

Amended Corporation Income and Replacement Tax Return

Ind	icate what tax year you are amending: Tax year beginning	ay —	year	, ending	Write the amount you are paying.
СТО	If you are filing an amended return for tax years ending before Dec				\$
St	ep 1: Identify your corporation		K	Write your federal employer id	lentification no. (FEIN)
Α	Write your complete legal business name. If you have a name change, check this box. Name:		L	Write your North American Inc System Code (NAICS). See in	dustry Classification
В	Write your mailing address. If you have an address change, check this box. C/O:		M	Write your Illinois corporate fil	e (charter) number.
	Mailing address: City: State: ZIP:		N	Check the applicable box for to being made. NLD Federal ch	State change
C D	Check the box if your business is a Combined return (unitary) Foreign insurer Check this box if you are filing this form only to report an increased n	et		If a federal change, check one Partial agreed	Finalized
_	loss on Line 37, Column B.			Write the finalization date _ Attach your federal finalizatio	
Е	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		0	Check this box if you are filing on or before the extended dumaking the election to treat a income as business income.	g Form IL-1120-X e date and are
F G	Check this box if you attached Illinois Schedule UB. Check this box if you attached Illinois Schedule 1299-D.		Р	Check this box if you are mak indebtedness adjustment on L Schedule NLD or UB/NLD. (U	_ine 36, or
H I J	Check this box if you attached Form IL-4562. Check this box if you attached Illinois Schedule M (for businesses). Check this box if you attached Schedule 80/20.		Q R	If you are filing Schedule INL If you annualized your income check this box. (IL-2220)	
	If you owe tax on Line 64, complete a payme "Illinois Department of Revenue" and attack			r, Form IL-1120-X-V, make you	ur check payable to
Write the amount of your payment on the top of this page in the space provided.					
	► Mail this return to: Illinois Department of Re	evenue	e, P.C	D. Box 19016, Springfield, IL 6	2794-9016
St	ep 2: Explain the changes on this return				
Form IL-1120-X-V nere.					
Form					

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Step 3: Figure your income or loss			A As most recently reported or adjusted		B Corrected amount	
1	Federal taxable income from U.S. Form 1120.	1 _	<u>•00</u>	1 _	<u>•00</u>	
2	Net operating loss deduction from U.S. Form 1120.	2 _	<u>•00</u>	2 _	<u>•00</u>	
3	State, municipal, and other interest income excluded from Line 1.	3 _	<u>•00</u>	3 _	<u>•00</u>	
4	Illinois income and replacement tax deducted in arriving at Line 1.	4 _	• <u>00</u>	4 _	•00	
5	Illinois Special Depreciation addition (Form IL-4562).	5 _	• <u>00</u>	5 _	•00	
6	Related-party expenses addition (Schedule 80/20).	6 _	•00	6 _	•00	
7	Distributive share of additions (Schedule(s) K-1-P or K-1-T).	7 _	<u>•00</u>	7 _	<u>•00</u>	
8	Other additions (Illinois Schedule M for businesses).	8 _	<u>•00</u>	8 _	<u>•00</u>	
9	Add Lines 1 through 8. This is your total income or loss.	9 _	•00	9 _	•00	
Step	4: Figure your base income or loss					
10	Interest income from U.S. Treasury and exempt federal obligations.	10 _	<u>•00</u>	10 _	•00	
11	Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).	11 _	•00	11 _	•00	
12	Enterprise Zone or River Edge Redevelopment Zone Interest subtraction (Schedule 1299-B).	12	•00	12	•00	
13	High Impact Business Dividend subtraction (Schedule 1299-B).	·	•00		•00	
	High Impact Business Interest subtraction (Schedule 1299-B).		•00		•00	
15	Contribution subtraction (Schedule 1299-B).		•00		•00	
16	Contribution to certain job training projects.		•00		•00	
17	Foreign Dividend subtraction (Schedule J).		•00		•00	
18	Illinois Special Depreciation subtraction (Form IL-4562).		•00	18	•00	
19	Related-party expenses subtraction (Schedule 80/20).	19 _	• <u>00</u>	19 _	•00	
20	Distributive share of subtractions (Schedule(s) K-1-P or K-1-T).	20 _	•00	20 _	•00	
21	Other subtractions (Schedule M for businesses).	21 _	<u>•00</u>	21 _	<u>•00</u>	
22	Total subtractions. Add Lines 10 through 21.	22 _	<u>•00</u>	22 _	<u>•00</u>	
23	Base income or loss. Subtract Line 22 from Line 9.	23 _	•00	23 _	• <u>00</u>	
A If the amount on Line 23 is derived inside Illinois only, check this box and write the amount from Step 4, Line 23 on Step 6, Line 35. You may not complete Step 5. (You must leave Step 5, Lines 24 through 34 blank.) B If any portion of the amount on Line 23 is derived outside Illinois, check this box and complete all lines of Step 5. See instructions.						
1	p 5: Figure your income allocable to Illinois (Complete only Nonbusiness income or loss (Schedule NB).	•	•00	,	•00	
1	Trust, estate, and non-unitary partnership business income	_	<u>•00</u>	4 7 _	•00	
	or loss included in Line 23.	25 _	•00	25 _	•00	
26	Add Lines 24 and 25.	26 _	• <u>00</u>	26 _	•00	
27	Business income or loss. Subtract Line 26 from Line 23.	27 _	<u>•00</u>	27 _	•00	
28	Total sales everywhere (this amount cannot be negative).	28 _	<u>•00</u>	28 _	<u>•00</u>	
29	Total sales inside Illinois (this amount cannot be negative).	29 _	<u>•00</u>	29 _	<u>•00</u>	
30	Apportionment factor. Divide Line 29 by Line 28.	30 _	_•	30 _	_•	
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31 _	•00	31 _	•00	
32	Nonbusiness income or loss allocable to Illinois (Schedule NB).	32 _	•00	32 _	<u>•00</u>	
	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	33 _	•00	33 _	•00	
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34 _	•00	34 _	•00	

Step	6: Figure your net i	ncome		r	As most recently eported or adjusted		B Corrected amount
35			e 23 or Step 5, Line 34.		•00	35 _	•00
36	Discharge of indebted	-	•		•00		•00
37	Adjusted base income	-	•	_	•00	37	•00
38	•		ro or negative, write "0".	<i>31</i> _	•00	<i>51</i> _	<u>•00</u>
			chedule NLD or UB/NLD).	38 _	•00	38 _	•00
39	Net income. Subtract	Line 38 from Line	37.	39 _	•00	39 _	• <u>00</u>
•	7: Figure your repla						
40	Replacement tax. Mul				•00	40 _	<u>•00</u>
41	Recapture of investme	-	·		•00		•00
42	Replacement tax befo		es 40 and 41.		•00		•00
43	Investment credits (Fo	•			•00	_	•00
44			ine 43 from Line 42. If negative, write "0".	. 44 _	•00	44 _	<u>•00</u>
Step	8: Figure your inco						
45	Income Tax. Multiply L	ine 39 by 7% (.07).		45 _	•00	45 _	<u>•00</u>
46	Recapture of investme	ent credits (Schedu	ıle 4255).	46 _	•00	46 _	<u>•00</u>
47	Income tax before cre	dits. Add Lines 45 a	and 46.	47 _	•00	47 _	<u>•00</u>
48	Income tax credits (So				•00		•00
49			48 from Line 47. If negative, write "0".		•00	49 _	<u>•00</u>
Step 9	9: Figure your net i	income and repla	acement tax and refund or balan	ice du	е		
50	Replacement tax befo	ore reductions. Write	the amount from Line 44.	50 _	<u>•00</u>	50 _	<u>•00</u>
50 a	Foreign Insurer replace	cement tax reductio	n. (Schedule INS or UB/INS).	50a_	<u>•00</u>	50a _	<u>•00</u>
50k	Subtract Line 50a fror	m Line 50. This is	your net replacement tax.	50b_	<u>•00</u>	50b _	<u>•00</u>
51	Net income tax before	e reductions. Write t	he amount from Line 49.	51 _	<u>•00</u>	51 _	<u>•00</u>
51 a	Foreign Insurer incom	e tax reduction. (So	chedule INS or UB/INS).	51a_	<u>•00</u>	51a _	<u>•00</u>
51l	Subtract Line 51a fror	n Line 51. This is y	our net income tax.	51b_	<u>•00</u>	51b _	<u>•00</u>
52	Total net income and	replacement taxes.	Add Lines 50b and 51b.	52 _	<u>•00</u>	52 _	<u>•00</u>
53	a Credit from prior year	r overpayment.		53a_	<u>•00</u>		
I	b Total estimated paym	nents.			•00		
	c Form IL-505-B (exter			53c_			
	d Pass-through entity p		e(s) K-1-P or K-1-T).	_	•00		
54	e Gambling withholding Total payments. Add L	, , , ,	20	53e_	•00	54	•00
55		•	de penalties and interest).			55 55	•00
56		•	e original return was filed.			56 56	•00
57	Total tax paid. Add Lin		e original return was nied.			57 _	•00
58			dits for the year being amended,			o	<u>•00</u>
	whether or not you red					58 _	•00
59	Net tax paid. Subtract	Line 58 from Line 5	57.			59 _	•00
60	Refund. If Line 59 is g	greater than Line 52	2, subtract Line 52 from Line 59.			60 _	•00
61	Tax due. If Line 52 is	greater than Line 5	9, subtract Line 59 from Line 52.			61 _	•00
62	Penalty. See instruction	ons.				62	•00
63	Interest. See instruction	ons.				63	•00
64	Total balance due. Ad	d Lines 61 through	63.			64	•00
			I state that I have examined this return and	, to the	best of my knowledge,		
•	-			()			ox if we may
Signatu	re of authorized officer	Date	Title	Phone	disc	cuss this i	eturn with the
Cian-t	ro of propercy		Drangrada Casial Constitutional	firm's FF		parer sho	wn in this step.
oignatui	re of preparer	Date	Preparer's Social Security number or f	IIIIIIS FE	N)	
Prepare	r's firm name (or yours, if self-	-employed) Addr	ess		(/ ne	

- Attach supporting documents to your Form IL-1120-X.
- Failure to attach the required documents will result in the disallowance of the corresponding line item.

If you	completed:	Attach				
	Form IL-1120-X					
	Step 1, Line C (unitary) only	Schedule UB				
<u> </u>	Step 1, Line C (foreign insurer) only					
	Step 1, Line C (unitary) and (foreign insurer) →	Schedule UB and Schedule UB/INS				
<u> </u>	Step 1, Line N (federal change)	Copy of federal finalization				
	Lines 5 and 18 ■ Special Depreciation addition ■ Special Depreciation subtraction	Form IL-4562				
	 Lines 6 and 19 Related-party expenses addition Related-party expenses subtraction 	Schedule 80/20				
	 Lines 7 and 20 Distributive share of additions Distributive share of subtractions 	Schedule(s) K-1-P or K-1-T				
	Lines 8 and 21Other additionsOther subtractions	Schedule M and any required support listed on Schedule M				
	 Lines 11 through 15 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction Enterprise Zone or River Edge Redevelopment Zone Interest subtraction High Impact Business Dividend subtraction High Impact Business Interest subtractions Contributions subtraction 	Schedule 1299-B				
<u> </u>	Line 17 Foreign Dividend Subtraction —	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent				
	 Lines 24 and 32 Nonbusiness income or loss Nonbusiness income or loss allocable to Illinois 	Schedule NB				
	 Lines 25 and 33 Trusts, estates and non-unitary partnership business income or loss Trusts, estates, and non-unitary partnerships business income or loss apportionable to Illinois 	Schedule(s) K-1-P or K-1-T				
	Line 36 Discharge of Indebtedness adjustment →	Federal Form 982 <u>=Note→</u> Check the box on Form IL-1120-X, Step 1, Line P.				
<u> </u>	Line 38 Illinois net loss deduction -	Schedule NLD or UB/NLD (for unitary filers)				
<u> </u>	Lines 41 and 46 Recapture of investment credit	Schedule 4255				
<u> </u>	Line 43 Investment credits —	Form IL-477				
	Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions. <u>=Note-</u> Check the box on Form IL-1120-X, Step 1, Line G.				
<u> </u>	Lines 50a and 51a Foreign Insurer tax reduction →	Schedule INS or UB/INS				
	Line 53d Pass-through entity payments →	All Schedules K-1-P and K-1-T you received showing a pass-through entity payment				
	Line 53e Gambling withholding	All copies of Form W-2G				