



**Illinois Department of Revenue**  
**IL-1065-X**

For tax years ending **ON** or **AFTER** December 31, 2006

**Amended Partnership  
Replacement Tax Return**

Do not write in this box.

**Indicate what tax year you are amending:** Tax year beginning \_\_\_/\_\_\_/\_\_\_, ending \_\_\_/\_\_\_/\_\_\_

**STOP** If you are filing an amended return for tax years ending **before December 31, 2006**, you can not use this form.

Write the amount you are paying.  
\$ \_\_\_\_\_

**Step 1: Provide the following business information**

**A** Write your business name and mailing address. If you have a change, check this box.

Name \_\_\_\_\_

C/O \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B**  Check the box if you are a member of a unitary business and write the FEIN of the member filing the Schedule UB, Combined Apportionment for Unitary Business Groups.  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**C** Write your federal employer identification number (FEIN).  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**D** Write your Illinois Business Tax number (IBT).  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**E** Check the applicable box for the type of change being made.  
 NLD  State change  Federal change:  
If a federal change, check one:  Partial agreed  Finalized  
**If finalized, write the finalization date:** \_\_\_/\_\_\_/\_\_\_  
Month Day Year

**F** Check this box if you are filing a "corrected" return and making the election to treat all nonbusiness income as business income.

**G** Check if you are classified as investment partnership.

**H** Check the box if you are filing this form **only** to report an increased net loss on Line 48, Column B.

**Step 2: Explain the changes on this return**

Attach remittance payable to "Illinois Department of Revenue" here.

**Step 3: Figure your ordinary income or loss**

	<b>A</b> As most recently reported or adjusted	<b>B</b> Corrected amount
<b>1</b> Ordinary income or loss or equivalent from U.S. Schedule K.	<b>1</b> _____	<b>1</b> _____
<b>2</b> Net income or loss from all rental real estate activities.	<b>2</b> _____	<b>2</b> _____
<b>3</b> Net income or loss from other rental activities.	<b>3</b> _____	<b>3</b> _____
<b>4</b> Portfolio income or loss.	<b>4</b> _____	<b>4</b> _____
<b>5</b> Net IRC Section 1231 gain or loss.	<b>5</b> _____	<b>5</b> _____
<b>6</b> All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065. Identify: _____	<b>6</b> _____	<b>6</b> _____
<b>7</b> Add Lines 1 through 6. This is your ordinary income.	<b>7</b> _____	<b>7</b> _____

**Step 4: Figure your unmodified base income or loss**

<b>8</b> Charitable Contributions.	<b>8</b> _____	<b>8</b> _____
<b>9</b> Expense deduction under IRC Section 179.	<b>9</b> _____	<b>9</b> _____
<b>10</b> Interest on investment indebtedness.	<b>10</b> _____	<b>10</b> _____
<b>11</b> All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065. Identify: _____	<b>11</b> _____	<b>11</b> _____
<b>12</b> Add Lines 8 through 11.	<b>12</b> _____	<b>12</b> _____
<b>13</b> Subtract Line 12 from Line 7. This is your total unmodified base income or loss.	<b>13</b> _____	<b>13</b> _____

	<b>A</b> As most recently reported or adjusted	<b>B</b> Corrected amount
<b>14</b> Write the amounts from Line 13.	14 _____ _____	14 _____ _____
<b>Step 5: Figure your income or loss</b>		
<b>15</b> State, municipal, and other interest income excluded from Line 14.	15 _____ _____	15 _____ _____
<b>16</b> Illinois replacement tax deducted in arriving at Line 14.	16 _____ _____	16 _____ _____
<b>17</b> Illinois Bonus Depreciation addition (Form IL-4562).	17 _____ _____	17 _____ _____
<b>18</b> Related-Party Expenses addition (Schedule 80/20).	18 _____ _____	18 _____ _____
<b>19</b> Distributive share of additions (Schedule K-1-P or K-1-T).	19 _____ _____	19 _____ _____
<b>20</b> Guaranteed payments to partners from U.S. Form 1065.	20 _____ _____	20 _____ _____
<b>21</b> The amount of loss distributable to a partner subject to replacement tax (Form IL-2569).	21 _____ _____	21 _____ _____
<b>22</b> Other additions (Schedule M for businesses).	22 _____ _____	22 _____ _____
<b>23</b> Add Lines 14 through 22. This is your total income or loss.	23 _____ _____	23 _____ _____

**Step 6: Figure your Illinois base income or net loss**

<b>24</b> Interest income from U.S. Treasury and exempt federal obligations.	24 _____ _____	24 _____ _____
<b>25</b> August 1, 1969 valuation limitation amount (Schedule F).	25 _____ _____	25 _____ _____
<b>26</b> Personal service income or reasonable allowance for compensation of partners.	26 _____ _____	26 _____ _____
<b>27</b> Share of income distributable to a partner subject to replacement tax (Form IL-2569).	27 _____ _____	27 _____ _____
<b>28</b> Expenses incurred in producing certain federally tax-exempt income or credits	28 _____ _____	28 _____ _____
<b>29</b> Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-A).	29 _____ _____	29 _____ _____
<b>30</b> High Impact Business Dividend subtraction (Schedule 1299-A).	30 _____ _____	30 _____ _____
<b>31</b> Illinois Bonus Depreciation subtraction (Form IL-4562).	31 _____ _____	31 _____ _____
<b>32</b> Related-Party Expenses subtraction (Schedule 80/20).	32 _____ _____	32 _____ _____
<b>33</b> Distributive share of subtractions (Schedule K-1-P or K-1-T).	33 _____ _____	33 _____ _____
<b>34</b> Other subtractions (Schedule M for businesses).	34 _____ _____	34 _____ _____
<b>35</b> Total subtractions. Add Lines 24 through 34.	35 _____ _____	35 _____ _____
<b>36</b> Base income or net loss. Subtract Line 35 from Line 23.	36 _____ _____	36 _____ _____

**If the amount on Line 36 is derived inside and outside Illinois, complete Step 7. Otherwise, go to Step 8.**

**Step 7: Figure your base income allocable to Illinois**

<b>37</b> Nonbusiness income or loss (Schedule NB).	37 _____ _____	37 _____ _____
<b>38</b> Non-unitary partnership business income or loss included in Line 36.	38 _____ _____	38 _____ _____
<b>39</b> Add Lines 37 and 38.	39 _____ _____	39 _____ _____
<b>40</b> Business income or loss. Subtract Line 39 from Line 36.	40 _____ _____	40 _____ _____
<b>41</b> Total sales everywhere (this amount cannot be negative).	41 _____ _____	41 _____ _____
<b>42</b> Total sales inside Illinois (this amount cannot be negative).	42 _____ _____	42 _____ _____
<b>43</b> Apportionment Factor. Divide Line 42 by Line 41.	43 _____ _____	43 _____ _____
<b>44</b> Business income or loss apportionable to Illinois. Multiply Line 40 by Line 43.	44 _____ _____	44 _____ _____
<b>45</b> Nonbusiness income or loss allocable to Illinois (Sch. NB).	45 _____ _____	45 _____ _____
<b>46</b> Non-unitary partnership business income or loss apportionable to Illinois.	46 _____ _____	46 _____ _____
<b>47</b> Base income or net loss allocable to Illinois. Add Lines 44 through 46.	47 _____ _____	47 _____ _____

**A**  
As most recently  
reported or adjusted

**B**  
Corrected amount

**Step 8: Figure your net income**

<b>48</b> Base income or net loss from Line 36 or Line 47.	<b>48</b> _____	<b>48</b> _____
<b>49</b> Illinois net loss deduction (Schedule NLD). If Line 48 is zero or a negative amount, write "0."	<b>49</b> _____	<b>49</b> _____
<b>50</b> Income after NLD. Subtract Line 49 from Line 48.	<b>50</b> _____	<b>50</b> _____
<b>51</b> Write the amount from Line 36.	<b>51</b> _____	<b>51</b> _____
<b>52</b> Divide Line 48 by Line 51. (This figure cannot be greater than "1.")	<b>52</b> _____	<b>52</b> _____
<b>53</b> Exemption allowance. Multiply Line 52 by \$1,000.	<b>53</b> _____	<b>53</b> _____
<b>54</b> Net income. Subtract Line 53 from Line 50.	<b>54</b> _____	<b>54</b> _____

**Step 9: Figure your net replacement tax**

<b>55</b> Replacement Tax. Multiply Line 54 by 1.5% (.015).	<b>55</b> _____	<b>55</b> _____
<b>56</b> Recapture of investment credits (Schedule 4255).	<b>56</b> _____	<b>56</b> _____
<b>57</b> Replacement Tax before investment credits. Add Lines 55 and 56.	<b>57</b> _____	<b>57</b> _____
<b>58</b> Investment credits (Form IL-477).	<b>58</b> _____	<b>58</b> _____
<b>59</b> Net replacement tax. Subtract Line 58 from Line 57. If negative, write "0."	<b>59</b> _____	<b>59</b> _____

**Step 10: Figure your refund or balance due**

<b>60</b> Payments		
<b>a</b> Credit from prior year overpayment	<b>a</b> _____	
<b>b</b> Form IL-505-B (extension) payment	<b>b</b> _____	
Total payments. Add Lines 60a and 60b.		<b>60</b> _____
<b>61</b> Tax paid with original return (do not include penalties and interest).		<b>61</b> _____
<b>62</b> Subsequent tax payments made since the original return.		<b>62</b> _____
<b>63</b> Total tax paid. Add Lines 60, 61, and 62.		<b>63</b> _____
<b>64</b> Total amount previously refunded and/or credited for the year being amended.		<b>64</b> _____
<b>65</b> Net tax paid. Subtract Line 64 from Line 63.		<b>65</b> _____
<b>66</b> Refund. Subtract Line 59 from Line 65.		<b>66</b> _____
<b>67</b> Tax due. Subtract Line 65 from Line 59.		<b>67</b> _____
<b>68</b> Penalty (See instructions.)		<b>68</b> _____
<b>69</b> Interest (See instructions.)		<b>69</b> _____
<b>70</b> Total balance due. Add Lines 67 through 69.		<b>70</b> _____

**Step 11: Sign here**

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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of authorized officer      Date      Title      (\_\_\_\_\_) Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of preparer      Date      Preparer's Social Security Number or firm's FEIN

\_\_\_\_\_  
Preparer firm's name (or yours, if self-employed)      Address      (\_\_\_\_\_) Phone

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016** ◀



