Indicate what tax year you are amending: Tax year beginning motil, day year ending motil day, year ending motil day, year ending motil day, year ending motil day, year are purpled. If you are filing an amended return for tax years ending before December 31, 2022, year gain ga		Illinois Departmen 2022 IL-104 Amended Fiduci For tax years ending on c	1-X ary Ir	ncome and December 31, 20	22.	-	nt Ta	x R	eturn			
Step 1: Identify your fiduciary F Enter your fiduciary F Enter your fiduciary F Enter your cleared employer identification number (FEIN). A Enter your complete legal business name. F Check this box if you are filing this form only to report an increased net loss on line 29. Course filing this form only to report an increased net loss on line 29. B Enter your mailing address. F Check this box if you attached Schedule 18. F Cor: Core H Check this box if you attached Schedule 19. Check this box if you attached Schedule 29D J Check the box that identifies your fiduciary. Tust Estate Check this box if you attached Schedule 2020. M Check the box that identifies your fiduciary. Tust Estate M Check this box if you attached Schedule 2020. M Check the box that identifies your fiduciary. Tust Estate M Check this box if you attached Schedule 2020. M M Check this box if you attached Schedule 2020. M Check this box if you attached Schedule 2020. M Check this box if you attached Schedule 2020. M Check this box if you attached Schedule 2020. M M Check this box if you attached Schedule 2020. M Check this box if you attached Schedule 2020. M	In							'n	nonth day year	En		1
A Enter your complete legal business name. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have a name change, check this box. If you have an address. If you have an address change, check this box. If you have name change check this box. If you have name change check this box. If you have complete legal business that geneticating address. If it is box if you attached Schedule NL. If y	WARN								use.	\$_		
A Enter your complete legal business name. If you have a name change, check this box: G Check this box if you are ling this form only to report an increased net loss on Line 29, Column B. B Enter your mailing address. If you have an address change, check this box: G Check this box if you are address of Line 29, Column B. Mailing address: Gorden this box if you attached Schedule N12. Gorden this box if you attached Schedule N12. Core Mailing address: ZIP: Check this box if you attached Schedule N2. Core Check the box if any of the following apply. (You may check multiple boxes.) Complex trust or estate without distributions Check this box if you attached Schedule N2. Core Complex trust or estate without distributions Complex trust or estate without distributions E Check the box if any of the logs on this return (Attach a separate sheet if necessary.) Pouble throwback adjustment - see instructions. More the three operating loss deduction from U.S. Form 1041, Line 23. Concest this box if you are a 52/53 week filer. Federal taxable income from U.S. Form 1041, Line 15. Concest the operating loss deduction from U.S. Form 1041, Line 15. S. Forder I041, Line 23.	Ste	p 1: Identify your fiduciary					F Ent	ter you	ır federal employer ide	entific	ation number (FEIN)).
Name:	AE	Enter your complete legal business nam										
B Enter your mailing address. I Outent NE. Outent NE. CO: If you have an address change, check this box. I I Check this box if you attached Schedule NPR. CO: Mailing address: I Check this box if you attached Schedule NPR. I Check this box if you attached Schedule MO. I Check this box if you attached Schedule MO. I Check this box if you attached Schedule MO. I Check this box if you attached Schedule MO. I Check the box if any of the following apply. (You may check multiple boxes.) I Check this box if you attached Schedule MD. Or Form IL-1641. Line 28, check this box and attach if to this return. I M If you are making addicters E Check the applicable box for the type of change being made. I If a tederal change, check one: If and attach if to this return. In Mowack adjustment - see instructions. P Double throwback adjustment - see instructions. P D Oute throwback adjustment - see instructions. D Faderal taxable income from U.S. Form 1041, Line 23. 1 -00 1 -00 J. Federal taxable income from U.S. Form 1041, Line 15b. 1 -00 2 -00 J. Federal taxable income form U.S. Form 1041. 2 -							-			on L	.ine 29,	7
CC: I Check this box if you attached Schedule 129-D. J Check this box if you attached Schedule 129-D. J Check this box if you attached Schedule M. J Check this box if you attached Schedule M. L Check this box if yo	BE	Enter your mailing address.	box.				H Ch	eck th	nis box if your reside			ב
Mailing address:								-				
City: State: ZiP: L Check this box if you attached Schedule M. 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.) M Check this box if you attached Schedule M. D C Check the box if any of the following apply. (You may check multiple boxes.) M Check this box if you attached Schedule M. D C Complex trust or estate without distributions If you are making a discharge of indebtedness adjustment - see instructions. N N Form IL-1041. Line 28. check this box and attach if cheral Form 982. O Throwback adjustment - see instructions. D Federal change, check one: Partial agreed Finalized O Throwback adjustment - see instructions. D Double throwback adjustment - see instructions. D Form 1041, Line 23. Attach federal finalization. Gorrected mononthis return (Attach a separate sheet if necessary.) Encerted mononthis return (Attach a separate sheet if necessary.) Fiduciary (Whole dollars only) Whole dollars only) Fiduciary (Whole dollars only) Corrected monont tesernity reported or adj									-]
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.) M Check this box if you have completed federal D Check the box if any of the following apply. (You may check multiple boxes.) N 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. C Check the applicable box for the type of change being made. P andel agreed Finalized MLD State change Federal change Ford B48 and Attach federal form 982. C Check the applicable box for the type of change being made. P Double throwback adjustment - see instructions. P Double throwback adjustment - see instructions. P D Enter the finalization date Attach federal finalization. O Check this box if you are a 52/53 week filer. Step 2: Figure your income or loss A mean treamity reported or adjusted mount fiduciary (Whole dollars only) Whole dollars only) Whole dollars only) 1 Federal taxable income from 1041, Line 28. 1 -00 1 -00 2 Federal net operating loss deduction from US. Form 1041, Line 28. 2 -00 2 -00	N	Aailing address:				I	K Ch	eck th	nis box if you attache	ed So	chedule M.]
□ Check the box if any of the following apply. (You may check multiple boxes.) □ Form 8886 and attach it to this return. □ □ Check the box if any of the following apply. (You may check multiple boxes.) □ N If you are making a discharge of indebtedness adjustment on Schedule NLD or Form 1L-1041, Line 28, check this box and attach federal Form 982. □ N N N N If you are making a discharge of indebtedness adjustment - see instructions. □ O Form 8886 and attach it to this return. □ N	C	City:	State	: ZIP: _			L Ch	eck th	nis box if you attache	ed So	chedule 80/20.]
Electing small business trust (ESBT) Individual bankrupty estate Complex trust or estate without distributions Complex trust or estate here the finalization date Complex trust or estate here the finalization Step 2: Figure your income or loss A as most recently reported arguised Complex trust or estate here the finalization Step 2: Figure your income or loss A as most recently reported or adjusted The default exable income from U.S. Form 1041, Line 23. Complex		-										
Image: Complex trust or estate without distributions Form IL-1041, Line 28, check this box and attach federal Form 982. Image: Check the applicable box for the type of change being made. O Image: It a federal change, check one: Partial agreed If a federal trust of the changes on this return (Attach a separate sheet if necessary.) Beneficiaries If a federal taxable income from U.S. Form 1041, Line 23. I If Sederal net operating loss deduction from Semont cannot be negative. Particulary If this amount cannot be negative. 2 -00 2 -00 Inicome excluded from Line 1. 6a -00 5b -00 5a		_		_								
Complex fuels of estate windout distributions attach federal Form 982. NLD State change Federal change, check one: Partial agreed Finalized Corrected Corrected Step 2: Figure your income or loss A As most recently reported or adjusted Beneficiaries Whole dollars only Whole dollars only <td>L</td> <td></td> <td></td> <td></td> <td>krupt</td> <td>cy estate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	L				krupt	cy estate						
NLD State change Federal change P Double throwback adjustment - see instructions. If a federal change, check one: Partial agreed Finalized Q Check this box if you are a 52/53 week filer. Enter the finalization date Attach federal finalization. If a federal change, check one: P artial agreed Finalized Q Check this box if you are a 52/53 week filer. If a federal change, check one: P artial agreed Finalized Q Check this box if you are a 52/53 week filer. If a federal taxable income from Step 2: Figure your income or loss A most recently reported or adjusted Corrected atmount U.S. Form 1041, Line 23. 1 -000 1 -000 I Federal taxable income from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 -000 I Taxable income of ESR, if required. 3 -000 4 -000 4 -000 I linios income and replacement tax and surface deutchon the net. 6a -000 5a -000 5b -000 5b -000 7a -000 7a -000 7a -000 7a -000 7b -000 7b -000 7b -000 <td>_ L</td> <td></td>	_ L											
If a federal change, check one: Partial agreed Finalized Q Check this box if you are a 52/53 week filer. Enter the finalization date Attach federal finalization. Image: Step 2: Figure your income or loss A most recently reported or adjusted Beneficiaries Fiduciary Whole dollars only) Whole dollars only) I Federal taxable income from Beneficiaries U.S. Form 1041, Line 23. 1 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 3 Taxable income of ESBT, if required. 3 4 -00 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a a come excluded form Line 1. 6a -00 6b -00 7 Illinois Special Depreciation addition. Attach Schedule 80/20. 8a 0 Subt- ord 9 Distributive share of additions. Attach Schedule M (for businesses). 10 Other additions. Attach Schedule M (for businesses). 10 Other additions.	E	Check the applicable box for the type of	change	being made.		(O Thr	rowba	ack adjustment - see	inst	ructions.]
Enter the finalization date Attach federal finalization. Image: Step 2: Figure your income or loss A As most recently reported or adjusted B Beneficiaries (Whole dollars only) B Corrected amount Beneficiaries (Whole dollars only) 1 Federal taxable income from U.S. Form 1041, Line 23. 1 -00 1 -00 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 -00 2 -00 3 Taxable income of ESBT, if required. 3 -00 4 -00 4 -00 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a -00 5b -00 5a -00 5b -00 6 State, municipal, and other interest in come excluded from Line 1. 6a -00 7b -00 7a -00 7b -00 7 Related-Party Expenses addition. Attach Schedule 80/20. 8a -00 8b -00 9b -00 7b -00 7b -00 7b </td <td>[</td> <td>NLD State change</td> <td>E F</td> <td>ederal change</td> <td></td> <td>I</td> <td>P Do</td> <td>uble t</td> <td>hrowback adjustmer</td> <td>nt - s</td> <td>ee instructions. L</td> <td></td>	[NLD State change	E F	ederal change		I	P Do	uble t	hrowback adjustmer	nt - s	ee instructions. L	
Support of the changes on this return (Attach a separate sheet if necessary.) Step 2: Figure your income or loss A As most recently reported or adjusted Beneficiaries (Whole dollars only) Beneficiaries Fiduciary (Whole dollars only) 1 Federal taxable income from U.S. Form 1041, Line 23. 1	ľ	f a federal change, check one: 🔲 Par	tial agre	ed 🗌 Finali	zed	(Q Ch	eck th	nis box if you are a 5	52/53	week filer.	
Step 2: Figure your income or loss A B As most reported or adjusted Corrected amount Beneficiaries Fiduciary Whole dollars only) (Whole dollars only) 1 Federal taxable income from U.S. Form 1041, Line 23. 1 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 3 Taxable income of ESBT, if required. 4 Exemption claimed on U.S. Form 1041. 4	V	Enter the finalization date		Attach federal	final	lization.						
Beneficiaries (Whole dollars only) Fiduciary (Whole dollars only) Beneficiaries (Whole dollars only) Fiduciary (Whole dollars only) Fiduciary (Whole dollars only) Fiduciary (Whole dollars only) 1 Federal taxable income from U.S. Form 1041, Line 23. 1 -00 1 -00 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 -00 2 -00 3 Taxable income of ESBT, if required. 3 -000 4 -000 4 -000 4 Exemption claimed on U.S. Form 1041. 4 -000 4 -000 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a -00 5b -00 5a -00 5b -00 6 State, municipal, and other interest income excluded from Line 1. 6a -00 6b -00 6a -00 6b -00 7 Illinois Special Depreciation addition. Attach Schedule 80/20. 8a -00 7b -00 7b -00 7b -00 8b -00 8b -00 8b -00 9b -000 9b -00	ent and / here.	STOP Explain the changes or	n this I	r eturn (Attach a	a sep	arate sheet if	neces	sary.)	1			-
 (Whole dollars only) <	ach your payment and prm IL-1041-X-V here.			S	A		neces	sary.)			ted	-
U.S. Form 1041, Line 23. 1 .00 1 .00 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 2 .00 2 .00 3 Taxable income of ESBT, if required. 3 .00 3 .000 4 Exemption claimed on U.S. Form 1041. 4 .00 4 .00 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a .00 5b .00 5a .00 5b .00 6 State, municipal, and other interest income excluded from Line 1. 6a .00 6b .00 6a .00 6b .00 7 Illinois Special Depreciation addition. Attach Form IL-4562. 7a .00 7b .00 7a .00 7b .00 8 Related-Party Expenses additions. Attach Schedule 80/20. 8a .00 8b .00 8a .00 8b .00 9 Distributive share of additions. Attach Schedule (S) K-1-P or K-1-T. 9a .00 9b .00 9b .00 9b .00 9b .00 9b	Attach your payment and Form IL-1041-X-V here.		or los	S As m reporte	A lost re	ecently adjusted		sary.)	Ci	orrect	nt	-
 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. 3 Taxable income of ESBT, if required. 3	 Attach y Form IL 	Step 2: Figure your income	or los:	S As m reporte Beneficiaries	A lost re ed or a	ecently adjusted Fiduciary		sary.)	Co a Beneficiaries	orrect	nt Fiduciary	_
from U.S. Form 1041, Line 15b. This amount cannot be negative. 2000 3 Taxable income of ESBT, if required. 4 Exemption claimed on U.S. Form 1041. 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a00 5b00 6 State, municipal, and other interest income excluded from Line 1. 6a00 6b00 6a00 6b00 7 Illinois Special Depreciation addition. Attach Form IL-4562. 7a00 7b00 7b00 7b00 7b00 9 Distributive share of additions. Attach Schedule 80/20. 8a00 9b00 9b00 9a00 9b00 10 Other additions. Attach Schedule M (for businesses). 10a0010b00 10a0010b00	 Attach y Form IL 	Step 2: Figure your income	or los:	S As m reporte Beneficiaries	A lost reed or a	ecently adjusted Fiduciary (Whole dollars	only)	sary.)	Co a Beneficiaries	orrect amou	nt Fiduciary (Whole dollars only)	
3 Taxable income of ESBT, if required. 3 .00 3 .00 4 Exemption claimed on U.S. Form 1041. 4 .00 4 .00 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a .00 5b .00 5a .00 5b .00 6 State, municipal, and other interest income excluded from Line 1. 6a .00 6b .00 6a .00 6b .00 7b .00 8b .00<	L Form II	Step 2: Figure your income Federal taxable income from U.S. Form 1041, Line 23.	or los:	S As m reporte Beneficiaries	A lost reed or a	ecently adjusted Fiduciary (Whole dollars	only)	sary.)	Co a Beneficiaries	orrect amou	nt Fiduciary (Whole dollars only)	
4 Exemption claimed on U.S. Form 1041. 4 00 4 00 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a 00 5b 00 5a 00 5b 00 6 State, municipal, and other interest income excluded from Line 1. 6a 00 6b 00 6a 00 6b 00 7b 00 8b	L Form II	Step 2: Figure your income Federal taxable income from U.S. Form 1041, Line 23. Federal net operating loss deduction from U.S. Form 1041, Line 15b.	or los:	S As m reporte Beneficiaries	A lost re ed or a 1	ecently adjusted Fiduciary (Whole dollars	only) ●00	sary.)	Co a Beneficiaries	orreci amou 1	nt Fiduciary (Whole dollars only) 60	<u>)0</u>
 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a <u>00</u> 5b <u>00</u> 5a <u>00</u> 5b <u>00</u> 6a 6 State, municipal, and other interest income excluded from Line 1. 6a <u>00</u> 6b <u>00</u> 6a <u>00</u> 6b <u>00</u> 6a 7 Illinois Special Depreciation addition. Attach Form IL-4562. 7a <u>00</u> 7b <u>00</u> 7a <u>00</u> 7b <u>00</u> 7a <u>00</u> 7b <u>00</u> 7b <u>00</u> 8 Related-Party Expenses addition. Attach Schedule 80/20. 8a <u>00</u> 8b <u>00</u> 8b <u>00</u> 8a <u>00</u> 8b <u>00</u> 8b <u>00</u> 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. 9a <u>00</u> 9b <u>00</u> 9b <u>00</u> 9a <u>00</u> 9b <u>00</u> 9b <u>00</u> 10 Other additions. Attach Schedule M (for businesses). 10a <u>00</u> 10b <u>00</u> 10a <u>00</u> 10b <u>00</u> 	Attach y Form IL	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.	or los:	S As m reporte Beneficiaries	A lost re ed or a 1	ecently adjusted Fiduciary (Whole dollars	only) 000 000	sary.)	Co a Beneficiaries	orrect amou 1 2	nt Fiduciary (Whole dollars only) 60_00_60_000_60_000_600_600_600_600_60_000_60_000_600_600_6	<u>)0</u>
surcharge deducted in arriving at Line 1. 5a	Attach y Form IL	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.	or los: (Wr	S As m reporte Beneficiaries	A lost re d or a 1 2 3	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000	sary.)	Co a Beneficiaries	orrect amou 1 2 3	nt Fiduciary (Whole dollars only) 600_6060600_60_000_600_6	00 00
income excluded from Line 1. 6a00 6b00 6a00 6b00 7 Illinois Special Depreciation addition. Attach Form IL-4562. 7a00 7b00 7a00 7b00 8 Related-Party Expenses addition. Attach Schedule 80/20. 8a00 8b00 8a00 8b00 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. 9a00 9b00 9a00 9b00 10 Other additions. Attach Schedule M (for businesses). 10a0010b00 10a0010b00	FormIL FormIL	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041	or los: (Wr	S As m reporte Beneficiaries	A lost re d or a 1 2 3	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000	sary.)	Co a Beneficiaries	orrect amou 1 2 3	nt Fiduciary (Whole dollars only) 600_6060600_60_000_600_6	00 00
 7 Illinois Special Depreciation addition. Attach Form IL-4562. 7a00 7b00 7a00 7b00 8 Related-Party Expenses addition. Attach Schedule 80/20. 8a00 8b00 8a00 8b00 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. 9a00 9b00 9a00 9b00 10 Other additions. Attach Schedule M (for businesses). 10a0010b00 10a0010b00 	2 Attach y 2 Form IL	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an surcharge deducted in arriving at Line 1.	or los: (Wr d	S As m reporte Beneficiaries nole dollars only)	A oost re ed or a 1 _ 3 _ 4 _	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000		Co Beneficiaries (Whole dollars only)	orrect amou 1 2 3 4	nt Fiduciary (Whole dollars only) 606060606060	00 00 00 00
 8 Related-Party Expenses addition. Attach Schedule 80/20. 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. 9 00 9b 9 00 9b 9 00 9a 9 00 9b 9 00	2 Attach y 2 Form IL	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an surcharge deducted in arriving at Line 1. State, municipal, and other interest	or loss (Wr d 5a	S As m reporte Beneficiaries nole dollars only)	A oost re ed or a 1 _ 2 _ 3 _ 4 _ 5b _	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000 000	5a	Cr Beneficiaries (Whole dollars only)	1 2 3 4 5b	nt Fiduciary (Whole dollars only) 60 60 60 60	00 00 00 00
 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. 9a00 9b00 9a00 9b00 9a00 9b00 	Attach y Attach y 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an surcharge deducted in arriving at Line 1. State, municipal, and other interest income excluded from Line 1. Illinois Special Depreciation addition.	(Wr 5a	S As m reporte Beneficiaries nole dollars only)	A oost re ed or a 2 3 4 5 5 b - 6 b	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000 000 000 000	5a_ 6a_	Ct Beneficiaries (Whole dollars only) •00	1 2 3 4 5b 6b	nt Fiduciary (Whole dollars only) 60 60 60 60	00 00 00 00 00
10 Other additions. Attach Schedule M (for businesses). 10a .00 10a .00 10a .00	Attach y 4 Cornel 6	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an 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.	or loss (Wr 5a 6a 7a	S As m reporte Beneficiaries nole dollars only) 	A oost re ed or a 2 3 4 5 b 6 b 7 b	ecently adjusted Fiduciary (Whole dollars	only) 000 000 000 000 000 000 000	5a 6a 7a	Co Beneficiaries (Whole dollars only) •00 •00	1 2 3 4 5b 6b 7b	nt Fiduciary (Whole dollars only) 60 60 60 60 60 60	00 00 00 00 00 00
	Attach y 4ttach y 4ttach y 4ttach y 8	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an 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.	or loss (wr 5a 6a 7a 8a	S As m reporte Beneficiaries hole dollars only) 	A oost re ed or a 2 3 4 5 b 6 b 7 b 8 b	ecently adjusted Fiduciary (Whole dollars	only) 	5a 6a 7a 8a	Co Beneficiaries (Whole dollars only) •00 •00 •00 •00	orreciamou 1 2 3 4 5b 6b 7b 8b	nt Fiduciary (Whole dollars only) 60 60 60 60 60 60 60 60	00 00 00 00 00 00 00
through 10b. This is your total income or loss. 1100 1100	Attach y 4 Attach y 4 Ctrant	Step 2: Figure your income 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. Exemption claimed on U.S. Form 1041 Illinois income and replacement tax an 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.	or loss (wr 5a 6a 7a 8a 9a	S As m reporte Beneficiaries hole dollars only) 	A oost re od or a 1 2 3 4 5 b 5 b 5 b 5 b 7 b 7 b 8 b 9 b	ecently adjusted Fiduciary (Whole dollars	only) 	5a 6a 7a 8a 9a	Ct Beneficiaries (Whole dollars only) •00 •00 •00 •00 •00	orreciamou 1 2 3 4 5b 6b 7b 8b 9b	nt Fiduciary (Whole dollars only) 60 60 60 60 60 60 60 60	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 3: Figure your base income or loss

				Α		0	В		
			As mo reported	ost recer d or adiu			rrected mount		
		Ben	eficiaries	· · · · ,	Fiduciary	Beneficiaries		Fiduciary	
12	Enter the amounts from Line 11.			12	• <u>00</u>		12		<u>•00</u>
13	August 1, 1969, valuation limitation	4.0		101	00 10				
	amount. Attach Schedule F.	13a							_ <u>•00</u>
	Payments from certain retirement plans. Interest income from U.S. Treasury	14a	<u>•00</u>	140	<u>00</u> 14a	•00	14b		•00
15	and other exempt federal obligations.	15a	•00	15b	<u>•00</u> 15a_	• <u>00</u>	15b		•00
16	Retirement payments to retired partners.								
	River Edge Redevelopment								
	Zone Dividend subtraction.								
	Attach Schedule 1299-B.	17a	<u>00</u>	17b	<u>•00</u> 17a_	•00	17b		<u>•00</u>
18	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	190	00	106	<u>00</u> 18a_	•00	10h		00
10	Contributions to certain job training	100	• <u>00</u>		• <u>00</u> 10d	•00	100		<u>•00</u>
19	projects. See instructions.	19a	•00	19b	<u>•00</u> 19a_	•00	19b		•00
20	Illinois Special Depreciation				<u></u>				
	subtraction. Attach Form IL-4562.	20a	•00	20b	• <u>00</u> 20 a_	•00	20b		•00
21	Related-Party Expenses								
	subtraction. Attach Schedule 80/20.	21a	•00	21b	<u>•00</u> 21a_	•00	21b		•00
22	Distributive share of subtractions.						0.01		
00	Attach Schedule(s) K-1-P or K-1-T.	22a							
-	ESBT loss amount.	23a							
	Other subtractions. Attach Schedule M.	24a	•00	240	<u>00</u> 24a	•00	240		<u>•00</u>
25	Total subtractions. Add Lines 13b through 24b.								
	See instructions.			25	•00		25		•00
26	Base income or loss. Subtract Line 2	25 from Line 1	2.	26	•00				•00
	If you are a nonres	ident of Illi	nois, comp	lete S	chedule NR; otherw	ise continue to	Step 4	l.	
Ste	p 4: Figure your net income								
27	Base income or net loss.								
	Residents only: Enter the amount fro								
~~~	Nonresidents only: Enter the amount				• <u>00</u>				
	Discharge of indebtedness adjustment				• <u>00</u>				_• <u>00</u>
	Adjusted base income or net loss. Add				•00				_ <u>•00</u>
30	Illinois net loss deduction. <b>Attach</b> Schultreit Line 29 is zero or a negative amount			30	<u>•00</u>		30		<u>•00</u>
31	Standard exemption.	., chici 2010.							
	Residents only: See instructions before								
	Nonresidents only: Enter the amount	t from Sch. NI	R, Line 54.		•00				
	Add Lines 30 and 31.			32	•00		32		•00
33	Net income. Subtract Line 32 from Lin			22	00		22		00
	If the amount is negative, enter zero	).		აა	•00		აა		<u>•00</u>
Ste	p 5: Figure your net replacen	nent tax —	For trust	-	•	ер 6.			
	Replacement tax. Multiply Line 33 by 1	. ,			•00				•00
	Recapture of investment credits. Attac				•00				<u>•00</u>
	Replacement tax before credits. Add Li			36	•00		36		<u>•00</u>
37	Replacement tax credit for income tax	•		27	~~		27		00
20	while an Illinois resident. Attach Scher		instructions.		•00				_• <u>00</u>
	Investment credits. <b>Attach</b> Form IL-47 Total credits. Add Lines 37 and 38.	1.			<u>•00</u> •00				
	Net replacement tax. Subtract Line 3	9 from Line 9	6	39	•00		29		<u>•00</u>
40	If negative, enter zero.		0.	40	•00		40		•00



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

	For trusts and estates		A As most recently ported or adjusted Fiduciary			<b>B</b> Corrected amount Fiduciary
41	Enter the amounts of net income from Line 33.	41				•00
42	Income tax. See instructions.	42	•0	0	42 _	•00
43	Recapture of investment credits. Attach Schedule 4255.	43	• <u>0</u>	0	43 _	•00
44	Income tax before credits. Add Lines 42 and 43.	44	•0	0	44 _	•00
45	Income tax credit for income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR. See instructions.	45	•0	0	45 _	•00
46	Income tax credits. Attach Schedule 1299-D.	46	•0	0	46 _	•00
47	Total credits. Add Lines 45 and 46.	47	•0	0	47 _	•00
48	<b>Net income tax.</b> Subtract Line 47 from Line 44. If negative, enter zero.	48	•0	<u>0</u>	48 _	•00
Ste	o 7: Figure your refund or balance due					
49	Trusts only: Net replacement tax from Line 40.	49	•0	0	49 _	•00
50	Net income tax from Line 48.	50	•0	0	50 _	•00
51	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	51	•0	0	51 _	•00
52	Sale of assets by gaming licensee surcharge. See instructions.	52	•0	0	52 _	•00
53	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 3. See instructions. <b>Attach</b> Schedule D.	53	•0	0	53 _	•00
54	Total net income and replacement taxes, surcharges, and pass-through withholding you owe. Add Lines 49 through 53.	54	•0	0	54 _	•00
55	Payments. See instructions.					
	a Credits from previous overpayments.			5	5a _	•00
	<b>b</b> Total payments made before the date this amended return is filed.			5	5b _	•00
	<b>c</b> Pass-through withholding reported to you. <b>Attach</b> Schedule(s) K-1-P or K-1-T.			5	5c _	•00
	d Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T			5	5d _	•00
	e Illinois income tax withheld. Attach Form(s) W-2, W-2G, and 1099.			5	5e _	•00
56	Total payments. Add Lines 55a through 55e.				56 _	•00
57	Previously paid penalty and interest. See instructions.				57 _	•00
58	Total amount of overpayment (including any carryforward or refund) before the filing for the year being amended. See instructions.	of this	s return		58 _	<u>•00</u>
59	Add Lines 57 and 58.				59 _	•00
60	Net tax paid. Subtract Line 59 from Line 56.				60 _	•00
61	<b>Overpayment.</b> If Line 60 is greater than Line 54, subtract Line 54 from Line 60.				61 _	•00
62	Amount of overpayment from Line 61 to be <b>credited forward.</b> See instructions. Check this box and attach a detailed statement if this carryforward is going to a diffe	erent F	EIN.		62 _	•00
63	<b>Refund.</b> Subtract Line 62 from Line 61. This is the amount to be refunded.				63 _	•00
	<b>Tax due with this amended return.</b> If Line 54 is greater than Line 60, subtract Line You will be sent a bill for any additional penalty and interest.	e 60 fr	om Line 54.		64 _	•00
	If you owe tax on Line 64, complete a navment you cher. Form II -1041-X-V	Write	your FEIN tax ve	ar	ondi	na and

If you owe tax on Line 64, complete a payment voucher, Form IL-1041-X-V. Write your FEIN, tax year ending, and "IL-1041-X-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.

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

Step	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							(	)		may	discus	t if the Department to this return with the
	Signa	ature of fiduciary		Date (mm/dd/	уууу)	Title	F	Phone		paid	prepa	rer shown in this step.
Paid										Che	ck if	
Prepa		Print/Type paid prepa	arer's name		Paid p	preparer's signature		Date (mm/dd/y	ууу)	self-empl	oyed	Paid Preparer's PTIN
Prepa Use (		Firm's name							Firm's	s FEIN 🕨		
	,	Firm's address							Firm's	s phone▶	(	)

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



## Illinois Department of Revenue 2022 Schedule D Beneficiary Information

Attach this schedule to your Form IL-1041



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.

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

#### Section A: Total beneficiaries' 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.

Tot	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 beneficiaries. See instructions.	1							
Tot	als 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, Line G for y	your							
	a. nonresident individual beneficiaries. See instructions.	2a							
	b. nonresident estate beneficiaries. See instructions.	2b							
	c. partnership and S corporation beneficiaries. See instructions.	2c							
	d. nonresident trust beneficiaries. See instructions.	2d							
	e. C corporation beneficiaries. See instructions.	2e							
3	Add Line 2a through Line 2e. 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, Line G for all nonresident beneficiaries on all pages. Enter the total here <b>and</b> on Form IL-1041 (Form IL-1041-X), Line 53. See instructions.	3							
4	Enter the total pass-through entity tax credit received and distributed on all pages of Schedule D, Section B, Line H.	4							

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: Beneficiaries' information (See instructions before completing.)

		Member 1	Member 2	Member 3	Member 4
A	Name				
	C/O				
	Address 1				
	Address 2		·		
	City				
	State, ZIP				
в	Beneficary Type				
С	SSN/FEIN				
D	Beneficiary's amount of base income or loss				
E	Excluded from pass-through withholding				
F	Share of Illinois income subject to pass-through withholding				
G	Pass-through withholding amount before credits				
н	PTE tax credit received and distributed to beneficiaries				

**ENote** If you have more beneficiaries than space provided, attach additional copies of this page as necessary.