Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

2018 IL-1120-X

For tax years ending **on** or **after** December 31, 2018

Amended Corporation Income and Replacement Tax Return

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

STOP If you are filing an amended return for tax years ending **before December 31, 2018**, you may not use this form. For prior years, use the amended return form for that year.

Enter the amount you are paying.

$_____

Step 1: Identify your corporation

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

Name: _____

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

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Check the box and see the instructions if your business is a:
☐ Combined return (unitary) ☐ Foreign insurer

D Check this box if you are filing this form **only** to report an increased net loss on Line 37, Column B. ☐

E 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.
☐ Federal Form 8886 ☐ Federal Schedule M-3, Part II, Line 12

F Check this box if you attached Illinois Schedule UB. ☐

G Check this box if you attached the Subgroup Schedule. ☐

H Check this box if you attached Illinois Schedule 1299-D. ☐

I Check this box if you attached Form IL-4562. ☐

J Check this box if you attached Illinois Schedule M (for businesses). ☐

K Check this box if you attached Schedule 80/20. ☐

L Enter your federal employer identification no. (FEIN).
____ ____ - ____ ____ ____ ____ ____ ____ ____

M Enter your North American Industry Classification System (NAICS) Code. See instructions.
_____ _____ _____ _____ _____ _____

N Enter your Illinois corporate file (charter) number.
_____

O 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
Enter the finalization date _____
Attach your federal finalization to this return.

P Check this box if you are filing Form IL-1120-X on or before the extended due date and are making the election to treat all nonbusiness income as business income. ☐

Q Check this box if you are making a discharge of indebtedness adjustment on Line 36, or Schedule NLD or UB/NLD. **(U.S Form 982)** ☐

R If you are filing **Schedule INL,** check this box. ☐

S If you annualized your income on your Form IL-2220, check this box. **(IL-2220)** ☐

T Check this box if your business activity is protected under Public Law 86-272. ☐

U Throwback adjustment - see instructions. ☐

V Double throwback adjustment - see instructions. ☐

Attach your payment and Form IL-1120-X-V here.

Step 2: Explain the changes on this return (Attach a separate sheet if necessary.)

▶ **If you owe tax on Line 71, complete a payment voucher, Form IL-1120-X-V. Write your FEIN, tax year ending, and "IL-1120-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to this page.**

▶ **Enter 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**

			A As most recently reported or adjusted (Whole dollars only)		B Corrected amount (Whole dollars only)
Step 3: Figure your income or loss					
1	Federal taxable income from U.S. Form 1120.	**1**	.00	**1**	.00
2	Net operating loss deduction from U.S. Form 1120.	**2**	.00	**2**	.00
3	State, municipal, and other interest income excluded from Line 1.	**3**	.00	**3**	.00
4	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	**4**	.00	**4**	.00
5	Illinois Special Depreciation addition. **Attach** Form IL-4562.	**5**	.00	**5**	.00
6	Related-party expenses addition. **Attach** Schedule 80/20.	**6**	.00	**6**	.00
7	Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.	**7**	.00	**7**	.00
8	Other additions. **Attach** Illinois Schedule M for businesses.	**8**	.00	**8**	.00
9	Add Lines 1 through 8. This is your total income or loss.	**9**	.00	**9**	.00
Step 4: Figure your base income or loss					
10	Interest income from U.S. Treasury and exempt federal obligations.	**10**	.00	**10**	.00
11	River Edge Redevelopment Zone Dividend subtraction. **Attach** Sch. 1299-B.	**11**	.00	**11**	.00
12	River Edge Redevelopment Zone Interest subtraction. **Attach** Sch. 1299-B.	**12**	.00	**12**	.00
13	High Impact Business Dividend subtraction. **Attach** Schedule 1299-B.	**13**	.00	**13**	.00
14	High Impact Business Interest subtraction. **Attach** Schedule 1299-B.	**14**	.00	**14**	.00
15	Contribution subtraction. **Attach** Schedule 1299-B.	**15**	.00	**15**	.00
16	Contributions to certain job training projects.	**16**	.00	**16**	.00
17	Foreign Dividend subtraction. **Attach** Schedule J.	**17**	.00	**17**	.00
18	Illinois Special Depreciation subtraction. **Attach** Form IL-4562.	**18**	.00	**18**	.00
19	Related-party expenses subtraction. **Attach** Schedule 80/20.	**19**	.00	**19**	.00
20	Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T.	**20**	.00	**20**	.00
21	Other subtractions. **Attach** Schedule M for businesses.	**21**	.00	**21**	.00
22	Total subtractions. Add Lines 10 through 21.	**22**	.00	**22**	.00
23	**Base income or loss.** Subtract Line 22 from Line 9.	**23**	.00	**23**	.00

STOP

A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 4, Line 23 on Step 6, Line 35. You may not complete Step 5. (You must leave Step 5, Lines 24 through 34 blank.) ☐
Note **If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 5.**

B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 5. (Do not leave Lines 28 through 30 blank.) See instructions. ☐

Step 5: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)					
24	Nonbusiness income or loss. **Attach** Schedule NB.	**24**	.00	**24**	.00
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	**25**	.00	**25**	.00
26	Add Lines 24 and 25.	**26**	.00	**26**	.00
27	Business income or loss. Subtract Line 26 from Line 23.	**27**	.00	**27**	.00
28	Total sales everywhere (this amount cannot be negative).	**28**	.00	**28**	.00
29	Total sales inside Illinois (this amount cannot be negative).	**29**	.00	**29**	.00
30	Apportionment factor. Divide Line 29 by Line 28. (Round to six decimal places.)	**30**	.	**30**	.
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	**31**	.00	**31**	.00
32	Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB.	**32**	.00	**32**	.00
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	**33**	.00	**33**	.00
34	**Base income or loss allocable to Illinois.** Add Lines 31 through 33.	**34**	.00	**34**	.00

Step 6: Figure your net income

		A As most recently reported or adjusted	B Corrected amount
35	Base income or net loss from Step 4, Line 23 or Step 5, Line 34.	35 .00	35 .00
36	Discharge of indebtedness adjustment. **Attach** U.S. Form 982.	36 .00	36 .00
37	Adjusted base income or net loss. Add Lines 35 and 36.	37 .00	37 .00
38	Illinois net loss deduction. If Line 37 is zero or negative, enter "0." **Attach** Schedule NLD or UB/NLD.	38 .00	38 .00
39	**Net income.** Subtract Line 38 from Line 37.	39 .00	39 .00

Step 7: Figure your replacement tax after credits

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40 .00	40 .00
41	Recapture of investment credits. **Attach** Schedule 4255.	41 .00	41 .00
42	Replacement tax before credits. Add Lines 40 and 41.	42 .00	42 .00
43	Investment credits. **Attach** Form IL-477.	43 .00	43 .00
44	**Replacement tax after credits.** Subtract Line 43 from Line 42. If negative, enter "0."	44 .00	44 .00

Step 8: Figure your income tax after credits

45	Income Tax. Multiply Line 39 by 7.00% (.07).	45 .00	45 .00
46	Recapture of investment credits. **Attach** Schedule 4255.	46 .00	46 .00
47	Income tax before credits. Add Lines 45 and 46.	47 .00	47 .00
48	Income tax credits. **Attach** Schedule 1299-D.	48 .00	48 .00
49	**Income tax after credits.** Subtract Line 48 from Line 47. If negative, enter "0."	49 .00	49 .00

Step 9: Figure your refund or balance due

50	Replacement tax before reductions. Enter the amount from Line 44.	50 .00	50 .00
51	Foreign Insurer replacement tax reduction. **Attach** Schedule INS or UB/INS.	51 .00	51 .00
52	Subtract Line 51 from Line 50. **This is your net replacement tax.**	52 .00	52 .00
53	Net income tax before reductions. Enter the amount from Line 49.	53 .00	53 .00
54	Foreign Insurer income tax reduction. **Attach** Schedule INS or UB/INS.	54 .00	54 .00
55	Subtract Line 54 from Line 53. **This is your net income tax.**	55 .00	55 .00
56	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instr.	56 .00	56 .00
57	Total net income and replacement taxes and surcharge. Add Lines 52, 55, and 56.	57 .00	57 .00
58a	Credits and payments made before the original tax due date.	58a .00	
b	Pass-through withholding reported to you. **Attach** Sch. K-1-P or K-1-T.	58b .00	
c	Illinois gambling withholding. **Attach** Form(s) W-2G.	58c .00	
59	Total payments. Add Lines 58a through 58c.		59 .00
60	Tax paid with original return (do not include penalties and interest).		60 .00
61	Tax payments made since the original return was filed.		61 .00
62	Total tax paid. Add Lines 59, 60, and 61.		62 .00
63	Total amount of previous refunds and credits for the year being amended, whether or not you received the overpayment.		63 .00
64	Net tax paid. Subtract Line 63 from Line 62.		64 .00
65	**Overpayment.** If Line 64 is greater than Line 57, subtract Line 57 from Line 64.		65 .00
66	Amount of overpayment from Line 65 to be **credited forward.** See instructions.		66 .00
67	**Refund.** Subtract Line 66 from Line 65. This is the amount to be refunded.		67 .00
68	**Tax due.** If Line 57 is greater than Line 64, subtract Line 64 from Line 57.		68 .00
69	Penalty. See instructions.		69 .00
70	Interest. See instructions.		70 .00
71	Total balance due. Add Lines 68 through 70.		71 .00

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.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	( ) Phone	☐ Check if the Department may discuss this return with the paid preparer shown in this step.

Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	☐ Check if self-employed	Paid Preparer's PTIN
	Firm's name ▸			Firm's FEIN ▸	
	Firm's address ▸			Firm's phone ▸	( )

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.

- **Attach supporting documents** to your Form IL-1120-X.
- Failure to attach the required documents may result in the disallowance of the corresponding line item.

If you completed:	Attach
Form IL-1120-X	U.S. 1120-X, **and** U.S. 1139 or federal RAR (if applicable)
Step 1, Line C (unitary) only	Schedule UB Note: Check the box on Form IL-1120-X, Step 1, Line F
Step 1, Line C (foreign insurer) only	Schedule INS
Step 1, Line C (unitary) and (foreign insurer)	Schedule UB and Schedule UB/INS Note: Check the box on Form IL-1120-X, Step 1, Line F
Step 1, Line E	Federal Form 8886 or Federal Schedule M-3 (as applicable)
Step 1, Line O (federal change)	Copy of federal finalization
Step 1, Line Q	Federal Form 982
Step 1, Line R	Schedule INL
Step 1, Line S	Schedule 2220
Lines 5 and 18 • Special Depreciation addition • Special Depreciation subtraction	Form IL-4562 Note: Check the box on Form IL-1120-X, Step 1, Line I
Lines 6 and 19 • Related-party expenses addition • Related-party expenses subtraction	Schedule 80/20 Note: Check the box on Form IL-1120-X, Step 1, Line K
Lines 7 and 20 • Distributive share of additions • Distributive share of subtractions	Schedule(s) K-1-P or K-1-T
Lines 8 and 21 • Other additions • Other subtractions	Schedule M and any required support listed on Schedule M Note: Check the box on Form IL-1120-X, Step 1, Line J
Lines 11 through 15 • River Edge Redevelopment Zone Dividend subtraction • River Edge Redevelopment Zone Interest subtraction • High Impact Business Dividend subtraction • High Impact Business Interest subtraction • Contributions subtraction	Schedule 1299-B and any required support listed on Schedule 1299-B or Schedule 1299-I
Line 17 Foreign Dividend Subtraction	Illinois Schedule J, **and** U.S. 1120, Schedule C or equivalent
Lines 24 and 32 • Nonbusiness income or loss • Nonbusiness income or loss allocable to Illinois	Schedule NB
Lines 25 and 33 • Business income or loss from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates • Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates	Schedule(s) K-1-P or K-1-T
Line 36 Discharge of indebtedness adjustment	Federal Form 982 Note: Check the box on Form IL-1120-X, Step 1, Line Q
Line 38 Illinois net loss deduction	Schedule NLD or UB/NLD (for unitary filers)
Lines 41 and 46 Recapture of investment credit	Schedule 4255
Line 43 Investment credits	Form IL-477 and any required support listed on Form IL-477
Line 48 Income tax credits	Schedule 1299-D and any required support listed in the Schedule 1299-D instructions or Schedule 1299-I Note: Check the box on Form IL-1120-X, Step 1, Line H
Lines 51 and 54 Foreign Insurer tax reduction	Schedule INS or UB/INS (for unitary filers) Note: Check the box on Form IL-1120-X, Step 1, Line C
Line 58b Pass-through withholding reported to you	All Schedules K-1-P and K-1-T you received showing pass-through withholding
Line 58c Illinois gambling withholding	Copies of all Forms W-2G