



2020 IL-1065-X

Amended Partnership Replacement Tax Return

For tax years ending on or after December 31, 2020



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

Enter the amount you are paying.

WARNING If you are filing an amended return for tax years ending before December 31, 2020, you may not use this form. For prior years, see instructions to determine the correct form to use.

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Step 1: Identify your partnership

- A Enter your complete legal business name.
B Enter your mailing address.
C Check this box if you are filing this form only to report an increased net loss on Line 47, Column B.
D Check this box if you are: classified as an investment partnership, classified as a publicly-traded partnership.
E Check the applicable box for the type of change being made.
F Check this box if you are filing Form IL-1065-X before the extended due date and making the election to treat all nonbusiness income as business income.

- G Enter your federal employer identification number (FEIN).
H Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group.
I Enter your North American Industry Classification System (NAICS) Code.
J If you have completed the following, check the box and attach the federal form(s) to this return, if you have not previously done so.
K Check this box if you attached Form IL-4562.
L Check this box if you attached Schedule M.
M Check this box if you attached Schedule 80/20.
N Check this box if you attached Schedule 1299-A.
O Check this box if your business activity is protected under Public Law 86-272.
P Throwback adjustment - see instructions.
Q Double throwback adjustment - see instructions.
R Check this box if you attached the Subgroup Schedule.
S Check this box if you are a 52/53 week filer.

STOP Explain the changes on this return (Attach a separate sheet if necessary):

Step 2: Figure your ordinary income or loss

Table with 3 columns: Line number, Description, and Amount. Rows 1-7 for ordinary income calculation.

Step 3: Figure your unmodified base income or loss

Table with 3 columns: Line number, Description, and Amount. Rows 8-13 for unmodified base income calculation.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



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

	<b>A</b> As most recently reported or adjusted	<b>B</b> Corrected amount
14 Enter the amounts from Line 13.	14 _____ .00	14 _____ .00
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. <b>Attach</b> Form IL-4562.	17 _____ .00	17 _____ .00
18 Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	18 _____ .00	18 _____ .00
19 Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19 _____ .00	19 _____ .00
20 Guaranteed payments to partners from U.S. Form 1065.	20 _____ .00	20 _____ .00
21 The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21 _____ .00	21 _____ .00
22 Other additions. <b>Attach</b> Schedule M (for businesses).	22 _____ .00	22 _____ .00
23 Add Lines 14 through 22. This is your income or loss.	23 _____ .00	23 _____ .00

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

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

	<b>A</b> If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input type="checkbox"/> <small>Note →</small> If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.
	<b>B</b> If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>

**Step 6: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

36 Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36 _____ .00	36 _____ .00
37 Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37 _____ .00	37 _____ .00
38 Add Lines 36 and 37.	38 _____ .00	38 _____ .00
39 Business income or loss. Subtract Line 38 from Line 35.	39 _____ .00	39 _____ .00
40 Total sales everywhere. This amount cannot be negative.	40 _____ .00	40 _____ .00
41 Total sales inside Illinois. This amount cannot be negative.	41 _____ .00	41 _____ .00
42 Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42 _____ .	42 _____ .
43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43 _____ .00	43 _____ .00
44 Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44 _____ .00	44 _____ .00
45 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45 _____ .00	45 _____ .00
46 <b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	46 _____ .00	46 _____ .00



Step 7: Figure your net income

Table with 3 columns: Line number, Description, and Amount. Columns A and B are labeled 'As most recently reported or adjusted' and 'Corrected amount' respectively. Rows 47-53 show calculations for net income.

Step 8: Figure your net replacement tax and pass-through withholding you owe

Table with 3 columns: Line number, Description, and Amount. Columns A and B are labeled 'As most recently reported or adjusted' and 'Corrected amount' respectively. Rows 54-61 show calculations for replacement tax and withholding.

Step 9: Figure your refund or balance due

Table with 3 columns: Line number, Description, and Amount. Columns A and B are labeled 'As most recently reported or adjusted' and 'Corrected amount' respectively. Rows 62-71 show calculations for refund or balance due.

► If you owe tax on Line 71, complete a payment voucher, Form IL-1065-X-V. Write your FEIN, tax year ending, and "IL-1065-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - 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.

Form for signing and providing preparer information. Includes fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, PTIN, Firm's name, address, FEIN, phone), and a checkbox for Department discussion.

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



Illinois Department of Revenue  
**2020 Schedule B**  
**Partners' or Shareholders' Information**



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

Year ending

Month Year

**IL Attachment No. 1**

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

Enter your federal employer identification number (FEIN).



**Read this information first**

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

**Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)**



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

**Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)**

- |          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>1</b> |  |
| <b>2</b> | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions.   | <b>2</b> |  |
| <b>3</b> | Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. | <b>3</b> |  |

**Totals for nonresident partners or shareholders only (from Schedule B, Section B)**

- |          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions.   | <b>4</b> |  |
| <b>5</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions.   | <b>5</b> |  |
| <b>6</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.  | <b>6</b> |  |
| <b>7</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.  | <b>7</b> |  |
| <b>8</b> | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.  | <b>8</b> |  |
| <b>9</b> | Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here <b>and</b> on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. | <b>9</b> |  |

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**▶ Attach all pages of Schedule B, Section B behind this page.**



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

Enter your federal employer identification number (FEIN).

**Section B: Members' information (See instructions before completing.)**

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount
<b>1</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>2</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>3</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>4</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						
<b>5</b> Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ State _____ ZIP _____			<input type="checkbox"/>						

*(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)*

**Note** If you have more members than space provided, attach additional copies of this page as necessary.