



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

Write the amount you are paying.



If you are filing an amended return for tax years ending before December 31, 2013, you cannot use this form. For prior years, use the amended return form for that year.

\$

Step 1: Identify your exempt organization

A Write your complete legal business name. If you have a name change, check this box.

checkbox

Name:

B Write your mailing address. If you have an address change, check this box.

checkbox

C/O:

Mailing address:

City: State: ZIP:

C Write your federal employer identification no. (FEIN).

D Check the applicable box for the type of change being made.

checkbox State change checkbox Federal change

If a federal change, check one:

checkbox Partial agreed checkbox Finalized

Write the finalization date Attach your federal finalization to this return.

E Check this box if you are taxed as a corporation. checkbox

F Check this box if you are taxed as a trust. checkbox

G Check this box if Schedule 1299-D is attached. checkbox

Attach your payment and Form IL-990-T-X-V here.

Step 2: Explain the changes on this return

Step 3: Figure your base income or loss

Table with 3 columns: Description, A (As most recently reported or adjusted), B (Corrected amount). Rows 1-3 for unrelated business income, tax deducted, and base income.



A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and write the amount from Step 3, Line 3 on Step 5, Line 12. You may not complete Step 4. (You must leave Step 4, Lines 4 through 11 blank.) checkbox

B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 4. See instructions. checkbox

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

Table with 3 columns: Description, A, B. Rows 4-11 for trust/estate income, business income, total sales, apportionment factor, and base income allocable to Illinois.

Step 5: Figure your net replacement tax

	A As most recently reported or adjusted	B Corrected amount
12 Net income or loss from Line 3 or Line 11.	12 _____ .00	12 _____ .00
13 Replacement tax. Corporations: multiply Line 12 by 2.5% (.025); Trusts: multiply Line 12 by 1.5% (.015).	13 _____ .00	13 _____ .00
14 Recapture of investment credits (Schedule 4255).	14 _____ .00	14 _____ .00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15 _____ .00	15 _____ .00
16 Investment credits (Form IL-477).	16 _____ .00	16 _____ .00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, write "0."	17 _____ .00	17 _____ .00

Step 6: Figure your net income tax

18 Net income or loss from Line 12.	18 _____ .00	18 _____ .00
19 Income tax. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19 _____ .00	19 _____ .00
20 Recapture of investment credits (Schedule 4255).	20 _____ .00	20 _____ .00
21 Income tax before credits. Add Lines 19 and 20.	21 _____ .00	21 _____ .00
22 Income tax credits (Schedule 1299-D).	22 _____ .00	22 _____ .00
23 Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23 _____ .00	23 _____ .00

Step 7: Figure your refund or balance due

24 Net replacement tax from Line 17.	24 _____ .00	24 _____ .00
25 Net income tax from Line 23.	25 _____ .00	25 _____ .00
26 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. See instructions.	26 _____ .00	26 _____ .00
27 Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27 _____ .00	27 _____ .00
28 Payments		
a Credit from prior year overpayment.	28a _____ .00	
b Total estimated payments.	28b _____ .00	
c Form IL-505-B (extension) payment.	28c _____ .00	
d Gambling withholding (Form W-2G).	28d _____ .00	
29 Total payments. Add Lines 28a through 28d.		29 _____ .00
30 Tax paid with original return (do not include penalties and interest).		30 _____ .00
31 Subsequent tax payments made since the original return was filed.		31 _____ .00
32 Total tax paid. Add Lines 29, 30, and 31.		32 _____ .00
33 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		33 _____ .00
34 Net tax paid. Subtract Line 33 from Line 32.		34 _____ .00
35 Refund. If Line 34 is greater than Line 27, subtract Line 27 from Line 34.		35 _____ .00
36 Tax due. If Line 27 is greater than Line 34, subtract Line 34 from Line 27.		36 _____ .00
37 Penalty. See instructions.		37 _____ .00
38 Interest. See instructions.		38 _____ .00
39 Total balance due. Add Lines 36 through 38.		39 _____ .00

► If you owe tax on Line 39, complete a payment voucher, Form IL-990-T-X-V, make your check payable to "Illinois Department of Revenue" and attach them to the front of this form. ◀

Special Note 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 of authorized officer	Date	Title	() Phone	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)	Address	() Phone		

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