



**Illinois Fiduciary
Income and Replacement
Tax Return**

1999 IL-1041

or fiscal year beginning ____/____/1999, ending ____/____/20 ____.

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

label C/O _____

here Mailing address _____

City _____ State _____ ZIP _____

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

Trust **Estate**
 ESBT **Individual bankruptcy estate**
Resident of Illinois? **Yes** **No**

Check applicable box(es):
 Name or address change **First return**
 Final return and date ____/____/____

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. Report Column B, Lines 2b through 2d, on Schedule K-1-T, Step 5. Write the amount shown in Column A, Line 2e, here.	2e _____	_____
3 Total income. Add Lines 1 and 2.		2 _____
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. Report Column B, Lines 4b through 4f, on Schedule K-1-T, Step 5. Write the amount shown in Column A, Line 4h, here.	4h _____	_____
5 Base income (loss). Subtract Line 4 from Line 3. If the trust or estate is a resident of Illinois, write this amount on Part III, Line 1a. 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.		3 _____
		4 _____
		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 1998 overpayment credited to 1999 tax.	4 _____
5 Overpayment. Subtract Line 3 from Line 4.	5 _____
a Write the amount of overpayment to be credited to 2000.	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 SSN, FEIN, or PTIN _____

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** ⚡

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. (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** Credit for income tax paid to other states. (Attach Schedule CR, see instructions.) 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, an S corporation, or another trust or estate? Yes No
 If yes, list all such partnerships, S corporations, 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 Nonresident Computation of Fiduciary Income

Attach to your Form IL-1041

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				
d Income (loss) from real estate mortgage investment conduits (REMIC)	5d				
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 .083333	= •
2 Payroll factor	2		•	X .083333	= •
3 Sales factor	3		•	X .833334	= •
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