



Amended Corporation Income and Replacement Tax Return For tax years ending on or after December 31, 2023

Ind	icate what tax year you are amending: Tax year beginning	lav	vear	, ending	Enter the amount you are paying.	
WARNIN	If you are filing an amended return for tax years ending before Dec	embe	,			
	form. For prior years, see instructions to determine the correct form to	use.			\$	
Sto	ep 1: Identify your corporation		M	Enter your federal employer ide	ntification number (FEIN)	
Α	Enter your complete legal business name. If you have a name change, check this box.	П	N	Enter your North American I	ndustry Classification	
	Name:			System (NAICS) Code. See	instructions.	
	Name.		_		::	
В	Enter your mailing address.		0	Enter your Illinois corporate	lie (charter) number.	
	C/O:		Р	Check the applicable box for	the type of change	
	Mailing address:			being made. NLD	State change	
	City: State: ZIP:			Federal c	•	
С	Check the box and see the instructions if your business is a:			Partial agreed	Finalized	
	Unitary Filer (Combined return) Foreign insurer			Enter the finalization date	_	
D	Check this box if you are filing this form only to report an increased	П		Attach your federal finalization		
_	net loss on Line 37, Column B.	. –	Q	Check this box if you are filin on or before the extended do	_	
Е	If you have completed the following, check the box and attach the fectorm(s) to this return, if you have not previously done so.	ierai		making the election to treat		
	Federal Form 8886 Federal Schedule M-3,		_	income as business income		
	Part II, Line 12		R	If you are making a discharg adjustment on Schedule NLI		
F	Check this box if you attached Illinois Schedule UB.			Form IL-1120-X, Line 36, che		
G	Check this box if you attached the Subgroup Schedule.		S	attach federal Form 982. If you are filing Schedule IN	L. check this box.	
Н	Check this box if you attached Illinois Schedule 1299-D.		Т	If you annualized your incom	e on your	
1	Check this box if you attached Form IL-4562.		U	Form IL-2220, check this box		
J	Check this box if you attached Illinois Schedule M (for businesses).		U	Check this box if your busine protected under Public Law 8	· 1 1	
K	Check this box if you attached Schedule 80/20.		٧	Throwback adjustment - see	instructions.	
L	Check this box if you are a 52/53 week filer.		W	Double throwback adjustment	t - see instructions.	
	•					
_	Explain the changes on this return (Attach a separate sl	neet if	nece	ssary.):		
_ '	, , , , , , , , , , , , , , , , , , ,			,		
and e. ▲						
lent her						
ayπ -×-∨						
120 120						
Attach your payment and Form IL-1120-X-V here.						
∆ttaα ∹orm	If you owe tax on Line 68, complete a payment voucher, Form					
À	"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 sp	oace	provided.		
	Mail this return to: Illinois Department of Revenue, P.O. Box 1	9016,	Sprii	ngfield, IL 62794-9016		
	7					



			As most recently		B Corrected
Step	2: Figure your income or loss		reported or adjusted (Whole dollars only)		amount (Whole dollars only)
1	Federal taxable income from U.S. Form 1120.	1	<u>•00</u>	1	<u>•00</u>
2	Net operating loss deduction from U.S. Form 1120.	2	•00		•00
3	State, municipal, and other interest income excluded from Line 1.		•00		•00
4	Illinois income and replacement tax and surcharge deducted in				
	arriving at Line 1.	4	<u>00</u>		
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u> </u>	5	<u>•00</u>
6	Related-Party Expenses addition. Attach Schedule 80/20.	6	<u> </u>		<u>•00</u>
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		<u>•00</u>		<u>•00</u>
8	Other additions. Attach Illinois Schedule M (for businesses).	8	<u> </u>		<u>•00</u>
9	Add Lines 1 through 8. This is your total income or loss.	9	<u>00</u>	9	•00
Step	3: Figure your base income or loss				
10	Interest income from U.S. Treasury and exempt federal obligations.	10	<u>•00</u>	10	<u>•00</u>
11	River Edge Redevelopment Zone Dividend subtraction. Attach Sch. 1299-E	3. 11		11	<u>•00</u>
12	River Edge Redevelopment Zone Interest subtraction. Attach Sch. 1299-B	3.12	<u> </u>	12	<u> </u>
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	<u> </u>	13	<u> </u>
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.		<u>00</u>	14	
_	Contribution subtraction. Attach Schedule 1299-B.		<u> </u>		<u>•00</u>
16	Contributions to certain job training projects.		<u> </u>		<u>•00</u>
17	Foreign Dividend subtraction. Attach Schedule J.		<u>•00</u>		<u>•00</u>
	Illinois Special Depreciation subtraction. Attach Form IL-4562.		<u></u>		<u>•00</u>
19	Related-Party Expenses subtraction. Attach Schedule 80/20.		<u>•00</u>		•00
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.		<u>•00</u>		•00
21	Other subtractions. Attach Schedule M (for businesses).		<u>•00</u>		•00
22	Total subtractions. Add Lines 10 through 21.		•00		
	Base income or loss. Subtract Line 22 from Line 9.				•00
A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) Note If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4. 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 4. (Do not leave Lines 28 through 30 blank.) See instructions.					
Ste	p 4: Figure your income allocable to Illinois (Complete only if	you o	checked the box on Line B, a	above.)
24	Nonbusiness income or loss. Attach Schedule NB.	24	<u></u>	24	<u>000</u>
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB,	05	00	05	00
26	S corporations, trusts, or estates. See instructions. Add Lines 24 and 25.	25 26	•00 •00	25 26	•00 •00
27	Business income or loss. Subtract Line 26 from Line 23.		•00		•00
28	Total sales everywhere. This amount cannot be negative.	28	<u>•00</u>	28	•00
29	Total sales inside Illinois. This amount cannot be negative.		<u>•00</u>		<u>•00</u>
30	Apportionment factor. Divide Line 29 by Line 28. Round to six decimal places.	30	=	30	
31	Business income or loss apportionable to Illinois.	24	22	04	22
22	Multiply Line 27 by Line 30. Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.		•00		• <u>00</u>
1	Business income or loss apportionable to Illinois from non-unitary	3∠	<u>•00</u>	32	<u>•00</u>
	partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	33	<u>•00</u>	33	<u>•00</u>
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.		•00		•00
	Date interne of 1000 unouble to initiols. Add Lines of though 50.	<u> </u>			

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Sten	5. F	igure your net income		As most recently			B Corrected
_			25	reported or adjusted	00	25	amount •00
35			35		00	35 _ 36 _	•00
36					00		•00
37	-		_		00	3 <i>1</i> _	•00
38			30	•	00	30 _	•00
		ne 37 is zero or negative, enter zero. ck this box and attach a detailed statement if you have merged losses.					
					00		00
39			39	•	00	39 _	•00
		igure your replacement tax after credits					
40			-		<u>00</u>	40 _	•00
41		•			<u>00</u>	41 _	•00
42					<u>00</u>	42 _	•00
43					00	43 _	•00
44		lacement tax after credits. Subtract Line 43 from Line 42. If negative, enter zero.	44		<u>00</u>	44 _	<u>•00</u>
		igure your income tax after credits					
45					<u>00</u>	45 _	•00
46		T. C.			<u>00</u>	46 _	•00
47					<u>00</u>	47 _	•00
48			_		<u>00</u>	48 _	•00
49		ome tax after credits. Subtract Line 48 from Line 47. If negative, enter zero.	49		<u>00</u>	49 _	<u>•00</u>
Step		igure your refund or balance due					
50					<u>00</u>	50 _	•00
51		·			<u>00</u>	51 _	•00
52					<u>00</u>		•00
53					00		•00
54		9			<u>00</u>	54 _	•00
55		· · · · · · · · · · · · · · · · · · ·			<u>00</u>	55 _	•00
56		npassionate Use of Medical Cannabis Program Act surcharge. See instructions.			00	56 _	•00
57		· · · · · · · · · · · · · · · · · · ·	57		<u>00</u>	57 __	<u>•00</u>
58		al net income and replacement taxes and surcharges.			00	50	00
		,,	58		<u>00</u>	58 _	<u>•00</u>
59	-	rments. See instructions.				E0.0	•00
		Credits from previous overpayments. Total payments made before the date this amended return is filed.				59a _	•00
		Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K-1-	т				•00
		Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or k		т		59d _	•00
		Illinois income tax withholding. Attach Form(s) W-2G.	V -1-			59e _	•00
60		al payments. Add Lines 59a through 59e.				60 _	•00
61		viously paid penalty and interest. See instructions.				61 _	•00
		al amount of overpayment (including any carryforward or refund) before the fil	lina	of this return		0	
-		the year being amended. See instructions.	9			62 _	•00
63		lines 61 and 62.				63	•00
64		tax paid. Subtract Line 63 from Line 60.				64 _	•00
65		rpayment. If Line 64 is greater than Line 58, subtract Line 58 from Line 64.				65 _	<u>•00</u>
66		bunt of overpayment from Line 65 to be credited forward . See instructions.				66 _	<u>•00</u>
		ck this box and attach a detailed statement if this carryforward is going to a c	differ	rent FEIN.			
67	Ref	und. Subtract Line 66 from Line 65. This is the amount to be refunded.				67 _	<u>•00</u>
68	Tax	due with this amended return. If Line 58 is greater than Line 64, subtract L	Line	64 from Line 58.		68 _	<u>•00</u>
	You	will be sent a bill for any additional penalty and interest due.					
Step	9:Siç	n below - Under penalties of perjury, I state that I have examined this return and, to	the b	pest of my knowledg	ge, it	is true, co	rrect, and complete.
Sign			17	,		Chec	k if the Department
Here			()		may discu	ss this return with the
	Signa	ature of authorized officer Date (mm/dd/yyyyy) Title	Ph	ione		paid prepa	arer shown in this step.
Daid			[Check if	
Paid Propa		Print/Type paid preparer's name Paid preparer's signature		Date (mm/dd/yyyy)	self	-employed	Paid Preparer's PTIN
Prepa Use C		Firm's name		Firm'	s FE	IN •	
USE C	,,,,,	Firm's address		Firm's		,)
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If you completed:	Attach:
Form IL-1120-X —	U.S. 1120-X, and U.S.1139 or federal RAR (if applicable)
Step 1, Line C (unitary) only	Schedule UB/Subgroup Schedule
	<u>■Note</u> Check the box on Form IL-1120-X, Step 1, Lines F/G
Step 1, Line C (foreign insurer) only	Schedule INS
Step 1, Line C (unitary) and (foreign insurer)	Schedule UB/Subgroup Schedule and Schedule UB/INS Note Check the box on Form IL-1120-X, Step 1, Lines F/G
Step 1, Line E	Federal Form 8886 or Federal Schedule M-3 (as applicable)
Step 1, Line R	
Step 1, Line S	
Step 1, Line T	Form IL-2220
	Federal finalization (for example, copy of federal refund check, audit
	report from the IRS, or federal transcript verifying your federal taxable income)
— Lines 5 and 18 — — — — — — — — — — — — — — — — — —	Form IL-4562
 Special Depreciation addition 	<u>Note</u> Check the box on Form IL-1120-X, Step 1, Line I
 Special Depreciation subtraction 	
— Lines 6 and 19 — •	Schedule 80/20
 Related-Party Expenses addition 	Note → Check the box on Form IL-1120-X, Step 1, Line K
 Related-Party Expenses subtraction 	
—— Lines 7 and 20 ————	Schedule(s) K-1-P or K-1-T
 Distributive share of additions 	
 Distributive share of subtractions 	
Lines 8 and 21	Schedule M and any required support listed on Schedule M
Other additions	<u>=Note</u> Check the box on Form IL-1120-X, Step 1, Line J
 Other subtractions 	
Lines 11 through 15	Schedule 1299-B and any required support listed on Schedule 1299-B
River Edge Redevelopment Zone Dividend subtraction	
 River Edge Redevelopment Zone Interest subtraction 	
 High Impact Business Dividend subtraction 	
 High Impact Business Interest subtraction 	
 Contribution subtraction 	
— Line 17 Foreign Dividend subtraction — ▶	Illinois Schedule J, and U.S. 1120, Schedule C or equivalent
— Lines 24 and 32 — →	Schedule NB
 Nonbusiness income or loss 	
 Nonbusiness income or loss allocable to Illinois 	
Lines 25 and 33 —	Schedule(s) K-1-P or K-1-T
 Business income or loss from non-unitary partnerships, partnerships included on a Schedule UB, 	
S corporations, trusts, or estates	
Business income or loss apportionable to Illinois from	
non-unitary partnerships, partnerships included on a	
Schedule UB, S corporations, trusts, or estates	
Lines 28 through 30 (if changed)	Any and all out-of-state returns
Line 36 Discharge of indebtedness adjustment	
Entered Biodiango of indebtodificos dajuetinone	Note → Check the box on Form IL-1120-X, Step 1, Line R
Line 38 Illinois Net Loss Deduction	Schedule NLD or UB/NLD (for unitary filers)
Lines 41 and 46 Recapture of investment credits →	
	Form IL-477 and any required support listed on Form IL-477
	Schedule 1299-D and any required support listed in the Schedule
	1299-D instructions or Schedule 1299-I
	Note → Check the box on Form IL-1120-X, Step 1, Line H
Lines 51 and 54 Foreign Insurer tax reduction	Schedule INS or Schedule UB/INS (for unitary filers)
	Note → Check the box on Form IL-1120-X, Step 1, Line C
Line 59c Pass-through withholding reported —	All Schedules K-1-P and K-1-T you received showing
to you	pass-through withholding
	All Schedules K-1-P and K-1-T you received showing
reported to you	pass-through entity tax credit
	Copies of all Forms W-2G

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^{**}Failure to attach the required documents may result in the disallowance of the corresponding line item.**