



<p><b>Indicate what tax year you are amending:</b> Tax year beginning _____, ending _____</p> <p style="text-align: center; font-size: small;">month day year month day year</p> <p><b>STOP</b> If you are filing an amended return for tax years ending <b>before December 31, 2013</b>, you cannot use this form. For prior years, use the amended return form for that year.</p>	<p>Write the amount you are paying.</p> <p>\$ _____</p>
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**Step 1: Identify your partnership**

- A** Write your complete legal business name.   
 If you have a name change, check this box.   
 Name: \_\_\_\_\_
- B** Write your mailing address.   
 If you have an address change, check this box.   
 C/O: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- 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.   
 NLD  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 you are filing Form IL-1065-X before the extended due date and making the election to treat all nonbusiness income as business income.   
     ▶ **If you owe tax on Line 70, complete a payment voucher, Form IL-1065-X-V, make your check payable to "Illinois Department of Revenue" and attach them 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**
- G** Write your federal employer identification no (FEIN). \_\_\_\_\_ - \_\_\_\_\_
- H**  Check this 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. \_\_\_\_\_ - \_\_\_\_\_
- I** Write your North American Industry Classification System Code (NAICS). See instructions. \_\_\_\_\_
- 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 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.

**Step 2: Explain the changes on this return**

▼ Attach your payment and Form IL-1065-X-V here. ▲

**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 or 1065-B.	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 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 loss.</b> Subtract Line 34 from Line 23.	35 <u>          .00</u>	35 <u>          .00</u>

	A If the amount on Line 35 is derived inside Illinois only, check this box and write the amount from Step 6, Line 35 on Step 8, Line 47. You may not complete Step 7. (You must leave Step 7, Lines 36 through 46 blank.)	<input type="checkbox"/>
	B If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 7. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42.)	<input type="checkbox"/>

**Step 7: Figure your income allocable to Illinois**

(Complete only if you checked the box on Line B, above.)

	<b>A</b> As most recently reported or adjusted	<b>B</b> Corrected amount
<b>36</b> Nonbusiness income or loss ( <b>Schedule NB</b> ).	.00	.00
<b>37</b> Trust, estate, and non-unitary partnership business income or loss included in Line 35.	.00	.00
<b>38</b> Add Lines 36 and 37.	.00	.00
<b>39</b> Business income or loss. Subtract Line 38 from Line 35.	.00	.00
<b>40</b> Total sales everywhere (this amount cannot be negative).	.00	.00
<b>41</b> Total sales inside Illinois (this amount cannot be negative).	.00	.00
<b>42</b> Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	.00	.00
<b>43</b> Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	.00	.00
<b>44</b> Nonbusiness income or loss allocable to Illinois ( <b>Schedule NB</b> ).	.00	.00
<b>45</b> Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	.00	.00
<b>46</b> <b>Base income or loss allocable to Illinois.</b> Add Lines 43 through 45.	.00	.00

**Step 8: Figure your net income**

<b>47</b> Base income or net loss from Step 6, Line 35 or Step 7, Line 46.	.00	.00
<b>48</b> Illinois net loss deduction ( <b>Schedule NLD</b> ). If Line 47 is zero or negative, write "0."	.00	.00
<b>49</b> Income after NLD. Subtract Line 48 from Line 47.	.00	.00
<b>50</b> Write the amount from Step 6, Line 35.	.00	.00
<b>51</b> Divide Line 47 by Line 50. (This figure cannot be greater than "1".)	.00	.00
<b>52</b> Exemption allowance. Multiply Line 51 by \$1,000.	.00	.00
<b>53</b> <b>Net income.</b> Subtract Line 52 from Line 49.	.00	.00

**Step 9: Figure your net replacement tax**

<b>54</b> Replacement tax. Multiply Line 53 by 1.5% (.015).	.00	.00
<b>55</b> Recapture of investment credits ( <b>Schedule 4255</b> ).	.00	.00
<b>56</b> Replacement tax before investment credits. Add Lines 54 and 55.	.00	.00
<b>57</b> Investment credits ( <b>Form IL-477</b> ).	.00	.00
<b>58</b> <b>Net replacement tax.</b> Subtract Line 57 from Line 56. If negative, write "0".	.00	.00

**Step 10: Figure your refund or balance due**

<b>59 a</b> Credit from prior year overpayment.	.00	
<b>b</b> Form IL-505-B (extension) payment.	.00	
<b>c</b> Pass-through entity payments. ( <b>Schedule(s) K-1-P or K-1-T</b> ).	.00	
<b>d</b> Gambling withholding ( <b>Form(s) W-2G</b> ).	.00	
<b>60</b> Total payments. Add Lines 59a through 59d.		.00
<b>61</b> Tax paid with original return (do not include penalties and interest).		.00
<b>62</b> Subsequent tax payments made since the original return was filed.		.00
<b>63</b> Total tax paid. Add Lines 60, 61, and 62.		.00
<b>64</b> Total amount previously refunded and credited for the year being amended, whether or not you received the overpayment.		.00
<b>65</b> Net tax paid. Subtract Line 64 from Line 63.		.00
<b>66</b> <b>Refund.</b> If Line 65 is greater than Line 58, subtract Line 58 from Line 65.		.00
<b>67</b> <b>Tax due.</b> If Line 58 is greater than Line 65, subtract Line 65 from Line 58.		.00
<b>68</b> Penalty (See instructions.)		.00
<b>69</b> Interest (See instructions.)		.00
<b>70</b> Total balance due. Add Lines 67 through 69.		.00

**Step 11: 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 partner      Date      \_\_\_\_\_  
Title      Phone

Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
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\_\_\_\_\_  
Signature of preparer      Date      \_\_\_\_\_  
Preparer's Social Security number or firm's FEIN

\_\_\_\_\_  
Preparer's firm name (or yours, if self-employed)      Address      \_\_\_\_\_  
Phone



# Schedule B Partners' or Shareholders' Identification

Month Year

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	B	C	D	E	F	G
	Name and Address	SSN or FEIN	Partner or Shareholder type (See instructions.)	Partner's or shareholder's distributable amount of base income or loss (See instr.)	Member subject to Illinois replacement tax (See instr.)	Pass-through entity payment amount (See instr.)	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"/>	_____	_____

- 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** \_\_\_\_\_