



Illinois Department of Revenue

2017 IL-1120-ST-X

For tax years ending on or after December 31, 2017

Amended Small Business Corporation Replacement Tax Return

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



If you are filing an amended return for tax years ending **before December 31, 2017**, you may not use this form. For prior years, use the amended return form for that year.

Enter the amount you are paying.

\$ _____

Step 1: Identify your small business corporation

- 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** Check this box if you are filing this form **only** to report an increased net loss on Line 49, Column B. ☐
- D** Check this box if you attached Form IL-4562. ☐
- E** Check this box if you attached Schedule M. ☐
- F** Check this box if you attached Schedule 80/20. ☐
- G** Check this box if you attached Schedule 1299-A. ☐
- H** Check this box if you attached the Subgroup Schedule. ☐
- I** 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
Enter the finalization date _____
Attach your federal finalization to this return.
- J** Throwback adjustment - see instructions. ☐
- K** Double throwback adjustment - see instructions. ☐

- L** Enter your federal employer identification no. (FEIN).
_____ - _____
- M** ☐ Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.
_____ - _____
- N** Enter your North American Industry Classification System (NAICS) Code. See instructions.

- O** Enter your Illinois corporate file (charter) number.

- P** 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. ☐
- Q** If you have completed the following, check the box and **attach** the federal form(s) to this return, if you have not previously done so.
☐ Federal Form 8886 ☐ Federal Schedule M-3, Part II, Line 10
- R** Check this box if you are making a discharge of indebtedness adjustment on Line 48, or Schedule NLD or UB/NLD. (**U.S. Form 982**) ☐
- S** Check this box if your business activity is protected under Public Law 86-272. ☐

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

Step 3: Figure your ordinary income or loss

	A As most recently reported or adjusted (Whole dollars only)	B Corrected amount (Whole dollars only)
1 Ordinary income or loss or equivalent from U.S. Schedule K.	1 _____ .00	1 _____ .00
2 Net income or loss from all rental real estate activities.	2 _____ .00	2 _____ .00
3 Net income or loss from other rental activities.	3 _____ .00	3 _____ .00
4 Portfolio income or loss.	4 _____ .00	4 _____ .00
5 Net IRC Section 1231 gain or loss.	5 _____ .00	5 _____ .00
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. Identify: _____	6 _____ .00	6 _____ .00
7 Add Lines 1 through 6. This is your ordinary income.	7 _____ .00	7 _____ .00

Step 4: Figure your unmodified base income or loss

8 Charitable contributions.	8 _____ .00	8 _____ .00
9 Expense deduction under IRC Section 179.	9 _____ .00	9 _____ .00
10 Interest on investment indebtedness.	10 _____ .00	10 _____ .00
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 _____ .00	11 _____ .00
12 Add Lines 8 through 11.	12 _____ .00	12 _____ .00
13 Subtract Line 12 from Line 7. This is your total unmodified base income or total loss.	13 _____ .00	13 _____ .00



Step 5: Figure your income or loss**A**
As most recently
reported or adjusted**B**
Corrected
amount

14	Enter the amounts from Line 13. Unitary filers, see instructions.	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 and surcharge deducted in arriving at Line 14.	16	<u> .00</u>	16	<u> .00</u>
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	<u> .00</u>	17	<u> .00</u>
18	Related-party expenses addition. Attach Schedule 80/20.	18	<u> .00</u>	18	<u> .00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	<u> .00</u>	19	<u> .00</u>
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	<u> .00</u>	20	<u> .00</u>
21	Other additions. Attach Schedule M for businesses.	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 base income or 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. Attach Schedule B.	24	<u> .00</u>	24	<u> .00</u>
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	<u> .00</u>	25	<u> .00</u>
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	<u> .00</u>	26	<u> .00</u>
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	<u> .00</u>	27	<u> .00</u>
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	<u> .00</u>	28	<u> .00</u>
29	Contribution subtraction. Attach Schedule 1299-A.	29	<u> .00</u>	29	<u> .00</u>
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	<u> .00</u>	30	<u> .00</u>
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	<u> .00</u>	31	<u> .00</u>
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	<u> .00</u>	32	<u> .00</u>
33	Other subtractions. Attach Schedule M for businesses.	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	Base income or loss. Subtract Line 34 from Line 22.	35	<u> .00</u>	35	<u> .00</u>



A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 6, Line 35 on Step 8, Line 47. You may not complete Step 7. (You must leave Step 7, Lines 36 through 46 blank.) ☐

Note If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 7.

B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 7. (Do not leave Lines 40 through 42 blank.) See instructions. ☐

Step 7: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	<u> .00</u>	36	<u> .00</u>
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	<u> .00</u>	37	<u> .00</u>
38	Add Lines 36 and 37.	38	<u> .00</u>	38	<u> .00</u>
39	Business income or loss. Subtract Line 38 from Line 35.	39	<u> .00</u>	39	<u> .00</u>
40	Total sales everywhere (this amount cannot be negative).	40	<u> .00</u>	40	<u> .00</u>
41	Total sales inside Illinois (this amount cannot be negative).	41	<u> .00</u>	41	<u> .00</u>
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	<u> .</u>	42	<u> .</u>
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	<u> .00</u>	43	<u> .00</u>
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	<u> .00</u>	44	<u> .00</u>
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	<u> .00</u>	45	<u> .00</u>
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	<u> .00</u>	46	<u> .00</u>

Step 8: Figure your net income
A
As most recently
reported or adjusted

B
Corrected
amount

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

Step 9: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	<u> .00 </u>	52	<u> .00 </u>
53	Recapture of investment credits. Attach Schedule 4255.	53	<u> .00 </u>	53	<u> .00 </u>
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	<u> .00 </u>	54	<u> .00 </u>
55	Investment credits. Attach Form IL-477.	55	<u> .00 </u>	55	<u> .00 </u>
56	Net replacement tax. Subtract Line 55 from Line 54. If negative, enter "0."	56	<u> .00 </u>	56	<u> .00 </u>
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instr.	57	<u> .00 </u>	57	<u> .00 </u>
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. Attach Sch. B.	58	<u> .00 </u>	58	<u> .00 </u>
59	Total net replacement tax, surcharge, and pass-through withholding payments you owe. Add Lines 56, 57, and 58.	59	<u> .00 </u>	59	<u> .00 </u>

Step 10: Figure your refund or balance due

60	Payments. See instructions.				
a	Credit from prior year overpayments.	60a	<u> .00 </u>		
b	Form IL-505-B (extension) payment.	60b	<u> .00 </u>		
c	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.	60c	<u> .00 </u>		
d	Illinois gambling withholding. Attach Form(s) W-2G.	60d	<u> .00 </u>		
e	Form IL-516-I prepayments.	60e	<u> .00 </u>		
f	Form IL-516-B prepayments.	60f	<u> .00 </u>		
61	Total payments. Add Lines 60a through 60f.	61		<u> .00 </u>	
62	Tax paid with original return (do not include penalties and interest).	62		<u> .00 </u>	
63	Tax payments made since the original return was filed.	63		<u> .00 </u>	
64	Total tax paid. Add Lines 61, 62, and 63.	64		<u> .00 </u>	
65	Total amount previously refunded and credited for the year being amended, whether or not you received the overpayment.	65		<u> .00 </u>	
66	Net tax paid. Subtract Line 65 from Line 64.	66		<u> .00 </u>	
67	Overpayment. If Line 66 is greater than Line 59, subtract Line 59 from Line 66.	67		<u> .00 </u>	
68	Amount of overpayment from Line 67 to be credited forward . See instructions.	68		<u> .00 </u>	
69	Refund. Subtract Line 68 from Line 67. This is the amount to be refunded.	69		<u> .00 </u>	
70	Tax due. If Line 59 is greater than Line 66, subtract Line 66 from Line 59.	70		<u> .00 </u>	
71	Penalty. See instructions.	71		<u> .00 </u>	
72	Interest. See instructions.	72		<u> .00 </u>	
73	Total balance due. Add Lines 70 through 72.	73		<u> .00 </u>	

► If you owe tax on Line 73, complete a payment voucher, Form IL-1120-ST-X-V. Write your FEIN, tax year ending, and "IL-1120-ST-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

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

Step 11: Sign below - 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.

Sign Here	Signature of authorized officer		Date (mm/dd/yyyy)	Title	Phone ()	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	Firm's name ▶				Firm's FEIN ▶	
	Firm's address ▶				Firm's phone ▶ ()	

► Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016

**2017 Schedule B Partners' or Shareholders' Information**

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



Year ending

Month Year

IL Attachment no. 1

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

Enter your federal employer identification number (FEIN).

**Read this information first**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.



Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- | | | | |
|----------|---|----------|-------|
| 1 | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. | 1 | _____ |
| 2 | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. | 2 | _____ |
| 3 | Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. | 3 | _____ |

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- | | | | |
|----------|--|----------|-------|
| 4 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. | 4 | _____ |
| 5 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. | 5 | _____ |
| 6 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. | 6 | _____ |
| 7 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. | 7 | _____ |
| 8 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. | 8 | _____ |
| 9 | Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. | 9 | _____ |

► Attach all pages of Schedule B, Section B behind this page.



Illinois Department of Revenue
2017 Schedule B



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

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding <i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding payment amount
1 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
2 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
3 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
4 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						
5 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ Zip _____			<input type="checkbox"/>						

Note If you have more members than space provided, attach additional copies of this page as necessary.