



# 2022 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 2022, enter your fiscal tax year here.

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

Enter the amount you are paying.



This form is for tax year ending on or after December 31, 2022, and before December 31, 2023. For all other situations, see instructions to determine the correct form to use.

\$ \_\_\_\_\_

### Step 1: Identify your fiduciary

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

Name: \_\_\_\_\_

**B** Enter your mailing address.  
Check this box if either of the following apply:  
• this is your **first return**, or  
• you have an **address change**.

C/O: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**C** Check the box that identifies your fiduciary.  Trust  Estate

**D** Check the box if any of the following apply. (You may check multiple boxes.)  
 Electing small business trust (ESBT)  Individual bankruptcy estate  
 Complex trust or estate without distributions

**E** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
mm dd yyyy

**F** Check your method of accounting.  
 Cash  Accrual  Other \_\_\_\_\_

**G** Enter your federal employer identification number (FEIN).  \_\_\_\_\_ - \_\_\_\_\_

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

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

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

**K** Check this box if you attached Form IL-4562.

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

**M** Check this box if you attached Schedule 80/20.

**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.

**O** Check this box if you are a 52/53 week filer.

### Step 2: Figure your income or loss

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

	<b>A</b> Beneficiaries (Whole dollars only)	<b>B</b> Fiduciary (Whole dollars only)
<b>1</b> Federal taxable income from U.S. Form 1041, Line 23.		<b>1</b> _____ <b>.00</b>
<b>2</b> Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative.		<b>2</b> _____ <b>.00</b>
<b>3</b> Taxable income of ESBT, if required. See instructions.		<b>3</b> _____ <b>.00</b>
<b>4</b> Exemption claimed on U.S. Form 1041, Line 21.		<b>4</b> _____ <b>.00</b>
<b>5</b> Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	<b>5a</b> _____ <b>.00</b>	<b>5b</b> _____ <b>.00</b>
<b>6</b> State, municipal, and other interest income excluded from Line 1.	<b>6a</b> _____ <b>.00</b>	<b>6b</b> _____ <b>.00</b>
<b>7</b> Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	<b>7a</b> _____ <b>.00</b>	<b>7b</b> _____ <b>.00</b>
<b>8</b> Related-Party Expenses addition. <b>Attach</b> Schedule 80/20.	<b>8a</b> _____ <b>.00</b>	<b>8b</b> _____ <b>.00</b>
<b>9</b> Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	<b>9a</b> _____ <b>.00</b>	<b>9b</b> _____ <b>.00</b>
<b>10</b> Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	<b>10a</b> _____ <b>.00</b>	<b>10b</b> _____ <b>.00</b>
<b>11</b> 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.		<b>11</b> _____ <b>.00</b>

IR NS DR \_\_\_\_\_

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

	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. <b>Attach</b> Schedule F.	13a _____ .00	13b _____ .00
14 Payments from certain retirement plans. See instructions.	14a _____ .00	14b _____ .00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a _____ .00	15b _____ .00
16 Retirement payments to retired partners.	16a _____ .00	16b _____ .00
17 River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-B.	17a _____ .00	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. <b>Attach</b> 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 _____ .00	23b _____ .00
24 Other subtractions. <b>Attach</b> 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 <b>Base income or loss.</b> Subtract Line 25 from Line 12.		26 _____ .00



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

### Step 4: Figure your net income

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

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

34 Replacement tax. Multiply Line 33 by 1.5% (.015).		34 _____ .00
35 Recapture of investment credits. <b>Attach</b> 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 Illinois resident. <b>Attach</b> Schedule CR and U.S. Form 1041, Page 1 and Line 11 breakdown.	37 _____ .00	
38 Investment credits. <b>Attach</b> Form IL-477.	38 _____ .00	
39 Total credits. Add Lines 37 and 38.		39 _____ .00
40 <b>Net replacement tax.</b> Subtract Line 39 from Line 36. If the amount is negative, enter zero.		40 _____ .00



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

Table with 2 columns: Line number and Amount. Lines 41-48 with descriptions and amounts.

**Step 7: Figure your refund or balance due**

Table with 2 columns: Line number and Amount. Lines 49-59 with descriptions and amounts.

Form for direct deposit of refund, including fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

Table with 2 columns: Line number and Amount. Line 60 (Tax Due) with detailed instructions.

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

**Step 8: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.**

Signatures and preparer information section with fields for Sign Here, Paid Preparer Use Only, and checkboxes for Department of Revenue and self-employed.

- ▶ 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



**Beneficiary Information**

Attach this schedule to your Form IL-1041.

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.

**Note** 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.



**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** \_\_\_\_\_

**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, Line G for 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 **and** 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
<b>A</b> Name	_____	_____	_____	_____
C/O	_____	_____	_____	_____
Address 1	_____	_____	_____	_____
Address 2	_____	_____	_____	_____
City	_____	_____	_____	_____
State, ZIP	_____	_____	_____	_____
<b>B</b> Beneficiary Type	_____	_____	_____	_____
<b>C</b> SSN/FEIN	_____	_____	_____	_____
<b>D</b> Beneficiary's amount of base income or loss	_____	_____	_____	_____
<b>E</b> Excluded from pass-through withholding	_____	_____	_____	_____
<b>F</b> Share of Illinois income subject to pass-through withholding	_____	_____	_____	_____
<b>G</b> Pass-through withholding amount before credits	_____	_____	_____	_____
<b>H</b> PTE tax credit received and distributed to beneficiaries	_____	_____	_____	_____

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