



Amended Small Business Corporation Replacement Tax Return For tax years ending on or after December 31, 2022.

Г	ndicate what tax year you are amending: Tax year beginning	day –		_, ending day yea		Enter the amount you
Ι,	If you are filing an amended return for tax years ending before				ar	are paying.
<u> </u>	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 employer	identif	ication number (FEIN).
Δ	Enter your complete legal business name.			=		
-	If you have a name change, check this box.		0	Check this box if you	are a	a member of a
	Name:			unitary business group, a		
Р				member who prepared th		
В	Enter your mailing address. If you have an address change, check this box.			Apportionment for Unitary		iness Group. Attach
				Schedule UB to this retur	n.	
	C/O:					
	Mailing address:		Р	Enter your North America		
	City: State: ZIP:			System (NAICS) Code. S	ee in	structions.
С	Check this box if you are filing this form only to report an increased		_			
	net loss on Line 50, Column B.	片	Q	Enter your Illinois corpora	ate file	e (charter) number.
D	Check this box if you attached Form IL-4562.	\sqcup	_	<u> </u>		
Е	Check this box if you attached Schedule M.		R	Check this box if you are		
F	Check this box if you attached Schedule 80/20.			before the extended due election to treat all nonbus		
G	Check this box if you attached Schedule 1299-A.			income.	JII 163	
Н	Check this box if you attached the Subgroup Schedule.		S	If you have completed the following, check the box		
i	Check the applicable box for the type of change being made.	_		and attach the federal for		
•	NLD State change Federal change			have not previously done		, ,
	If a federal change, check one:			Federal Form 8886		Federal Schedule
	Partial agreed Finalized					M-3, Part II, Line 10
	Enter the finalization date		Т	If you are making a disch		
	Attach your federal finalization to this return.			adjustment on Schedule I		
J	Throwback adjustment - see instructions.			Line 48, check this box ar Form 982.	nd atı	ach federal
Κ	Double throwback adjustment - see instructions.		U	Check this box if your bus	siness	L s activity is
L	Check this box if you are a 52/53 week filer.					
М	Check this box if you elected to file and pay Pass-through Entity			If you are paying Pass-through Entity (PTE) Tax and		
	(PTE) Tax.			you annualized your incor		
				check this box and attach	Forr	n IL-2220.
СТ	Explain the changes on this return (Attach a separate shee	et if neces	sary.)			
SI						
_	Step 2: Figure your ordinary income or loss			Α		В
▼				As most recently		Corrected
and				reported or adjusted		amount
Attach your payment and	1 Ordinary income or loss or equivalent from U.S. Schedule K.		1		1	<u>00</u>
ayn	Net income or loss from all rental real estate activities.Net income or loss from other rental activities		3		2	• <u>00</u>
7	4 Portfolio income or loss.		4		4	•00
δ,	5 Net IRC Section 1231 gain or loss.		5		5	•00
itacl	6 All other items of income or loss that were not included in the comp	utation of	_	<u> </u>	3	
₹.	income or loss on Page 1 of U.S. Form 1120S. Identify:	dialion	6	•00	6	•00
	7 Add Lines 1 through 6. This is your ordinary income or loss.			•00		•00
Ste	p 3: Figure your unmodified base income or loss					
8	Charitable contributions.		8	•00	8	•00
9	Expense deduction under IRC Section 179.		9		9	•00
	Interest on investment indebtedness.		10		10	•00
_	All other items of expense that were not deducted in the computation of ordinary					
• •	income or loss on Page 1 of U.S. Form 1120S. Identify:		11	<u>•00</u>	11	<u>•00</u>
12	Add Lines 8 through 11.			•00	12	•00
	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 _	•00	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	
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>		
	replacement tax. Attach Schedule B.	24 _	•00	24	
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A	. 25	•00	25	
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 _	•00	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
			•00		
33	Other subtractions. Attach Schedule M (for businesses).		•00		•00
	Other subtractions. Attach Schedule M (for businesses). Total subtractions. Add Lines 23 through 33.	33 _		33	
33	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22.	33 _ 34 _ 35 _	• <u>00</u> • <u>00</u>	33 34 35	• <u>00</u> • <u>00</u>
33 34	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 an 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 6 blank e Step	•00 •00 •00 tep 5, Line 35 .)
33 34 35	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	33 _ 34 _ 35 _ s box an Step 6, box on , or you ank.) Se	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	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 blacks)	33 _ 34 _ 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	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 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 an 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. e box on Line B, abov	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	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 blacks of Step 6.) Po 6: Figure your income allocable to Illinois (Complete only if you check the 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 _ s box and Step 6, box on , or you ank.) Selecked the	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions.	33 34 35 ffrom Si 6 blank e Step heck th	•00 •00 •00 •00 tep 5, Line 35 .) 6. tis box and
33 34 35 Ste 36 37	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 blacks of Step 6.) P 6: 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. Add Lines 36 and 37.	33 _ 34 _ 35 _ 35 _ 35 _ 36 _ 37 _ 38 _ 34 _ 34 _ 35 _ 35 _ 35 _ 35 _ 35 _ 35	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, above -00 -00 -00 -00	33 34 35 from Si 6 blank e Step heck th	•00 •00 •00 •00 •00 tep 5, Line 35 .) 6. sis box and •00 •00
33 34 35 Ste 36 37 38 39	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 of Step 6). (Business 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.	33 34 35 35 36 37 38 39 34 34 39 34 34 34 35 _	o00 o00 o00 denter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. e box on Line B, abov o00 o00 o00 o00	33 34 35 from St 6 blank e Step heck th /e.) 36	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40	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 blacks of Step 6.) Po 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.	33 34 35 35 35 36 36 37 38 39 40 340 _	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, above -00 -00 -00 -00 -00 -00 -00 -	33 34 35 from Si 6 blank e Step heck th 7e.) 36	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41	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 of Step 6.) Possible of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Ronbusiness 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 41	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, abov -00 -00 -00 -00 -00 -00 -00 -	33 34 35 from St 6 blank e Step heck th /e.) 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	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 blacks of Step 6.) Po 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 36 37 38 39 _ 40 _ 41 _ 42 42 42 34 34 42 42 42 42 42	o00 o00 o00 d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. box on Line B, above o00 o00 o00 o00 o00 o00	33 34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41 42 43	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 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) 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. Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	33 34 35 35 35 36 36 37 38 39 40 41 42 43 43 34	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, above 00 00 00 00 00 00 00 00 00	33 34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42 43	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41 42 43 44	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 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 the 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 36 37 38 39 40 41 42 43 43 34	o00 o00 o00 d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. box on Line B, above o00 o00 o00 o00 o00 o00	33 34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41 42 43 44	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 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. 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 apportionable to Illinois. Attach Schedule NB. Business income or loss apportionable to Illinois from non-unitary	33 34 35 35 35 36 36 37 38 39 40 41 42 43 43 34	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, above 00 00 00 00 00 00 00 00 00	33 34 35 from Si 6 blank e Step heck th /e.) 36 37 38 39 40 41 42 43	•00 •00 •00 •00 •00 •00 •00 •00 •00 •00
33 34 35 Ste 36 37 38 39 40 41 42 43 44	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 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 the 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 36 36 37 38 39 _ 40 41 42 _ 43 44 44 44 44 44	d enter the amount Lines 36 through 46 Line B and complet are a unitary filer, cle instructions. be box on Line B, above 00 00 00 00 00 00 00 00 00	33 34 35 from Si 6 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			A st recently d or adjusted		B Corrected amount	
47	Page income or not lose from Ston	E Line 25 or Stop 6 Line 46	47	•00	47	•00	
48	Base income or net loss from Step a Discharge of indebtedness adjustm		47			•00	
49	Adjusted base income or net loss. A	49			•00		
50	Illinois net loss deduction. Attach S		50	· · · · · · · · · · · · · · · · · · ·	49 <u> </u>	•00	
50			əu		5 0 _	<u>•00</u>	
-4	If Line 49 is zero or a negative amo Check this box and attach a detaile	d statement if you have merged l		00	=4	00	
51	Net income. Subtract Line 50 from	Line 49.	51	<u>•00</u>	51 _	•00	
Step	8: Figure the taxes, surcharge	es, and pass-through withh	olding you owe				
52	Replacement tax. Multiply Line 51 b	oy 1.5% (.015).	52	•00	52 _	•00	
53	Recapture of investment credits. At	tach Schedule 4255.	53	<u>•00</u>	53 _	<u>•00</u>	
54	Replacement tax before investment	t credits. Add Lines 52 and 53.	54	<u>•00</u>	54 _	<u>•00</u>	
55	Investment credits. Attach Form IL-	-477.	55	<u>•00</u>	55 _	<u>•00</u>	
56	Net replacement tax. Subtract Line	e 55 from Line 54. If negative, en	ter zero. 56	<u>•00</u>	56 _	<u>•00</u>	
57	Compassionate Use of Medical Car	nnabis Program Act surcharge. S	ee instr. 57	<u>•00</u>	57 <u> </u>	<u>•00</u>	
58	Sale of assets by gaming licensee s	surcharge. See instructions.	58	<u>•00</u>	58 _	<u>•00</u>	
59	Pass-through withholding you owe from Schedule B, Section A, Line 5.			•00	59 _	<u>•00</u>	
60	Pass-through entity income. See in	structions.	60	•00	60 _	<u>•00</u>	
61	Pass-through entity tax. Multiply I	<u>•00</u>	61 _	<u>•00</u>			
62	Total taxes, surcharges, and pass-through withholding. Add Lines 56, 57, 58, 59, and 61.					•00	
Sten	9: Figure your refund or bala	ance due					
-	Payments. See instructions.						
00	a Credits from previous overpayme	ents			63a	•00	
	b Total payments made before the					•00	
	c Pass-through withholding reporte					•00	
	d Illinois income tax withholding. A	•	1-1 OF IX-1-1.		-	•00	
64	Total payments. Add Lines 63a thro					•00	
	Previously paid penalty and interest				•00		
	Total amount of overpayment (inclu		hefore the filing of this	return	65 _	<u> </u>	
00	for the year being amended. See in		before the filling of this	returr	66 _	•00	
67	Add Lines 65 and 66.				67 <u> </u>	•00	
	Net tax paid. Subtract Line 67 from	Line 64.			68 _	•00	
	Overpayment. If Line 68 is greater		om Line 68.		69 _	•00	
	Amount of overpayment from Line 6				70 _	•00	
Check this box and attach a detailed statement if this carryforward is going to a different FEIN.							
71	Refund. Subtract Line 70 from Line	•			71 _	<u>•00</u>	
72	Tax due with this amended return You will be sent a bill for any addition		68, subtract Line 68 fro	m Line 62.	72 _	<u>•00</u>	
		er the amount of your payment	on the top of Page 1	in the space p	rovided.		
01	40. Olara la alerra de la companione						
Step	10: Sign below - Under penalties	of perjury, I state that I have examined	I this return and, to the bes	st of my knowledge	e, it is true,	correct, and complete.	
Sign		1	1/ \			k if the Department	
Here	Signature of authorized officer	Date (mm/dd/yyyy) Title	Phone			ss this return with the arer shown in this step.	
	Organization authorized officer	Date (min/dd/yyyy) Title	Filone			ополититино экор.	
Paid	Print/Type paid preparer's name	Paid preparer's signati	Ire Data	mm/dd/yyyy) sel	Check if If-employed	Paid Preparer's PTIN	
Prep	arer Firm's name	Traid preparers signatu	Date (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Traid reparers FIIIV	
Use				Firm's FE		\	
	Firm's address			Firm's ph	none ▶ ()	

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

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Illinois Department of Revenue

2022 Schedule B



Partners' or Shareholders' Information

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

Year ending

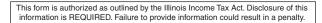
Month Year

IL Attachment No. 1

 En	ter you	ur name as shown on your Form IL-1065 or Form IL-1120-ST.	Enter your federal employer identification number (FEIN).
R	ead	this information first		
	•	You must read the Schedule B instructions and complete Schedule(s) K-1-P a schedule.	and Schedule(s) K-1-P(3) before completing this	8
•		You must complete Section B of Schedule B and provide all the required info completing Section A of Schedule B.	rmation for your partners or shareholders before)
<u>=</u> N	lote →	Failure to follow these instructions may delay the processing of your return or the Illinois Department of Revenue. You may also be required to submit further		from
S	ectio	on A: Total members' information (from Schedule(s) K-1-P at	nd Schedule B, Section B)	
	ТОР	Before completing this section you must first complete Schedule(s) K-1-P, So will use the amounts from those schedules when completing this section.	chedule(s) K-1-P(3) and Schedule B, Section B.	You
То	tals f	or resident and nonresident partners or shareholders (from Sched	lule(s) K-1-P and Schedule B, Section B)	
1		the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P nstructions.	for your members.	
2		the total of all income and replacement tax credits you reported on Schedule(spers. See instructions.	s) K-1-P for your 2	
3	pages	he amounts shown on Schedule B, Section B, Line E for all partners or sharehos for which you have checked the box indicating the entitiy is subject to Illinois re ESOP. Enter the total here. See instructions.		
— To	tals f	or nonresident partners or shareholders only (from Schedule B, Se	ection B)	
		the total pass-through withholding you reported on all pages of your Schedule	•	
	a. 1	nonresident individual members. See instructions.	4a	
	b.	nonresident estate members. See instructions.	4b	
	c. p	partnership and S corporation members. See instructions.	4c	
	d.	nonresident trust members. See instructions.	4d	
	e.	C corporation members. See instructions.	4e	
5	nonre Section on Fo	Line 4a through Line 4e. This is the total pass-through withholding you owe on besident partners or shareholders. This amount should match the total amount from B, Line J for all nonresident partners or shareholders on all pages. Enter the IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X).	om Schedule B, total here and X), Line 59.	
		nstructions.	5	
6	Enter	the total pass-through entity tax credit paid on all pages of Schedule B, Section	n B, Line K. 6	

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

7 Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B,



Section B, Line L.





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

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

		Member 1	Member 2	Member 3	Member 4
A	Name				
	C/O				
	Address 1				
	Address 2				
	City				
	State, ZIP				
В	Partner or Shareholder				
С	SSN/FEIN				
D	Subject to Illinois replacement tax or an ESOP				
Ε	Member's distribute amount of base income or loss	able			
F	Excluded from pass-through withholding				
G	Share of Illinois inc subject to pass-through withholding	come			
Н	Pass-through withholding before credits				
I	Distributable share of credits				
J	Pass-through withholding amount				
K	PTE tax credit paid to members				
L	PTE tax credit received and distributed to members				

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

