$\qquad$ , ending


If you are filing an amended return for tax years ending before December 31, 2018, you may not use this form. For prior years, use the amended return form for that year.

L Enter your federal employer identification no. (FEIN).
$\qquad$ -

M Enter your North American Industry Classification System (NAICS) Code. See instructions.

N Enter your Illinois corporate file (charter) number.

O Check the applicable box for the type of change being made.
 Federal change
If a federal change, check one:
$\square$ Partial agreed
Finalized
Enter the finalization date
Attach your federal finalization to this return.
P 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.

Q Check this box if you are making a discharge of indebtedness adjustment on Line 36, or Schedule NLD or UB/NLD. (U.S Form 982)

R If you are filing Schedule INL, check this box.
S If you annualized your income on your Form IL-2220, check this box. (IL-2220)
T Check this box if your business activity is protected under Public Law 86-272.
U Throwback adjustment - see instructions.
V Double throwback adjustment - see instructions.

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

$>$ 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

## Step 3: Figure your income or loss

1 Federal taxable income from U.S. Form 1120.
2 Net operating loss deduction from U.S. Form 1120.
3 State, municipal, and other interest income excluded from Line 1.4 Illinois income and replacement tax and surcharge deducted inarriving at Line 1.
5 Illinois Special Depreciation addition. Attach Form IL-4562.6 Related-party expenses addition. Attach Schedule 80/20.
7 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.8 Other additions. Attach Illinois Schedule M for businesses.9 Add Lines 1 through 8. This is your total income or loss.

| 1 |  |
| :--- | ---: |
| 2 | .00 |
| 3 | .00 |
| 4 | .00 |
| 5 | .00 |
| 6 | .00 |
| 7 | .00 |
| 8 | .00 |
| 9 | .00 |

4 $\qquad$00 00 00

7 - 00 . 00
8
9
5
6 $\qquad$
$\square$

## Step 4: Figure your base income or loss

| 10 | Interest income from U.S. Treasury and exempt federal obligations. | 10 | .00 | 10 | . 00 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 11 | River Edge Redevelopment Zone Dividend subtraction. Attach Sch. 1299-B. 11 |  | .00 | 11 | .00 |
| 12 | River Edge Redevelopment Zone Interest subtraction. Attach Sch. 1299-B. 12 |  | .00 | 12 | . 00 |
| 13 | High Impact Business Dividend subtraction. Attach Schedule 1299-B. | 13 | .00 | 13 | . 00 |
| 14 | High Impact Business Interest subtraction. Attach Schedule 1299-B. | 14 | .00 | 14 | .00 |
| 15 | Contribution subtraction. Attach Schedule 1299-B. | 15 | .00 | 15 | . 00 |
| 16 | Contributions to certain job training projects. | 16 | .00 | 16 | . 00 |
| 17 | Foreign Dividend subtraction. Attach Schedule J. | 17 | .00 | 17 | . 00 |
| 18 | Illinois Special Depreciation subtraction. Attach Form IL-4562. | 18 | .00 | 18 | . 00 |
| 19 | Related-party expenses subtraction. Attach Schedule 80/20. | 19 | .00 | 19 | .00 |
| 20 | Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. 20 | 20 | .00 | 20 | .00 |
| 21 | Other subtractions. Attach Schedule M for businesses. 21 | 21 | .00 | 21 | .00 |
| 22 | Total subtractions. Add Lines 10 through 21. | 22 | .00 | 22 | .00 |
| 23 | Base income or loss. Subtract Line 22 from Line 9. | 23 | . 00 | 23 | . 00 |


|  |  |
| :--- | :--- |
|  |  |

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.) $\equiv$ Note 3 If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 5.
$B$ 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.
25 Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.
26 Add Lines 24 and 25.
27 Business income or loss. Subtract Line 26 from Line 23.
28 Total sales everywhere (this amount cannot be negative).
29 Total sales inside Illinois (this amount cannot be negative).
30 Apportionment factor. Divide Line 29 by Line 28. (Round to six decimal places.) 30
31 Business income or loss apportionable to Illinois. 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, S corporations, trusts, or estates. See instructions.
34 Base income or loss allocable to Illinois. Add Lines 31 through 33. 34

| 25 |  |
| :--- | ---: |
| 26 | .00 |
| 27 | .00 |
| 28 | .00 |
| 29 | .00 |
|  |  |

31
$\qquad$ .
$\qquad$
.00


31 .00
32 $\qquad$

33 $\begin{array}{r}.00 \\ \hline .00 \\ \hline\end{array}$
$\qquad$
24 .00
24
$\qquad$ .00
$\qquad$
$26 \longrightarrow .00$
27 $\qquad$
28 $\qquad$
29 . . 00
30 $\qquad$ . $\qquad$

33


Step 6: Figure your net income
35 Base income or net loss from Step 4, Line 23 or Step 5, Line 34.
36 Discharge of indebtedness adjustment. Attach U.S. Form 982.
37 Adjusted base income or net loss. Add Lines 35 and 36.
38 Illinois net loss deduction. If Line 37 is zero or negative, enter " 0 ." Attach Schedule NLD or UB/NLD.
39 Net income. Subtract Line 38 from Line 37.
Step 7: Figure your replacement tax after credits
40 Replacement tax. Multiply Line 39 by $2.5 \%$ (.025).
41 Recapture of investment credits. Attach Schedule 4255.
42 Replacement tax before credits. Add Lines 40 and 41.
43 Investment credits. Attach Form IL-477.
44 Replacement tax after credits. Subtract Line 43 from Line 42. If negative, enter "0."
Step 8: Figure your income tax after credits
45 Income Tax. Multiply Line 39 by $7.00 \%$ (.07).
46 Recapture of investment credits. Attach Schedule 4255.
47 Income tax before credits. Add Lines 45 and 46.
48 Income tax credits. Attach Schedule 1299-D.
49 Income tax after credits. Subtract Line 48 from Line 47. If negative, enter " 0 ."
Step 9: Figure your refund or balance due
50 Replacement tax before reductions. Enter the amount from Line 44.
51 Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS.
52 Subtract Line 51 from Line 50. This is your net replacement tax.
53 Net income tax before reductions. Enter the amount from Line 49.
54 Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS.
55 Subtract Line 54 from Line 53. This is your net income tax.
56 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instr.
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.
b Pass-through withholding reported to you. Attach Sch. K-1-P or K-1-T.
c Illinois gambling withholding. Attach Form(s) W-2G.
59 Total payments. Add Lines 58a through 58c.
60 Tax paid with original return (do not include penalties and interest).
61 Tax payments made since the original return was filed.
62 Total tax paid. Add Lines 59, 60, and 61.
63 Total amount of previous refunds and credits for the year being amended, whether or not you received the overpayment.
64 Net tax paid. Subtract Line 63 from Line 62.
65 Overpayment. If Line 64 is greater than Line 57, subtract Line 57 from Line 64.
66 Amount of overpayment from Line 65 to be credited forward. See instructions.
67 Refund. Subtract Line 66 from Line 65. This is the amount to be refunded.
68 Tax due. If Line 57 is greater than Line 64, subtract Line 64 from Line 57.
69 Penalty. See instructions.
70 Interest. See instructions.
71 Total balance due. Add Lines 68 through 70.

A

| A As most recentlyreported or adjusted |  |  | $\underset{\substack{\text { Correceted } \\ \text { amount }}}{\text { B }}$ |
| :---: | :---: | :---: | :---: |
| 35 | . 00 | 35 | .00 |
| 36 | . 00 | 36 | . 00 |
| 37 | .00 | 37 | . 00 |
| 38 | .00 | 38 | . 00 |
| 39 | . 00 | 39 | . 00 |
| 40 | . 00 | 40 | . 00 |
| 41 | .00 | 41 | .00 |
| 42 | . 00 | 42 | .00 |
| 43 | . 00 | 43 | . 00 |
| 44 | . 00 | 44 | . 00 |


| 45 | .00 | 45 | .00 |
| :---: | :---: | :---: | :---: |
| 46 | .00 | 46 | .00 |
| 47 | .00 | 47 | .00 |
| 48 | .00 | 48 | .00 |
| 49 | .00 | 49 | .00 |


| 50 | .00 | 50 | . 00 |
| :---: | :---: | :---: | :---: |
| 51 | .00 | 51 | . 00 |
| 52 | .00 | 52 | . 00 |
| 53 | . 00 | 53 | . 00 |
| 54 | .00 | 54 | . 00 |
| 55 | .00 | 55 | .00 |
| 56 | . 00 | 56 | . 00 |
| 57 | .00 | 57 | .00 |

58a
. 00

58b . .00
58c $\qquad$

59

Step 10: 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.



- 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 completed:

## $=\square$



