



Illinois Department of Revenue  
**2009 IL-1120-ST-X**  
 For tax years ending on or after December 31, 2009

**Amended Small Business  
 Corporation Replacement  
 Tax Return**

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, 2009**, you cannot use this form. For prior years, use the amended return form for that year.

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

**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 group 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** 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

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

**F** Write your Illinois corporate file (charter) number.  
 \_\_\_\_\_

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

**H** If you have completed the following federal forms, check the box and attach them to this return, if you have not previously done so.

Federal Form 8886  Federal Schedule M-3

**I** Check the box if you are making a discharge of indebtedness adjustment.

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

**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.	1 _____ .00	1 _____ .00
<b>2</b> Net income or loss from all rental real estate activities.	2 _____ .00	2 _____ .00
<b>3</b> Net income or loss from other rental activities.	3 _____ .00	3 _____ .00
<b>4</b> Portfolio income or loss.	4 _____ .00	4 _____ .00
<b>5</b> Net IRC Section 1231 gain or loss.	5 _____ .00	5 _____ .00
<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 1120S. Identify: _____	6 _____ .00	6 _____ .00
<b>7</b> Add Lines 1 through 6. This is your ordinary income.	7 _____ .00	7 _____ .00

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

<b>8</b> Charitable Contributions.	8 _____ .00	8 _____ .00
<b>9</b> Expense deduction under IRC Section 179.	9 _____ .00	9 _____ .00
<b>10</b> Interest on investment indebtedness.	10 _____ .00	10 _____ .00
<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 1120S. Identify: _____	11 _____ .00	11 _____ .00
<b>12</b> Add Lines 8 through 11.	12 _____ .00	12 _____ .00
<b>13</b> Subtract Line 12 from Line 7. This is your total unmodified base income or total loss.	13 _____ .00	13 _____ .00

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



**A**  
As most recently  
reported or adjusted

**B**  
Corrected amount

14 Write the amounts from Line 13	14 _____	.00	14 _____	.00
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**Step 5: Figure your income or loss**

15 State, municipal, and other interest income excluded from Line 14.	15 _____	.00	15 _____	.00
16 Illinois replacement tax deducted in arriving at Line 14.	16 _____	.00	16 _____	.00
17 Illinois special depreciation addition (Form IL-4562).	17 _____	.00	17 _____	.00
18 Related-party expenses addition (Schedule 80/20).	18 _____	.00	18 _____	.00
19 Distributive share of additions (Schedule K-1-P or K-1-T).	19 _____	.00	19 _____	.00
20 The amount of loss distributable to a shareholder subject to replacement tax (Schedule B).	20 _____	.00	20 _____	.00
21 Other additions (Schedule M for businesses).	21 _____	.00	21 _____	.00
22 Add Lines 14 through 21. This is your total income or loss.	22 _____	.00	22 _____	.00

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

23 Interest income from U.S. Treasury and exempt federal obligations.	23 _____	.00	23 _____	.00
24 Share of income distributable to a shareholder subject to replacement tax (Schedule B).	24 _____	.00	24 _____	.00
25 Expenses incurred in producing certain federally tax-exempt income or federal credits.	25 _____	.00	25 _____	.00
26 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-A).	26 _____	.00	26 _____	.00
27 Enterprise Zone or River Edge Redevelopment Zone Interest subtraction (Schedule 1299-A).	27 _____	.00	27 _____	.00
28 High Impact Business Dividend subtraction (Schedule 1299-A).	28 _____	.00	28 _____	.00
29 High Impact Business Interest subtraction (Schedule 1299-A).	29 _____	.00	29 _____	.00
30 Contribution subtraction (Schedule 1299-A).	30 _____	.00	30 _____	.00
31 Illinois Special Depreciation subtraction (Form IL-4562).	31 _____	.00	31 _____	.00
32 Related-party expenses subtraction (Schedule 80/20).	32 _____	.00	32 _____	.00
33 Distributive share of subtractions (Schedules K-1-P or K-1-T).	33 _____	.00	33 _____	.00
34 Other subtractions (Schedule M for businesses).	34 _____	.00	34 _____	.00
35 Total subtractions. Add Lines 23 through 34.	35 _____	.00	35 _____	.00
36 <b>Base income or net loss.</b> Subtract Line 35 from Line 22.	36 _____	.00	36 _____	.00

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**

37 Nonbusiness income or loss (Schedule NB).	37 _____	.00	37 _____	.00
38 Trust, estate, and non-unitary partnership business income or loss included in Line 36.	38 _____	.00	38 _____	.00
39 Add Lines 37 and 38.	39 _____	.00	39 _____	.00
40 Business income or loss. Subtract Line 39 from Line 36.	40 _____	.00	40 _____	.00
41 Total sales everywhere (this amount cannot be negative).	41 _____	.00	41 _____	.00
42 Total sales inside Illinois (this amount cannot be negative).	42 _____	.00	42 _____	.00
43 Apportionment factor. Divide Line 42 by Line 41.	43 _____		43 _____	
44 Business income or loss apportionable to Illinois. Multiply Line 40 by Line 43.	44 _____	.00	44 _____	.00
45 Nonbusiness income or loss allocable to Illinois (Sch. NB).	45 _____	.00	45 _____	.00
46 Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	46 _____	.00	46 _____	.00
47 <b>Base income or net loss allocable to Illinois.</b> Add Lines 44 through 46.	47 _____	.00	47 _____	.00



**Step 8: Figure your net income**

<b>48</b> Base income or net loss from Step 6, Line 36 or Step 7, Line 47.	<b>48</b> _____	.00		<b>48</b> _____	.00
<b>49</b> Discharge of indebtedness adjustment. See instructions.	<b>49</b> _____	.00		<b>49</b> _____	.00
<b>50</b> Adjusted base income or net loss. Add Lines 48 and 49.	<b>50</b> _____	.00		<b>50</b> _____	.00
<b>51</b> Illinois net loss deduction (Schedule NLD). If Line 50 is zero or a negative amount, write "0."	<b>51</b> _____	.00		<b>51</b> _____	.00
<b>52 Net income.</b> Subtract Line 51 from Line 50.	<b>52</b> _____	.00		<b>52</b> _____	.00

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

<b>53</b> Replacement tax. Multiply Line 52 by 1.5% (.015).	<b>53</b> _____	.00		<b>53</b> _____	.00
<b>54</b> Recapture of investment credits (Schedule 4255).	<b>54</b> _____	.00		<b>54</b> _____	.00
<b>55</b> Replacement tax before investment credits. Add Lines 53 and 54.	<b>55</b> _____	.00		<b>55</b> _____	.00
<b>56</b> Investment credits (Form IL-477).	<b>56</b> _____	.00		<b>56</b> _____	.00
<b>57 Net replacement tax.</b> Subtract Line 56 from Line 55. Write "0" if this is a negative amount.	<b>57</b> _____	.00		<b>57</b> _____	.00

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

<b>58</b> Payments					
<b>a</b> Credit from prior year overpayment.	<b>58a</b> _____	.00			
<b>b</b> Form IL-505-B (extension) payment.	<b>58b</b> _____	.00			
<b>c</b> Pass-through entity payments from Schedule K-1-P or K-1-T.	<b>58c</b> _____	.00			
<b>d</b> Gambling withholding (Form W-2G).	<b>58d</b> _____	.00			
Total payments. Add Lines 58a through 58d.				<b>58</b> _____	.00
<b>59</b> Tax paid with original return (do not include penalties and interest).	<b>59</b> _____	.00		<b>59</b> _____	.00
<b>60</b> Subsequent tax payments made since the original return.	<b>60</b> _____	.00		<b>60</b> _____	.00
<b>61</b> Total tax paid. Add Lines 58, 59, and 60.	<b>61</b> _____	.00		<b>61</b> _____	.00
<b>62</b> Total amount previously refunded and/or credited for the year being amended.	<b>62</b> _____	.00		<b>62</b> _____	.00
<b>63</b> Net tax paid. Subtract Line 62 from Line 61.	<b>63</b> _____	.00		<b>63</b> _____	.00
<b>64 Refund.</b> Subtract Line 57 from Line 63.	<b>64</b> _____	.		<b>64</b> _____	.
<b>65 Tax due.</b> Subtract Line 63 from Line 57.	<b>65</b> _____	.		<b>65</b> _____	.
<b>66</b> Penalty (See instructions.)	<b>66</b> _____	.00		<b>66</b> _____	.00
<b>67</b> Interest (See instructions.)	<b>67</b> _____	.00		<b>67</b> _____	.00
<b>68</b> Total balance due. Add Lines 65 through 67.	<b>68</b> _____	.		<b>68</b> _____	.

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

**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	____/____/____	____	____	____	____
	Month Day Year	Title		Phone	
Signature of preparer	____/____/____	Preparer's Social Security Number or firm's FEIN			
	Month Day Year				
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** ◀

