



**Illinois Fiduciary
Income and Replacement
Tax Return**

1997 IL-1041

or fiscal year beginning ___/___, 1997, ending ___/___, 19___

Due on or before the 15th day of the 4th month following the close of the tax year.

Do not write above this line.

Place Name and/or number of trust or estate _____

_____-____-_____
Federal employer identification number (FEIN)

label C/O _____

Trust **Estate**

Resident of Illinois? Yes No

here Mailing address _____

Check applicable box(es):

Name or address change First return

Final return and date ___/___/___

City _____

State _____

ZIP _____

Part I — Base income or loss

1 Federal taxable income (loss) before FNOLD from worksheet (See instructions.) **1** _____

2 Additions **A Fiduciary** **B Beneficiaries**

a Exemption claimed on U.S. Form 1041, Page 1 **2a** _____

b Illinois income and replacement tax deducted in arriving at Line 1 above **2b** _____

c State, municipal, and other federally tax-exempt interest (See instructions.) **2c** _____

d Other additions (specify: _____) **2d** _____

e Total additions. Add Lines 2a through 2d. **2e** _____

Write the amount shown in Column B, Line 2e, on Schedule D, Column 4.

Write the amount shown in Column A, Line 2e, here. **2** _____

3 Total income. Add Lines 1 and 2. **3** _____

4 Subtractions **A Fiduciary** **B Beneficiaries**

a August 1, 1969, valuation limitation amount from Schedule F **4a** _____

b Payment from certain employee plans (See instructions.) **4b** _____

c Interest income from U.S. Treasury obligations **4c** _____

d Retirement payments to retired partners **4d** _____

e Enterprise zone or foreign trade zone/sub-zone dividends from Sch. 1299-B **4e** _____

f Other subtractions (specify: _____) **4f** _____

g Federal NOL carryforward from loss years **prior to** 12/31/86 (See instructions.) **4g** _____

h Total subtractions. Add Lines 4a through 4g. **4h** _____

Write the amount shown in Column B, Line 4h, on Schedule D, Column 5.

Write the amount shown in Column A, Line 4h, here. **4** _____

5 Base income (loss). Subtract Line 4 from Line 3. **5** _____

If the trust or estate is a resident of Illinois, write this amount on Part III, Line 1.

If the trust or estate is a nonresident of Illinois, write this amount on Sch. NR, Part III, Line 2, and then complete Sch. NR. **5** _____

Part II — Total tax

1 Write the net replacement tax from Part III, Line 7 (trusts only). **1** _____

2 Write the net income tax from Part IV, Line 6. **2** _____

3 Total net income and replacement tax. Add Lines 1 and 2. **3** _____

4 Total payments and credits. Add the total Illinois income tax withheld on wages (attach Forms W-2), tax paid with IL-505-B, and any 1996 overpayment credited to 1997 tax. **4** _____

5 **Overpayment.** Subtract Line 3 from Line 4. (No refund or credit will be made if less than \$2.) **5** _____

a Write the amount of overpayment to be **credited to 1998.** **5a** _____

6 **Tax due.** Subtract Line 4 from Line 3. This is your balance of tax due (see instructions). Pay in full if \$1 or more. **6** _____

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.

Do not write in this box

Sign _____ / / _____
Signature of fiduciary Date

() _____
Phone

here _____ / / _____
Signature of preparer Date

Preparer's Social Security number or firm's FEIN Check if self-employed

Preparer firm's name (or yours, if self-employed) Address Phone () _____

▶ If you use a tax preparer and do not wish to receive a booklet next year, check here. → ◀

Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

NS TS FI ME NR NT NU SC OB OS OT MA XX MC LF ED IM AL _____ DR _____ ID _____

Attach remittance payable to "Illinois Department of Revenue" here.

Part III — Net income (loss) and replacement tax

- 1 **a** Write the base income (loss) from Part I, Line 5, or, nonresident, from Schedule NR, Part I, Line 23. 1a _____|_____
 Check this box if Line 1a is a loss and you are electing to forgo the Illinois NLD carryback period. → **a**
- b** Write the amount of Illinois net loss deduction (NLD) (attach Schedule NLD, see instructions). 1b _____|_____
- c** Income after NLD. Subtract Line 1b from Line 1a (cannot be less than zero). 1c _____|_____
- 2 **Residents**, write the standard exemption of \$1,000. 2 _____|_____
Nonresidents, write the amount from Schedule NR, Part III, Line 4.
 (Short-year filers, see General Information.)
- 3 Net income. Subtract Line 2 from Line 1c. Write here and on Part IV, Line 1. 3 _____|_____
For trusts only, estates go to Part IV
- 4 **a** Replacement tax. Multiply Line 3 by 1.5% (.015). 4a _____|_____
- b** Recapture of investment credits from Schedule 4255 (See instructions.) 4b _____|_____
- 5 Total replacement tax. Add Lines 4a and 4b. 5 _____|_____
- 6 Write the amount of investment credits from Form IL-477, Part I, Line 9 (attach Form IL-477, see instructions). 6 _____|_____
- 7 Net replacement tax. 7 _____|_____
 Subtract Line 6 from Line 5 (cannot be less than zero). Write here and on Part II, Line 1.

Part IV — Income tax

- 1 Write the amount of net income from Part III, Line 3. 1 _____|_____
- 2 **a** Income tax. Multiply Line 1 by 3% (.03). 2a _____|_____
- b** Recapture of investment credits from Schedule 4255 (See instructions.) 2b _____|_____
- 3 Total income tax. Add Lines 2a and 2b. 3 _____|_____
- 4 **a** Foreign tax credit (Attach Schedule CR and all required supporting documents.) 4a _____|_____
- b** Income tax credits from Schedule 1299-D (Attach Schedule 1299-D, see instructions.) 4b _____|_____
- c** Credit for replacement tax paid from worksheet (See instructions.) 4c _____|_____
- d** Carryforward of credit for replacement tax paid (See instructions.) 4d _____|_____
- 5 Total credits. Add Lines 4a through 4d. 5 _____|_____
- 6 Net income tax. 6 _____|_____
 Subtract Line 5 from Line 3 (cannot be less than zero). Write here and on Part II, Line 2.

Part V — This information must be completed by all taxpayers.

- 1 Check one of the following: Estate Simple trust Complex trust
- 2 If a trust, check one of the following: Testamentary trust *Inter vivos* trust
- 3 **a** If a trust, write the date created: ____/____/____.
- b** If an estate, write the date of the decedent's death: ____/____/____.
- 4 Check the method of accounting used in preparing this return: Cash Accrual Other (specify: _____)
- 5 Did this trust or estate receive income from a partnership or another trust or estate? Yes No
 If yes, list all such partnerships, trusts, or estates showing the name, address, and FEIN of each (attach additional sheet, if necessary).

Name	Address	FEIN



Illinois Department of Revenue
Schedules D & E

Attach to your Form IL-1041

Year ending

Month _____ Year _____

Name as shown on your Form IL-1041 _____

Federal employer identification number (FEIN) _____

Note: For Illinois income tax purposes, income from a trust or estate is to be included in the same tax year of a beneficiary as it is for federal purposes. You must notify each resident beneficiary of their share of the amounts shown on: Schedule D, Part I, Columns 4 and 5; and Schedule E, Columns 1 through 3. You must notify each nonresident beneficiary of their share of the amounts shown on:

Schedule D, Part I, Columns 4 and 5; Schedule D, Part II, Columns 8 through 13; and Schedule E, Columns 1 through 4. You may furnish such information either by supplying each beneficiary with a copy of Schedules D and E or by any other means sufficient to notify the beneficiary of the amount and nature of **each item** of required information.

Schedule D — Beneficiaries' Information Relating to Trust or Estate Income

Part I — Information applicable to all beneficiaries

1 List of beneficiaries (name and address) (Attach separate sheet if necessary)	2 Social Security number or federal employer identification no.	3 Check if nonresident	4 Beneficiary's share of ADDITIONS from Part I, Line 2e	5 Beneficiary's share of SUBTRACTIONS from Part I, Line 4h
a _____	_____	_____	_____	_____
b _____	_____	_____	_____	_____
c _____	_____	_____	_____	_____
d _____	_____	_____	_____	_____
e _____	_____	_____	_____	_____
f _____	_____	_____	_____	_____
Totals:			_____	_____

Part II — Information applicable to nonresident beneficiaries only

6 Nonresident's share of distributed income (loss)	7 Nonresident's modified distributed income (loss)	8 Nonresident partnership income (loss)	9 Nonresident beneficiaries' income (loss) from other trusts or estates	10 Net nonbusiness income (loss)	11 Net business income (loss) allocable to Illinois	12 Partnership income (loss) allocable to Illinois	13 Income (loss) from other trusts and estates allocable to Illinois
a _____	_____	_____	_____	_____	_____	_____	_____
b _____	_____	_____	_____	_____	_____	_____	_____
c _____	_____	_____	_____	_____	_____	_____	_____
d _____	_____	_____	_____	_____	_____	_____	_____
e _____	_____	_____	_____	_____	_____	_____	_____
f _____	_____	_____	_____	_____	_____	_____	_____

Schedule E — Beneficiaries' Information Relating to August 1, 1969, Appreciation Amounts

Note: Complete Columns 1 through 3 for all beneficiaries. Complete Column 4 for each nonresident beneficiary. For information relating to allocation of amounts, see Specific Instructions for Column 4 in the Form IL-1041 Instructions. Appreciation amounts allocated to Illinois

reduce the items of income to which they relate if those items are reported above on Schedule D, Part II. Entries on Schedule E should be reported on each beneficiary's return, Schedule F (except a corporate beneficiary's).

August 1, 1969 Appreciation Amounts from Schedule F (Form IL-1041)

1 Sections 1245 and 1250 gain (Schedule F, Column 2, Line 7)	All beneficiaries 2 Section 1231 gain (Schedule F, Column 2, Line 8)	3 Capital gain (Schedule F, Column 2, Line 9)	Nonresident beneficiaries only 4 Share of amounts in Columns 1, 2, and 3 allocable to Illinois (See instructions.)
a _____	_____	_____	_____
b _____	_____	_____	_____
c _____	_____	_____	_____
d _____	_____	_____	_____
e _____	_____	_____	_____
f _____	_____	_____	_____
Totals: _____			



Schedule NR

Attach to your Form IL-1041

Nonresident Computation of Fiduciary Income

Year ending _____

Month _____ Year _____

Name as shown on your Form IL-1041 _____

Federal employer identification number (FEIN) _____

Part I — Computation of base income (loss) allocable to Illinois

	1	2	3	4	5
	From U.S. Form 1041	Fiduciary's share of amounts in Column 1	Amounts in Column 2 allocable to Illinois	Additions to and subtractions from amounts in Column 2	Fiduciary's Illinois income
1 Interest income	1				
2 Dividends	2				
3 Business income (loss)	3				
4 Gain (loss) from sales or exchanges of nonbusiness property other than from partnerships, trusts or estates	4				
5 a Net rent & royalty income (loss)	5a				
b Income (loss) from partnerships & S corps	5b				
c Income (loss) from other trusts & estates	5c				
6 Net farm income (loss)	6				
7 Gains (loss) from sales or exchanges of business property other than from partnerships, trusts, or estates	7				
8 Other income (loss). (Include winnings from the Illinois State Lottery as Illinois income.)	8				
9 Total income (loss). Add Lines 1 through 8.	9				
10 Interest	10				
11 Taxes	11				
12 Fiduciary fees	12				
13 Charitable deduction	13				
14 Attorney, accountant, and preparer fees	14				
15 Other deductions (including taxes)	15				
16 Total. Add Lines 10 through 15.	16				
17 Subtract Line 16 from Line 9.	17				
18 Income distribution deduction	18				
19 Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	19				
20 Exemption	20				
21 Total. Add Lines 18 through 20.	21				
22 Subtract Line 21 from Line 17.	22				
23 Base income or net loss allocable to Illinois. Subtract Line 21 from Line 17. Write on Form IL-1041, Part III, Line 1.					23

Part II — Business income apportionment formula

	1	2	3
	Total everywhere (cannot be negative)	Within Illinois (cannot be negative)	Column 2 ÷ Column 1 (carry to six decimals)
1 Property factor	1		
2 Payroll factor	2		
3 a Sales factor	3a		
b Sales factor. Write the decimal from Column 3, Line 3a.			3b
4 Total. Add Column 3, Lines 1 through 3b.			4
5 Average. (See instructions.)			5

Part III — Computation of standard exemption

Note: Exemption for a short year must be prorated. See General Information.

1 Base income or net loss allocable to Illinois from Schedule NR, Part I, Line 23	1
2 Total base income from Form IL-1041, Part I, Line 5	2
3 Divide Line 1 by Line 2. If Line 1 equals or exceeds Line 2, write "1."	3
4 Standard exemption. Multiply Line 3 by \$1,000. Write here and on Form IL-1041, Part III, Line 2.	4