



Do not write in this box.

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

Write the amount you are paying.

\$ \_\_\_\_\_



If you are filing an amended return for tax years ending before December 31, 2007, you can not use this form. For prior years, use the amended return form for that year.

Step 1: Identify your exempt organization

A Write your exempt organization name and mailing address.

If you have a change, check this box.

Name \_\_\_\_\_

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

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

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

B Check this box if Schedule 1299-D is attached.

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.

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 your filing a "corrected" return.

G Check this box if you are taxed as a corporation.

H Check this box if you are taxed as a trust.

Step 2: Explain the changes on this return

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

Step 3: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

2 Illinois income and replacement tax deducted in arriving at Line 1.

3 Base income or loss. Add Lines 1 and 2.

Table with 2 columns: A (As most recently reported or adjusted) and B (Corrected amount). Rows 1-3 for base income calculation.

If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 4 and go to Step 5; otherwise complete Step 4.

Step 4: Figure your income allocable to Illinois

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.

5 Business income or loss. Subtract Line 4 from Line 3.

6 Total sales everywhere. This amount cannot be negative.

7 Total sales inside Illinois. This amount cannot be negative.

8 Apportionment Factor. Divide Line 7 by Line 6.

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.

11 Base income or net loss allocable to Illinois. Add Lines 9 and 10.

Table with 2 columns: A (As most recently reported or adjusted) and B (Corrected amount). Rows 4-11 for income allocation.

| A  | B                |
|--|------------------|
| As most recently<br>reported or adjusted | Corrected amount |

**Step 5: Figure your net replacement tax**

|  |                 |                 |
|--|-----------------|-----------------|
| <b>12</b> Base income or net loss from Line 3 or Line 11.                                    | <b>12</b> _____ | <b>12</b> _____ |
| <b>13</b> Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts 1.5% (.015). | <b>13</b> _____ | <b>13</b> _____ |
| <b>14</b> Recapture of investment credits (Schedule 4255).                                   | <b>14</b> _____ | <b>14</b> _____ |
| <b>15</b> Replacement tax before investment credits. Add Lines 13 and 14.                    | <b>15</b> _____ | <b>15</b> _____ |
| <b>16</b> Investment credits (Form IL-477).  | <b>16</b> _____ | <b>16</b> _____ |
| <b>17</b> Net replacement tax. Subtract Line 16 from Line 15. If negative, write "0."        | <b>17</b> _____ | <b>17</b> _____ |

**Step 6: Figure your net income tax**

|  |                 |                 |
|--|-----------------|-----------------|
| <b>18</b> Base income or net loss from Line 12.  | <b>18</b> _____ | <b>18</b> _____ |
| <b>19</b> Income tax. Corporations multiply Line 18 by 4.8% (.048); trusts multiply Line 18 by 3% (.03). | <b>19</b> _____ | <b>19</b> _____ |
| <b>20</b> Recapture of investment credits (Schedule 4255).   | <b>20</b> _____ | <b>20</b> _____ |
| <b>21</b> Income tax before credits. Add Lines 19 and 20.  | <b>21</b> _____ | <b>21</b> _____ |
| <b>22</b> Income tax credits (Schedule 1299-D).  | <b>22</b> _____ | <b>22</b> _____ |
| <b>23</b> Net income tax. Subtract Line 22 from Line 21. If negative, write "0."                         | <b>23</b> _____ | <b>23</b> _____ |

**Step 7: Figure your refund or balance due**

|  |                 |                 |
|--|-----------------|-----------------|
| <b>24</b> Net replacement tax from Line 17.  | <b>24</b> _____ | <b>24</b> _____ |
| <b>25</b> Net income tax from Line 23.   | <b>25</b> _____ | <b>25</b> _____ |
| <b>26</b> Total net income and replacement taxes. Add Lines 24 and 25.                 | <b>26</b> _____ | <b>26</b> _____ |
| <b>27</b> Payments   |                 |                 |
| <b>a</b> Credit from prior year overpayment  | <b>a</b> _____  |                 |
| <b>b</b> Total estimated payments  | <b>b</b> _____  |                 |
| <b>c</b> Form IL-505-B (extension) payment   | <b>c</b> _____  |                 |
| <b>28</b> Total payments. Add Lines 27a through 27c.                                   |                 | <b>28</b> _____ |
| <b>29</b> Tax paid with original return (do not include penalties and interest).       |                 | <b>29</b> _____ |
| <b>30</b> Subsequent tax payments made since the original return.                      |                 | <b>30</b> _____ |
| <b>31</b> Total tax paid. Add Lines 28, 29, and 30.                                    |                 | <b>31</b> _____ |
| <b>32</b> Total amount previously refunded and/or credited for the year being amended. |                 | <b>32</b> _____ |
| <b>33</b> Net tax paid. Subtract Line 32 from Line 31.                                 |                 | <b>33</b> _____ |
| <b>34</b> Refund. Subtract Line 26 from Line 33.                                       |                 | <b>34</b> _____ |
| <b>35</b> Tax due. Subtract Line 33 from Line 26.                                      |                 | <b>35</b> _____ |
| <b>36</b> Penalty (See instructions.)  |                 | <b>36</b> _____ |
| <b>37</b> Interest (See instructions.)   |                 | <b>37</b> _____ |
| <b>38</b> Total balance due. Add Lines 35 through 37.                                  |                 | <b>38</b> _____ |

▶ **Make your check payable to "Illinois Department of Revenue."** ◀  
**Write the amount of your payment on the top of Page 1 in the space provided.**

**Step 8: 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.

|  |                           |   |                |
|--|---------------------------|---|----------------|
| _____<br>Signature of authorized officer                   | _____/_____/_____<br>Date | _____<br>Title  | _____<br>Phone |
| _____<br>Signature of preparer                             | _____/_____/_____<br>Date | _____<br>Preparer's Social Security Number or firm's FEIN |                |
| _____<br>Preparer firm's name (or yours, if self-employed) | _____<br>Address          | _____<br>Phone  |                |

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

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center.

