

## Amended Fiduciary Income and Replacement Tax Return

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Indicate what tax year you are amending: Tax year beginning, ending, ending, ending, ending, ending	Write the amount you are paying.
If you are filing an amended return for tax years ending <b>before December 31, 2012</b> , you cannot use this form. For prior years, use the amended return form for that year.	\$

Ste	ep 1: Identify your fiduciary			F W	rite your fedei	ral employer ide	ntification no. (	FEIN).
A	Check the box that identifies your fiducia	ry. Trust	Estat		-	· · ·		
В	Write your complete legal business name If you have a name change, check this b	OX.		G CH	neck the box in Electing s		ust (ESBT)	-
D E ▼	Write your mailing address.  If you have an address change, check this  C/O:  Mailing address:  City:  Check the applicable box for the type of  NLD  State ch  If a federal change, check one:  Part  Write the finalization date  Check this box if you are filing this form onet loss on Line 29, Column B.  Step 2: Explain the changes	_ State: ZIP: change being made. ange	leral change alized al finalization	an  I Cr  J Cr  K Cr  L Cr  M Cr  N If y ch	neck this box in a dattach Illino neck this box in neck this neck this box in neck this box in neck this box in neck this box in neck this neck this box in neck this box in neck this neck th	if you are not an is Schedule NR if Schedule 129 if Schedule I is a if you attached if you attached if Schedule 80/2 pleted federal Fund attach it to the if you are makin djustment on Lirand attach fede	a Illinois resident.  9-D is attached.  Form IL-4562.  Schedule M.  O is attached.  Form 8886,  his return.  g a discharge  ne 28 or	
Attach your payment and	Step 3: Figure your income o	As n	A nost recently ed or adjusted Fi	I duciary	Ben	Corre amo	cted	
•	1 Federal taxable income from U.S. Form 1041, Line 22.		1	•00	ı	1	I	•00
	Federal net operating loss deduction from U.S. Form 1041, Line 15a. This amount cannot be negative.		2	•00		2	2	•00
;	3 Taxable income of ESBT, if required.		3	<u>•00</u>		3	3	<u>•00</u>
	<ul><li>Exemption claimed on U.S. Form 1041.</li><li>Illinois income and replacement tax deducted in arriving at Line 1.</li></ul>	5a	4 5b	• <u>00</u>	•	•00 <b>5</b> k	·	• <u>00</u>
(	6 State, municipal, and other interest	6a					<b></b>	
-	7 Illinois Special Depreciation addition				7a		)	
1	8 Related-party expenses addition	8a					<b></b>	
9	9 Distributive share of additions		9b		9a		)	
10	Other additions							
	(Schedule M for businesses). 1	ua•∪∪	10b	<u> </u>	10a	• <u>00</u> 10k		<u>•00</u>

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As most recently reported or adjusted

Beneficiaries Fiduciary **B** Corrected amount

Beneficiaries

Fiduciary

		Deficilolation		ladolary Borionol	unco maa	olal y
12	Write the amounts from Line 11.		12	<u>•00</u>	12	•00
Ste	p 4: Figure your base incom	e or loss				
	August 1, 1969, valuation limitation amount (Schedule F).	13a	<u>0</u> 13b	<u>•00</u> 13a	•00 13b	•00
	Payments from certain retirement plans.	14a	<u>0</u> <b>14b</b>	<u>•00</u> 14a	<u>•00</u> 14b	•00
	Interest income from U.S. Treasury and other exempt federal obligations.	15a	<u>0</u> 15b	<u>•00</u> 15a	• <u>00</u> 15b	•00
	Retirement payments to retired partners.	16a	<u>0</u> 16b	<u>•00</u> 16a	• <u>00</u> 16b	•00
	Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).	17a	0 <b>17h</b>	•00 17a_	• <u>00</u> 17b_	•00
18	High Impact Business Dividend subtraction (Schedule 1299-B).		<u>0</u> 18b			
19	Contributions to certain job training projects.		<u>0</u> 19b			
20	Illinois Special Depreciation subtraction (Form IL-4562).		0 <b>20b</b>			
21	Related-party expenses subtraction (Schedule 80/20).		<u>0</u> <b>21b</b>			
	Distributive share of subtractions (Schedule(s) K-1-P or K-1-T).	<b>22a</b>	<u>0</u> <b>22b</b>	•00 <b>22</b> a	• <u>00</u> <b>22</b> b	•00
23	ESBT loss amount.	<b>23a</b>	<u>0</u> <b>23b</b>	<u>•00</u> <b>23a</b>	<u>o00</u> 23b	•00
24	Other subtractions (Schedule M).	<b>24a</b>	<u>0</u> <b>24b</b>	<u>•00</u> <b>24a</b>	<u>•00</u> <b>24b</b>	•00
	Total subtractions. Add Lines 13b through 24b. See instructions.		25	•00	25	•00
_	Base income or loss. Subtract Line 25 from Line 12.		26	•00	26	•00
	If you are a nonre	sident of Illinois, con	plete Sch	edule NR; otherwise con	tinue to Step 5.	
Ste	p 5: Figure your net income					
	Base income or net loss from Line 26					
	if you are a nonresident, from Schedu		27	<del></del>	27	
	Discharge of indebtedness adjustmen	•	28		28	
	Adjusted base income or net loss. Add		29	<u>•00</u>	29	•00
	Illinois net loss deduction (Schedule NLD).  If Line 29 is zero or a negative amount, write "0."			•00	30	•00
	Standard exemption.  Residents only: Write \$1,000.	0   ND   54	04	00	04	20
	Nonresidents only: Write the amoun	t from Sch. NR, Line 54.	31		31	
	Add Lines 30 and 31.		32	<u>•00</u>	32	<u>•00</u>
	Net income. Subtract Line 32 from Li If the amount is negative, write "0".		33	•00	33	<u>•00</u>
Ste	p 6: Figure your net replacer	nent tax — For trus	sts only, e	states go to Step 7.		
34	Replacement tax. Multiply Line 33 by	1.5% (.015).	34	<u>•00</u>	34	<u>•00</u>
35	Recapture of investment credits (School	edule 4255).	35	<u>•00</u>	35	<u>•00</u>
36	Replacement tax before investment cre	edits. Add Lines 34 and 3	5. <b>36</b>	<u>•00</u>	36	• <u>00</u>
37	Investment credits (Form IL-477).		37	• <u>00</u>	37	<u>•00</u>
	<b>Net replacement tax.</b> Subtract Line 3 If negative, write "0".	37 from Line 36.	<b>38</b> _	•00	38	•00
	e 2 of 4		- =	<u></u> -		11-X (R-12/12)

		reported	A st recently d or adjusted luciary	Cori am	<b>B</b> rected ount uciary
39	Write the amounts of net income from Line 33.	39	<u>•00</u>	39	<u>•00</u>
Ste	ep 7: Figure your net income tax				
40	Income tax. Multiply Line 39 by 5% (.05).	40	•00	40	•00
	Recapture of investment credits (Schedule 4255).	41		41	
	Income tax before credits. Add Lines 40 and 41.	42		42	
43	Credit for income tax paid to another state while an		<del></del>		
	Illinois resident (Schedule CR).	43	<u>•00</u>	43	<u>•00</u>
44	Income tax credits (Schedule 1299-D).	44	<u>•00</u>	44	<u>•00</u>
45	Total credits. Add Lines 43 and 44.	45	<u>•00</u>	45	<u>•00</u>
46	Net income tax. Subtract Line 45 from Line 42.				
	If negative, write "0."	46	<u>•00</u>	46	<u>•00</u>
Ste	ep 8: Figure your refund or balance due				
47	Trusts only: net replacement tax from Line 38.	47	<u>•00</u>	47	•00
48	Net income tax from Line 46.	48	•00	48	<u>•00</u>
49	Total net income and replacement taxes.				
	Add Lines 47 and 48.	49	•00	49	<u>•00</u>
50	Payments				
	a Illinois Income Tax withheld (Form(s) W-2 or W-2G).	50a	<u>•00</u>		
	<b>b</b> Credit from prior year overpayment.	50b	<u>•00</u>		
	<b>c</b> Form IL-505-B (extension) payment.	50c	<u>•00</u>		
	d Pass-through entity payments (Schedule(s) K-1-P or K	(-1-T). 50d	<u>•00</u>		
51	Total payments. Add Lines 50a through 50d.			51	<u>•00</u>
<b>52</b>	Tax paid with original return (do not include penalties and in	nterest).		52	<u>•00</u>
53	Subsequent tax payments made since the original return.			53	<u>•00</u>
	Total tax paid. Add Lines 51, 52, and 53.			54	<u>•00</u>
55	Total amount previously refunded and/or credited for the ye whether or not you received the overpayment.	ear being amended,		55	•00
56	Net tax paid. Subtract Line 55 from Line 54.			·	•00
	<b>Refund.</b> If Line 56 is greater than Line 49, subtract Line 49	from Line 56		57	
	<b>Tax due.</b> If Line 49 is greater than Line 56, subtract Line 56			58	
	Penalty (See instructions.)	o nom Line 40.		59	
	Interest (See instructions.)			60	
	Total balance due. Add Lines 58 through 60.			61	
	If you owe tax on Line 61, complete a pay "Illinois Department of Revenue	and attach them	to the first page of th	nis form.	
	<u>≣Special Note</u> Write the amount of yo	our payment on the	e top of Page 1 in the	e space provided.	
Ste	ep 9: Sign here				
Und	der penalties of perjury, I state that I have examined this ret	turn and, to the bes	st of my knowledge, it i	is true, correct, and comple	te.
<u> </u>			()	Check this box if we	
Sign	nature of fiduciary Date Title		Phone	discuss this return w preparer shown in the	
Sign	nature of preparer Date Preparer	rer's Social Security num	nber or firm's FEIN	preparer snown in tr	iis sieh. 🔲
Pren	parer's firm name (or yours, if self-employed)  Address			() Phone	

▶ Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016 ◀



Year ending

Month Year

IL Attachment no. 1

1	Write the amount from your Form IL	-1041, Line 27.			1		
2	Write the apportionment factor from				2	•	
Ste	ep 2: Identify your ben	eficiaries. Att B	ach additional s <b>C</b>	sheets if necess	ary. <b>E</b>	F	G
	Name and Address	SSN or FEIN	Beneficiary type (See instructions.)	Total amount of base income (loss) distributable (See instr.)	Check the box if the beneficiary is an Illinois nonresident	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 .		_					
2					_ <b>_</b> _		
3					_ 🗆 _		
-					_ 🗆 _		
4 -		  			_ 🗆 _		
5 _		_					
6					_ 🗆 _		
-		  					