



For tax years ending on or after December 31, 2020

Ind	Indicate what tax year you are amending: Tax year beginning, ending, ending sare paying.							
	are paying.							
WAR	If you are filing an amended return for tax years ending before De form. For prior years, see instructions to determine the correct form			\$				
	tep 1: Identify your exempt organization		F Enter your federal employer is	dentification number (FEIN).				
Α	Enter your complete legal business name.							
	If you have a name change, check this box.	ш	G Check the applicable box for	the type of change				
ь	Name:		being made.	¬				
В	Enter your mailing address. If you have an address change, check this box.		State change	Federal change				
	C/O:	_	If a federal change, check o	-				
			Partial agreed Finalized					
	Mailing address:	Enter the finalization date Attach your federal finalization to this return.						
_	City: State: ZIP:							
C	Throwback adjustment - see instructions.	H	H Check this box if you are taxed as a corporation. I Check this box if you are taxed as a trust.					
D	Double throwback adjustment - see instructions.	닏	J Check this box if Schedule 1299-D is attached.					
E	Check this box if you are a 52/53 week filer.	Ш	K Check this box if your tax year began on					
here.			or after January 1, 2021.					
ritach your payment an Form IL-990-T-X-V here	Explain the changes on this return (Attach a separate sheet if necessary.):							
T-X-								
-066								
~ = ~								
Form								
<u> </u>	Step 2: Figure your base income or loss		Α	В				
			As most recently reported or adjusted	Corrected amount				
4	Unrelated business taxable income or loss		(Whole dollars only)	(Whole dollars only)				
٠	from U.S. Form 990-T, Line 39.	1	•00 1	•00				
2	Illinois income and replacement tax and surcharge deducted in	_						
	arriving at Line 1.	2 _	<u>•00</u> 2	<u>•00</u>				
3	Base income or loss. Add Lines 1 and 2.	3 _	<u>•00</u> 3	<u>•00</u>				
	A If the amount on Line 5 is derived inside Illinois only or if you are							
STO	from Step 2, Line 3 on Step 4, Line 12. You may not complete Step							
	B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions.	cneck t	nis box and complete <u>all lines</u> of S	Step 3.				
<u> </u>								
	ep 3: Figure your income allocable to Illinois (Complete of		ou checked the box on Line B, a	lbove.)				
4	Business income or loss included in Line 3 from non-unitary partnersh	nips,						
	partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	<u>•00</u> 4					
5	Business income or loss. Subtract Line 4 from Line 3.			•00				
6	Total sales everywhere. This amount cannot be negative.		• <u>00</u>					
7	Total sales inside Illinois. This amount cannot be negative.			•00				
8	Apportionment Factor. Divide Line 7 by Line 6. Round to six decimal places.							
9	Business income or loss apportionable to Illinois.	-	_					
•	Multiply Line 5 by Line 8.	9 _	<u>•00</u> 9	<u></u>				
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 _						
_	Base income or loss allocable to Illinois. Add Lines 9 and 10.	_	<u>•00</u> 11	<u></u>				



			s most recently		B Corrected
	4: Figure your net replacement tax	· ·	orted or adjusted		amount
	Net income or loss from Line 3 or Line 11.	12	<u>•00</u>	12 _	<u>•00</u>
13	Replacement tax. Corporations: multiply Line 12 by 2.5% (.025);				
	Trusts: multiply Line 12 by 1.5% (.015).	13	•00	13 _	•00
	Recapture of investment credits. Attach Schedule 4255.	14	•00	14 _	•00
	Replacement tax before investment credits. Add Lines 13 and 14.		•00		•00
	Investment credits. Attach Form IL-477.	16	<u>•00</u>	16 _	•00
17	Net replacement tax. Subtract Line 16 from Line 15.	47	00	47	00
	If the amount is negative, enter zero.	1/	•00	17 _	•00
	5: Figure your net income tax				
	Net income or loss from Line 12.	_	<u>•00</u>		<u>•00</u>
-	Income tax. See Instructions.		<u>•00</u>		<u>•00</u>
	Recapture of investment credits. Attach Schedule 4255.		•00		•00
	Income tax before credits. Add Lines 19 and 20.		•00	21 _	•00
	Income tax credits. Attach Schedule 1299-D.	22	<u>•00</u>	22 _	•00
23	Net income tax. Subtract Line 22 from Line 21.				
	If the amount is negative, enter zero.	23	<u>•00</u>	23 _	•00
	6: Figure your refund or balance due				
	Net replacement tax from Line 17.		•00		•00
	Net income tax from Line 23.	25	<u>•00</u>	25 _	•00
26	Compassionate Use of Medical Cannabis Program Act surcharge				
	See instructions.		•00		•00
	Sale of assets by gaming licensee surcharge. See instructions.	27	•00	27 _	•00
28	Total net income and replacement taxes and surcharges.	00	00	00	00
-00	Add Lines 24 through 27.	28	•00	28 _	•00
29	Payments. See instructions.			00-	00
	a Credit from prior year overpayments.				• <u>00</u>
	b Total payments made before the date this amended return is filed			29b _	<u>•00</u>
	c Pass-through withholding reported to you on			00-	00
	Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.				• <u>00</u>
20	d Illinois gambling withholding. Attach Form W-2G.				
	Total payments. Add Lines 29a through 29d.				
	Previously paid penalty and interest. See instructions.	\ bafara tha fili	na of this roturn	31 _	<u>•00</u>
32	Total amount of overpayment (including any carryforward or refund for the year being amended. See instructions.) before the fill	ng or this return	20	•00
22	Add Lines 31 and 32.				•00
					•00
	Net tax paid. Subtract Line 33 from Line 30. Overpayment. If Line 34 is greater than Line 28, subtract Line 28 is	rom Lino 24			•00
	Amount of overpayment from Line 35 to be credited forward . See				•00
30	Check this box and attach a detailed statement if this carryforward		ifferent EEIN	30 _	
37	Refund. Subtract Line 36 from Line 35. This is the amount to be re	0 0	illerent FEIIV. 🗀	37	•00
	Tax due with this amended return. If Line 28 is greater than Line		ine 34 from Line 28	38 _	•00
00	=Note → You will be sent a bill for any additional penalty and interes		inc o4 nom Emc 20.	55 _	
	 If you owe tax on Line 38, complete a payment voucher, Four "IL-990-T-X-V" on your check or money order and make it provoucher and payment to the front of this form. Enter the amount of your payment on the top of Page 1 in the second s	payable to "Illi	nois Department of	, tax year en Revenue." <i>F</i>	ding, and Attach your
C+	7. Clan below			,	
Step	7: Sign below - Under penalties of perjury, I state that I have examine	ed this return and	l, to the best of my knowl	edge, it is true,	correct, and complete.
Sign			1/	Che	eck if the Department
Here			()		uss this return with the
	Signature of authorized officer Date (mm/dd/yyyy) Title		Phone	paid pre	parer shown in this step.
Do:d				Check i	f
Paid	Print/Type paid preparer's name Paid preparer's signa	ture	Date (mm/dd/yyyy)	self-employe	d Paid Preparer's PTIN
Prep	I Firm's name		Firm	n's FEIN ▶	
Use (Uniy				

Mail this return to: Illinois Department of Revenue, PO Box 19016, Springfield, IL 62794-9016

Firm's phone

Firm's address