

Illinois Department of Revenue

2009 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.

I	f this return is not for calendar year 2009, write your fiscal tax year here.					
_	Fax year beginning /, 2009, ending / 20_					
	ep 1: Identify your fiduciary Check the box that identifies your fiduciary. Trust Est	tate E	Write your federal en	nplover i	dentification n	o. (FEIN).
В	Write your name and/or number and mailing address. If you have an address change, or this is your first return, check this box.	F	Check the box if your		-	
Nam	e:	G	Check the box if you	are an		
C/O			Electing small busine	ss trust	(ESBT)	
0,0			Individual bankruptcy	estate		
Maili	ng address:					
City:	State: ZIP:	н	Check the box if you Schedule 1299-D, Inc.			
C	Check the box if one of the following apply.	ı	Check the box if you Schedule I, Income F			
	First return		If you have complete Form 8886, check the a copy to this return.	d attach		
		K	Check the box if you a discharge of indebt		-	
S	Step 2: Figure your income or loss		A Beneficiaries		B Fiduciary	/
1	Federal Taxable Income from U.S. Form 1041, Line 22.			1_		• <u>00</u>
2	Federal net operating loss deduction from					
	U.S. Form 1041, Line 15a. This amount cannot be negative.			2_		<u>•00</u>
3	Taxable income of ESBT, if required (see instructions).			3 _		<u>•00</u>
4	Exemption claimed on U.S. Form 1041, Line 20.			4 _		<u>•00</u>
5	Illinois income and replacement tax deducted in arriving at Line 1.	5a		5b _		<u>•00</u>
6	State, municipal, and other interest income excluded from Line 1.	6a		6b _		<u>•00</u>
7	Illinois Special Depreciation addition. Attach Form IL-4562.	7a		7b _		<u>•00</u>
8	Related-party expenses addition. Attach Schedule 80/20.	8a		8b _		<u>•00</u>
9	Distributive share of additions. Attach Schedule K-1-P or K-1-T.	9a		9b _		<u>•00</u>
10	Other additions. Attach Illinois Schedule M (for businesses).	10a		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. 12 •00 В Step 3: Figure your Illinois base income or net loss **Beneficiaries Fiduciary 13a** •00 13b 13 August 1, 1969, valuation limitation amount. Attach Schedule F. •00 14a _____ 14b _____ 14 Federally-taxed refund of Illinois income and replacement tax. •00 •00 15 Payments from certain retirement plans (see instructions). 16 Interest income from U.S. Treasury and other exempt federal obligations. •00 •00 17b ____ 17a ____ 17 Retirement payments to retired partners. •00 18 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B. 18a _____ •00 18b _____ 19 High Impact Business Dividend subtraction. Attach Schedule 1299-B. 19a •00 19b •00 **20b** •00 20a 20 Contributions to certain job training projects (see instructions). •00 21a _____ •00 21 Illinois Special Depreciation subtraction. Attach Form IL-4562. •00 22a _____ 22 Related-party expenses subtraction. Attach Schedule 80/20. **23b** •00 23 Distributive share of subtractions. Attach Schedule K-1-P or K-1-T. **23a** •00 **24b** ________ 24a 24 ESBT loss amount. •00 25 Other subtractions. Attach Illinois Schedule M (for businesses). 25a •00 25b •00 26 26 Total subtractions. Add Column B, Lines 13b through 25b. •00 Report Column A, Lines 13a through 25a, on Schedule K-1-T, Step 5. **27** •00 27 Base income or net loss. Subtract Line 26 from Line 12. If you are a nonresident of Illinois, complete Schedule NR; otherwise go to Step 4. Step 4: Figure your net income **28** •00 28 Base income or net loss from Line 27, or, if a nonresident, from Schedule NR, Line 52. **29** •00 29 Discharge of Indebtedness adjustment. See instructions. **30** ______ 30 Adjusted base income or net loss. Add Lines 28 and 29. 31 Illinois net loss deduction. Attach Schedule NLD. 31 If Line 30 is zero or a negative amount, write "0". 32 Standard exemption. Residents only: Write \$1,000. 32 Nonresidents only: Write the amount from Schedule NR, Line 55. •00 33 _____ 33 Add Lines 31 and 32. •00 34 Net Income. Subtract Line 33 from Line 30. 34 ___ •00 If the amount is negative, write "0". Step 5: Figure your net replacement tax — For trusts only, estates go to Step 6 35 _____ 35 Replacement tax. Multiply Line 34 by 1.5% (.015). •00 36 36 Recapture of investment credits. Attach Schedule 4255. •00 37 _____ 37 Replacement tax before investment credits. Add Lines 35 and 36. •00 38 _____ 38 Investment credits. Attach Form IL-477. •00 39 Net replacement tax. Subtract Line 38 from Line 37. If the amount is negative, write "0."

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	ount of your net income from Line 34.				40	<u>•00</u>
ep 6: Figur	e your net income tax					
1 Income tax. M	lultiply Line 40 by 3% (.03).				41	•00
2 Recapture of	investment credits. Attach Schedule	4255.			42	•00
3 Income tax be	efore credits. Add Lines 41 and 42.				43	•00
4 Credit for inco	me tax paid to another state while ar	n Illinois resident.				
Attach Sched	lule CR and other states' returns.		44	<u>•00</u>		
5 Income tax cr	edits. Attach Schedule 1299-D.		45	<u>•00</u>		
6 Total credits. A	Add Lines 44 and 45.				46	<u>•00</u>
7 Net income to	ax. Subtract Line 46 from Line 43. If t	the amount is negative	ve, write "0."		47	•00
ep 7: Figur	e your refund or balance o	due				
B Trusts only:	net replacement tax from Line 39.				48	•00
9 Net income ta	x from Line 47.				49	•00
0 Total net inco	ome and replacement taxes. Add Li	ines 48 and 49.			50	•00
1 Payments.						
a Illinois Inco	ome Tax withheld. Attach W-2 forms.		51a	<u>•00</u>		
b Credit from	n 2008 overpayment.		51b	<u>•00</u>		
c Form IL-50	5-B (extension) payment.		51c	•00		
d Pass-throuç	gh entity payments. Attach Schedule	s K-1-P or K-1-T.	51d	•00		
2 Total payment	ts. Add Lines 51a through 51d.				52	•00
3 Overpayment	. If Line 52 is greater than Line 50, su	ubtract Line 50 from I	Line 52.		53	•
4 Amount to be	credited to 2010.				54	•00
5 Refund. Subt	ract Line 54 from Line 53. This is the	amount to be refund	led.		55	•
6 Tax Due. If Li	ne 50 is greater than Line 52, subtrac	ct Line 52 from Line	50.			
This is the am	nount you owe.				56	•
	► Make your check					
	<u>Special</u> Note → Write the amount	of your payment or	n the top of Page 1	in the space	provided.	
ep 8: Sign l	here					
	of perjury, I state that I have examined	this return and to t	he heet of my knowl	adaa it is trus	correct and	complete
ridei periaities o	r perjury, i state that i have examined		-	-		•
Signature of fiducial	ry	/ Date	/ Title		(Phone	_)
	or	/	/ Title / Preparer's S	Social Security pur	nher or firm's EEIN	
Signature of prepare		Dale	Fiehaiel S S	oolal occurry Hull	IDOLOL IIIIII D I EIIV	

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).				
Ste	ep 1: Provide the followi	ng informat	ion					
1 2	Write the amount from your Form IL-1041, Line 28. Write the apportionment factor from your Form IL-1041, Schedule NR, Step 6, Line 3.			, Line 3.	1 2			
Ste	ep 2: Identify your benef	iciaries. Attac	ch additional shee	ets if necessary.				
	Α	В	С	D	E	F		
1	Name and Address	SSN or FEIN	Beneficiary type (See instructions.)	Total amount of base income (loss) distributable (See instructions.)	Check the box if the beneficiary is an Illinois nonresident	Pass-through entity payment amount (See instructions.)		
2					_ 🗆 .			
-					_ 🗆 _			
3								
4					_ [_] _			
5					_ 🗆 .			
6		· · · 			_ 🗆 .			
					_ 🗆 _			
	Add the amounts shown in Column D for shareholders for which you have entered in Column E. Write the total here. (See in	d a check mark	7 _		_			

