

 **Illinois Department of Revenue**
2015 IL-990-T-X **Amended Exempt Organization**
Income and Replacement Tax Return
 For tax years ending on or after December 31, 2015

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

STOP 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.

Enter the amount you are paying.
 \$ _____

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: _____

B Enter your mailing address.
 If you have an address change, check this box.
 C/O: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____

C Enter your federal employer identification no. (FEIN).
 _____ - _____

D Check the applicable box for the type of change being made.

State change Federal change

If a federal change, check one:

Partial agreed Finalized

Enter the finalization date _____

Attach your federal finalization to this return.

E Check this box if you are taxed as a corporation.

F Check this box if you are taxed as a trust.

G Check this box if Schedule 1299-D is attached.

▼ Attach your payment and Form IL-990-T-X-V here. ▲

Step 2: Explain the changes on this return (Attach a separate sheet if necessary.)

Step 3: Figure your base income or loss

	A As most recently reported or adjusted (Whole dollars only)	B Corrected amount (Whole dollars only)
1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	1 _____ .00	1 _____ .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2 _____ .00	2 _____ .00
3 Base income or loss. Add Lines 1 and 2.	3 _____ .00	3 _____ .00

STOP **A** If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount 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 instructions.

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4 _____ .00	4 _____ .00
5 Business income or loss. Subtract Line 4 from Line 3.	5 _____ .00	5 _____ .00
6 Total sales everywhere. This amount cannot be negative.	6 _____ .00	6 _____ .00
7 Total sales inside Illinois. This amount cannot be negative.	7 _____ .00	7 _____ .00
8 Apportionment Factor. Divide Line 7 by Line 6 (carry to six decimal places).	8 _____ .	8 _____ .
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9 _____ .00	9 _____ .00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10 _____ .00	10 _____ .00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11 _____ .00	11 _____ .00

Step 5: Figure your net replacement tax

	A As most recently reported or adjusted	B Corrected amount
12 Net income or loss from Line 3 or Line 11.	12 _____ .00	12 _____ .00
13 Replacement tax. Corporations: multiply Line 12 by 2.5% (.025); Trusts: multiply Line 12 by 1.5% (.015).	13 _____ .00	13 _____ .00
14 Recapture of investment credits. Attach Schedule 4255.	14 _____ .00	14 _____ .00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15 _____ .00	15 _____ .00
16 Investment credits. Attach Form IL-477.	16 _____ .00	16 _____ .00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17 _____ .00	17 _____ .00

Step 6: Figure your net income tax

18 Net income or loss from Line 12.	18 _____ .00	18 _____ .00
19 Income tax. Corporations: multiply Line 18 by 5.25% (.0525). Trusts: multiply Line 18 by 3.75% (.0375).	19 _____ .00	19 _____ .00
20 Recapture of investment credits. Attach Schedule 4255.	20 _____ .00	20 _____ .00
21 Income tax before credits. Add Lines 19 and 20.	21 _____ .00	21 _____ .00
22 Income tax credits. Attach Schedule 1299-D.	22 _____ .00	22 _____ .00
23 Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23 _____ .00	23 _____ .00

Step 7: Figure your refund or balance due

24 Net replacement tax from Line 17.	24 _____ .00	24 _____ .00
25 Net income tax from Line 23.	25 _____ .00	25 _____ .00
26 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26 _____ .00	26 _____ .00
27 Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27 _____ .00	27 _____ .00
28 Payments. See instructions.		
a Credit from prior year overpayments.	28a _____ .00	
b Total estimated payments.	28b _____ .00	
c Form IL-505-B (extension) payment.	28c _____ .00	
d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	28d _____ .00	
e Gambling withholding. Attach Form W-2G.	28e _____ .00	
29 Total payments. Add Lines 28a through 28e.		29 _____ .00
30 Tax paid with original return (do not include penalties and interest).		30 _____ .00
31 Tax payments made since the original return was filed.		31 _____ .00
32 Total tax paid. Add Lines 29, 30, and 31.		32 _____ .00
33 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		33 _____ .00
34 Net tax paid. Subtract Line 33 from Line 32.		34 _____ .00
35 Overpayment. If Line 34 is greater than Line 27, subtract Line 27 from Line 34.		35 _____ .00
36 Amount of overpayment from Line 35 to be credited forward. See instructions.		36 _____ .00
37 Refund. Subtract Line 36 from Line 35. This is the amount to be refunded.		37 _____ .00
38 Tax due. If Line 27 is greater than Line 34, subtract Line 34 from Line 27.		38 _____ .00
39 Penalty. See instructions.		39 _____ .00
40 Interest. See instructions.		40 _____ .00
41 Total balance due. Add Lines 38 through 40.		41 _____ .00

► **If you owe tax on Line 41, complete a payment voucher, Form IL-990-T-X-V, make your check payable to "Illinois Department of Revenue" and attach them to the front of this form.**

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 8: 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 _____	Phone _____
Signature of paid preparer _____	Date _____	Paid preparer's Social Security number or firm's FEIN _____	
Paid preparer's firm name _____	Address _____	Phone _____	

Check this box if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/>
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