



**Illinois Fiduciary  
Income and Replacement  
Tax Return**

**1998 IL-1041**

or fiscal year beginning \_\_\_\_/\_\_\_\_/1998, 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** \_\_\_\_\_

Report Column B, Lines 2b through 2d, on Schedule K-1-T, Step 5.

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 and federal agency 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** \_\_\_\_\_

Report Column B, Lines 4b through 4f, on Schedule K-1-T, Step 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.

**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 1997 overpayment credited to 1998 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 1999. **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 (\_\_\_\_) \_\_\_\_\_

➤ **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**  1b \_\_\_\_\_|\_\_\_\_\_
- b** Write the amount of Illinois net loss deduction (NLD) (attach Schedule NLD, see instructions). 1c \_\_\_\_\_|\_\_\_\_\_
- c** Income after NLD. Subtract Line 1b from Line 1a (cannot be less than zero).
- 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



# Schedule D Beneficiaries' Identification

Attach to your Form IL-1041

Year ending

\_\_\_\_\_/\_\_\_\_\_  
Month Year

Name as shown on your Form IL-1041 \_\_\_\_\_

Federal employer identification number (FEIN) \_\_\_\_\_

## Identify your beneficiaries

A	B	C	D
Name	Address	Social Security number or FEIN	Check if nonresident
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____



# 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 attributable 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 1a.	23				

## Part II — Business income apportionment formula

	1	2	3	4	5
	Total everywhere (cannot be negative)	Within Illinois (cannot be negative)	Ratio Column 2 ÷ Column 1 (carry to six decimal places)	Weighted factors	Weighted totals
1 Property factor	1		•	X .166667	= •
2 Payroll factor	2		•	X .166667	= •
3 Sales factor	3		•	X .666666	= •
4 Apportionment factor. Add Column 5, Lines 1 through 3.					4 •

## 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