



Amended Small Business Corporation Replacement Tax Return For tax years ending on or after December 31, 2024.

Г	Indicate what tax year you are amending: Tax year beginning	day	Vear	_, ending day y	rear	Enter the amount you		
Ι,	If you are filing an amended return for tax years ending before				eai	are paying.		
you may not use this form. For prior years, see instructions to determine the correct form to use.								
Ste	ep 1: Identify your small business corporation		N	Enter your federal employe	er identi	fication number (FEIN).		
Δ	Enter your complete legal business name.			-				
•	If you have a name change, check this box.		0	Check this box if you	u are	a member of a		
	Name:			unitary business group,				
D	Enter your mailing address.			member who prepared t				
В	•			Apportionment for Unita		iness Group. Attach		
	C/O:			Schedule UB to this retu	ırn.			
	Mailing address:		_					
	City: State: ZIP:		Р	Enter your North Americ				
С	Check this box if you are filing this form only to report an increased	_		System (NAICS) Code.	See III	Structions.		
	net loss on Line 49, Column B.	Ш	Q	Enter your Illinois corpo	rata fila	(charter) number		
D	Check this box if you attached Form IL-4562.		Q	Litter your millions corpo	iate in	(charter) number.		
Е	Check this box if you attached Schedule M.		R	Check this box if you are	e filina	Form II -1120-ST-X		
F	Check this box if you attached Schedule 80/20.	П		before the extended due	e date	and making the		
G	Check this box if you attached Schedule 1299-A.	$\overline{\Box}$		election to treat all nonb	usines	s income as		
Н	Check this box if you attached the Subgroup Schedule.	Ħ	•	business income.				
_		_	S	If you have completed the				
I	Check the applicable box for the type of change being made. NLD State change Federal change			and attach the federal f have not previously don		to this return, if you		
	8			Federal Form 8886		Federal Schedule		
	If a federal change, check one:					M-3, Part II, Line 10		
	Partial agreed Finalized		Т	If you are making a disc	harge	of indebtedness		
	Enter the finalization date Attach your federal finalization to this return.			adjustment on Schedule				
	•			Line 48, check this box	and at t	tach federal		
J	Throwback adjustment - see instructions.	H		Form 982.		L a a tivito via		
K	Double throwback adjustment - see instructions.	H	U	Check this box if your be protected under Public I				
L	Check this box if you are a 52/53 week filer.	Ш	V	If you are paying Pass-t				
M	Check this box if you elected to file and pay Pass-through Entity		•	you annualized your inc				
	(PTE) Tax.	ш		check this box and attach				
4	Explain the changes on this return (Attach a separate she	eet if nec	essar	v.)				
SI	CALIBOT THE CHANGES OF THIS TELLIT (ALIBOT & SEPARALE SIN			, ,				
	Step 2: Figure your ordinary income or loss			Α		В		
lacksquare	Otop 2. Tigato your oraniary moonie or lood			As most recently		Corrected		
and	<u>o</u>			reported or adjusted		amount		
Attach your payment and	1 Ordinary income or loss or equivalent from federal Schedule K.		1		1	<u>•00</u>		
Ĕ,	2 Net income or loss from all rental real estate activities.		2		2	•00		
_ 200	7 3 Net income or loss from other rental activities 4 Portfolio income or loss.		3		3	<u>•00</u>		
λ	4 Portfolio income or loss. 5 Net IRC Section 1231 gain or loss.		4 5		4 5	•00		
ach	 5 Net IRC Section 1231 gain or loss. 6 All other items of income or loss that were not included in the compa 	itation of	_		5			
¥.	income or loss on Page 1 of federal Form 1120S. Identify:	ulalion of	6	•00	6	•00		
	7 Add Lines 1 through 6. This is your ordinary income or loss.		7		7	•00		
Step 3: Figure your unmodified base income or loss								
	Charitable contributions.		8	•00	8	•00		
9	Expense deduction under IRC Section 179.		9		9	•00		
	Interest on investment indebtedness.		10		10	<u>•00</u>		
	All other items of expense that were not deducted in the computation of computati	ordinary						
	income or loss on Page 1 of federal Form 1120S. Identify:		_ 11		11	<u></u>		
	Add Lines 8 through 11.		12		12			
13	Subtract Line 12 from Line 7. This is your			00	40	00		
	total unmodified base income or loss.		13		13			



Step					
-	4: Figure your income or loss	r	As most recently eported or adjusted		B Corrected amount
14	Enter the amounts from Line 13. Unitary filers , see instructions.	14	•00	14	
15	State, municipal, and other interest income excluded from Line 14.	15	•00	15	
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	•00	16	
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	•00	17	
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	•00	18	<u>•00</u>
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	•00	19	00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	•00	20	•00
21	Other additions. Attach Schedule M (for businesses).	21	•00	21	•00
22	Add Lines 14 through 21. This is your total income or loss.		•00		•00
	5: Figure your base income or loss				
		23	•00	23	•00
23	Interest income from U.S. Treasury and exempt federal obligations.	23	•00	23	000
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	•00	24	•00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A		•00		•00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A		•00		•00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.		•00	27	•00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.		•00		•00
29	Contribution subtraction. Attach Schedule 1299-A.		•00		•00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.		•00		•00
31	Related-Party Expenses subtraction. Attach Schedule 80/20.		•00	31	•00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.		•00		•00
32	` '		•00	32	
33	Other subtractions Attach Schedule M (for husinesses)	22	.00	33	.00
33	Other subtractions. Attach Schedule M (for businesses).	33 <u> </u>	• <u>00</u>	33 34	•00
34	Total subtractions. Add Lines 23 through 33.	34	•00	34	•00
	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22.	34 <u> </u>	•00 •00	34 35	•00
34	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave	34 35 box and Step 6, box on	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, c	34 35 from S 6 bland te Step	•00 •00 tep 5, Line 35 k.)
34 35	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave =Note-> If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois.	34 35 box and Step 6, box on or you and.) See	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, ce instructions.	34 35 from S 6 bland te Step heck th	•00 •00 tep 5, Line 35 k.)
34 35 STG	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave = Note = If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks)	box and Step 6, box on or you ank.) See	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, ce instructions.	34 35 from S 6 bland te Step heck th	•00 •00 tep 5, Line 35 k.)
34 35 Ste 36	Total subtractions. Add Lines 23 through 33. Base income or loss. Subtract Line 34 from Line 22. A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note of If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois, complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Possible of Figure your income allocable to Illinois (Complete only if you check the 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.	box and Step 6, box on or you a ank.) See ecked the	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, ce instructions. e box on Line B, abov	34 35 from S 6 blander Step heck the	•00 •00 tep 5, Line 35 k.) 6. nis box and
34 35 Ste 36 37	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave involved) If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6). (Do not leave Lines 40 through 42 blacks of Step 6). (Business 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.	box and Step 6, box on or you a ank.) See ecked the 36	on on one of the complete of t	34 35 from S 6 bland te Step heck the /e.) 36	•00 •00 tep 5, Line 35 k.) 6. nis box and •00
34 35 Ste 36 37	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois, complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6). (Do not leave Lines 40 through 42 blacks of Step 6). (Business 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.	box and step 6, box on or you a ank.) See ecked the 36	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, ce instructions. e box on Line B, abov •00 •00 •00	34 35 from S 6 blant te Step heck th //e.) 36	•00 •00 tep 5, Line 35 k.) 6. nis box and •00 •00 •00
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34 35 Ste 36 37 38 39 40	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note of Illinois of Step 6. (You must leave leave of Illinois of Step 6.) B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace of Step 6.) Possible of Step 6. (Do not leave Lines 40 through 42 blace of Step 6.) Rep 6: Figure your income allocable to Illinois (Complete only if you check the 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	•00 •00 •00 denter the amount Lines 36 through 4 Line B and complet are a unitary filer, ce instructions. e box on Line B, abov •00 •00 •00 •00 •00	34 35 from S 6 blank te Step heck th /e.) 36 37 38 39 40	•00 •00 tep 5, Line 35 k.) 6. nis box and •00 •00 •00 •00 •00 •00
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34 35 Ste 36 37 38 39 40 41 42	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note of Step 1 if you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Po 6: Figure your income allocable to Illinois (Complete only if you che 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	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, c instructions. box on Line B, abov •00 •00 •00 •00 •00 •00	34 35 from S 6 bland te Step heck the /e.) 36 37 38 39 40 41 42	•00 •00 tep 5, Line 35 k.) 6. nis box and •00 •00 •00 •00 •00 •00 •00
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34 35 Ste 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note—If you are a unitary filer, do not check this box. Check the If any portion of the amount on Line 35 is derived outside Illinois, complete all lines of Step 6. (Do not leave Lines 40 through 42 blacks of Step 6.) Po 6: Figure your income allocable to Illinois (Complete only if you che 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 apportionable to Illinois. Attach Schedule NB. Business income or loss apportionable to Illinois from non-unitary	34	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, c e instructions. e box on Line B, abov •00 •00 •00 •00 •00 •00 •00 •00	34 35 from S 6 bland te Step heck the /e.) 36 37 38 39 40 41 42 43	•00 •00 tep 5, Line 35 k.) 6. nis box and •00 •00 •00 •00 •00 •00 •00 •00
34 35 Ste 36 37 38 39 40 41 42 43 44	A If the amount on Line 35 is derived inside Illinois only, check this on Step 7, Line 47. You may not complete Step 6. (You must leave Note: If you are a unitary filer, do not check this box. Check the B If any portion of the amount on Line 35 is derived outside Illinois complete all lines of Step 6. (Do not leave Lines 40 through 42 blace P 6: Figure your income allocable to Illinois (Complete only if you check the 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	•00 •00 d enter the amount Lines 36 through 4 Line B and complet are a unitary filer, c e instructions. e box on Line B, abov •00 •00 •00 •00 •00 •00 •00 •00	34 35 from S 6 bland te Step heck the /e.) 36 37 38 39 40 41 42 43	•00 •00 tep 5, Line 35 k.) 6. nis box and •00 •00 •00 •00 •00 •00 •00 •00



Step	7: Figure your net income		As most recently reported or adjusted			B Corrected amount	
47	D	47		Λ	47	•00	
	Base income or net loss from Step 5, Line 35 or Step 6, Line 46.	47 48	•0		47 48	00	
48	Discharge of indebtedness adjustment. Attach federal Form 982.		•00		40 49	•00	
49	Adjusted base income or net loss. Add Lines 47 and 48.		•00		49 50	•00	
50	Illinois net loss deduction. Attach Schedule NLD.	50		<u> </u>	50		
	If Line 49 is zero or a negative amount, enter zero. Check this box and attach a detailed statement if you have merged losses.	П					
51	Net income. Subtract Line 50 from Line 49.	5 1	•0	0	51		
Step	8: Figure your net replacement tax						
52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	•00	<u> </u>	52		
53	Recapture of investment credits. Attach Schedule 4255.	53	•00	<u> </u>	53		
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	<u>•00</u>	<u> </u>	54		
55	Investment credits. Attach Form IL-477.	55	<u>•00</u>	<u> </u>	55		
56	Net replacement tax. Subtract Line 55 from Line 54. If negative, enter zer	o. 56 .	<u>•00</u>	<u> </u>	56	<u>00</u>	
Step	9: Figure the taxes, surcharges, and pass-through withholding	ıg you c	owe				
57	Compassionate Use of Medical Cannabis Program Act surcharge. See ins	tr. 57 .	<u>•00</u>	<u>)</u>	57		
58	Sale of assets by gaming licensee surcharge. See instructions.	58 .	<u>•00</u>	<u> </u>	58		
59	Pass-through withholding you owe on behalf of your members. Enter the			•		0.0	
	amount from Schedule B, Section A, Line 5. See instr. Attach Schedule B.		•00		59	<u>•00</u>	
	Pass-through entity income. See instructions.		00		60	00	
	Pass-through entity tax. See instructions.	61	<u>•00</u>	7	61		
62	Total taxes, surcharges, and pass-through withholding. Add Lines 56, 57, 58, 59, and 61.				62		
Step	10: Figure your refund or balance due						
-	Payments. See instructions.						
	a Credits from previous overpayments.				63a		
	b Total payments made before the date this amended return is filed.				63b	00	
	c Pass-through withholding reported to you. Attach Schedule(s) K-1-P or	K-1-T.			63c		
	d Illinois income tax withholding. Attach Form(s) W-2G.				63d		
64	Total payments. Add Lines 63a through 63d.				64	00	
65	Previously paid penalty and interest. See instructions.				65		
66	Total amount of overpayment (including any carryforward or refund) before the filing of this return for the year being amended. See instructions. 66						
67	Add Lines 65 and 66.				67		
68	Net tax paid. Subtract Line 67 from Line 64.				68	00	
69	Overpayment. If Line 68 is greater than Line 62, subtract Line 62 from Lin	e 68.			69	00	
70	Amount of overpayment from Line 69 to be credited forward. See instruct	ions.			70		
	Check this box and attach a detailed statement if this carryforward is going to a different FEIN.						
71	Refund. Subtract Line 70 from Line 69. This is the amount to be refunded.				71		
72	Tax due with this amended return. If Line 62 is greater than Line 68, sub You will be sent a bill for any additional penalty and interest.	otract Line	e 68 from Line 62.		72	000	
	$\frac{\mathbb{E}Special}{Note} $ Enter the amount of your payment on th	e top of	Page 1 in the spa	ce p	rovided	1.	
Step	11: Sign below - Under penalties of perjury, I state that I have examined this ref	urn and, to	the best of my know	/ledge	e, it is tru	e, correct, and complete.	
Sign					Ch	eck if the Department	
Here			()		may dis	cuss this return with the	
	Signature of authorized officer Date (mm/dd/yyyy) Title		Phone	-	paid pre	eparer shown in this step.	
Paid					Check		
Prep	arer Print/Type paid preparer's name Paid preparer's signature		Date (mm/dd/yyyy)		If-employ	red Paid Preparer's PTIN	
Use	Only Firm's name				EIN ▶		
	Firm's address		Firr	n's pł	hone▶ ()	
	► Mail this return to: Illinois Department of Revenue, P.C). Box 19	016, Springfield,	IL 62	2794-90	16	

Page 3 of 5 IL-1120-ST-X (R-12/24)



Illinois Department of Revenue

2024 Schedule B



Year ending

Month Year IL Attachment No. 1

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	er the total of all hondusiness income or loss you reported on Schedule(s) K-1-P for your members.	1	
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	the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all es for which you have checked the box indicating the entity is subject to Illinois replacement tax in ESOP. Enter the total here.	3	
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	with mat on a •	Line 4a through Line 4e. This is the total pass-through withholding or investment partnership holding you owe on behalf of all your nonresident partners or shareholders. This amount should ch the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders all pages. Enter the total here and 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; or	E	
_		Form IL-1065 (Form IL-1065-X), Line 59b, for investment partnership withholding.	5	
		er the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K.	6	
7	Ente	er the total pass-through entity tax credit received and distributed on all pages of Schedule B,		

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

7

Section B, Line L.





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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