

IL-1041 front (R-12/05)

Fiduciary Income and Replacement Tax Return

or fiscal year beginning ____/___, 2005, ending ____/___, 20____.

Due on or before the 15th day of the 4th month following the close of the tax year.

					ľ	Do not write above	ve this line.
				I	1 -	l _l_	I
Гуре	Name and/or number of trust or estate			Fede	ral employer	identification r	number (FEIN)
				<u> </u>	I _ I	-	_
r	C/O					ax (IBT) numbe	
•					Trust _	_	Estate
print	Mailing address	_					l bankruptcy esta
					sident of Illi	inois? 🗌	Yes No
	City State	ZIP		Che	eck the box	x, if this is y	your: 🔲 First ret
	Check the box if your name or address has changed.					•	//
	· · · · · · · · · · · · · · · · · · ·						
	I — Base income or loss						
	rite your federal taxable income or loss before FNOLD from the workshe				,	1_	l
2 Ad	dditions		A Fiduciar	ary	B Benefic		
	Exemption claimed on U.S. Form 1041, Page 1						
b I	Illinois income and replacement tax deducted in arriving at Line 1 above	2b					
	State, municipal, and other federally tax-exempt interest (See instructions.)						
	Other additions (specify:)						
	Add Lines 2a through 2d. This is the total of your additions.	-					
	eport Column B, Lines 2b through 2d, on Schedule K-1-T, Step 5.	-					
	rite the amount shown on Column A, Line 2e, here.					2	1
	Interine amount shown on Column A, Line 2e, here. Id Lines 1 and 2. This is your total income.					3	
	id Lines T and 2. This is your total income. ibtractions		A Fiduciar	•••	- Ponefi	· -	·
				•	B Benefic		
	August 1, 1969, valuation limitation amount from Schedule F						
	Payments from certain retirement plans (See instructions.)						
	Interest income from U.S. Treasury and other exempt federal obligations						
	Retirement payments to retired partners						
	Enterprise Zone Dividend Subtraction from Schedule 1299-B						
	High Impact Business within a Foreign Trade Zone						
((or sub-zone) Dividend Subtraction from Schedule 1299-B						
	Other subtractions (specify:)) 4g					
_	Add Lines 4a through 4g. This is the total of your subtractions.						
	eport Column B, Lines 4b through 4g, on Schedule K-1-T, Step 5.						
	rite the amount shown on Column A, Line 4h, here.					4_	I
	ubtract Line 4 from Line 3. This is your Illinois base income or loss.						
	the trust or estate is a resident of Illinois, write this amount on Part III, L	ine 1a	2				
	he trust or estate is a resident of fillinois, write this amount on Fart III, L			ત then c	omnlete S	oh NR. 5	_1
		.l t 11.,	.II IO 2,	i ti io	Jinpie.	dhiwa .	
	II — Total tax						
	rite the net replacement tax from Part III, Line 7 (trusts only).					1_	
2 Wr	rite the net income tax from Part IV, Line 7.					2	
	Id Lines 1 and 2. This is your total net income and replacement tax.					3	
	Id the total Illinois income tax withheld on wages (attach Forms W-2), ta	ax pair	d with For	rm IL-5	∙05-B,		
	d any 2004 overpayment credited to 2005 tax. This is the total of your	-				4	_l_
	repayment. Subtract Line 3 from Line 4.	μα,	51 11.0 c	0100	•	5	
	Write the amount of overpayment to be credited to 2006 .	5a			1	~ _	
			estione) F	Ony in f	.l ^{{-:} if \$1 or	more. 6	1
) Iu.	A due. Subtract Line 4 Hottl Line 5. This is the balance of tax add. (656	lhsu u.	Ctions.,	'ay ii is	بن بو ۱۱ الد	More. 🗸	· · · · · · · · ·
Jnder	x due. Subtract Line 4 from Line 3. This is the balance of tax due. (See penalties of perjury, I state that I have examined this return and, to the best of my	knowle	edge, it is tr	rue, corr	rect, and co	mplete.	Do not write in this bo
-	II//		- ()]	í
Sig	Date		Phone			J	L
Jigi -	Signature of fiduciary Date						Check if self-
Sig her	'e		Propage	- CON E	TO THE PERMIT		_
Jigi	· ·		Prepare	er's SSN, I	FEIN, or PTIN		employed →

Pa	rt III — Net income or loss and	replacement tax		
1 2 3 4 5 6	a Write the base income or loss from Part b Write the amount of Illinois net loss ded c Subtract Line 1b from 1a (cannot be less If the trust or estate is a resident of Illinois If the trust or estate is a nonresident of Illi (If you are a short-year filer, see General Ir Subtract Line 2 from Line 1c (cannot be less This is your Illinois net income. Lines 4 through 7 are for trusts only a Multiply Line 3 by 1.5% (.015). This is yo b Recapture of investment credits from Schodd Lines 4a and 4b. This is your total repl. Write the amount of investment credits from Subtract Line 6 from Line 5 (cannot be less Write the result here and on Part II, Line 1.	I, Line 5, or, if a nonresident, from uction (NLD) (attach Schedule NLs than zero). This is your income a s, write the standard exemption of snois, write the amount from Scheduformation.) as than zero). Write the result here I. Estates go to Part IV. Ur replacement tax. The dule 4255 (See instructions.) The acceptation of Standard exemption of Standard exemption of Standard exemption. The acceptation of Standard exemption of Standa	D, see instructions.) fter NLD. \$1,000. ule NR, Part III, Line 4. and on Part IV, Line 1. 4a 4b	1b 1c 2 3
_		This is your not replacement tax.		<u> </u>
1 2 3 4 5	rt IV — Income tax Write the amount of net income from Part I a Multiply Line 1 by 3% (.03). This is your i b Recapture of investment credits from Sci Add Lines 2a and 2b. This is your total inco Credit for income tax paid to other states (/ Income tax credits from Schedule 1299-D (/ a High Impact Businesses only: Write th Schedule 1299-D. b Write the amount of your High Impact Inc c Write the amount of your EDGE Tax Cre Add Lines 4 and 5. Do not include Lines 5a Subtract Line 6 from Line 3 (cannot be less Write the result here and on Part II, Line 2.	ncome tax. hedule 4255 (See instructions.) ome tax. Attach Schedule CR, see instructio Attach Schedule 1299-D, see instructio e amount of your Jobs Tax Credit f vestment Credit from Schedule 129 dit from Schedule 1299-D. a, 5b, and 5c. (See instructions.) e than zero).	ctions.) rom 5a	3 4 5
Pa	rt V — This information must b	e completed by all taxpa	vers.	
1 2 3		state	☐ Complex trust ☐ Inter vivos trust ☐ ☐ Accrual ☐ Other (sper another trust or estate?	☐ Yes ☐ No
	Name	Address		FEIN
а				
b				
С				
d				
е				
f				



Month	Year

Write your name as shown on your Form IL-1041.

Write your federal employer identification number (FEIN).

Identify your benefic	ciaries		
Α	В	С	D
Name	Address	Social Security number or FEIN	Check if nonresident
1			
2			
3			
4			
5			
11			
12			
13	_		
14			
15	_		
16			
22			
23			
24	_		
Schedule D (R-12/05)			

3 Divide Line 1 by Line 2. If Line 1 equals or exceeds Line 2, write "1."

4 Standard exemption. Multiply Line 3 by \$1,000. Write here and on Form IL-1041, Part III, Line 2.

Month	Vear

IL-1041 Schedule NR (R-12/05)

	Attach to your Form IL-1041.			•		•	Month	Year
Vrit	te your name as shown on your Form IL-1041.				-	employer identificatio		
D _a	rt I — Computation of base inco	me	or loss allo	cable to Illin				
	siness Income Election: If you are making the busin		or roos uno		0.0			
	ome election, check the box and report all income, ot		1	2	3	4	;	5
	n employee compensation as business		_	Fiduciary's share	Amounts in	Additions to and		ciary's income
ncc	ome below. (See instructions.)		From U.S. Form 1041	of amounts in Column 1	Column 2 allocable to Illinois	subtractions from amounts in Column 2		/- Col. 4)
1	Interest income	1						
	Dividends	2						
3	Business income or loss	3						
4	Gain or loss from sales or exchanges of							
	nonbusiness property other than from							
	partnerships, S corps, trusts, or estates	4						
5	a Net rent & royalty income or loss	5a						
	b Income or loss from partnerships & S corps							
	c Income or loss from other trusts & estates	5с						
	d Income or loss from real estate mortgage							
6	investment conduits (REMIC)	5 a						
_	Net farm income or loss Gains or losses from sales or exchanges of	О						
′	business property other than from							
	partnerships, S corps, trusts, or estates	7						
8	Other income or loss. (Include winnings from							
Ū	the Illinois State Lottery as Illinois income.)							
9	Total income or loss. Add Lines 1 through 8							
10	Interest	10						
_	Taxes							
	Fiduciary fees	12						
	Charitable deduction							
_	Attorney, accountant, and preparer fees	14						
	Other deductions (including taxes)							
	Total. Add Lines 10 through 15.	16						
17	Subtract Line 16 from Line 9.	17						
18	Income distribution deduction	18						
19	Federal estate tax attributable to income in							
	respect of a decedent (fiduciary's share)	19						
	Exemption	20						
	Total. Add Lines 18 through 20.	21						
	Subtract Line 21 from Line 17.	22					,	
23	Base income or net loss allocable to Illinoi	s. Su	ibtract Line 21 fro	m Line 17. Write o	on Form IL-1041, Pa	art III, Line 1a. 23	·	
Pa	rt II — Business income apporti	onn	nent formula	a				
					_			
	Total sales everywhere				1			
	Total sales within Illinois		,		2			
3	Divide Line 2 by Line 1. (Carry to six decimal	place	es.)			2		
	This is your apportionment factor.					3 _●		
Pa	rt III — Computation of standard	ехе	emption					
	Note: Exemption for a short year m	ust b	e prorated. See		on.			
	Base income or net loss allocable to Illinois fi			rt I, Line 23		1		
2	Total base income from Form IL-1041, Part I,	Line	5			2		