

## **Illinois Department of Revenue**



Page 1 of 5

2020 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 2020, enter your fiscal tax year here.  Tax year beginning 20 year, ending 20 year 20 year   |   | Er   | iter the amour   | nt you are paying  |
|--|---|--|--|--|
| This form is for tax year ending on or after December 31, 2020, and before December 31 and before December 31, 2020, and before 2020, and befor | ecember 31, 202   | 1. <u>\$</u>   |  |  |
| A Enter your complete legal business name.  If you have a name change, check this box.   | G Enter you (FEIN).   | ur federal en  | nployer identif  | ication number   |
| 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)  Complex trust without distributions  E If this is the first or final return, check the applicable box(es).  First return  | Form 88  I Check th Illinois a  J Check th Schedul  K Check th Schedul  M Check th Schedul  M Check th Schedul  N If you ar adjustmattach for stateme  O Check th | and attace in the second secon | attached Sch<br>lischarge of in<br>8, check this b<br>982 and a det<br>urn.<br>are a 52/53 w | is return.  not in hedule NR.  Dis  m IL-4562.  Dis  edule 80/20.  debtedness Dox and ailed  veek filer. |
| Final return (Enter the date of termination dd)  F Check your method of accounting.  Cash Accrual Other  |   | nis box if you<br>nuary 1, 2021  | r tax year beg   | an on or   |
| Step 2: Figure your income or loss   | Benef   | A<br>iciaries<br>ollars only)  |  | B<br>duciary<br>dollars only)  |
| <ol> <li>Federal taxable income from U.S. Form 1041, Line 23.</li> <li>Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative.</li> <li>Taxable income of ESBT, if required. See instructions.</li> <li>Exemption claimed on U.S. Form 1041, Line 21.</li> <li>Illinois income and replacement tax and surcharge deducted in</li> </ol>  |   |  | 1<br>2<br>3<br>4   |  |
| 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.   | 5a<br>6a<br>7a<br>8a<br>9a<br>10a   | •00<br>•00<br>•00<br>•00   | 5b<br>6b<br>7b<br>8b<br>9b<br>10b<br>11  | •00<br>•00<br>•00<br>•00   |
| IR NS DR  This form is authorized as outlined by the information is REQUIRED. Failure to pro-  |   |  | s  | Page 1 of 5  |



| Step   | 3: Figure your base income or loss  | Ben                       | A<br>neficiaries |  | B<br>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                       | <u>•00</u>       | 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                       | <u>•00</u>       | 17b  | •00                                 |
| 18   | High Impact Business Dividend subtraction. <b>Attach</b> 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. <b>Attach</b> 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. <b>Attach</b> 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.  |                           |                  | 25   | •00                                 |
|  | Report Column A, Lines 13a through 24a, on Schedule K-1-T, Step 5.  |                           |                  |  |                                     |
| 26   | Base income or loss. Subtract Line 25 from Line 12.   |                           |                  | 26   | •00                                 |
|  | If you are a nonresident of Illinois, complete Sci  | hedule NR; ot             | herwise go to    | Step 4.                                      |                                     |
| Step<br>27   | Base income or net loss.  |                           |                  |  |                                     |
| 28   | Residents only: Enter the amount from Line 26.  Nonresidents only: Enter the amount from Schedule NR, Line 51.  |                           |                  | 27   | •00                                 |
| 20   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  | tructions.                |                  |  |                                     |
| 29   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst   | tructions.                |                  | 28   | •00                                 |
| 30   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  |                           |                  | 28<br>29                                     | •00<br>•00                          |
|  | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter   |                           |                  | 28<br>29                                     | •00<br>•00                          |
| 30   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.   |                           |                  | 28<br>29                                     | •00<br>•00                          |
| 30   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter   |                           | •00              | 28<br>29                                     | •00<br>•00                          |
| 30<br>31   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  | r zero.                   | •00              | 28<br>29<br>30                               | •00<br>•00                          |
| 30<br>31<br>32                                       | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  | r zero.                   | •00              | 28<br>29<br>30                               | •00<br>•00<br>•00                   |
| 30<br>31<br>32                                       | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst. Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54. Add Lines 30 and 31.  | r zero.                   | •00              | 28<br>29<br>30<br>32                         | •00<br>•00<br>•00                   |
| 30<br>31<br>32                                       | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  | r zero.                   | •00              | 28<br>29<br>30<br>32                         | • <u>00</u> • <u>00</u> • <u>00</u> |
| 30<br>31<br>32                                       | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See instance Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  | 7 zero.<br>31             |                  | 28<br>29<br>30<br>32                         | • <u>00</u> • <u>00</u> • <u>00</u> |
| 30<br>31<br>32<br>33<br>Step                         | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See instance Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  | 7 zero.<br>31             |                  | 28   | • <u>00</u> • <u>00</u> • <u>00</u> |
| 30<br>31<br>32<br>33<br>Step                         | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See instance Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).  | 7 zero.<br>31             |                  | 28<br>29<br>30<br>32<br>33<br>34<br>35       | •00<br>•00<br>•00<br>•00<br>•00     |
| 30<br>31<br>32<br>33<br>Step<br>34                   | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).  Recapture of investment credits. Attach Schedule 4255.  | 7 zero.<br>31             |                  | 28   | •00<br>•00<br>•00<br>•00<br>•00     |
| 30<br>31<br>32<br>33<br>Step<br>34<br>35             | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See instance Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).  Recapture of investment credits. Attach Schedule 4255.  Replacement tax before credits. Add Lines 34 and 35.  | at zero.  31es go to Step | o 6              | 28   | •00<br>•00<br>•00<br>•00<br>•00     |
| 30<br>31<br>32<br>33<br>Step<br>34<br>35<br>36       | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).  Recapture of investment credits. Attach Schedule 4255.  Replacement tax before credits. Add Lines 34 and 35.  Replacement 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.  | 31es go to Step           | o 6              | 28   | •00<br>•00<br>•00<br>•00<br>•00     |
| 30<br>31<br>32<br>33<br>Step<br>34<br>35<br>36<br>37 | Nonresidents only: Enter the amount from Schedule NR, Line 51.  Discharge of indebtedness adjustment. Attach federal Form 982. See inst Adjusted base income or net loss. Add Lines 27 and 28.  Illinois net loss deduction. If Line 29 is zero or a negative amount, enter Standard exemption.  Residents only: See instructions before completing.  Nonresidents only: Enter the amount from Schedule NR, Line 54.  Add Lines 30 and 31.  Net Income. Subtract Line 32 from Line 29.  If the amount is negative, enter zero.  5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).  Recapture of investment credits. Attach Schedule 4255.  Replacement tax before credits. Add Lines 34 and 35.  Replacement 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.  Investment credits. Attach Form IL-477. | at zero.  31es go to Step | o 6              | 28<br>29<br>30<br>32<br>33<br>34<br>35<br>36 | •00<br>•00<br>•00<br>•00<br>•00     |

Page 2 of 5 IL-1041 (R-12/20)



| 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. See Instructions.   | 42                     | <u>•00</u>                   |
| 43  | Recapture of investment credits. Attach Schedule 4255.  | 43                     | <u>•00</u>                   |
| 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 and U.S. Form 1041, Page 1 and Line 11 breakdown.  | 45                     | <u>•00</u>                   |
| 46  | Income tax credits. Attach Schedule 1299-D.   | 46                     | •00                          |
| 47  | Total credits. Add Lines 45 and 46.   | 47                     | <u>•00</u>                   |
| 48  | Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter zero.   | 48                     | <u>•00</u>                   |
| Ste | ep 7: Figure your refund or balance due   |                        |                              |
| 49  | Trusts only: net replacement tax from Line 40.  | 49                     | <u>•00</u>                   |
| 50  | Net income tax from Line 48.  | 50                     | <u>•00</u>                   |
| 51  | Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.  | 51                     | • <u>00</u>                  |
| 52  | Sale of assets by gaming licensee surcharge. See instructions.  | 52                     | <u>•00</u>                   |
| 53  | 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                     | <u>•00</u>                   |
| 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>b</b> Total payments made before the date this return is filed. <b>55b</b>   |                        |                              |
|     | c Pass-through withholding reported to you on Schedule(s)   |                        |                              |
|     | K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T. <b>55c</b>  |                        |                              |
|     | d Illinois Income Tax withheld. <b>Attach</b> all W-2, W-2G, and 1099 forms. <b>55d</b>   |                        |                              |
|     | Total payments. Add Lines 55a through 55d.  |                        | <u>•00</u>                   |
|     | Overpayment. If Line 56 is greater than Line 54, subtract Line 54 from Line 56.   | 57                     |                              |
| 58  | Amount to be <b>credited forward.</b> See instructions.   | <b>♦</b> 58            | <u>•00</u> <b>♦</b>          |
|     | Check this box and attach a detailed statement if this carryforward is going to a different FEIN.   |                        | 00                           |
|     | <b>Refund.</b> Subtract Line 58 from Line 57. This is the amount to be refunded.  | 59                     | •00                          |
| 00  | Complete to direct deposit your refund  |                        |                              |
|     | Routing Number  |                        |                              |
|     | Account Number  |                        |                              |
|     |   | 0.4                    |                              |
| 61  | Tax Due. If Line 54 is greater than Line 56, subtract Line 56 from Line 54. This is the amount you owe.  If you owe tax on Line 61, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, co | 61                     | • <u>00</u>                  |
| F   | orm IL-1041-V. Write your FEIN, tax year ending, and "IL-1041-V" on your check or money order and make i  |                        |                              |
| Ī   | Department of Revenue." Attach your voucher and payment to the first page of this form.   | i puyuus is iiii       |                              |
|     | $\frac{\mathbb{E}Special}{Note}$ Enter the amount of your payment on the top of Page 1 in the spa   | ce provided.           |                              |
| Ste | ep 8: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my know   |                        | correct, and complete.       |
| Sig |   |                        | k if the Department          |
| He  | re ( )  |                        | ss this return with the      |
| _   | Signature of fiduciary  Date (mm/dd/yyyy)  Title  Phone   |                        | rer shown in this step.<br>T |
| Pa  | id Print/Type poid preparer's name  | Check if self-employed | Doid Dranage de DTIN         |
|     | Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) Firm's name   | m's FEIN ▶             | Paid Preparer's PTIN         |
| Us  | e Only  | m's phone ▶ (          | 1                            |
| _   |   | , ,                    | <u>/</u>                     |
| 1   | <ul><li>If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, S</li></ul>  | pringfield II          | 62794-9009                   |

IL-1041 (R-12/20)

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

IL Attachment No. 1

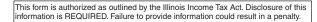
|          | 2020 Schedule D  |
|----------|--|
| S.       | Beneficiary Information Attach this schedule to your Form IL-1041. |
| <i>W</i> | Attach this schedule to your Form IL-1041.                         |

| Enter yo | ur name as shown on your Form IL-1041.   | Enter your federal employer 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.   |  |                        |  |  |  |
| =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 subm further information to support your filing. |  |                        |  |  |  |
| Section  | on 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 completing this section.   | ı will use the amounts fror                              | m those schedules when |  |  |  |
| 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   | s. <b>1</b>  |                        |  |  |  |
| 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 neindividual members. See instructions.  | onresident <b>2</b>                                      |                        |  |  |  |
| 3        | Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your neestate members. See instructions.  | onresident <b>3</b>                                      |                        |  |  |  |
| 4        | Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your pand S corporation members. See instructions.  | artnership<br><b>4</b>                                   |                        |  |  |  |
| 5        | Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your numbers. See instructions.   | onresident trust 5                                       |                        |  |  |  |
| 6        | Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your C members. See instructions.   | corporation 6  |                        |  |  |  |
| 7        | Add Line 2 through Line 6. This is the total pass-through withholding you owe on behalf of all your nonresident beneficial   | aries. This  |                        |  |  |  |

amount should match the total amount from Schedule D, Section B, Column G for all nonresident beneficiaries on all pages. Enter the

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

7



total here and on Form IL-1041 (Form IL-1041-X), Line 53. See instructions.





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          | <b>D</b> Beneficiary's amount of base | <b>E</b> Excluded from pass-through | <b>F</b> Share of Illinois income subject | <b>G</b> Pass-through withholding             |
|                 | Name and Address   |             | Beneficiary<br>type | or<br>FEIN | income or loss<br>(See instr.)        | withholding                         | to pass-through withholding               | amount  |
| <b>1</b> Name _ |  |             | _                   |            |                                       |                                     | and Column G. Oth                         | r, complete Column F<br>erwise, enter zero in |
| C/O             |  |             | _                   |            |                                       |                                     | Column F an                               | d Column G.)                                  |
| Address 1       |  |             | -                   |            |                                       |                                     |   |   |
| Address 2       |  |             | _                   |            |                                       |                                     |   |   |
| City            |  |             |                     |            |                                       |                                     |   |   |
|                 | State  | ZIP         |                     |            |                                       |                                     |   |   |
| <b>2</b> Name _ |  |             | -                   |            |                                       |                                     |   |   |
| C/O             |  |             | -                   |            |                                       |                                     |   |   |
| Address 1       |  |             | -                   |            |                                       |                                     |   |   |
| Address 2       |  |             | -                   |            |                                       |                                     |   |   |
| City _          | State  | ZIP         |                     |            |                                       |                                     |   |   |
| 0               | Side   | 211         |                     |            |                                       |                                     |   |   |
| 3 Name _        |  |             | -                   |            |                                       |                                     |   |   |
| C/O             |  |             | -                   |            |                                       |                                     |   |   |
| Address 1       |  |             | -                   |            |                                       |                                     |   |   |
| Address 2       |  |             | -                   |            |                                       |                                     |   |   |
| City _          | State  | ZIP         |                     |            |                                       |                                     |   |   |
| <b>4</b> Name _ |  |             | _                   |            |                                       |                                     |   |   |
| C/O             |  |             | _                   |            |                                       |                                     |   |   |
| Address 1       |  |             | _                   |            |                                       |                                     |   |   |
| Address 2 _     |  |             | -                   |            |                                       |                                     |   |   |
| City _          |  |             |                     |            |                                       |                                     |   |   |
|                 | State  | ZIP         |                     |            |                                       |                                     |   |   |
| <b>5</b> Name   |  |             | -                   |            |                                       |                                     |   |   |
| C/O             |  |             | _                   |            |                                       |                                     |   |   |
| Address 1       |  |             | -                   |            |                                       |                                     |   |   |
| Address 2       |  |             | -                   |            |                                       |                                     |   |   |
| City _          | State  | ZIP         |                     |            |                                       |                                     |   |   |
|                 | State  | <b>4</b> 11 |                     |            |                                       |                                     |   |   |

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

Schedule D Back (R-12/20)