

IL-1041 (R-12/19)

Illinois Department of Revenue

2019 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.



Page 1 of 5

	eturn is not for calendar year 2019, enter your fiscal tax year here. r beginning 20, ending 20		1	Enter the	e amount you are	payin
	This form is for tax year ending on or after December 31, 2019, and before D For all other situations, see instructions to determine the correct form to use.	ecemb	per 31, 2020.	\$		
	Identify your fiduciary er your complete legal business name. ou have a name change, check this box.		Enter your federal (employe	er identification nu	ımber
Che C/O: Mailli City: C Che D Che E If th	er your mailing address. eck this box if either of the following apply: this is your first return, or you have an address change. Ing address: State: ZIP: eck the box that identifies your fiduciary. Trust Estate eck the box if any of the following apply. (You may check multiple boxes.)	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 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				
Step 2:	Figure your income or loss		A Beneficiaries		B Fiduciary	
tach your payment and Form IL-1041-V here. 1 1 0 6 8 2 9 2 7 5 5 6 7 5	Federal taxable income from U.S. Form 1041, Line 23. Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. Taxable income of ESBT, if required. See instructions. Exemption claimed on U.S. Form 1041, Line 21. Illinois income and replacement tax and surcharge deducted in arriving at Line 1. State, municipal, and other interest income excluded from Line 1. Illinois Special Depreciation addition. Attach Form IL-4562. Related-Party Expenses addition. Attach Schedule 80/20. Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. Other additions. Attach Illinois Schedule M (for businesses). 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.	6a 7a 8a 9a 10a	•00 •00 •00 •00 •00	1 2 3 4 5b 6b 7b 8b 9b 10b	(Whole dollars of	•00 •00 •00 •00 •00 •00 •00 •00
	IR NS DR This form is authorized as outlined by information is REQUIRED. Failure to p					ı



12 Enter the amount of your income or loss from Line 11. 13 August 1, 1969, valuation limitation amount. Attach Schedule F. 14 Payments from certain retirement plans. See instructions. 15 Interest income from U.S. Treasury and other exempt federal obligations. 15 Retirement payments to retired partners. 16 Retirement payments to retired partners. 16 Retirement payments to retired partners. 17 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B. 18 High Impact Business Dividend subtraction. Attach Schedule 1299-B. 18 High Impact Business Dividend subtraction. Attach Schedule 1299-B. 19 Contributions to certain job training projects. See instructions. 19 Lilinois Special Depreciation subtraction. Attach Schedule 80/20. 20 Illinois Special Depreciation subtraction. Attach Schedule 80/20. 21 Related-Party Expenses subtractions. Attach Schedule 80/20. 22 Distributive share of subtractions. Attach Schedule (Sr.1-P or K-1-T. 22a 25 ESBT loss amount. See instructions. 23 ESBT loss amount. See instructions. 24 Other subtractions. Atd Column B, Lines 13b through 24b. Report Column A, Lines 13a through 24a, on Schedule K-1-T, Step 5. 25 Base Income or loss. Subtract Line 25 from Line 12. 26 Base income or net loss. 27 Base income or loss. 28 Residents only: Enter the amount from Schedule NR, Line 51. 29 Adjusted base income or net loss. 29 Adjusted base income or net loss. Add Lines 27 and 28. 10 Illinois net loss deduction. Attach Schedule NLD. 11 Line 29 is zero or a negative amount, enter zero. 29 Add Lines 30 and 31. 30 Illinois net loss deduction. Step the amount from Schedule NR, Line 54. 31	ies		Fiduciary
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Illinois resident. Attach Schedule CR and U.S. Form 1041, Page 1 and Line 11 breakdown. 37		36 _	•00
9 Investment credite Attach Form II 477			
	<u>•00</u>		
Total credits. Add Lines 37 and 38.Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative, enter zero.			•00 •00

Step 3:

Figure your base income or loss

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Ste	ep 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. Multiply Line 41 by 4.95% (.0495)	42	•00
43	Recapture of investment credits. Attach Schedule 4255.	43	•00
	Income tax before credits. Add Lines 42 and 43.		•00
45	Income tax credit for income tax paid to another state while an Illinois		
	resident. Attach Schedule CR and U.S. Form 1041, Page 1 and Line 11 breakdown.	45	•00
46	Income tax credits. Attach Schedule 1299-D.	46	
	' Total credits. Add Lines 45 and 46.		•00
	Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter zero.	48	
Ste	ep 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	<u>•00</u>
51	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	51	•00
	Sale of assets by gaming licensee surcharge. See instructions.	52	
	Pass-through withholding you owe on behalf of your members. Enter the amount from		
	Schedule D, Section A, Line 7. See instructions. Attach Schedule D.	53	•00
54	Total net income and replacement taxes, surcharges, and pass-through withholding		
	you owe. Add Lines 49 through 53.	54	<u>•00</u>
55	Payments. See instructions.		
	a Credits from previous overpayments. 55a		
	b Total payments made before the date this return is filed. 55b		
	c Pass-through withholding reported to you on Schedule(s)		
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 55c0 0		
	d Illinois Income Tax withheld. Attach all W-2, W-2G, and 1099 forms. 55d		
56	Total payments. Add Lines 55a through 55d.	56	•00
57	Overpayment. If Line 56 is greater than Line 54, subtract Line 54 from Line 56.	57	<u>•00</u>
58	Amount to be credited forward. See instructions.	♦ 58	<u>•00</u> ◆
59	Refund. Subtract Line 58 from Line 57. This is the amount to be refunded.	59	•00
60	Complete to direct deposit your refund		
	Routing Number Checking or Savings		
	Account Number		
61	Tax Due. If Line 54 is greater than Line 56, subtract Line 56 from Line 54. This is the amount you owe.	61	•00
•	If you owe tax on Line 61, complete a payment voucher, Form IL-1041-V. Write your FEIN, tax year endir		
	or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payn		page of this form.
	Special Note→ Enter the amount of your payment on the top of Page 1 in the span	ace provided.	
Ste	ep 8: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my known	wledge, it is true, o	correct, and complete.
Sig			k if the Department
He	re ()	may discus	ss this return with the
	Signature of fiduciary Date (mm/dd/yyyy) Title Phone	paid prepai	rer shown in this step.
Pai	id law.	Check if	D.11D
	Print/ Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy)		Paid Preparer's PTIN
Us	e Only	m's FEIN ▶	
	Firm's address Firm	m's 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





Year ending

Month Year

	Attach this schedule to your Form IL-1041.		IL Attachment No. 1				
Enter you	ur name as shown on your Form IL-1041.	 er your federal employ	rer identification number (FEIN).				
STOP	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.						
<u>=</u> Note →	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	Section A: Total members' information (from Schedule(s) K-1-T and Schedule D, Section B)						
STOP	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 no individual members. See instructions.	onresident 2					
3	Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your no estate members. See instructions.	nresident 3					

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.

Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your partnership

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.

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 (Form IL-1041-X), Line 53. See instructions.

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

7

and S corporation members. See instructions.

4

6

7





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.)							
	Α		В	C	D Beneficiary's amount of base	E Excluded from pass-through	F Share of Illinois income subject	G Pass-through withholding
	Name and Address		Beneficiary type	or FEIN	income or loss (See instr.)	withholding	to pass-through withholding	amount
1 Name _			_				and Column G. Oth	r, complete Column F erwise, enter zero in
C/O			_				Column F an	d Column G.)
Address 1			-					
Address 2			_					
City								
	State	ZIP						
2 Name _			-					
C/O			-					
Address 1			-					
Address 2			-					
City _	State	ZIP						
0	Side	211						
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						
	State	4 11						

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

Schedule D Back (R-12/19)