

Illinois Department of Revenue

2007 Form IL-1041 Fiduciary Income and Replacement Tax Return Due on or before the 15th day of the 4th month following the close of the tax year.

Write the amount you are paying.

	f this return is not for calendar year 2007, write your fiscal tax year here. ax year beginning /, 2007, ending / 20					
В	Check the box that identifies your fiduciary Trust Esta Write your name and/or number and mailing address. If you have a change, check this box.	F G	Write your federal em ————————————————————————————————————	residenc	number (IBT	
Maili City:	State: ZIP:		Electing small but Individual bank		, ,	
	Check the box if one of the following apply. first return final return, write the final date Check your method of accounting. Cash Accrual Other	Check the box if you attached Illinois Schedule 1299-D. Income Tax Credits				
S	tep 2: Figure your income or loss		A Beneficiaries		B Fiduciary	,
2	Federal Taxable Income from U.S. Form 1041, Line 22. Federal net operating loss deduction from U.S. Form 1041, Line 15a. This amount cannot be negative. Taxable income of ESBT, if required (see instructions).					•00 •00 •00
4	Exemption claimed on U.S. Form 1041, Line 20.					
5	Illinois income and replacement tax deducted in arriving at Line 1.	5a	•00	5b		• <u>00</u>
6	State, municipal, and other interest income excluded from Line 1.	6a	•00	6b		<u>•00</u>
7	Illinois Bonus Depreciation addition. Attach Form IL-4562.	7a	•00	7b		<u>•00</u>
8	Related-Party Expenses addition. Attach Schedule 80/20.	8a	•00	8b		<u>•00</u>
9	Distributive share of additions. Attach Schedule K-1-P or K-1-T.	9a	•00	9b		<u>•00</u>
10	Other additions. Attach Illinois Schedule M (for businesses).	10a	•00	10b		<u>•00</u>
11	Add Column B, Lines 1 through 10b. This amount is your income or loss. Report Column A, Lines 5a through 10a, on Schedule K-1-T, Step 5.			11		<u>•00</u>

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12 Write the amount of your income or loss from Line 11.

	o 3: Figure your Illinois base income or net loss	E	A Beneficiaries		B Fiduciary
13	August 1, 1969 valuation limitation amount. Attach Schedule F.	13a	•00	13b	•00
14	Federally-taxed refund of Illinois income and replacement tax.	14a	•00	14b	•00
15	Payments from certain retirement plans (see instructions).	15a	•00	15b	•00
16	Interest income from U.S. Treasury and other exempt federal obligations.	16a	•00	16b	•00
17	Retirement payments to retired partners.	17a	•00	17b	•00
18	Enterprise Zone or River Edge Redevelopment Zone dividend	100	00	10h	00
40	subtraction. Attach Schedule 1299-B.		•00		•00
	High Impact Business dividend subtraction. Attach Schedule 1299-B.		•00		•00
20	Contributions to certain job training projects (see instructions).		•00		•00
21	Illinois Bonus Depreciation subtraction. Attach Form IL-4562.		•00		•00
22	Related-Party Expenses subtraction. Attach Schedule 80/20.		•00		•00
23	Distributive share of subtractions. Attach Schedule K-1-P or K-1-T.		•00		•00
24	Other subtractions. Attach Illinois Schedule M (for businesses).	24a	•00		•00
25	Total subtractions. Add Column B, Lines 13b through 24b. Report Column A, Lines 13a through 24a, on Schedule K-1-T, Step 5.			25	•00
	7				
26	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other	nerwise co	ntinue on to Step		•00
te	Base income or net loss. Subtract Line 25 from Line 12.			4.	•00
te	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other of the substance of			4.	
te	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other of the second of th	NR, Line 5		4.	
te 27 28	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other of the second of th	NR, Line 5	i1.	4.	
te 27 28 29	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other of the substitution of	NR, Line 5	•00	27	
te 27 28 29	Base income or net loss. Subtract Line 25 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; other of the substitution of	NR, Line 5	•00	27	•00

32 Replacement tax. Multiply Line 31 by 1.5% (.015).	32 <u>•00</u>
33 Recapture of investment credits. Attach Schedule 4255.	33
34 Replacement tax before investment credits. Add Lines 32 and	33. 34
35 Investment credits. Attach Form IL-477.	35
36 Net replacement tax. Subtract Line 35 from Line 34. If the am	ount is negative, write "0." 36

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				•
37	Write the amount of your net income from Line 31.			<u>•00</u>
ite	6: Figure your net income tax			
38	Income tax. Multiply Line 37 by 3% (.03).		38	<u>•00</u>
39	Recapture of investment credits. Attach Schedule 425	5.	39	<u>•00</u>
40	Income tax before credits. Add Lines 38 and 39.		40	<u>•00</u>
41	Credit for income tax paid to another state while an Illin			
	Attach Schedule CR and other states' returns.	41		
	Income tax credits. Attach Schedule 1299-D.	42		
	Total credits. Add Lines 41 and 42.			<u>•00</u>
44	Net income tax. Subtract Line 43 from Line 40. If the a	amount is negative, write "0."	44	<u></u>
te	7: Figure your refund or balance due)		
	Trusts only: net replacement tax from Line 36.		45	<u>•00</u>
	Net income tax from Line 44.		46	<u>•00</u>
47	Total net income and replacement taxes. Add Lines	45 and 46.		•00
	Payments.			
	a Illinois Income Tax withheld. Attach W-2 forms.	48a	<u>•00</u>	
	b Credit from 2006 overpayment.	48b	•00	
	c Form IL-505-B (extension) payment.	48c	•00	
49	Total payments. Add Lines 48a through 48c.		49	<u> </u>
50	Overpayment. If Line 49 is greater than Line 47, subtract Line 47 from Line 49.			•
51	Amount to be credited to 2008.		51	<u>•00</u>
52	Refund. Subtract Line 51 from Line 50. This is the ar	mount to be refunded.	52	•_
53	Tax Due. If Line 47 is greater than Line 49, subtract Lin	ne 49 from Line 47.		
	This is the amount you owe.		53	• _
	► Make your check pay <u>Special Note</u> Write the amount of y	rable to "Illinois Department of Reve your payment on the top of Page 1 in		ided.
ite	8: Sign here			
Inde lete	r penalties of perjury, I state that I have examined	this return and, to the best of my	knowledge, it is	true, correct, and cor
5	ignature of fiduciary	Date / / Title		
5	ignature of preparer	Date / / Preparer's Soc	ial Security number or	firm's FEIN
F	reparer firm's name (or yours, if self-employed) Address			(Phone

▶ Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009 ◀





Year ending

Month Year

IL Attachment No. 1

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

Write your federal employer identification number (FEIN).

lder	ntify your beneficiaries.				
	Α	В	С	D	L
1	Name and Address	Social Security number or FEIN	Beneficiary type (See instructions.)	Check the box if the beneficiary is an Illinois non-resident.	
2					
3					
4					
5					
6					
7					
8					
9					