

Amended Fiduciary Income and Replacement Tax Return

Indicate what tax year you are amending: Tax year beginning month day year, ending month day year year are paying.

If you are filing an amended return for tax years ending before December 31, 2013, you cannot use this form. For prior years, use the amended return form for that year.

 C+^	you cannot use this form. For prior				_					
	p 1: Identify your fiduciary Check the box that identifies your fiducing	iary	☐ Trust	☐ Estate	F Wri		eral employer			EIN)
B \	Check the box that identifies your fiducity of the pour complete legal business nangers of you have a name change, check this lame:	ne. box.	_		G Ch	eck the box Electing s	if you are an	s trust (
C \	Write your mailing address. f you have an address change, check this C/O:	s box.			and I Che	eck this box d attach Illind eck this box	I bankruptcy of if you are not ois Schedule if Schedule 1 if Schedule I	t an Illin NR. I299-D i	is attached.	
	Mailing address:				K Che	eck this box	if you attache	ed Form	ı IL-4562.	
D (Check the applicable box for the type of NLD State of a federal change, check one: Particle the finalization date Check this box if you are filing this form the loss on Line 29, Column B.	f chang change rtial agr	e being made. Fed Fed Fina Attach federa	eral change alized al finalization.	M Che N If you che O Che inde	eck this box ou have con eck this box eck this box ebtedness a	if you attached if Schedule 8 inpleted federa and attach it if you are mandijustment on and attach fe	80/20 is al Form to this re aking a co Line 28	attached. 8886, eturn. discharge of 3 or	
nt and ere.	Step 2: Explain the changes	s on th	nis return							
ach your payment and rm IL-1041-X-V here.	Step 2: Explain the changes Step 3: Figure your income		S S As m	A nost recently ed or adjusted				B orrected amount		
 Attach your payment and Form IL-1041-X-V here. 	Step 3: Figure your income		S S As m	nost recently ed or adjusted	ıciary	Bei			Fiduciary	
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Α As most recently

reported or adjusted

В Corrected amount

Beneficiaries Beneficiaries Fiduciary Fiduciary **12** Write the amounts from Line 11. 12 •00 12 •00 Step 4: Figure your base income or loss 13 August 1, 1969, valuation limitation **13a** •00 **13b** •00 **13a** amount (Schedule F). 14 Payments from certain retirement <u>•00</u> 14b plans. •00 **14b** •00 **14a** •00 **15** Interest income from U.S. Treasury 15a ___ <u>•00</u> 15b____ •00 **15b**_____ and other exempt federal obligations. •00 **15a** 16 Retirement payments to retired _•<u>00</u> 16b **16a** •00 **16b** •00 **16a** partners. 17 River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B). •00 **17b** •00 **17a** •00 **17b** 18 High Impact Business Dividend •00 **18b** •00 **18a** •00 **18b** •00 subtraction (Schedule 1299-B). **19** Contributions to certain job training •00 **19b** •00 **19a** •00 **19b** projects. See instructions. 20 Illinois Special Depreciation subtraction (Form IL-4562). 20a •00 20b •00 20a •00 20b 21 Related-party expenses 21a __ •00 **21b** subtraction (Schedule 80/20). •00 **21a** •00 **21b** •00 22 Distributive share of subtractions <u>•00</u> **22a** •00 **22b** (Schedule(s) K-1-P or K-1-T). •00 23a <u>•00</u> 23b <u>•00</u> 23a 23 ESBT loss amount. •00 **23b** •00 •00 **24b** •00 **24a** 24 Other subtractions (Schedule M). 24a •00 **24b** •00 25 Total subtractions. Add Lines 13b through 24b. 25 See instructions. •00 26 Base income or loss. Subtract Line 25 from Line 12. 26 •00 26 •00 If you are a nonresident of Illinois, complete Schedule NR; otherwise continue to Step 5. Step 5: Figure your net income 27 Base income or net loss from Line 26 or. 27_ 27 •00 •00 if you are a nonresident, from Schedule NR, Line 51. 28 28__ 28 Discharge of indebtedness adjustment (U.S. Form 982). •00 •00 29 Adjusted base income or net loss. Add Lines 27 and 28. •00 •00 30 Illinois net loss deduction (Schedule NLD). If Line 29 is zero or a negative amount, write "0." 30 •00 30 •00 31 Standard exemption. Residents only: Write \$1,000. 31 •00 31 •00 Nonresidents only: Write the amount from Sch. NR, Line 54. 32___ **32** •00 •00 **32** Add Lines 30 and 31. 33 Net income. Subtract Line 32 from Line 29. 33___ 33 •00 If the amount is negative, write "0". •00 Step 6: Figure your net replacement tax — For trusts only, estates go to Step 7. 34 34 •00 **34** Replacement tax. Multiply Line 33 by 1.5% (.015). 35 •00 35 •00 35 Recapture of investment credits (Schedule 4255). 36 •00 **36** Replacement tax before investment credits. Add Lines 34 and 35. **36** •00 37_ 37 ___ 37 Investment credits (Form IL-477). •00 •00 38 Net replacement tax. Subtract Line 37 from Line 36. If negative, write "0". 38 •00 38

		reporte	A ost recently d or adjusted duciary	Cor am	rected lount uciary
39	Write the amounts of net income from Line 33.	39	• <u>00</u>	39	•00
Ste	ep 7: Figure your net income tax — For trusts	s and estates			
40	Income tax. Multiply Line 39 by 5% (.05).	40	<u>•00</u>	40	•00
41	Recapture of investment credits (Schedule 4255).	41	<u>•00</u>	41	•00
42	Income tax before credits. Add Lines 40 and 41.	42	<u>•00</u>	42	•00
43	Credit for income tax paid to another state while an				
	Illinois resident (Schedule CR).	43		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	<u>•00</u>
48	Net income tax from Line 46.	48	•00	48	<u>•00</u>
49	Compassionate Use of Medical Cannabis Pilot Program Act				
	Surcharge. See instructions.	49	<u>•00</u>	49	<u>•00</u>
50	Total net income and replacement taxes and surcharge.	50	00	50	00
E-1	Add Lines 47, 48, and 49.	50	<u>•00</u>	50	•00
ЭΙ	Payments a Illinois Income Tax withheld (Form(s) W-2 or W-2G).	51a	•00		
	b Credit from prior year overpayment.	51b			
	c Form IL-505-B (extension) payment.	51c			
	d Pass-through entity payments (Schedule(s) K-1-P or K-				
52	Total payments. Add Lines 51a through 51d.	-1-1). 31u	<u> </u>	52	•00
	Tax paid with original return (do not include penalties and in	toract)		53	
	Subsequent tax payments made since the original return.	iterest).		54	
	Total tax paid. Add Lines 52, 53, and 54.			55	
	Total amount previously refunded and/or credited for the year	ar haina amandad		33	•00
30	whether or not you received the overpayment.	ar being amended	,	56	•00
57	Net tax paid. Subtract Line 56 from Line 55.			57	
	Refund . If Line 57 is greater than Line 50, subtract Line 50	from Line 57.		58	
	Tax due . If Line 50 is greater than Line 57, subtract Line 57			59	
	Penalty (See instructions.)			60	
	Interest (See instructions.)			61	
	Total balance due. Add Lines 59 through 61.			62	•00
	If you owe tax on Line 62, complete a payr	ment voucher, Fo	rm IL-1041-X-V, make y	our check payable to	
	"Illinois Department of Revenue"				
	<u>Special</u> <u>Note</u> Write the amount of you	ur payment on th	e top of Page 1 in the	space provided.	
	ep 9: Sign here der penalties of perjury, I state that I have examined this retu				te.
C:~-	nature of fiduciary Date Title		()	Check this box if we	
oign	ature of fiduciary Date Title		Phone	discuss this return v	
Sign	nature of preparer Date Prepare	er's Social Security nur	mber or firm's FEIN	Proparer snown in ti	по окор. Ш
				()	-
Prep	parer's firm name (or yours, if self-employed) Address			Phone	

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IL-1041-X (R-12/13)

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



Year ending

Month Year

IL.	Atta	chme	nt no.	1

	1: Provide the follo	_	ation		1		
	rite the apportionment factor from		Schedule NR, Ste	ep 6, Line 3.	2		
Step	2: Identify your ber					_	
	A Name and Address	B SSN or FEIN	Beneficiary type (See instructions.)	Beneficiary's amount of base income or loss (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.)
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