

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.

-		return is not for calendar year 2017, enter your fiscal tax year here. rear beginning 20, ending 20			Enter the	e amount you are p	ayıng.
	_	rear beginning day 20, ending day 20 month day year month day year ax years ending on or after December 31, 2017. For prior years, use the f	orm fo	r that waar	Ф		
			01111 10	r triat year.	\$		
A Enter your If you have Name: B Enter your r Check this is this is you have C/O: Mailing address City: C Check the I D Check the I Electin Complete If this is the		dentify your fiduciary ur complete legal business name. ve a name change, check this box. ur mailing address. is box if either of the following apply: is your first return, or have an address change.		Check this box if Illinois and you at Check this box if Schedule 1299-I. Check this box if Schedule I. Check this box if Schedule I. Check this box if Schedule M (for Check this box if Schedule M (for I Check this box if I Check this box if Schedule M (for I Check this box if I you are making	you compattach a copyour resident tached Illing you attached Illing you attached you attached businessed you attached a discharghedule NL	copy to this return. lency is not in nois Schedule NR. ched Illinois ched Illinois ched Form IL-4562 ched Illinois es). ched Schedule 80/2 ge of indebtedness LD or Form IL-1041,	
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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 _	•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 _	• <u>00</u>	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.	20 a _	•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 Sci	nedule	NR; otherwise go to	Step 4.	
Step 27	4: Figure your net income Base income or net loss. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount from Schedule NR, Line 51.			27	•00
28	Discharge of indebtedness adjustment. Attach federal Form 982. See inst	ructions	S.	28 _	•00
29	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, 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 _	•00
33	Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter "0."			33 _	•00
Step	5: Figure your net replacement tax — For trusts only, estate	es go t	o Step 6		
34	Replacement tax. Multiply Line 33 by 1.5% (.015).			34 _	•00
35	Recapture of investment credits. Attach Schedule 4255.			35 _	•00
36	Replacement tax before credits. Add Lines 34 and 35.			36	•00
37	Replacement tax credit for income tax paid to another state while an Illinoi resident. Attach Schedule CR.		•00		
38	Investment credits. Attach Form IL-477.	38 _	•00		
39	Total credits. Add Lines 37 and 38.			39 _	•00
40	Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative.	ative, er	nter "0."	40 _	•00

Refund. Subtract Line 57 from Line 56. This is the amount to be refunded. 58	Step	6: Figure your net income tax — For trusts and es	tates			
### Recapture of investment credits. Attach Schedule 4255.	41	Enter the amount of your net income from Line 33.			41	<u>•00</u>
44 Income tax before credits. Add Lines 42 and 43. 45 Income tax credit for income tax patd to another state while an Illinois resident. Attach Schedulc CR. 46 Income tax credits. Attach Schedule 1299-D. 46 Income tax credits. Add Lines 45 and 46. 47 — 400 48 Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter "0." 48 Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter "0." 48 Net income tax from Line 48. 49 — 400 50 Net income tax from Line 48. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 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 Total net Income and replacement taxes, surcharge, and pass-through withholding payments you owe. Add Lines 49, 50, 51, and 52. 53 Total net Income and replacement taxes, surcharge, and pass-through withholding payments you owe. Add Lines 49, 50, 51, and 52. 54 Payments. See instructions. 5 Form IL-505-B (extension) payment. 5 Form IL-505-B (extension) payments. 5 Form IL-505-B (extension) payments. 5 Form IL-505-B (extension) payments. 5 Form IL-516-Inprepayments. 5 Form IL-516-Inprepayments. 5 Form IL-516-B prepayments. 5 Form IL-516-B prepayments. 5 Form IL-516-B prepayments. 5 Form IL-516-B prepayments. 6 Form IL-516-B prepa	42	Income tax. See instructions for tax rate calculations.	42	•00		
45 Income tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR. 46	43	Recapture of investment credits. Attach Schedule 4255.			43	<u>•00</u>
## Resident Attach Schedule CR. ## \$	44	Income tax before credits. Add Lines 42 and 43.			44	<u>•00</u>
46 Income tax credits. Add Lines 45 and 46. 47 400 47 400 48 Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter "0." 48 49 400 49 49 400 49 49	45	Income tax credit for income tax paid to another state while an	Illinois			
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Step 7: Figure your refund or balance due 49 Trusts only: net replacement tax from Line 40. 49 Q Q0 50 Net income tax from Line 48. 50 Q00 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 51 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions. 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. 53 Total net income and replacement taxes, surcharge, and pass-through withholding payments you owe. Add Lines 49, 50, 51, and 52. 54 Payments. See instructions. 54 Payments. See instructions. 55 Total payments. See instructions. 56 Query payments. 57 Amount to be credited forward. See instructions. 58 Refund. Subtract Line 57 from Line 56. This is the amount to be credited forward. See instructions. 58 Refund. Subtract Line 57 from Line 55. Subtract Line 58 from Line 55. 58 Refund. Subtract Line 57 from Line 55. Subtract Line 58 from Line 55. This is the amount you owe. 60 Tax Due. If Line 58 is greater than Line 55, subtract Line 58 from Line 53. This is the amount you owe. 61 Figure and the passe provided. 58 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 for the passe provided. 59 Paid Prepayment and Paid prepayer's signature 59 Paid Prepayer 50 Date (Payments.) 50 Date (Payments.) 50 Date (Payments.) 51 Date (Payments.) 52 Date (Payments.) 53 Date (Payments.) 54 Date (Payments.) 55 Date (Payments.) 56 Date (Payments.) 57 Date (Payments.) 58 Refund. Subtract Line 57 from Line 56. This is the amount to be credited forward. See instructions. 58 Refund. Subtract Line 57 from Line 56. This is the amount to be trefunded. 58 Payments. 59 Complete to direct deposit your refund 60 Tax Due. If Line 58 is greater than Line 55, subtract Line 58 from Line 53. This is the amount you owe. 60 Tax Due. If Line 59 is g	46	Income tax credits. Attach Schedule 1299-D.	46	•00		
Step 7: Figure your refund or balance due 49 Trusts only: net replacement tax from Line 40. 49	47	Total credits. Add Lines 45 and 46.			47	<u>•00</u>
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Schedule D, Section A, Line 7, See Instructions. Attach Schedule D. 52	51	Compassionate Use of Medical Cannabis Pilot Program Act sur	rcharge. See instructions	S.	51	<u>•00</u>
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f Form IL-516-B prepayments. 54f		d Illinois Income Tax withheld. Attach all W-2, W-2G, and 1099	9 forms. 54d	<u>•00</u>		
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56 Overpayment. If Line 55 is greater than Line 53, subtract Line 53 from Line 55. 56		f Form IL-516-B prepayments.	54f	<u>•00</u>		
57 Amount to be credited forward. See instructions. 58 Refund. Subtract Line 57 from Line 56. This is the amount to be refunded. 59 Complete to direct deposit your refund Routing Number	55	Total payments. Add Lines 54a through 54f.			55	<u>•00</u>
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 Paid Preparer* Use Only Date (mm/dd/yyyy) Title Paid Preparer* Use Only Checking or Savings Savings Checking or Savings Savings Account Number Checking or Savings Checking or Savings Savings Savings Firm's paid Preparer's name Paid preparer's signature Date (mm/dd/yyyy) Firm's phone ()	56	Overpayment. If Line 55 is greater than Line 53, subtract Line 5	3 from Line 55.		56	<u>•00</u>
Complete to direct deposit your refund Routing Number	57	Amount to be credited forward. See instructions.		•	57	<u>•00</u> ◆
Routing Number Account Number Checking or Savings 60 Tax Due. If Line 53 is greater than Line 55, subtract Line 55 from Line 53. This is the amount you owe. 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. 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 Signature of fiduciary Date (mm/dd/yyyy) Title Phone Print/Type paid preparer's name Paid Preparer Use Only Firm's name Firm's phone	58	Refund. Subtract Line 57 from Line 56. This is the amount to b	e refunded.		58	•00
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or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form. 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 completed the signature of fiduciary Date (mm/dd/yyyy) Title Phone Date (mm/dd/yyyy) Paid preparer's signature Paid Preparer Use Only Firm's name Firm's address Firm's address Firm's address Firm's phone () Date (mm/dd/yyyy) Paid Preparer's PTI Firm's phone ()	60	Tax Due. If Line 53 is greater than Line 55, subtract Line 55 fro	m Line 53. This is the an	nount you owe.		•00
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Sign Here Signature of fiduciary Date (mm/dd/yyyy) Title Phone Date (mm/dd/yyyy) Self-employed Paid Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Self-employed Paid Preparer's PTI Firm's name Firm's phone ()	r	or money order and make it payable to "Illinois Department of Re	evenue." Attach your vou	icher and paymen	t to the fire	st page of this form.
Sign Here Signature of fiduciary Date (mm/dd/yyyy) Title Phone Print/Type paid preparer's name Prim's name Firm's address Firm's address Check if the Department may discuss this return with the paid preparer shown in this steep and preparer's signature Date (mm/dd/yyyy) Firm's phone Firm's phone Check if the Department may discuss this return with the paid preparer shown in this steep and preparer's signature Print/Type paid preparer's name Firm's FEIN Firm's phone () Check if Print/Type paid preparer's name Firm's FEIN Firm's phone ()	Step	8: Sign below - Under penalties of perjury, I state that I have example 1	amined this return and, to the	e best of my knowled	dge, it is true	e, correct, and complete.
Here Signature of fiduciary Date (mm/dd/yyyy) Title Phone Paid Preparer Use Only Firm's address Check if Print/Type paid preparer's name Paid preparer's signature Paid preparer's signature Paid preparer's PTI	Sian					· · · · · · · · · · · · · · · · · · ·
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Firm's address Firm's phone ()		earer Firm's name	<u> </u>			part of the
If a payment is not enclosed, mail this return to: Illinois Department of Revenue. P.O. Box 19009. Springfield. IL 62794-9009	USE)
	•	If a payment is not enclosed, mail this return to: Illinois Depar	tment of Revenue, P.O	. Box 19009, Spri	ingfield. I	L 62794-9009

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

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IL-1041 (R-12/17)





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)

lotaic	To Tooldon and nomoodon bonomication (nom bonodalo(b) 12 1 1)		
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.

Page 4 of 5 Schedule D front (R-12/17)





Enter your name as shown on your Form IL-1041. Enter your federal employer identification number (FEIN). Members' information (See instructions before completing.) **Section B:** Α C D G Pass-through Beneficiary's Excluded from Share of Illinois SSN amount of base pass-through income subject withholding Beneficiary income or loss withholding to pass-through payment Name and Address **FEIN** withholding type (See instr.) payments amount (If Column E is blank, complete Column F 1 Name and Column G. Otherwise, enter zero in Column F and Column G.) 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 State Zip Name C/O Address 2 State Zip 5 Name C/O Address 1 ___ Address 2

<u>=Note</u> If you have more members than space provided, attach additional copies of this page as necessary.

State

Zip