



Illinois Department of Revenue
2011 IL-1023-C-X

For tax years ending on or after December 31, 2011

Amended Composite Income and Replacement Tax Return

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, 2011, 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 complete legal business name.
If you have a name change **only**, check this box.
Name: _____
- B** If you have an address change, check this box and complete the following information.
C/O: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____

- C** Write your federal employer identification no. (FEIN). _____ 6 6 6
- D** Check the box that identifies the return you filed.
 Form IL-1065 Form IL-1120-ST
- 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
Write the finalization date _____
Attach your federal finalization to this return.
- F** Check this box if any partners or shareholders included are trust members.
- G** Check this box if the partners or shareholders included are individuals and/or estate members only.

Step 2: Explain the changes on this return

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

Step 3: Figure your income and net income tax

	A As most recently reported or adjusted	B Corrected amount
1 a Modified base income of the partnership or subchapter S corporation.	.00	.00
b Total percentage of ownership for resident members. (Write the percentage as a decimal and carry to six decimal places).	_____	_____
c Multiply Line 1a by Line 1b.	.00	.00
2 a Modified base income allocable to Illinois.	.00	.00
b Total percentage of ownership for nonresident members. (Write the percentage as a decimal and carry to six decimal places).	_____	_____
c Multiply Line 2a by Line 2b.	.00	.00
3 Add Lines 1c and 2c. This amount is your income.	.00	.00
4 Income tax. Multiply Line 3 by 5% (.05).	.00	.00
5 Recapture of investment credits (Schedule 4255).	.00	.00
6 Income tax before investment credits. Add Lines 4 and 5.	.00	.00
7 Income tax credits (Schedule 1299-A). See instructions.	.00	.00
8 Net income tax. Subtract Line 7 from Line 6.	.00	.00



Step 4: Figure your net replacement tax (Complete only if this return includes any trust members.)

	A As most recently reported or adjusted	B Corrected amount
9 Income included in Line 3 that is subject to replacement tax.	9 _____ .00	9 _____ .00
10 Replacement tax. Multiply Line 9 by 1.5% (.015).	10 _____ .00	10 _____ .00
11 Recapture of investment credits. (Schedule 4255)	11 _____ .00	11 _____ .00
12 Replacement tax before investment credits. Add Lines 10 and 11.	12 _____ .00	12 _____ .00
13 Investment credits (Form IL-477) .	13 _____ .00	13 _____ .00
14 Net replacement tax. Subtract Line 13 from Line 12.	14 _____ .00	14 _____ .00

Step 5: Figure your refund or balance due

15 Total net income and replacement taxes. Add Lines 8 and 14.	15 _____ .00	15 _____ .00
16 Payments.		
a Credit from prior year overpayment.	16a _____ .00	
b Form IL-1023-CES payments.	16b _____ .00	
c Form IL-505-B (extension) payment.	16c _____ .00	
d Pass-through entity payments. (Schedule(s) K-1-P or K-1-T)	16d _____ .00	
17 Total payments. Add Lines 16a through 16d.		17 _____ .00
18 Tax paid with original return (do not include penalty and interest).		18 _____ .00
19 Subsequent tax payments made since the original return.		19 _____ .00
20 Total tax paid. Add Lines 17, 18, and 19.		20 _____ .00
21 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		21 _____ .00
22 Net tax paid. Subtract Line 21 from Line 20.		22 _____ .00
23 Refund. Subtract Line 15 from Line 22.		23 _____ .00
24 Tax due. Subtract Line 22 from Line 15.		24 _____ .00
25 Penalty. See instructions.		25 _____ .00
26 Interest. See instructions.		26 _____ .00
27 Total balance due. Add Lines 24 through 26.		27 _____ .00

▶ **Make your check payable to "Illinois Department of Revenue" and attach it to the front page of this form.** ◀

Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 6: 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 of 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** ◀

