



Illinois Department of Revenue

2017 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.

If this return is not for calendar year 2017, enter your fiscal tax year here.

Tax year beginning month day year 20, ending month day year 20

For tax years ending on or after December 31, 2017. For prior years, use the form for that year.

Enter the amount you are paying.

\$

Step 1: Identify your fiduciary

A Enter your complete legal business name. If you have a name change, check this box.

Name:

B Enter your mailing address.

Check this box if either of the following apply:

- this is your first return, or
you have an address change.

C/O:

Mailing address:

City: State: ZIP:

C Check the box that identifies your fiduciary. Trust Estate

D Check the box if any of the following apply. (You may check multiple boxes.)

- Electing small business trust (ESBT) Individual bankruptcy estate
Complex trust without distributions

E If this is the first or final return, check the applicable box(es).

- First return
Final return (Enter the date of termination. mm dd yyyy)

F Check your method of accounting.

- Cash Accrual Other

G Enter your federal employer identification no. (FEIN).

H Check this box if you completed federal Form 8886 and attach a copy to this return.

I Check this box if your residency is not in Illinois and you attached Illinois Schedule NR.

J Check this box if you attached Illinois Schedule 1299-D.

K Check this box if you attached Illinois Schedule I.

L Check this box if you attached Form IL-4562.

M Check this box if you attached Illinois Schedule M (for businesses).

N Check this box if you attached Schedule 80/20.

O If you are making a discharge of indebtedness adjustment on Schedule NLD or Form IL-1041, Line 28, check this box and attach federal Form 982.

Step 2: Figure your income or loss

A Beneficiaries (Whole dollars only)

B Fiduciary (Whole dollars only)

Table with 11 rows and 2 columns (A and B) for income/loss reporting. Includes lines for federal taxable income, deductions, and additions.

Attach your payment and Form IL-1041-V here.



Step 3: Figure your base income or loss



**A
Beneficiaries**

**B
Fiduciary**

12 Enter the amount of your income or loss from Line 11.		12 _____	12 _____	.00
13 August 1, 1969, valuation limitation amount. Attach Schedule F.	13a _____	.00	13b _____	.00
14 Payments from certain retirement plans. See instructions.	14a _____	.00	14b _____	.00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a _____	.00	15b _____	.00
16 Retirement payments to retired partners.	16a _____	.00	16b _____	.00
17 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	17a _____	.00	17b _____	.00
18 High Impact Business Dividend subtraction. Attach Schedule 1299-B.	18a _____	.00	18b _____	.00
19 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 _____	.00
22 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	22a _____	.00	22b _____	.00
23 ESBT loss amount. See instructions.	23a _____		23b _____	.00
24 Other subtractions. Attach Illinois Schedule M (for businesses).	24a _____	.00	24b _____	.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
26 Base income or loss. Subtract Line 25 from Line 12.			26 _____	.00



If you are a nonresident of Illinois, complete Schedule NR; otherwise go to Step 4.

Step 4: Figure your net income

27 Base income or net loss. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount from Schedule NR, Line 51.		27 _____	27 _____	.00
28 Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.		28 _____	28 _____	.00
29 Adjusted base income or net loss. Add Lines 27 and 28.		29 _____	29 _____	.00
30 Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0."	30 _____	.00		
31 Standard exemption. Residents only: See instructions before completing. Nonresidents only: Enter the amount from Schedule NR, Line 54.	31 _____	.00		
32 Add Lines 30 and 31.		32 _____	32 _____	.00
33 Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter "0."		33 _____	33 _____	.00

Step 5: Figure your net replacement tax — For trusts only, estates go to Step 6

34 Replacement tax. Multiply Line 33 by 1.5% (.015).		34 _____	34 _____	.00
35 Recapture of investment credits. Attach Schedule 4255.		35 _____	35 _____	.00
36 Replacement tax before credits. Add Lines 34 and 35.		36 _____	36 _____	.00
37 Replacement tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR.	37 _____	.00		
38 Investment credits. Attach Form IL-477.	38 _____	.00		
39 Total credits. Add Lines 37 and 38.		39 _____	39 _____	.00
40 Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative, enter "0."		40 _____	40 _____	.00

Step 6: Figure your net income tax — For trusts and estates



41 Enter the amount of your net income from Line 33.		41 _____	.00
42 Income tax. See instructions for tax rate calculations.	42 _____		.00
43 Recapture of investment credits. Attach Schedule 4255.		43 _____	.00
44 Income tax before credits. Add Lines 42 and 43.		44 _____	.00
45 Income tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR.	45 _____		.00
46 Income tax credits. Attach Schedule 1299-D.	46 _____		.00
47 Total credits. Add Lines 45 and 46.		47 _____	.00
48 Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter "0."		48 _____	.00

Step 7: Figure your refund or balance due

49 Trusts only: net replacement tax from Line 40.		49 _____	.00
50 Net income tax from Line 48.		50 _____	.00
51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.		51 _____	.00
52 Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 7. See Instructions. Attach Schedule D.		52 _____	.00
53 Total net income and replacement taxes, surcharge, and pass-through withholding payments you owe. Add Lines 49, 50, 51, and 52.		53 _____	.00
54 Payments. See instructions.			
a Credit from prior year overpayments.	54a _____		.00
b Form IL-505-B (extension) payment.	54b _____		.00
c Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	54c _____		.00
d Illinois Income Tax withheld. Attach all W-2, W-2G, and 1099 forms.	54d _____		.00
e Form IL-516-I prepayments.	54e _____		.00
f Form IL-516-B prepayments.	54f _____		.00
55 Total payments. Add Lines 54a through 54f.		55 _____	.00
56 Overpayment. If Line 55 is greater than Line 53, subtract Line 53 from Line 55.		56 _____	.00
57 Amount to be credited forward . See instructions.		57 _____	.00
58 Refund. Subtract Line 57 from Line 56. This is the amount to be refunded.		58 _____	.00

59 Complete to direct deposit your refund

Routing Number	<input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number	<input type="text"/>		

60 Tax Due. If Line 53 is greater than Line 55, subtract Line 55 from Line 53. This is the amount you owe.	60 _____	.00
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▶ If you owe tax on Line 60, complete a payment voucher, Form IL-1041-V. Write your FEIN, tax year ending, and "IL-1041-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 8: Sign below - 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.

Sign Here	Signature of fiduciary	Date (mm/dd/yyyy)	Title	Phone ()	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Print/Type paid preparer's name	Paid preparer's signature		Date (mm/dd/yyyy)	
Paid Preparer Use Only	Firm's name ▶	Firm's FEIN ▶			
	Firm's address ▶	Firm's phone ▶ ()		Paid Preparer's PTIN	

- ▶ 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**



Illinois Department of Revenue
2017 Schedule D Beneficiary Information

Attach to your Form IL-1041.



Year ending

Month Year

IL Attachment no. 1

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

Enter your federal employer identification number (FEIN).



Read this information first

- You must read the Schedule D instructions and complete Schedule(s) K-1-T and Schedule(s) K-1-T(3) before completing this schedule.
- You must complete Section B of Schedule D and provide all the required information for your beneficiaries before completing Section A of Schedule D.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-T and Schedule D, Section B)



Before completing this section you must first complete Schedule(s) K-1-T, Schedule(s) K-1-T(3) and Schedule D, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident beneficiaries (from Schedule(s) K-1-T)

1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-T for your members. See instructions. **1** _____

Totals for nonresident beneficiaries (from Schedule D, Section B)

2 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident individual members. See instructions. **2** _____

3 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident estate members. See instructions. **3** _____

4 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your partnership and S corporation members. See instructions. **4** _____

5 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident trust members. See instructions. **5** _____

6 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your C corporation members. See instructions. **6** _____

7 Add Line 2 through Line 6. This is the total pass-through withholding you owe on behalf of all your nonresident beneficiaries. This amount should match the total amount from Schedule D, Section B, Column G for all nonresident beneficiaries on all pages. Enter the total here **and** on Form IL-1041, Line 52. See instructions. **7** _____

▶ Attach all pages of Schedule D, Section B behind this page.



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

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

A		B	C	D	E	F	G
Name and Address		Beneficiary type	SSN or FEIN	Beneficiary's amount of base income or loss (See instr.)	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding <i>(If Column E is blank, complete Column F and Column G. Otherwise, enter zero in Column F and Column G.)</i>	Pass-through withholding payment amount
1	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
2	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
3	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
4	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
5	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____

Note If you have more members than space provided, attach additional copies of this page as necessary.