1120-ST-X-V here	1 Ordinary income or loss or equivalent from U.S. Schedule K.		1	reported or adjusted •00	1	amount 		
nent X-V	2 Net income or loss from all rental real estate activities.		2		2	•00		
payı	3 Net income or loss from other rental activities		3		3	<u> </u>		
our 112	4 Portfolio income or loss.		4		4	<u>•00</u>		
ch y	5 Net IRC Section 1231 gain or loss.		. 5	00	5			
Atta	6 All other items of income or loss that were not included in the comp income or loss on Page 1 of U.S. Form 1120S. Identify:	utation of	6		6	•00		
\blacktriangle	7 Add Lines 1 through 6. This is your ordinary income or loss.			•00	7	•00		
Ste	p 3: Figure your unmodified base income or loss							
	Charitable contributions.		8		8			
9	Expense deduction under IRC Section 179.		9			<u>00</u>		
	Interest on investment indebtedness.		10		10	<u>•00</u>		
11	All other items of expense that were not deducted in the computation of income or loss on Page 1 of LLS. Form 1120S, Identify:		44	.00	44	•00		
12	income or loss on Page 1 of U.S. Form 1120S. Identify:Add Lines 8 through 11.			• <u>00</u>		• <u>00</u>		
	Subtract Line 12 from Line 7. This is your							
	total unmodified base income or loss.		13	<u>•00</u>	13			



Step					
	4: Figure your income or loss		As most recently reported or adjusted		B Corrected amount
14	Enter the amounts from Line 13. Unitary filers , see instructions.	14 _	•00	14	
15	State, municipal, and other interest income excluded from Line 14.	15 _	•00	15	
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16 _	<u>•00</u>	16	
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17 _	•00	17	
18	Related-Party Expenses addition. Attach Schedule 80/20.	18 _	•00	18	
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19 _	•00	19	
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20 _	•00	20	
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>•00</u>
Ster	5: Figure your base income or loss				
23	Interest income from U.S. Treasury and exempt federal obligations.	23	•00	23	
24	Share of income distributable to a shareholder subject to		<u> </u>	20	
	replacement tax. Attach Schedule B.	24 _	•00	24	<u>•00</u>
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A	. 25 _	•00	25	<u>•00</u>
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A	. 26 _	<u>•00</u>	26	<u>•00</u>
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27 _	<u>•00</u>	27	
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28 _	•00	28	
29	Contribution subtraction. Attach Schedule 1299-A.	29 _	•00	29	
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30 _	•00	30	
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31 _	•00	31	
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	•00	32	•00
				-	
33	Other subtractions. Attach Schedule M (for businesses).		•00		
		33		33	
33	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22.	33 _ 34 _ 35 _	•00 •00 •00	33 34 35	•00 •00
33 34	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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	33 _ 34 _ 35 _ s box and Step 6, box on , or you	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cl	33 34 35 from St 5 blank e Step	•00 •00 •00 tep 5, Line 35 .)
33 34 35	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 = Note = I you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois	33 _ 34 _ 35 _ s box and e Step 6, box on , or you ank.) Sec	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions.	33 34 35 from Si 6 blank e Step heck th	•00 •00 •00 tep 5, Line 35 .)
33 34 35 STO	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note of It you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks)	33 _ 34 _ 35 _ 35 _ s box and Step 6, box on , or you ank.) See	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions.	33 34 35 from Si 6 blank e Step heck th	•00 •00 •00 tep 5, Line 35 .)
33 34 35 Ste 36	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note—If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace of Step 6.) P 6: Figure your income allocable to Illinois (Complete only if you chee Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates.	33 _ 34 _ 35 _ s box and e Step 6, box on , or you ank.) See ecked the	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions.	33 34 35 from St 6 blank e Step heck th	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note—If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace of Figure your income allocable to Illinois (Complete only if you cheek Nonbusiness income or loss. Attach Schedule NB. 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.	33 _ 34 _ 35 _ 35 _ 35 _ 35 _ 35 _ 35 _	d enter the amount the Lines 36 through 46 Line B and complete are a unitary filer, cle instructions. be box on Line B, above 100	33 34 35 35 6 blank e Step heck th	•00 •00 •00 •00 tep 5, Line 35 .) 6. tis box and
33 34 35 Ste 36 37	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note—) If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace p 6: Figure your income allocable to Illinois (Complete only if you che Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37.	33 _ 34 _ 35 _ 35 _ 35 _ 35 _ 36 _ 36 _ 37 _ 38 _ 38 _ 34 _ 34 _ 35 _ 35 _ 35 _ 35 _ 35 _ 35	d enter the amount Lines 36 through 46 Line B and complete are a unitary filer, cle instructions. box on Line B, above -00 -00 -00 -00	33 34 35 from Si 5 blank e Step heck th	•00 •00 •00 •00 •00 tep 5, Line 35 .) 6. sis box and •00 •00
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33 34 35 Ste 36 37 38 39 40 41	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace of Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative.	33 _ 34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. b box on Line B, abov •00 •00 •00 •00 •00 •00 •00 •	33 34 35 from St 5 blank e Step heck th 7e.) 36 37 38 39 40 41	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41 42	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note:—Note:—If you are a unitary filer, do not check this box. Check the last lines of Step 6. (Do not leave Lines 40 through 42 blacks) P 6: Figure your income allocable to Illinois (Complete only if you che Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	33 _ 34 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 42	on on one of the control of the cont	33 34 35 from Si 6 blank e Step heck th (e.) 36 37 38 39 40 41 42	•00 •00 •00 •00 tep 5, Line 35 .) 6. tis box and •00 •00 •00 •00 •00 •00 •00
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33 34 35 Ste 36 37 38 39 40 41 42 43 44	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. 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 Note—If you are a unitary filer, do not check this box. Check the If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace) P 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB. 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. Add Lines 36 and 37. Business income or loss. Subtract Line 38 from Line 35. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	33 _ 34 _ 35 _ 35 _ 35 _ 36 _ 37 _ 38 _ 39 _ 40 _ 41 _ 42 _ 43 _ 44 _ 44 _ 44 _ 44	d enter the amount Lines 36 through 46 Line B and complete are a unitary filer, cle instructions. box on Line B, above 100 100 100 100 100 100 100 100 100 10	33 34 35 from Si 5 blank e Step heck th e.) 36 37 38 39 40 41 42 43	•00 •00 •00 •00 •00 tep 5, Line 35 •) 6. sis box and •00 •00 •00 •00 •00 •00 •00 •00



Step	7: Figure your net income		As most recently reported 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.			00	48		
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	•(00	49	•00	
50	Illinois net loss deduction. If Line 49 is zero or a negative amount, enter zero Check this box and attach a detailed statement if you have merged losses.		•(00	50	<u>•00</u>	
51	Net income. Subtract Line 50 from Line 49.			<u>00</u>	51	<u> </u>	
Step	8: Figure the taxes, surcharges, and pass-through withholding	you o	we				
-	Replacement tax. Multiply Line 51 by 1.5% (.015).	-		00	52		
	Recapture of investment credits. Attach Schedule 4255.	53		00			
54	Replacement tax before investment credits. Add Lines 52 and 53.	54		00	54	<u>•00</u>	
55	Investment credits. Attach Form IL-477.	55	•(00			
56	Net replacement tax. Subtract Line 55 from Line 54. If negative, enter zero.	56		00	56		
57	Compassionate Use of Medical Cannabis Program Act surcharge. See instr.			00	57	<u>•00</u>	
58	Sale of assets by gaming licensee surcharge. See instructions.		•(00	58	<u>00</u>	
59	Pass-through withholding you owe on behalf of your members. Enter the am	ount					
	from Schedule B, Section A, Line 9. See instructions. Attach Schedule B.		•(<u>00</u>	59		
60	Pass-through entity income. See instructions.	60		00	60	<u> </u>	
61	Pass-through entity tax. Multiply Line 60 by 4.95% (.0495).	61		00	61	<u> </u>	
62	Total taxes, surcharges, and pass-through withholding. Add Lines 56, 57, 58, 59, and 61.				62		
Step	9: Figure your refund or balance due						
63	Payments. See instructions.						
	a Credits from previous overpayments.				63a		
	b Total payments made before the date this amended return is filed.				63b	<u> </u>	
	c Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K	-1-T.			63c		
	d Illinois income tax withholding. Attach Form(s) W-2G.				63d		
64	Total payments. Add Lines 63a through 63d.				64		
65	Previously paid penalty and interest. See instructions.				65		
66	, paragraphic and the second s						
67	Add Lines 65 and 66.				67		
68	Net tax paid. Subtract Line 67 from Line 64.				68		
69	Overpayment. If Line 68 is greater than Line 62, subtract Line 62 from Line	68.			69		
70	70 Amount of overpayment from Line 69 to be credited forward. See instructions.						
	Check this box and attach a detailed statement if this carryforward is going to	o a diffe	erent FEIN.				
71	Refund. Subtract Line 70 from Line 69. This is the amount to be refunded.				71		
72	Tax due with this amended return. If Line 62 is greater than Line 68, subtriviou will be sent a bill for any additional penalty and interest.	act Lin	e 68 from Line 62.	•	72	<u>•00</u>	
	<u>≣Special Note</u> Enter the amount of your payment on the	top of	Page 1 in the spa	ace p	rovide	d.	
Step	10: Sign below - Under penalties of perjury, I state that I have examined this retu	rn and, t	to the best of my kno	wledge	e, it is tr	ue, correct, and complete.	
Cian	1					acak if the Department	
Sign			l()			neck if the Department scuss this return with the	
Here	Signature of authorized officer Date (mm/dd/yyyy) Title		Phone			eparer shown in this step.	
Del: :					Chec	k if	
Paid	I Print/Type paid preparer's name I Paid preparer's signature		Date (mm/dd/yyyy)	se	lf-emplo		
Prep	arer Firm's name		Fir	rm's F	EIN 🕨		
Use	Firm's address Firm's					()	
				o pi		/	

▶ Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016

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

Year ending

Month Year

IL Attachment No. 1

nter v	our name	as shown	on v	our Form	II -1065	or Form	IL-1120-ST

Enter your federal employer identification number (FEIN).

3

5

7

8



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 Schedule B.



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 submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



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 amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 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
- 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.

Totals for 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 nonresident individual 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 nonresident estate 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 partnership and S corporation 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 nonresident trust members. See instructions.
- 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.
- 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.

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.

Schedule B Front (R-12/21)

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Enter your federal employer identification number (FEIN). Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. Members' information (See instructions before completing.) Section B: В C D Ε G Н K 1 Name and Address Partner SSN Subject to Member's Excluded Share of Pass-through Distributable Pass-through Pass-through from withholding withholding or or Illinois distributable Illinois income share of entity Shareholder FEIN subject to credits replacement amount pass-through before amount tax tax or an withholding type of base pass-through credits amount **FSOP** income or loss withholding See instructions before completing Columns F through K. Addr. 2 City _____ State City State **5**Name _____

<u>=Note</u> If you have more members than space provided, attach additional copies of this page as necessary.

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