

## Illinois Department of Revenue

# 2024 IL-1065-X



# Amended Partnership Replacement Tax Return For tax years ending on or after December 31, 2024

Ir	ndic	ate what tax year you are amending: Tax year beginning	, ,	/ear	_, er	nding		Enter the amount you
		If you are filing an amended return for tax years ending <b>before Dece</b>					al	are paying.
WAR	NING	you may not use this form. For prior years, see instructions to determin						\$
Sto	n 1:	Identify your partnership			<u></u>			C C L (EEIN)
				н	Ente	r your federal employer	rıdent	ification number (FEIN
A		er your complete legal business name.  bu have a name change, check this box.	П			Check this box if you a		and a supitor
	-	-	_	•		ness group <b>and</b> are in		
_	Nam					bined Apportionment 1		
В	⊢nt	er your mailing address.				er the FEIN of the mem		
	C/O:	·			Sch	edule UB and <b>attach</b> it	to th	is return.
	Maili	ing address:	_	.I	Ente	r your North American	Indu	stry Classification
	City:	State: ZIP:		•		em (NAICS) Code. Se		•
С	Che	eck this box if you are filing this form <b>only</b> to report an increased net	_		-,	( )		
		s on Line 47, Column B.	Ш	Κ	If yo	u have completed the	follow	ing, check the box
D		eck this box if you are:				attach the federal forn		o this return, if you
	Ш	classified as an investment partnership.				not previously done s		
		classified as a publicly-traded partnership.			ш	Federal Form 8886	ШF	ederal Schedule M-3, Part II, Line 10
Е	Che	eck the applicable box for the type of change being made.		L	Che	ck this box if you attac		
		NLD  State change  Federal change		М	Che	ck this box if you attac	hed S	Schedule M.
	lf a	federal change, check one:		Ν	Che	ck this box if you attac	hed S	Schedule 80/20.
		Partial agreed  Finalized		0	Che	ck this box if you attac	hed S	Schedule 1299-A.
		er the finalization date		Р		ck this box if your busi		-
		ach your federal finalization to this return.		_		ected under Public Lav		
F		eck this box if you are filing Form IL-1065-X before the extended due				wback adjustment - se		
		e and making the election to treat all nonbusiness income as				ble throwback adjustm		
		iness income.				ck this box if you attache		_
G	Che	eck this box if you elected to file and pay	_			ck this box if you are a		
	Pas	ss-through Entity Tax. See instructions.	Ш	U		u are paying Pass-thro annualized your incom		
					chec	k this box and <b>attach</b>	Form	IL-2220.
		Explain the changes on this return (Attach a separate sheet if	neces	ssa	rv.):			
ST	OP				,			
Ste	n 2:	Figure your ordinary income or loss				A		В
эце —	ρ Ζ.	rigure your ordinary income or loss				As most recently		Corrected
<b>V</b>						reported or adjusted (Whole dollars only)		amount (Whole dollars only)
Attach your payment and Form IL-1065-X-V here.	1	Ordinary income or loss or equivalent from federal Schedule K.			1		1	
v he	2	Net income or loss from all rental real estate activities.			_	•00	2	
ayn-	3	Net income or loss from other rental activities.			3	•00	3	•00
106	4	Portfolio income or loss.			4		4	00
ا ج	5	Net IRC Section 1231 gain or loss.					5	<u>00</u>
ttac Forn	6	All other items of income or loss that were not included in the computation	n of inc	com			_	
<b>∢</b> <sup>⊥</sup>		or loss on Page 1 of federal Form 1065. Identify:			6	<u>•00</u>	6	<u>•00</u>
<u> </u>		Add Lines 1 through 6. This is your ordinary income or loss.						<u>•00</u>
Ste	٠ ـ	Figure your unmodified base income or loss			_	0.0		00
	8	Charitable contributions.			_	<u>•00</u>	•	<u>•00</u>
	9	Expense deduction under IRC Section 179.				<u>•00</u>	9	<u>•00</u>
	10	Interest on investment indebtedness.			10	<u>00</u>	10	
	11	·			-	00		00
	40	income or loss on Page 1 of federal Form 1065. Identify:				00		• <u>00</u>
		Add Lines 8 through 11. Subtract Line 12 from Line 7. This is your total			12	00	12	
	13	unmodified base income or loss.			13	00	13	



Step					
	4: Figure your income or loss		As most recently reported or adjusted		<b>B</b> Corrected amount
14	Enter the amounts from Line 13.	14	<u>•00</u>	14	•00
15	State, municipal, and other interest income excluded from Line 14.		•00		•00
16	Illinois replacement tax deducted in arriving at Line 14.		•00		
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.				•00
18	Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.		•00		•00
19	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19	•00		•00
20	Guaranteed payments to partners from federal Form 1065.		•00		•00
21	• •				
	replacement tax. <b>Attach</b> Schedule B.	21		21	
22	Other additions. Attach Schedule M (for businesses).	22		22	
23	Add Lines 14 through 22. This is your income or loss.	23		23	
Step	5: Figure your base income or loss				
-	Interest income from U.S. Treasury and exempt federal obligations.	24	•00	24	•00
	August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.		•00		00
	Personal service income or reasonable allowance for				
20	compensation of partners.	26	•00	26	•00
27	Share of income distributable to a partner subject to				
	replacement tax. <b>Attach</b> Schedule B.	27		27	
28	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A	. 28	<u></u>	28	
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	<u>00</u>	29	
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30			
31	Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	31	00	31	
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	<u></u>		
	Other subtractions. Attach Schedule M (for businesses).		•00	33	•00
33	Other subtractions. Attach Schedule IV (IOI businesses).	33			
33 34	Total subtractions. Add Lines 24 through 33.		•00		•00
34	· · · · · · · · · · · · · · · · · · ·	34		34	
34	Total subtractions. Add Lines 24 through 33.  Base income or loss. Subtract Line 34 from Line 23.  A If the amount on Line 35 is derived inside Illinois only, check this bon Step 7, Line 47. You may not complete Step 6. (You must leave a line of the line of	34 35 oox a Step oox o	•00 •00 and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, o	34 35 from 46 bla	•00 •00 Step 5, Line 35 nk.)
34 35	Total subtractions. Add Lines 24 through 33.  Base income or loss. Subtract Line 34 from Line 23.  A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave 3 ■ Note → If you are a unitary filer, do not check this box. Check the box of Step 6 (Do not leave Lines 40 through 42 blance)	34 35 oox a Step oox o or yo ak.) S	•00 •00 and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, of the instructions.	34 35 from 46 bla ete Ste	•00 •00 Step 5, Line 35 nk.)
34 35 STO	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave 5	34 35 oox a Step oox o or yo ok.) S	•00 •00 and enter the amount 6, Lines 36 through in Line B and completu are a unitary filer, dee instructions.  e box on Line B, above	34 35 from 46 bla ete Ste	Step 5, Line 35 nk.) p 6. this box and
34 35 Step 36	Total subtractions. Add Lines 24 through 33.  Base income or loss. Subtract Line 34 from Line 23.  A If the amount on Line 35 is derived inside Illinois only, check this keep on Step 7, Line 47. You may not complete Step 6. (You must leave an example of the second of	34 35 oox a Step oox o or yo ok.) S	•00 •00 and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, of the instructions.	34 35 from 46 bla ete Ste	•00 •00 Step 5, Line 35 nk.)
34 35 Step 36	A If the amount on Line 35 is derived inside Illinois only, check this keep on Step 7, Line 47. You may not complete Step 6. (You must leave so some or loss. Subtract Line 35 is derived inside Illinois only, check this keep on Step 7, Line 47. You may not complete Step 6. (You must leave so some of If you are a unitary filer, do not check this box. Check the beautiful Step 1. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6.)  6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  Business income or loss included in Line 35 from non-unitary partnerships,	34 35 oox a Step oox o or yo ok.) S	•00 •00 and enter the amount 6, Lines 36 through in Line B and completu are a unitary filer, dee instructions.  e box on Line B, above	34 35 from 46 bla ete Ste	Step 5, Line 35 nk.) p 6. this box and
34 35 Step 36	A If the amount on Line 35 is derived inside Illinois only, check this to n Step 7, Line 47. You may not complete Step 6. (You must leave selected) If you are a unitary filer, do not check this box. Check the box complete all lines of Step 6. (Do not leave Lines 40 through 42 blands) 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts,	34 35 oox a Step oox o or yo ok.) S ed th	ond enter the amount 6, Lines 36 through In Line B and complet u are a unitary filer, Gee instructions.  e box on Line B, abov	from 46 bla te Ste check e.)	•00 •00 Step 5, Line 35 nk.) p 6. this box and
34 35 Step 36 37	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave a state of Step 4. If you are a unitary filer, do not check this box. Check the box complete all lines of Step 6. (Do not leave Lines 40 through 42 blands 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.	34 35 oox a Step oox o or yo ik.) S ed th 36	ond enter the amount 6, Lines 36 through in Line B and complet u are a unitary filer, one instructions.  e box on Line B, above one of the complete instruction in the box on Line B, above one of the complete instruction in the complete in the complet	34 35 from 46 bla te Ste check e.) 36	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00
34 35 Step 36 37	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave an If you are a unitary filer, do not check this box. Check the beautiful step 1. (Do not leave Lines 40 through 42 blands) of:  Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.	34 35 Doox a Step Doox o Dr yo lak.) S ed th 36	ond enter the amount 6, Lines 36 through in Line B and complet u are a unitary filer, dee instructions.  e box on Line B, abov	34 35 from 46 bla ete Ste check e.) 36	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00
34 35 Step 36 37 38 39	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave a line on Step 7) If you are a unitary filer, do not check this box. Check the box of Step 6 (Do not leave Lines 40 through 42 blands) 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.	34 35 000x a 8Step 00x 0 00r yo 00k.) S ed th 36 37 38 39	ond enter the amount 6, Lines 36 through In Line B and complet u are a unitary filer, one instructions.  The box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the one instruction in the box on Line B, above the b	34 35 from 46 bla ete Ste check e.) 36 37 38 39	•00 •00 Step 5, Line 35 nk.) p 6. this box and  •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave a line of Step 3 if you are a unitary filer, do not check this box. Check the box complete all lines of Step 6. (Do not leave Lines 40 through 42 blands 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.	34 35 00x a Step 00x 0 or yo ik.) S ed th 36 37 38 39 40	e box on Line B, abov	34 35 from 46 bla ete Ste check e.) 36 37 38 39 40	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave a solution of the amount on Line 35 is derived onto the chis box. Check the box on Step 7, Line 47. You may not complete Step 6. (You must leave a solution of the amount on Line 35 is derived outside Illinois, complete all lines of Step 6. (Do not leave Lines 40 through 42 blands of Step 6.)  6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.  Total sales inside Illinois. This amount cannot be negative.	34 35 00x a Step 00x o 0r yo olk.) S ed th 36 37 38 39 40 41	•00 •00  and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, coee instructions.  e box on Line B, above •00 •00 •00 •00 •00 •00 •00	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41 42	A If the amount on Line 35 is derived inside Illinois only, check this to on Step 7, Line 47. You may not complete Step 6. (You must leave a line 3 if you are a unitary filer, do not check this box. Check the box of Step 6. (Do not leave Lines 40 through 42 blands)  6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.  Total sales inside Illinois. This amount cannot be negative.  Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	34 35 000x a Step 00x o or yo ok.) S ed th 36 37 38 39 40 41 42	ond enter the amount 6, Lines 36 through In Line B and complet u are a unitary filer, one instructions.  The box on Line B, above the box on Line	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41 42	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41 42 43	A If the amount on Line 35 is derived inside Illinois only, check this k on Step 7, Line 47. You may not complete Step 6. (You must leave selected) If you are a unitary filer, do not check this box. Check the box of Step 4. (Do not leave Lines 40 through 42 blands) 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.  Total sales inside Illinois. This amount cannot be negative.  Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.  Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	34 35 00x a Step 00x o or you ik.) S ed th 36 37 38 39 40 41 42 43	•00 •00 •00  and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, of the entertuctions.  e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41 42 43	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this ton Step 7, Line 47. You may not complete Step 6. (You must leave selected in Illinois only) on Step 7, Line 47. You may not complete Step 6. (You must leave selected if you are a unitary filer, do not check this box. Check the box complete all lines of Step 6. (Do not leave Lines 40 through 42 blands of 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.  Total sales inside Illinois. This amount cannot be negative.  Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.  Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.  Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	34 35 00x a Step 00x o or you ik.) S ed th 36 37 38 39 40 41 42 43	ond enter the amount 6, Lines 36 through In Line B and complet u are a unitary filer, one instructions.  The box on Line B, above the box on Line	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41 42 43	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this ton Step 7, Line 47. You may not complete Step 6. (You must leave son Step 7, Line 47. You may not check this box. Check the box on Step 7, Line 47. You may not check this box. Check the box on Step 7, Line 47. You may not check this box. Check the box of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Do not leave Lines 40 through 42 blands of Step 6. (Tour must leave 10 step 6. (You must leave 10 step 6.)  Add Lines 36 and 37.  Business income or loss. Attach Schedule NB.  Business income or loss	34 35 00x a Step 00x o or you ik.) S ed th 36 37 38 39 40 41 42 43	•00 •00 •00  and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, of the entertuctions.  e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41 42 43	•00 •00  Step 5, Line 35 nk.) p 6.  this box and  •00 •00 •00 •00 •00 •00 •00 •00
34 35 Step 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this ton Step 7, Line 47. You may not complete Step 6. (You must leave selected in Illinois only) on Step 7, Line 47. You may not complete Step 6. (You must leave selected if you are a unitary filer, do not check this box. Check the box complete all lines of Step 6. (Do not leave Lines 40 through 42 blands of 6: Figure your income allocable to Illinois (Complete only if you check Nonbusiness income or loss. Attach Schedule NB.  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.  Add Lines 36 and 37.  Business income or loss. Subtract Line 38 from Line 35.  Total sales everywhere. This amount cannot be negative.  Total sales inside Illinois. This amount cannot be negative.  Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.  Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.  Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	34 35 00x a Step 00x o or yo ok.) S ed th 36 37 38 39 40 41 42 43 44	•00 •00 •00  and enter the amount 6, Lines 36 through in Line B and complete u are a unitary filer, of the entertuctions.  e box on Line B, above •00 •00 •00 •00 •00 •00 •00 •00 •00	34 35 from 46 bla te Ste check e.) 36 37 38 39 40 41 42 43 44	•00 •00 Step 5, Line 35 nk.) p 6. this box and •00 •00 •00 •00 •00 •00 •00 •00 •00

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Step	7: F	Figure your net	income			As most recently			<b>B</b> Corrected
					r	eported or adjusted			amount
47	Base	income or net loss	s from Step 5, Line 35 c	or Step 6, Line 46.	47 _	<u>•0</u>	0 47	7	•00
48			n. <b>Attach</b> Schedule NL	•					
	If Lin	e 47 is zero or ne	gative, enter zero.			•0	<u>0</u> 48	3	<u>•00</u>
			ch a detailed statement			0	0 44		00
49			tract Line 48 from Line 4	17.		•0			•00
50		the amount from S	-		50 _	<u>•</u> 0	<u>∪</u> 50	<i></i>	<u>•00</u>
51		e Line 47 by Line b not be greater than	50. Round to six decima	ii piaces.	51		5′	1	
52		-	See instructions before	completing		•0			•00
53			ine 52 from Line 49.	oomproung.		•0			•00
Step	Q. I	Figure vour not	replacement tax (Sk	vin this agation if you					
_ :			•	•			0 =4		00
54		-	oly Line 53 by 1.5% (.01	•		•0			• <u>00</u>
55		="	nt credits. Attach Sched			0			
56	-		e investment credits. Ad	d Lines 54 and 55.		0			<u>•00</u>
57 50		tment credits. Atta		FO If		<u>•0</u>			• <u>00</u>
58		-	Subtract Line 57 from Li		ter zero. 56 _	•0			<u>•00</u>
		•	and withholding you hedule B. See instruction						
	a Pa	ss-through withhol	ding you owe on behalf	of your members	<b>59</b> a _	•0	<u>0</u> 59a	ı	<u>•00</u>
	b Inv	estment partnersh	ip withholding	•	<b>59b</b> _	•0	<u>0</u> 59b		•00
	Total	withholding. Add	Lines 59a and 59b.		<b>59</b> _	•0	<u>0</u> 59		•00
60	Pass-	-through entity inco	ome. See instructions.		60 _	•0	0 60		•00
61	Pass	-through entity ta	x. See instructions.		61 _	<u>•0</u>	<u>0</u> 61	l	<u>•00</u>
62	Total	taxes, withholdir	ng, and pass-through	entity tax. Add Lines	58, 59, and 61.		62	2	<u>•00</u>
Step	10: F	Figure vour refu	ind or balance due						
-		nents. See instructi							
	-	edits from previous					63a	ı	•00
		=	e before the date this ar	nended return is filed.			63b		<u>•00</u>
	c Pas	ss-through withhol	ding reported to you. At	ttach Schedule(s) K-1	I-P or K-1-T.		630	:	<u>•00</u>
	<b>d</b> Illin	nois income tax wit	hholding. <b>Attach</b> Form	(s) W-2G.			630	I	<u>•00</u>
64	Total	payments. Add Lir	nes 63a through 63d.				64	ا	<u>•00</u>
65	Previo	ously paid penalty	and interest. See instru	ctions.			65	5	<u>•00</u>
66			yment (including any ca	rryforward or refund)	before the filing o	of this return			00
			ded. See instructions.						•00
		ines 65 and 66.					_		•00
		•	ine 67 from Line 64.	0 11 11 00 6					<u>•00</u>
69			8 is greater than Line 6						<u>•00</u>
70			t from Line 69 to be <b>cre</b> ch a detailed statement			ent FEIN 🗍	70	' —	<u>•00</u>
71			70 from Line 69. This is	•	•	SHET EIN.	71	l	•00
			nded return. If Line 62			68 from Line 62			•00
			r any additional penalty		,				
		<u>≣</u> Special	<u>Note→</u> Enter the amo	unt of your payment	on the top of P	age 1 in the spac	ce provid	ed.	
Step	11: \$		ler penalties of perjury, I sta						orrect, and complete.
Sign								Checl	k if the Department
Here	اد				](	)	may	discus	ss this return with the
	Sign	ature of partner	Date (mm/dd	/yyyy) Title	F	Phone	paid	prepa	rer shown in this step.
Paid		D : 4/T					Che		D.:ID.
Prep		Print/Type paid prep	parer's name	Paid preparer's signatu	ıre	Date (mm/dd/yyyy)	self-empl	oyed	Paid Preparer's PTIN
	Only	Firm's name					n's FEIN ▶	,	
		Firm's address				Firn	n's phone▶	(	)



# Illinois Department of Revenue

#### 2024 Schedule B



Month Year IL Attachment No. 1

Year ending

### Partners' or Shareholders' Information

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

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) or Schedule(s) K-1-P(4) 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.
- Investment partnerships should attach documentation to their return that supports their status as an investment partnership.

=Note →

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

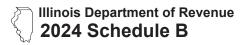
#### Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

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. See instructions before completing.

#### Totals from Schedule(s) K-1-P

1	Ente	Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members.		
2		er the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your nbers.	2	
To	otals	from Schedule B, Section B		
3	pag	add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here.		
4		er the total pass-through withholding or investment partnership withholding you reported on all es of your Schedule B, Section B, Line J for your		
	a.	nonresident individual members.	4a	
	b.	nonresident estate members.	4b	
	c.	partnership and S corporation members.	4c	
	d.	nonresident trust members.	4d	
	e.	C corporation members.	4e	
5	Add Line 4a through Line 4e. This is the total pass-through withholding or investment partnership withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here <b>and</b> on;  • Form IL-1120-ST (Form IL-1120-ST-X), Line 59;  • Form IL-1065 (Form IL-1065-X), Line 59a, for pass-through withholding; <b>or</b> • Form IL-1065 (Form IL-1065-X), Line 59b, for investment partnership withholding.		5	
6		er the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K.	6	
	Ente	er the total pass-through entity tax credit received and distributed on all pages of Schedule B,	7	

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





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.) Member 1 Member 2 Member 3 A Name C/O Address 1 Address 2 City State, ZIP B Entity type C SSN/FEIN Subject to Illinois replacement tax or an ESOP **E** Member's distributable amount of base income or loss Excluded from pass-through withholding G Share of Illinois income subject to pass-through withholding or investment partnership withholding **H** Pass-through withholding or investment partnership withholding before credits Distributable share of credits Pass-through withholding or investment partnership withholding amount K PTE tax credit paid to members PTE tax credit received and distributed to members

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

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