Illinois Department of Revenue <b>2012 Form IL-1041</b> Fiduciary Income and Replacement Tax Returned Due on or before the 15th day of the 4th month following the close of the tax	
If this return is not for calendar year 2012, write your fiscal tax year here. Tax year beginning 2012, ending 20 20 20 year	Write the amount you are paying.
Step 1:       Identify your fiduciary         A       Check the box that identifies your fiduciary. <ul> <li>Trust</li> <li>Estate</li> </ul>	G Write your federal employer identification no. (FEIN)
B Write your complete legal business name. If you have a name change, check this box.	H       Check the box if you are an:         Electing small business trust (ESBT)       □         Individual bankruptcy estate       □
C Write your mailing address. If you have an address change or this is a first return, check this box.	<ul> <li>I Check this box if your residency is not in Illinois and you attached Illinois Schedule NR.</li> <li>J Check this box if you attached Illinois Schedule 1299-D.</li> </ul>
City: State: ZIP: D Check the box if one of the following apply.	<ul> <li>K Check this box if you attached Illinois Schedule I.</li> <li>L Check this box if you attached Form IL-4562.</li> </ul>
<ul> <li>Final return (If final, write the date</li></ul>	<ul> <li>M Check this box if you attached Illinois Schedule M (for businesses).</li> <li>N Check this box if you attached Schedule 80/20.</li> <li>O If you are making a Discharge of Indebtedness adjustment on Schedule NLD or Form IL-1041, Line 28,</li> </ul>
attach a copy to this return.       L         Step 2: Figure your income or loss	check this box and <b>attach</b> federal Form 982.

						-
	1	Federal taxable income from U.S. Form 1041, Line 22.			1_	•00
e.	2	Federal net operating loss deduction from				
V her		U.S. Form 1041, Line 15a. This amount cannot be negative.		2 _	•00	
1041-	3	Taxable income of ESBT, if required. See instructions.			3 _	•00
-' m	4	Exemption claimed on U.S. Form 1041, Line 20.			4 _	•00
d For	5	Illinois income and replacement tax deducted in arriving at Line 1.	5a	•00	5b _	•00
payment and Form IL-1041-V here	6	State, municipal, and other interest income excluded from Line 1.	6a	•00	6b _	•00
	7	Illinois Special Depreciation addition. Attach Form IL-4562.	7a	•00	7b _	•00
	8	Related-party expenses addition. Attach Schedule 80/20.	8a	•00	8b _	•00
Attach your	9	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	9a	•00	9b _	•00
Ă	10	Other additions. Attach Illinois Schedule M (for businesses).	10a	•00	10b _	•00
	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 _	•00

NS DR\_\_\_\_\_

<b>12</b> Write the amount of your income or loss from Line 11.			12	•00	
Step 3: Figure your base income or loss	A Benefi	ciaries		B Fiduciary	
<b>13</b> August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.	13a	•00	13b	•00	
14 Payments from certain retirement plans. See instructions.	14a	•00	14b	•00	
<b>15</b> Interest income from U.S. Treasury and other exempt federal obligations.	15a	•00	15b	•00	
16 Retirement payments to retired partners.					
<b>17</b> Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-B.	• <u>00</u>	17b	•00		
18 High Impact Business Dividend subtraction. Attach Schedule 1299-B.	18a	•00	18b	•00	
<b>19</b> Contributions to certain job training projects. See instructions.	19a	•00	19b	•00	
20 Illinois Special Depreciation subtraction. Attach Form IL-4562.	20a	•00	20b	•00	
21 Related-party expenses subtraction. Attach Schedule 80/20.	21a	•00	21b	• <u>00</u>	
22 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	22a	•00	22b	• <u>00</u>	
23 ESBT loss amount. See instructions.	23a	•00	23b	• <u>00</u>	
24 Other subtractions. Attach Illinois Schedule M (for businesses).	24a	•00	24b	•00	
<b>25</b> 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	
<b>26</b> Base income or loss. Subtract Line 25 from Line 12.			26	•00	
Step 4: Figure your net income					
<b>27</b> Base income or net loss from Line 26, or, if a nonresident, from Schedule				•00	
<b>28</b> Discharge of Indebtedness adjustment. <b>Attach</b> federal Form 982. See inst	tructions.			•00	
<b>29</b> Adjusted base income or net loss. Add Lines 27 and 28.			29	•00	
30 Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, write "0."	30	•00			
<ul> <li>Standard exemption.</li> <li>Residents only: Write \$1,000.</li> <li>Nonresidents only: Write the amount from Schedule NR, Line 54.</li> </ul>	31	•00			
<b>32</b> Add Lines 30 and 31.			32	•00	
<b>33</b> Net Income. Subtract Line 32 from Line 29. If the amount is negative, write "0."			33	<u>•00</u>	
Step 5: Figure your net replacement tax — For trusts or	nly, estates go	to Step 6	6		
<b>34</b> Replacement tax. Multiply Line 33 by 1.5% (.015).	-	-	34	•00	
<b>35</b> Recapture of investment credits. <b>Attach</b> Schedule 4255.			35	• <u>00</u>	
<b>36</b> Replacement tax before investment credits. Add Lines 34 and 35.			36	• <u>00</u>	
37 Investment credits. Attach Form IL-477.			37	•00	
38 Net replacement tax. Subtract Line 37 from Line 36. If the amount is neg	ative, write "0."		38	• <u>00</u>	

39	Write the amount of your net income from Line 33.			39	•00
Ste	o 6: Figure your net income tax				
40	Income tax. Multiply Line 39 by 5% (.05).			40	•00
41	Recapture of investment credits. Attach Schedule 4255.			41	•00
42	Income tax before credits. Add Lines 40 and 41.			42	•00
43	Credit for income tax paid to another state while an Illinois resident. Attach Schedule CR.	43	•00		
44	Income tax credits. Attach Schedule 1299-D.	44	•00		
45	Total credits. Add Lines 43 and 44.			45	•00
46	Net income tax. Subtract Line 45 from Line 42. If the amount is negative	», write "0."		46	•00
	<b>7: Figure your refund or balance due</b> <b>Trusts only:</b> net replacement tax from Line 38.			47	
48	Net income tax from Line 46.			48	•00
49	Total net income and replacement taxes. Add Lines 47 and 48.			49	•00
50	Payments.				
	a Illinois Income Tax withheld. Attach forms W-2 and W-2G.	50a	• <u>00</u>		
	<b>b</b> Credit from 2011 overpayment.	50b	•00		
	<b>c</b> Form IL-505-B (extension) payment.	50c	•00		
	d Pass-through entity payments. Attach Schedule(s) K-1-P or K-1-T.	50d	• <u>00</u>		
51	Total payments. Add Lines 50a through 50d.			51	•00
52	Overpayment. If Line 51 is greater than Line 49, subtract Line 49 from Lin	ne 51.		52	•00
53	Amount to be credited to 2013.			53	<u>•00</u> ♦
54	Refund. Subtract Line 53 from Line 52. This is the amount to be refunde	d.		54	•00
55	<ul> <li>Tax Due. If Line 49 is greater than Line 51, subtract Line 51 from Line 49.</li> <li>This is the amount you owe.</li> <li>▶ If you owe tax on Line 55, complete a payment voucher,</li> </ul>		make vour ch	55 eck pavable to	• <u>00</u>
	"Illinois Department of Revenue" and attach the <u>≣Special</u> <u>Note</u> Write the amount of your payment on	em to the first pa	age of this forn	n. ┥	

## Step 8: 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 fiduciary	Date		Title	Phone	Check this box if we may discuss this return with the preparer shown in this step.
Signature of preparer	Date		Preparer's Social Security number of		
Preparer's firm name (or yours, if self-employ	red)	Address			() Phone

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



Month Year IL Attachment no. 1

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

Write your federal employer identification number (FEIN).

-

1 2	Write the amount from your Form IL-1 Write the apportionment factor from y		Schedule NR, S	1	•		
Ste	ep 2: Identify your bene					_	
	A	В	C	<b>D</b> Total amount of	E Check the box if	<b>F</b> Pass-through	<b>G</b> Excluded from
	Name and Address	SSN or FEIN	Beneficiary type (See instructions.)	base income (loss) distributable (See instr.)	the beneficiary is an Illinois nonresident	entity payment amount (See instr.)	pass-through entity payments (See instr.)
1		_					
		_					
2		_					
3		_					
4		_					
5		_					
		_					
6							
		_					