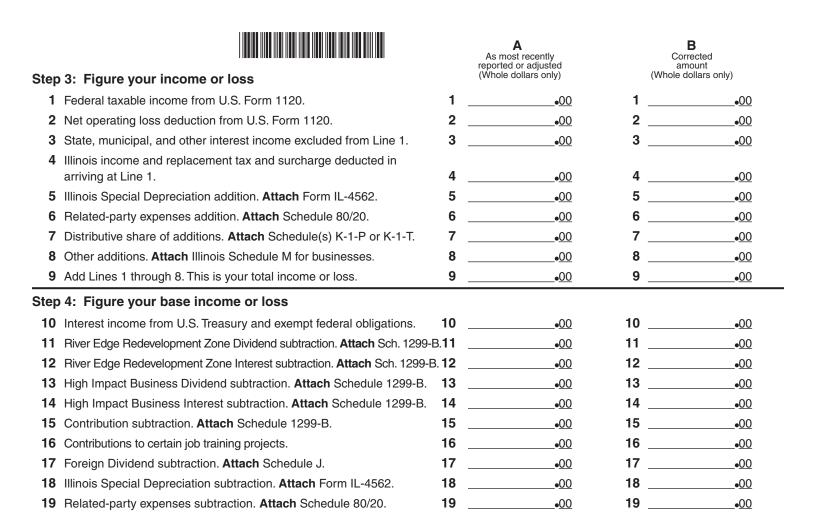


Amended Corporation Income and Replacement Tax Return

ep 1: Identify your corporation			L	Enter your federal employer ide	•		
Enter your complete legal business name. If you have a name change, check this box.			M	Enter your North American Industry Classificatio System (NAICS) Code. See instructions.			
Enter your mailing address. If you have an address change, check this box.			N	Enter your Illinois corporate file (charter) numbe			
C/O:			0	Check the applicable box for the type of complete being made. NLD State of the st			
Check the box and see the instructions if Combined return (unitary)	f your business is a: Foreign insurer				Finalized		
Check this box if you are filing this form only to report an increased				Attach your federal finalization			
form(s) to this return, if you have not prev	Line 37, Column B. completed the following, check the box and attach the fed this return, if you have not previously done so.			Check this box if you are filing Form IL-1120-X on or before the extended due date and are making the election to treat all nonbusiness income as business income.			
Federal Form 8886 Check this box if you attached Illinois Sch	Federal Schedule M-3, Part II, Line 12 hedule UB.		Q	Check this box if you are makin indebtedness adjustment on Lir	ine 36, or		
Check this box if you attached the Subgro	oup Schedule.		R	Schedule NLD or UB/NLD. (U.S If you are filing Schedule INL,	-		
Check this box if you attached Illinois Sch	hedule 1299-D.		s	If you annualized your income of			
Check this box if you attached Form IL-4	562.		_	Form IL-2220, check this box. ((IL-2220)		
Check this box if you attached Illinois Sch	hedule M (for businesses).		Т	Check this box if your business protected under Public Law 86-	-		
Check this box if you attached Schedule	80/20.		U	Throwback adjustment - see ins	structions.		
			٧	Double throwback adjustment -	see instructions.		

- If you owe tax on Line 71, complete a payment voucher, Form IL-1120-X-V. Write your FEIN, tax year ending, and "IL-1120-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to this page.
- Enter the amount of your payment on the top of this page in the space provided.
- Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016





•00

•00

•00

•00

•00

22

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

20 •00

•00

•00

•00

21 _____

34

•00

23

on Step 6, Line 35. You may not complete Step 5. (You must leave Step 5, Lines 24 through 34 blank.) <u>≡Note</u> If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 5. STOP B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 5. (Do not leave Lines 28 through 30 blank.) See instructions. Step 5: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.) 24 Nonbusiness income or loss. Attach Schedule NB. 24 •00 **25** Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, 25 S corporations, trusts, or estates. See instructions. •00 26 26 Add Lines 24 and 25. 26 •00 •00 27 Business income or loss. Subtract Line 26 from Line 23. •00 28 Total sales everywhere (this amount cannot be negative). 28 •00 **29** •00 29 Total sales inside Illinois (this amount cannot be negative). 29 30 ___-**30** Apportionment factor. Divide Line 29 by Line 28. (Round to six decimal places.) **30** Business income or loss apportionable to Illinois. •00 31 _______ Multiply Line 27 by Line 30. 32 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB. 32 33 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB.

20 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. 20

21 Other subtractions. Attach Schedule M for businesses.

23 Base income or loss. Subtract Line 22 from Line 9.

S corporations, trusts, or estates. See instructions.

34 Base income or loss allocable to Illinois. Add Lines 31 through 33. 34 _____

Total subtractions. Add Lines 10 through 21.

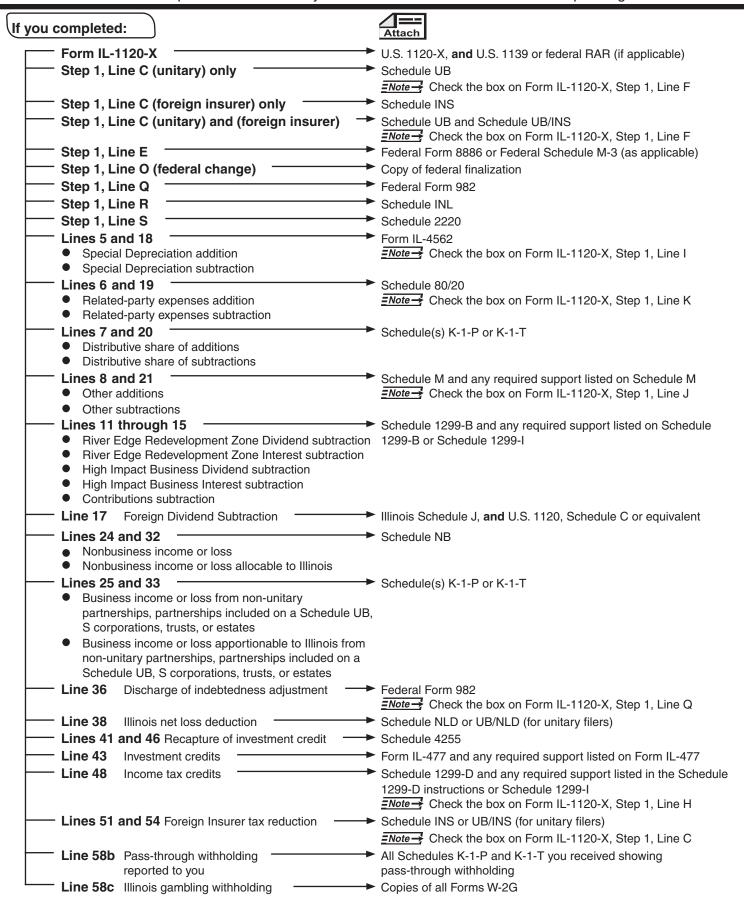
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-	6: Figure your net income Base income or net loss from				As most rece reported or ad	ntly justed		B Corrected amount
33	Step 4, Line 23 or Step 5, Line 34.			35		•00	35	•00
36			Form 092				36	•00
37	Discharge of indebtedness adjustment. Attach U.S. Form 982. Adjusted base income or net loss. Add Lines 35 and 36.						37	•00
	-			37		<u>•00</u>	31	<u> </u>
38	Illinois net loss deduction. If Line 3. Attach Schedule NLD or UB/NLD.	/ is zero or negati	ve, enter "U."	38		00	38	00
								•00
39	Net income. Subtract Line 38 from	n Line 37.		39		<u>•00</u>	39	<u>00</u>
Step 7	: Figure your replacement ta	x after credits						
40	Replacement tax. Multiply Line 39	by 2.5% (.025).		40		<u>•00</u>	40	<u>•00</u>
41	Recapture of investment credits. Attach Schedule 4255.					•00	41	<u>•00</u>
42	Replacement tax before credits. Add Lines 40 and 41.						42	•00
43	Investment credits. Attach Form IL-477.						43	•00
44	Replacement tax after credits. Sub		Line 42. If negative, enter "0."			•00	44	•00
_	B: Figure your income tax after			45			45	•
	Income Tax. Multiply Line 39 by 7.0							•00
46	Recapture of investment credits. A		255.					•00
47	Income tax before credits. Add Line							<u> </u>
48	Income tax credits. Attach Schedu						48	
49	Income tax after credits. Subtract	t Line 48 from Line	e 47. If negative, enter "0."	49		<u>•00</u>	49	
Step 9	e: Figure your refund or balan	nce due						
•	Replacement tax before reductions		nt from Line 44.	50		<u>•00</u>	50	•00
51	Foreign Insurer replacement tax re							•00
52	Subtract Line 51 from Line 50. Thi							•00
53	Net income tax before reductions. I			=-				•00
54	Foreign Insurer income tax reductions:			- 4				•00
55	Subtract Line 54 from Line 53. This							•00
56	Compassionate Use of Medical Can				56			
	· · · · · · · · · · · · · · · · · · ·				57	•00		
57 Total net income and replacement taxes and surcharge. Add Lines 52, 55, and 56.58a Credits and payments made before the original tax due date.						<u>•00</u>	57	<u> </u>
		-		208	l	<u>•00</u>		
	Pass-through withholding reported	-		200)	<u>•00</u>		
	Illinois gambling withholding. Attac	` '		200	<u> </u>	<u>•00</u>	F 0	00
	Total payments. Add Lines 58a thro				59	<u>•00</u>		
	Tax paid with original return (do not include penalties and interest).						60	•00
	Tax payments made since the origi				61	•00		
	Total tax paid. Add Lines 59, 60, ar						62	<u>•00</u>
63	Total amount of previous refunds a		year being amended,					
0.4	whether or not you received the ov						63	•00
	Net tax paid. Subtract Line 63 from						64	•00
	Overpayment. If Line 64 is greater						65	•00
	Amount of overpayment from Line						66	•00
67	Refund. Subtract Line 66 from Line						67	<u> </u>
68	Tax due. If Line 57 is greater than	Line 64, subtract	Line 64 from Line 57.				68	
69	Penalty. See instructions.						69	<u> </u>
70	Interest. See instructions.						70	<u> </u>
71	Total balance due. Add Lines 68 th	rough 70.					71	<u> </u>
Step ²	0: Sign below - Under penalties of	of perjury, I state that	I have examined this return and	d, to th	e best of my kr	owledge	e, it is tru	e, correct, and complete.
		1 , ,,					1—	
Sign	1	1		17)			heck if the Department scuss this return with the
Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	\ DI	hone			reparer shown in this step.
	- Igraturo or dutiforizon officer	Date (min/dd/yyyy)	THE		110110		1	
Paid	Drint/Tune meid augenaute	Delidir	ranavar'a ajanat		Data (/ 1 1 /		Check	
Prepa	Print/Type paid preparer's name	Paid p	reparer's signature		Date (mm/dd/yyy			yed Paid Preparer's PTIN
Use Only Firm's name Firm's FEIN ▶								,
	Firm's address					Firm's p	hone▶ (()

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

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- 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.





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