

Amended Corporation Income and Replacement Tax Return

J.a1	leate what toy your you are amonding. Toy your having			Enter the amount you		
ind	icate what tax year you are amending: Tax year beginning	•	year	, ending month day year are paying.		
STC	If you are filing an amended return for tax years ending before December 31, 2015 , you cannot use this form. For prior years, use the amended return form for that year.					
	you cannot use this form. For prior yours, use the unionided return to	51111 10	tilat	\$]		
St	ep 1: Identify your corporation		K	Enter your federal employer identification no. (FEIN).		
Α	Enter your complete legal business name.					
	If you have a name change, check this box.	Ш	L	Enter your North American Industry Classification		
	Name:			System (NAICS) Code. See instructions.		
В	Enter your mailing address.					
	If you have an address change, check this box.	Ш	M	Enter your Illinois corporate file (charter) number.		
	C/O:					
	Mailing address:		N	Check the applicable box for the type of change being made. NLD State change		
_				Federal change		
С	Check the box if your business is a: Combined return (unitary) Foreign insurer			If a federal change, check one:		
D	Check this box if you are filing this form only to report an increased			Partial agreed Finalized		
_	net loss on Line 37, Column B.			Enter the finalization date		
Ε	If you have completed the following, check the box and attach the fed	leral	0	Attach your federal finalization to this return.		
	form(s) to this return, if you have not previously done so.		0	Check this box if you are filing Form IL-1120-X on or before the extended due date and are		
	Federal Form 8886 Federal Schedule M-3, Part II, Line 12			making the election to treat all nonbusiness		
		_	Р	income as business income. Check this box if you are making a discharge of		
F	Check this box if you attached Illinois Schedule UB.	Ш		indebtedness adjustment on Line 36, or		
G	Check this box if you attached Illinois Schedule 1299-D.	Ш		Schedule NLD or UB/NLD. (U.S Form 982)		
Н	Check this box if you attached Form IL-4562.		Q	If you are filing Schedule INL , check this box.		
I	Check this box if you attached Illinois Schedule M (for businesses).		R	If you annualized your income on your Form IL-2220, check this box. (IL-2220)		
J	Check this box if you attached Schedule 80/20.			Point IL-2220, check this box. (IL-2220)		
	If you owe tax on Line 67, complete a payment vouc "Illinois Department of Revenue" and attach them be		orm	IL-1120-X-V, make your check payable to		
	► Enter the amount of your payment on the top of this	s page	in th	ne space provided.		
	► Mail this return to: Illinois Department of Revenue,	-				
61	ep 2: Explain the changes on this return (Attach a separate sh	oot it :	2000	open (
31	ep 2. Explain the changes on this return (Allach a separate sh	ieet ii i	ieces	ssary.)		
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nt and nere.						
ymer X-V						
our pe 1120						
Attach your payment and Form IL-1120-X-V here.						
Atts Fo						

IL-1120-X (R-12/15) Page 1 of 4

			As most recently reported or adjusted		B Corrected amount
Step	3: Figure your income or loss		(Whole dollars only)		(Whole dollars only)
1	Federal taxable income from U.S. Form 1120.	1	<u> </u>	1	<u> </u>
2	Net operating loss deduction from U.S. Form 1120.	2	<u> </u>		<u> </u>
3		3	<u> </u>	3	<u> </u>
4	3 · · · · · · · · · · · · · · · · · · ·	4	00	4	00
_	arriving at Line 1.	_	•00		00
5	• •	_	•00		•00
6	. , ,	6 7	•00	_	
7	,	-	•00		00
8		_	• <u>00</u>	_	•00
	Add Lines 1 through 8. This is your total income or loss.	9		9	<u>•00</u>
Step	9 4: Figure your base income or loss				
10	Interest income from U.S. Treasury and exempt federal obligations.		<u> </u>		<u>•00</u>
11	3.		<u> </u>		<u>•00</u>
12	River Edge Redevelopment Zone Interest subtraction. Attach Sch. 1299-E	3. 12	<u> </u>	12	<u> </u>
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	<u> </u>		<u>•00</u>
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	<u> </u>		<u>•00</u>
15	Contribution subtraction. Attach Schedule 1299-B.	15	<u> </u>		<u>•00</u>
16	Contributions to certain job training projects.	16	<u> </u>		<u>•00</u>
17	Foreign Dividend subtraction. Attach Schedule J.	17	<u> </u>		<u>•00</u>
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u> </u>		<u>•00</u>
19			<u> </u>		<u></u>
20		20	<u> </u>		<u></u>
21			<u></u>		
22			<u> </u>		
23	Base income or loss. Subtract Line 22 from Line 9.	23	<u> </u>	23	
A If the amount on Line 23 is derived inside Illinois only, check this box and enter 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.					
	B If any portion of the amount on Line 23 is derived outside			jh 34 bl	ank.) \Box
	See instructions. (If you are a unitary filer, you must comp	Illinoi lete L	s, check this box and co ines 28 through 30.)	jh 34 bl mplete s	ank.) all lines of Step 5.
Ste	See instructions. (If you are a unitary filer, you must compep 5: Figure your income allocable to Illinois (Complete only i	Illinoi I ete L i f you d	s, check this box and coines 28 through 30.) checked the box on Line B	nplete	ank.) all lines of Step 5.
Ste 24	See instructions. (If you are a unitary filer, you must comp ep 5: Figure your income allocable to Illinois (Complete only i Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary	Illinoi I ete L i f you d	s, check this box and co ines 28 through 30.)	nplete	ank.) all lines of Step 5.
Ste 24	See instructions. (If you are a unitary filer, you must compep 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB.	Illinoi lete Li f you d 24	s, check this box and coines 28 through 30.) checked the box on Line B	nplete and above.	ank.) all lines of Step 5.
Ste 24 25	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB,	Illinoi lete Li f you d 24	s, check this box and coines 28 through 30.) checked the box on Line B	above.)	ank.) all lines of Step 5.
Ste 24 25 26	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions.	Illinoi lete L f you c 24 25 26	s, check this box and coines 28 through 30.) checked the box on Line B	above.) 24 25 26	ank.) all lines of Step 5.
Ste 24 25 26 27	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25.	Illinoi lete L f you c 24 25 26 27	s, check this box and coines 28 through 30.) checked the box on Line B •00 •00 •00	above.) 24 25 26 27	ank.) all lines of Step 5.
Ste 24 25 26 27	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative).	24 25 26 27 28	s, check this box and coines 28 through 30.) checked the box on Line B -00 -00 -00 -00 -00	above.) 24 25 26 27 28	ank.) all lines of Step 5.
Ste 24 25 26 27 28 29	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative).	24 25 26 27 28 29	s, check this box and coines 28 through 30.) checked the box on Line B -00 -00 -00 -00 -00 -00 -00 -	24 25 26 27 28 29	ank.) all lines of Step 5.
Ste 24 25 26 27 28 29 30	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative). Total sales inside Illinois (this amount cannot be negative).	24 25 26 27 28 29 30	s, check this box and coines 28 through 30.) checked the box on Line B -00 -00 -00 -00 -00 -00 -00 -	24 25 26 27 28 29 30	ank.) all lines of Step 5.
Ste 24 25 26 27 28 29 30 31	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative). Total sales inside Illinois (this amount cannot be negative). Apportionment factor. Divide Line 29 by Line 28 (carry to six decimal places). Business income or loss apportionable to Illinois.	25 26 27 28 29 30	s, check this box and coines 28 through 30.) checked the box on Line B	24 25 26 27 28 29 30 31	ank.)
Ste 24 25 26 27 28 29 30 31	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative). Total sales inside Illinois (this amount cannot be negative). Apportionment factor. Divide Line 29 by Line 28 (carry to six decimal places). Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	24 25 26 27 28 29 30 31 32	s, check this box and coines 28 through 30.) checked the box on Line B •00 •00 •00 •00 •00 •00 •00 •	24 25 26 27 28 29 30 31 32	ank.) all lines of Step 5.
Ste 24 25 26 27 28 29 30 31 32 33	See instructions. (If you are a unitary filer, you must complete 5: Figure your income allocable to Illinois (Complete only in Nonbusiness income or loss. Attach Schedule NB. Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, Scorporations, trusts, or estates. See instructions. Add Lines 24 and 25. Business income or loss. Subtract Line 26 from Line 23. Total sales everywhere (this amount cannot be negative). Total sales inside Illinois (this amount cannot be negative). Apportionment factor. Divide Line 29 by Line 28 (carry to six decimal places). Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30. Nonbusiness income or loss apportionable to Illinois from non-unitary	24 25 26 27 28 29 30 31 32	s, check this box and coines 28 through 30.) checked the box on Line B	24 25 26 27 28 29 30 31 32 33	enk.) all lines of Step 5.

Page 2 of 4 IL-1120-X (R-12/15)

Cton (C. Figure very pet in				A As most recently		B Corrected
	6: Figure your net in		- 00 0t 5 1 in - 04	25	reported or adjusted	25	amount
35		•	e 23 or Step 5, Line 34.		•00	35 _	•00
36	Discharge of indebtedr	=			•00		•00
37	Adjusted base income			37	<u>•00</u>	37 _	<u>•00</u>
38	Attach Schedule NLD		ro or negative, enter "0."	38	•00	38	•00
39	Net income. Subtract		37.		•00		•00
	7: Figure your repla						
	Replacement tax. Multi			40	00	40	00
40 41	Recapture of investme				• <u>00</u>		• <u>00</u>
42	Replacement tax befor				•00		•00
43	Investment credits. Att		5 40 and 41.		•00		
44			ine 43 from Line 42. If negative, enter "0."			44 44	• <u>00</u>
			<u> </u>		•00		
	8: Figure your incor Income Tax. Multiply Li			45	00	45	00
45 46	Recapture of investme	•	•		• <u>00</u>		•00
47	Income tax before cred				•00		• <u>00</u>
48	Income tax credits. Att				•00		•00
_			9-D. 48 from Line 47. If negative, enter "0."		•00		•00
				-10		-TO _	
-	9: Figure your refun			ΕO	00	50	00
	-		r the amount from Line 44.		•00		•00
	- ·		n. Attach Schedule INS or UB/INS.		•00	50a _	•00
			your net replacement tax.		•00		•00
			he amount from Line 49.		•00		•00
	-		ach Schedule INS or UB/INS.		• <u>00</u>		• <u>00</u>
	Subtract Line 51a from	-	Pilot Program Act surcharge. See instr.				•00
53			surcharge. Add Lines 50b, 51b, and 52.				•00
	a Credit from prior year		a suicharge. Add Lines 500, 510, and 52.		• <u>00</u>	JJ _	
	b Total estimated payme				•00		
	Form IL-505-B (extens				•00		
	,	,	ted to you. Attach Sch. K-1-P or K-1-T.				
	• Gambling withholding		-		•00		
55	Total payments. Add Li			0.0	•00	55	•00
56		-	de penalties and interest).			56	•00
57	Tax payments made si	·				57	•00
58	Total tax paid. Add Line	•				58	•00
59	•		dits for the year being amended,				
	whether or not you rec					59 _	•00
60	Net tax paid. Subtract I	Line 59 from Line 5	58.			60 _	•00
61	Overpayment. If Line	60 is greater than	Line 53, subtract Line 53 from Line 60.			61 _	<u>•00</u>
62	Amount of overpaymen	nt from Line 61 to b	be credited forward. See instructions.			62 _	•00
63	Refund. Subtract Line	62 from Line 61. T	his is the amount to be refunded.			63 _	•00
64	Tax due. If Line 53 is g	greater than Line 6	0, subtract Line 60 from Line 53.			64 _	•00
65	Penalty. See instruction	ns.				65 _	<u>•00</u>
66	Interest. See instructio	ns.				66 _	<u>•00</u>
67	Total balance due. Add	Lines 64 through	66.			67 _	<u>•00</u>
Step	10: Sign here Under	penalties of perjury,	state that I have examined this return and,	to the	best of my knowledge,	it is true,	correct, and complete.
			,	, ,	Char	k this bar	if the Department man
Signatur	re of authorized officer	Date	Title	Phone			if the Department may urn with the paid
					prepa		n in this step.
Signatur	re of paid preparer	Date	Paid preparer's Social Security numbe	r or firm	n's FEIN		
Paid pre	parer's firm name	Addr	ess		(<u> </u>) ne	

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

If you comp	leted:	Attach
Form	n IL-1120-X	
Step	1, Line C (unitary) only	Schedule UB
1	1, Line C (foreign insurer) only	
— Step	1, Line C (unitary) and (foreign insurer) -	Schedule UB and Schedule UB/INS
— Step	1, Line N (federal change)	Copy of federal finalization
• s	s 5 and 18 pecial Depreciation addition pecial Depreciation subtraction	Form IL-4562
• R	s 6 and 19 Related-party expenses addition Related-party expenses subtraction	Schedule 80/20
• D	s 7 and 20 Distributive share of additions Distributive share of subtractions	Schedule(s) K-1-P or K-1-T
• 0	s 8 and 21 Other additions Other subtractions	Schedule M and any required support listed on Schedule M
• R • R • H	s 11 through 15 River Edge Redevelopment Zone Dividend subtraction River Edge Redevelopment Zone Interest subtraction Righ Impact Business Dividend subtraction Righ Impact Business Interest subtractions Contributions subtraction	Schedule 1299-B and any required support listed on Schedule 1299-B
— Line	17 Foreign Dividend Subtraction ————	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
• N	s 24 and 32 lonbusiness income or loss lonbusiness income or loss allocable to Illinois	Schedule NB
B pi	s 25 and 33 business income or loss from non-unitary artnerships, partnerships included on a Schedule UB, corporations, trusts, or estates susiness income or loss apportionable to Illinois from on-unitary partnerships, partnerships included on a schedule UB, S corporations, trusts, or estates	
Line	36 Discharge of Indebtedness adjustment	Federal Form 982 <u>=Note</u> → Check the box on Form IL-1120-X, Step 1, Line P.
Line	38 Illinois net loss deduction —	Schedule NLD or UB/NLD (for unitary filers)
Line:	s 41 and 46 Recapture of investment credit	Schedule 4255
Line	43 Investment credits	Form IL-477 and any required support listed on 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.
Lines	s 50a and 51a Foreign Insurer tax reduction	Schedule INS or UB/INS (for unitary filers)
Line	54d Pass-through withholding payments reported to you	All Schedules K-1-P and K-1-T you received showing a pass-through withholding payment
Line	54e Gambling withholding —	All copies of Form W-2G