



Illinois Department of Revenue **2009 IL-990-T-X** Amended Exempt Organization Income and Replacement Tax Return

For tax years ending **ON** or **AFTER** December 31, 2009

Do not write in this box.

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



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.

Write the amount you are paying.

\$ _____

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 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

E Check this box if you are filing a "corrected" return.

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

G 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

	A As most recently reported or adjusted	B Corrected amount
1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	1 _____ .00	1 _____ .00
2 Illinois income and replacement tax deducted in arriving at Line 1.	2 _____ .00	2 _____ .00
3 Base income or loss. Add Lines 1 and 2.	3 _____ .00	3 _____ .00

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, and non-unitary partnership business income or loss included in Line 3.	4 _____ .00	4 _____ .00
5 Business income or loss. Subtract Line 4 from Line 3.	5 _____ .00	5 _____ .00
6 Total sales everywhere. This amount cannot be negative.	6 _____ .00	6 _____ .00
7 Total sales inside Illinois. This amount cannot be negative.	7 _____ .00	7 _____ .00
8 Apportionment Factor. Divide Line 7 by Line 6.	8 _____	8 _____
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9 _____ .00	9 _____ .00
10 Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	10 _____ .00	10 _____ .00
11 Base income or net loss allocable to Illinois. Add Lines 9 and 10.	11 _____ .00	11 _____ .00





A

As most recently reported or adjusted

B

Corrected amount

Step 5: Figure your net replacement tax

Table with 3 columns: Line number, Description, and Amount. Rows 12-17 showing replacement tax calculations.

Step 6: Figure your net income tax

Table with 3 columns: Line number, Description, and Amount. Rows 18-23 showing net income tax calculations.

Step 7: Figure your refund or balance due

Table with 3 columns: Line number, Description, and Amount. Rows 24-38 showing refund or balance due calculations.

Special Note: 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.

Signature lines for authorized officer, preparer, and preparer firm's name, along with fields for date, title, and phone numbers.

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

