



Illinois Department of Revenue  
**2011 IL-1120-ST-X**  
 For tax years ending **on** or **after** December 31, 2011

**Amended Small Business  
 Corporation Replacement  
 Tax Return**

Do not write above this line.

Indicate what tax year you are amending: Tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
month day year month day year

Write the amount you are paying.



If you are filing an amended return for tax years ending **before December 31, 2011**, you cannot use this form. For prior years, use the amended return form for that year.

\$ \_\_\_\_\_

**Step 1: Identify your small business corporation**

- A** Write your complete legal business name.  
 If you have a name change check this box.   
 Name: \_\_\_\_\_
- B** If you have an address change check this box and complete the following information.   
 C/O: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- C** Check the box if you are filing this form **only** to report an increased net loss on Line 47, Column B.
- D** Check the box if you attached Form IL-4562.
- E** Check the box if you attached Schedule M.
- F** Check the box if you attached Schedule 80/20.
- G** Check the box if you attached Schedule 1299-A.

- H** Write your federal employer identification no. (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_
- I**  Check the box if you are a member of a unitary business group, and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.  
 \_\_\_\_\_ - \_\_\_\_\_
- J** Write your North American Industry Classification System Code (NAICS). See instructions.  
 \_\_\_\_\_
- K** Write your Illinois corporate file (charter) number.  
 \_\_\_\_\_
- L** 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  
**Write the finalization date** \_\_\_\_\_  
**Attach** federal finalization.
- M** Check this box if you are filing Form IL-1120-ST-X before the extended due date and making the election to treat all nonbusiness income as business income.
- N** If you have completed the following federal forms, check the box and attach them to this return, if you have not previously done so.  
 Federal Form 8886  Federal Schedule M-3
- O** Check the box if you are making a discharge of indebtedness adjustment on Line 48, or Schedule NLD or UB/NLD. (**U.S. Form 982**)

- ▶ Make your check payable to "Illinois Department of Revenue" and attach it here.
- ▶ Write the amount of your payment on the top of this page in the space provided.
- ▶ Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016

**Step 2: Explain the changes on this return**

Attach your payment here.

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.



**Step 3: Figure your ordinary income or loss**

|  | <b>A</b><br>As most recently<br>reported or adjusted | <b>B</b><br>Corrected<br>amount |
|--|--|---------------------------------|
| 1 Ordinary income or loss or equivalent from U.S. Schedule K.  | 1 <u>          .00</u>                               | 1 <u>          .00</u>          |
| 2 Net income or loss from all rental real estate activities.   | 2 <u>          .00</u>                               | 2 <u>          .00</u>          |
| 3 Net income or loss from other rental activities.   | 3 <u>          .00</u>                               | 3 <u>          .00</u>          |
| 4 Portfolio income or loss.  | 4 <u>          .00</u>                               | 4 <u>          .00</u>          |
| 5 Net IRC Section 1231 gain or loss.   | 5 <u>          .00</u>                               | 5 <u>          .00</u>          |
| 6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120S.<br>Identify: _____ | 6 <u>          .00</u>                               | 6 <u>          .00</u>          |
| 7 Add Lines 1 through 6. This is your ordinary income.   | 7 <u>          .00</u>                               | 7 <u>          .00</u>          |

**Step 4: Figure your unmodified base income or loss**

|  |                         |                         |
|--|-------------------------|-------------------------|
| 8 Charitable contributions.  | 8 <u>          .00</u>  | 8 <u>          .00</u>  |
| 9 Expense deduction under IRC Section 179.   | 9 <u>          .00</u>  | 9 <u>          .00</u>  |
| 10 Interest on investment indebtedness.  | 10 <u>          .00</u> | 10 <u>          .00</u> |
| 11 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.   | 12 <u>          .00</u> | 12 <u>          .00</u> |
| 13 Subtract Line 12 from Line 7. This is your total unmodified base income or total loss.  | 13 <u>          .00</u> | 13 <u>          .00</u> |

**Step 5: Figure your income or loss**

|  |                         |                         |
|--|-------------------------|-------------------------|
| 14 Write the amounts from Line 13.   | 14 <u>          .00</u> | 14 <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 deducted in arriving at Line 14.   | 16 <u>          .00</u> | 16 <u>          .00</u> |
| 17 Illinois special depreciation addition ( <b>Form IL-4562</b> ).                                     | 17 <u>          .00</u> | 17 <u>          .00</u> |
| 18 Related-party expenses addition ( <b>Schedule 80/20</b> )   | 18 <u>          .00</u> | 18 <u>          .00</u> |
| 19 Distributive share of additions ( <b>Schedule(s) K-1-P or K-1-T</b> ).                              | 19 <u>          .00</u> | 19 <u>          .00</u> |
| 20 The amount of loss distributable to a shareholder subject to replacement tax ( <b>Schedule B</b> ). | 20 <u>          .00</u> | 20 <u>          .00</u> |
| 21 Other additions ( <b>Schedule M for businesses</b> ).   | 21 <u>          .00</u> | 21 <u>          .00</u> |
| 22 Add Lines 14 through 21. This is your total income or loss.   | 22 <u>          .00</u> | 22 <u>          .00</u> |

**Step 6: Figure your Illinois base income or net loss**

|  |                         |                         |
|--|-------------------------|-------------------------|
| 23 Interest income from U.S. Treasury and exempt federal obligations.                                | 23 <u>          .00</u> | 23 <u>          .00</u> |
| 24 Share of income distributable to a shareholder subject to replacement tax ( <b>Schedule B</b> ).  | 24 <u>          .00</u> | 24 <u>          .00</u> |
| 25 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction ( <b>Schedule 1299-A</b> ). | 25 <u>          .00</u> | 25 <u>          .00</u> |
| 26 Enterprise Zone or River Edge Redevelopment Zone Interest subtraction ( <b>Schedule 1299-A</b> ). | 26 <u>          .00</u> | 26 <u>          .00</u> |
| 27 High Impact Business Dividend subtraction ( <b>Schedule 1299-A</b> ).                             | 27 <u>          .00</u> | 27 <u>          .00</u> |
| 28 High Impact Business Interest subtraction ( <b>Schedule 1299-A</b> ).                             | 28 <u>          .00</u> | 28 <u>          .00</u> |
| 29 Contribution subtraction ( <b>Schedule 1299-A</b> ).  | 29 <u>          .00</u> | 29 <u>          .00</u> |
| 30 Illinois Special Depreciation subtraction ( <b>Form IL-4562</b> ).                                | 30 <u>          .00</u> | 30 <u>          .00</u> |
| 31 Related-party expenses subtraction ( <b>Schedule 80/20</b> ).                                     | 31 <u>          .00</u> | 31 <u>          .00</u> |
| 32 Distributive share of subtractions ( <b>Schedule(s) K-1-P or K-1-T</b> ).                         | 32 <u>          .00</u> | 32 <u>          .00</u> |
| 33 Other subtractions ( <b>Schedule M for businesses</b> ).  | 33 <u>          .00</u> | 33 <u>          .00</u> |
| 34 Total subtractions. Add Lines 23 through 33.  | 34 <u>          .00</u> | 34 <u>          .00</u> |
| 35 <b>Base income or net loss.</b> Subtract Line 34 from Line 22.                                    | 35 <u>          .00</u> | 35 <u>          .00</u> |

If the amount on Line 35 is derived inside and outside Illinois, complete Step 7. Otherwise, go to Step 8.



**Step 7: Figure your base income allocable to Illinois**



|   | <b>A</b><br>As most recently reported or adjusted | <b>B</b><br>Corrected amount |
|---|---|------------------------------|
| <b>36</b> Nonbusiness income or loss ( <b>Schedule NB</b> ).  | .00   | .00                          |
| <b>37</b> Trust, estate, and non-unitary partnership business income or loss included in Line 35.       | .00   | .00                          |
| <b>38</b> Add Lines 36 and 37.  | .00   | .00                          |
| <b>39</b> Business income or loss. Subtract Line 38 from Line 35.                                       | .00   | .00                          |
| <b>40</b> Total sales everywhere (this amount cannot be negative).                                      | .00   | .00                          |
| <b>41</b> Total sales inside Illinois (this amount cannot be negative).                                 | .00   | .00                          |
| <b>42</b> Apportionment factor. Divide Line 41 by Line 40.  | .00   | .00                          |
| <b>43</b> Business income or loss apportionable to Illinois. Multiply Line 42 by Line 39.               | .00   | .00                          |
| <b>44</b> Nonbusiness income or loss allocable to Illinois ( <b>Schedule NB</b> ).                      | .00   | .00                          |
| <b>45</b> Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois. | .00   | .00                          |
| <b>46</b> <b>Base income or net loss allocable to Illinois.</b> Add Lines 43 through 45.                | .00   | .00                          |

**Step 8: Figure your net income**

|   |     |     |
|---|-----|-----|
| <b>47</b> Base income or net loss from Step 6, Line 35 or Step 7, Line 46.  | .00 | .00 |
| <b>48</b> Discharge of indebtedness adjustment ( <b>U.S. Form 982</b> ).  | .00 | .00 |
| <b>49</b> Adjusted base income or net loss. Add Lines 47 and 48.  | .00 | .00 |
| <b>50</b> Illinois net loss deduction ( <b>Schedule NLD</b> ).<br>If Line 49 is zero or a negative amount, write "0." | .00 | .00 |
| <b>51</b> <b>Net income.</b> Subtract Line 50 from Line 49.   | .00 | .00 |

**Step 9: Figure your net replacement tax**

|  |     |     |
|--|-----|-----|
| <b>52</b> Replacement tax. Multiply Line 51 by 1.5% (.015).                                  | .00 | .00 |
| <b>53</b> Recapture of investment credits ( <b>Schedule 4255</b> ).                          | .00 | .00 |
| <b>54</b> Replacement tax before investment credits. Add Lines 52 and 53.                    | .00 | .00 |
| <b>55</b> Investment credits ( <b>Form IL-477</b> ).   | .00 | .00 |
| <b>56</b> <b>Net replacement tax.</b> Subtract Line 55 from Line 54. If negative, write "0". | .00 | .00 |

**Step 10: Figure your refund or balance due**

|  |     |     |
|--|-----|-----|
| <b>57</b> Payments   |     |     |
| <b>a</b> Credit from prior year overpayment.   | .00 |     |
| <b>b</b> Form IL-505-B (extension) payment.  | .00 |     |
| <b>c</b> Pass-through entity payments. ( <b>Schedule(s) K-1-P or K-1-T</b> ).  | .00 |     |
| <b>d</b> Gambling withholding ( <b>Form(s) W-2G</b> ).   | .00 |     |
| <b>58</b> Total payments. Add Lines 57a through 57d.   |     | .00 |
| <b>59</b> Tax paid with original return (do not include penalties and interest).   |     | .00 |
| <b>60</b> Subsequent tax payments made since the original return.  |     | .00 |
| <b>61</b> Total tax paid. Add Lines 58, 59, and 60.  |     | .00 |
| <b>62</b> Total amount previously refunded and credited for the year being amended, whether or not you received the overpayment. |     | .00 |
| <b>63</b> Net tax paid. Subtract Line 62 from Line 61.   |     | .00 |
| <b>64</b> <b>Refund.</b> Subtract Line 56 from Line 63.  |     | .00 |
| <b>65</b> <b>Tax due.</b> Subtract Line 63 from Line 56.   |     | .00 |
| <b>66</b> Penalty (See instructions.)  |     | .00 |
| <b>67</b> Interest (See instructions.)   |     | .00 |
| <b>68</b> Total balance due. Add Lines 65 through 67.  |     | .00 |

**Step 11: Sign here**

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.

|   |         |  |              |
|---|---------|--|--------------|
| Signature of authorized officer                   | Date    | Title  | ( )<br>Phone |
| Signature of preparer                             | Date    | Preparer's Social Security Number or firm's FEIN |              |
| Preparer firm's name (or yours, if self-employed) | Address | ( )<br>Phone                                     |              |





# Schedule B

## Partners' or Shareholders' Identification

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

IL Attachment no. 1

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

Write your federal employer identification number (FEIN).

### Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. 2 \_\_\_\_\_

### Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

|   | A<br>Name and Address | B<br>SSN or FEIN | C<br>Partner or Shareholder type<br>(See instructions.) | D<br>Total amount of base income (loss) distributable<br>(See instr.) | E<br>Member subject to Illinois replacement tax<br>(See instr.) | F<br>Pass-through entity payment amount<br>(See instr.) | G<br>Excluded from pass-through entity payments<br>(See instr.) |
|---|-----------------------|------------------|---|---|---|---|---|
| 1 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
| 2 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
| 3 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
| 4 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
| 5 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
| 6 | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |
|   | _____                 | _____            | _____   | _____   | <input type="checkbox"/>  | _____   | _____   |

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_