

Amended Exempt Organization Income and Replacement Tax Return

If you are filing an amended return for tax years ending before December 31, 2013, you cannot use this form. For prior years, use the amended return form for that year. Step 1: Identify your exempt organization A Write your complete legal business name. If you have a name change, check this box. Name:	no. (FEIN).			
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B Write your mailing address. If you have an address change, check this box. C/O: State change Federal charge if a federal change, check one: Partial agreed Finalized Write the finalization date	inge			
Write the finalization date	State change Federal change If a federal change, check one: Partial agreed Finalized			
E. Check this box if you are taxed as a corpor	E Check this box if you are taxed as a corporation.			
City: State: ZIP: F Check this box if you are taxed as a trust.				
▼ Check this box if Schedule 1299-D is attack	hed.			
Step 2: Explain the changes on this return Step 3: Figure your base income or loss A As most recently B Corrected C	ed ed			
reported or adjusted amount				
1 Unrelated business taxable income or loss				
from U.S. Form 990-T, Line 34.				
	•00			
2 Illinois income and replacement tax deducted in arriving at Line 1. 2 2	•00			
3 Base income or loss. Add Lines 1 and 2. 3 Line 1. 4 Line 1. 5 Line 1. 6 Line 3. 6 Line 3. 6 Line 3. 7 Line 4. 7 Line 4. 8 Line 4. 9 Line 4. 9 Line 4. 9 Line 5. 9 Line 6. 9				
	• <u>00</u>			
3 Base income or loss. Add Lines 1 and 2. 3	•00 •00			
3 Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and write the am from Step 3, Line 3 on Step 5, Line 12. You may not complete Step 4. (You must leave Step 4, Lines 4 through 11 blank.)	•00 •00			
A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and write the am from Step 3, Line 3 on Step 5, Line 12. You may not complete Step 4. (You must leave Step 4, Lines 4 through 11 blank.) B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 4. See instru Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.) 4 Trust, estate, and non-unitary partnership business income or loss	•00 •00 mount			
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					As most recently		Corrected	
-	5: Figure your net	•			reported or adjusted		amount	
	Net income or loss from I			12 _	<u>•00</u>	12	<u>•00</u>	
13	Replacement tax. Corpo		Line 12 by 2.5% (.025);	42	00	40	00	
11	Trusts : multiply Line 12 be Recapture of investment		o 4255)		• <u>00</u>		•00	
	Replacement tax before i	•	•			14	• <u>00</u>	
	Investment credits (Form		s. Add Lilles 15 alld 14.		• <u>00</u>		•00	
	Net replacement tax. Su	=	om Line 15		<u> </u>	10	<u> •00</u>	
	If the amount is negative,		=	17 _	<u>•00</u>	17	• <u>00</u>	
Ster	6: Figure your net	income tax						
	Net income or loss from I			18 _	•00	18	•00	
19	Income tax. Corporation	ns: multiply Line	18 by 7% (.07).					
	Trusts: multiply Line 18 b				<u>•00</u>		•00	
20	Recapture of investment	=	=		<u>•00</u>		<u>•00</u>	
21			nd 20.		<u>•00</u>		• <u>00</u>	
	Income tax credits (Sche			22 _	• <u>00</u>	22	<u>•00</u>	
23	Net income tax. Subtract If the amount is negative,		ie 21.	23	•00	23	•00	
Ctor			- d		•00		•00	
-	7: Figure your refu		e aue	24	00	24	00	
	Net replacement tax from Net income tax from Line				• <u>00</u>		• <u>00</u>	
	Compassionate Use of M	-	Pilot Program Act	23 _		23	<u> </u>	
20	Surcharge. See instruction		i ilot i Togrami Act	26	•00	26	•00	
27	Total net income and re		s and surcharge.					
	Add Lines 24, 25, and 26			27 _	<u>•00</u>	27	<u>•00</u>	
28	Payments							
	a Credit from prior year	overpayment.		28 a _	<u>•00</u>			
	b Total estimated payme	ents.		28b _	<u>•00</u>			
	c Form IL-505-B (extens	sion) payment.			<u>•00</u>			
	d Gambling withholding	(Form W-2G).		28 d _	<u>•00</u>			
29	Total payments. Add Lines 28a through 28d.					29	<u>•00</u>	
30	Tax paid with original return (do not include penalties and interest).						<u>•00</u>	
31	Subsequent tax payment	s made since the	original return was filed.			31	<u>•00</u>	
32	2 Total tax paid. Add Lines 29, 30, and 31. 32							
33 Total amount previously refunded and/or credited for the year being amended, whether or not								
	you received the overpay						<u>•00</u>	
	Net tax paid. Subtract Lin					34 35	<u>•00</u>	
	5 Refund . If Line 34 is greater than Line 27, subtract Line 27 from Line 34.						<u>•00</u>	
	6 Tax due. If Line 27 is greater than Line 34, subtract Line 34 from Line 27.						•00	
	Penalty. See instructions.						<u>•00</u>	
38	Interest. See instructions					38	<u>•00</u>	
39	Total balance due. Add Li	_				39	• <u>00</u>	
		Revei	yment voucher, Form IL- nue" and attach them to amount of your paymen	the from	nt of this form.◀		-	
) 8 : Sign here r penalties of perjury, I sta	te that I have exa	mined this return and, to	the best	of my knowledge, it is tru	ue, correct, a	nd complete.	
					()		s box if we may	
Signat	ure of authorized officer	Date	Title		Phone		nis return with the	
C:	ure of prepar-			samilla '	or or firm's FFIN	preparer	shown in this step.	
oignat	ure of preparer	Date	Preparer's Social Sec	ourity numb	DELOLIITIIS FEIN	()		
Prepar	er's firm name (or yours, if self-er	mployed) Addr	ress			Phone		