



**Amended Partnership  
 Replacement Tax Return**

Do not write above this line.

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

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



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.

**Step 1: Identify your partnership**

- A** Write your complete legal business name.  
 If you have a name change check this box.   
 Name: \_\_\_\_\_
- B** If you have an address change or this is a first return, check this box and complete the following information.   
 C/O: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- C** Check the box if you are filing this form **only** to report an increased net loss on Line 47, Column B.
- D** Check the box if you are classified as an investment partnership.

- E** Write your federal employer identification no (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_
- F**  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.  
 \_\_\_\_\_ - \_\_\_\_\_
- G** Write your North American Industry Classification System Code (NAICS). See instructions.  
 \_\_\_\_\_
- H** 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  
**Write the finalization date** \_\_\_\_\_  
**Attach** federal finalization.
- I** Check this box if you are filing Form IL-1065-X and before the extended due date to make the election to treat all nonbusiness income as business income.
- J** 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
- K** Check the box if you attached Form IL-4562.
- L** Check the box if you attached Schedule M.
- M** Check the box if you attached Schedule 80/20.
- N** Check the box if you attached Schedule 1299-A.

Attach your payment here.

- ▶ **Make your check payable to "Illinois Department of Revenue" and attach it here.**
- ▶ **Write the amount of your payment on the top of this page in the space provided.**
- ▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016**

**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
1 Ordinary income or loss or equivalent from U.S. Schedule K.	1 <u>          .00</u>	1 <u>          .00</u>
2 Net income or loss from all rental real estate activities.	2 <u>          .00</u>	2 <u>          .00</u>
3 Net income or loss from other rental activities.	3 <u>          .00</u>	3 <u>          .00</u>
4 Portfolio income or loss.	4 <u>          .00</u>	4 <u>          .00</u>
5 Net IRC Section 1231 gain or loss.	5 <u>          .00</u>	5 <u>          .00</u>
6 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 or 1065-B. Identify: _____	6 <u>          .00</u>	6 <u>          .00</u>
7 Add Lines 1 through 6. This is your ordinary income.	7 <u>          .00</u>	7 <u>          .00</u>

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

8 Charitable contributions.	8 <u>          .00</u>	8 <u>          .00</u>
9 Expense deduction under IRC Section 179.	9 <u>          .00</u>	9 <u>          .00</u>
10 Interest on investment indebtedness.	10 <u>          .00</u>	10 <u>          .00</u>
11 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 or 1065-B. Identify: _____	11 <u>          .00</u>	11 <u>          .00</u>
12 Add Lines 8 through 11.	12 <u>          .00</u>	12 <u>          .00</u>
13 Subtract Line 12 from Line 7. This is your total unmodified base income or total loss.	13 <u>          .00</u>	13 <u>          .00</u>

**Step 5: Figure your income or loss**

14 Write the amounts from Line 13.	14 <u>          .00</u>	14 <u>          .00</u>
15 State, municipal, and other interest income excluded from Line 14.	15 <u>          .00</u>	15 <u>          .00</u>
16 Illinois replacement tax deducted in arriving at Line 14.	16 <u>          .00</u>	16 <u>          .00</u>
17 Illinois Special Depreciation addition ( <b>Form IL-4562</b> ).	17 <u>          .00</u>	17 <u>          .00</u>
18 Related-party expenses addition ( <b>Schedule 80/20</b> ).	18 <u>          .00</u>	18 <u>          .00</u>
19 Distributive share of additions ( <b>Schedule(s) K-1-P or K-1-T</b> ).	19 <u>          .00</u>	19 <u>          .00</u>
20 Guaranteed payments to partners from U.S. Form 1065.	20 <u>          .00</u>	20 <u>          .00</u>
21 The amount of loss distributable to a partner subject to replacement tax ( <b>Schedule B</b> ).	21 <u>          .00</u>	21 <u>          .00</u>
22 Other additions ( <b>Schedule M for businesses</b> ).	22 <u>          .00</u>	22 <u>          .00</u>
23 Add Lines 14 through 22. This is your income or loss.	23 <u>          .00</u>	23 <u>          .00</u>

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

24 Interest income from U.S. Treasury and exempt federal obligations.	24 <u>          .00</u>	24 <u>          .00</u>
25 August 1, 1969, valuation limitation amount ( <b>Schedule F</b> ).	25 <u>          .00</u>	25 <u>          .00</u>
26 Personal service income or reasonable allowance for compensation of partners.	26 <u>          .00</u>	26 <u>          .00</u>
27 Share of income distributable to a partner subject to replacement tax ( <b>Schedule B</b> ).	27 <u>          .00</u>	27 <u>          .00</u>
28 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction ( <b>Schedule 1299-A</b> ).	28 <u>          .00</u>	28 <u>          .00</u>
29 High Impact Business Dividend subtraction ( <b>Schedule 1299-A</b> ).	29 <u>          .00</u>	29 <u>          .00</u>
30 Illinois Special Depreciation subtraction ( <b>Form IL-4562</b> ).	30 <u>          .00</u>	30 <u>          .00</u>
31 Related-party expenses subtraction ( <b>Schedule 80/20</b> ).	31 <u>          .00</u>	31 <u>          .00</u>
32 Distributive share of subtractions ( <b>Schedule(s) K-1-P or K-1-T</b> ).	32 <u>          .00</u>	32 <u>          .00</u>
33 Other subtractions ( <b>Schedule M for businesses</b> ).	33 <u>          .00</u>	33 <u>          .00</u>
34 Total subtractions. Add Lines 24 through 33.	34 <u>          .00</u>	34 <u>          .00</u>
35 <b>Base income or net loss.</b> Subtract Line 34 from Line 23.	35 <u>          .00</u>	35 <u>          .00</u>

If the amount on Line 35 is derived inside and outside Illinois, complete Step 7. Otherwise, go to Step 8.







# Schedule B

## Partners' or Shareholders' Identification

Attach to your Form IL-1065 or Form IL-1120-ST

IL Attachment no. 1

Write your name as shown on your Form IL-1065 or Form IL-1120-ST.

Write your federal employer identification number (FEIN).

### Step 1: Provide the following information

- 1 Write the amount of base income or net loss from your Form IL-1065 or Form IL-1120-ST, Line 47. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1065 or Form IL-1120-ST, Line 42. 2 \_\_\_\_\_

### Step 2: Identify your partners or shareholders. Attach additional sheets if necessary.

	A Name and Address	B SSN or FEIN	C Partner or Shareholder type (See instructions.)	D Total amount of base income (loss) distributable (See instr.)	E Member subject to Illinois replacement tax (See instr.)	F Pass-through entity payment amount (See instr.)	G Excluded from pass-through entity payments (See instr.)
1	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for partners or shareholders for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_