



Illinois Department of Revenue
2001 Form IL-1041

Fiduciary Income and Replacement Tax Return

or fiscal year beginning \_\_\_/\_\_\_/\_\_\_, 2001, 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.

Type Name and/or number of trust or estate
or C/O
print Mailing address
City State ZIP
Check the box if your name or address has changed.

Federal employer identification number (FEIN)
Illinois business tax (IBT) number
Trust Estate
ESBT Individual bankruptcy estate
Resident of Illinois? Yes No
Check the box, if this is your: First return
Final return and date

Part I - Base income or loss

1 Write your federal taxable income or loss before FNOLD from the worksheet (See instructions.)
2 Additions: a Exemption claimed on U.S. Form 1041, Page 1; b Illinois income and replacement tax deducted in arriving at Line 1 above; c State, municipal, and other federally tax-exempt interest; d Other additions; e Add Lines 2a through 2d.
3 Add Lines 1 and 2. This is your total income.
4 Subtractions: a August 1, 1969, valuation limitation amount from Schedule F; b Payments from certain retirement plans; c Interest income from U.S. Treasury and other exempt federal obligations; d Retirement payments to retired partners; e Enterprise zone or foreign trade zone/sub-zone dividends from Sch. 1299-B; f Other subtractions; g Add Lines 4a through 4f.
5 Subtract Line 4 from Line 3. This is your Illinois base income or loss.

Part II - Total tax

1 Write the net replacement tax from Part III, Line 7 (trusts only).
2 Write the net income tax from Part IV, Line 6.
3 Add Lines 1 and 2. This is your total net income and replacement tax.
4 Add the total Illinois income tax withheld on wages (attach Forms W-2), tax paid with Form IL-505-B, and any 2000 overpayment credited to 2001 tax. This is the total of your payments and credits.
5 Overpayment. Subtract Line 3 from Line 4.
6 Tax due. Subtract Line 4 from Line 3. This is the balance of tax due (see instructions). Pay in full if \$1 or more.

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
Signature of fiduciary/Preparer
Date
Phone
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

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

**Part III — Net income or loss and replacement tax**

- 1 **a** Write the base income or loss from Part I, Line 5, or, if a nonresident, from Schedule NR, Part I, Line 23. 1a \_\_\_\_\_|\_\_\_\_\_  
 Check this box if Line 1a is a loss and you are electing to only carry this loss forward. (See instructions.) → **a**
- b** Write the amount of Illinois net loss deduction (NLD) (attach Schedule NLD, see instructions.) 1b \_\_\_\_\_|\_\_\_\_\_
- c** Subtract Line 1b from 1a (cannot be less than zero). This is your income after NLD. 1c \_\_\_\_\_|\_\_\_\_\_
- 2 If the trust or estate is a **resident** of Illinois, write the standard exemption of \$1,000.  
 If the trust or estate is a **nonresident** of Illinois, write the amount from Schedule NR, Part III, Line 4.  
 (If you are a short-year filer, see General Information.) 2 \_\_\_\_\_|\_\_\_\_\_
- 3 Subtract Line 2 from Line 1c (cannot be less than zero). Write the result here and on Part IV, Line 1.  
 This is your Illinois net income. 3 \_\_\_\_\_|\_\_\_\_\_
- Lines 4 through 7 are for trusts only, estates go to Part IV.**
- 4 **a** Multiply Line 3 by 1.5% (.015). This is your replacement tax. 4a \_\_\_\_\_|\_\_\_\_\_
- b** Recapture of investment credits from Schedule 4255. (See instructions.) 4b \_\_\_\_\_|\_\_\_\_\_
- 5 Add Lines 4a and 4b. This is your total replacement tax. 5 \_\_\_\_\_|\_\_\_\_\_
- 6 Write the amount of investment credits from Form IL-477. (Attach Form IL-477, see instructions.) 6 \_\_\_\_\_|\_\_\_\_\_
- 7 Subtract Line 6 from Line 5 (cannot be less than zero).  
 Write the result here and on Part II, Line 1. This is your net replacement tax. 7 \_\_\_\_\_|\_\_\_\_\_

**Part IV — Income tax**

- 1 Write the amount of net income from Part III, Line 3. 1 \_\_\_\_\_|\_\_\_\_\_
- 2 **a** Multiply Line 1 by 3% (.03). This is your income tax. 2a \_\_\_\_\_|\_\_\_\_\_
- b** Recapture of investment credits from Schedule 4255. (See instructions.) 2b \_\_\_\_\_|\_\_\_\_\_
- 3 Add Lines 2a and 2b. This is your total income tax. 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 Add Lines 4a through 4d. This is the total of your credits. 5 \_\_\_\_\_|\_\_\_\_\_
- 6 Subtract Line 5 from Line 3 (cannot be less than zero).  
 Write the result here and on Part II, Line 2. This is your net income tax. 6 \_\_\_\_\_|\_\_\_\_\_

**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
a	_____	_____	-	_____
b	_____	_____	-	_____
c	_____	_____	-	_____
d	_____	_____	-	_____
e	_____	_____	-	_____
f	_____	_____	-	_____





# 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 or 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 or loss	3				
4 Gain or loss from sales or exchanges of nonbusiness property other than from partnerships, trusts, or estates	4				
5 a Net rent & royalty income or loss	5a				
b Income or loss from partnerships & S corps	5b				
c Income or loss from other trusts & estates	5c				
d Income or loss from real estate mortgage investment conduits (REMIC)	5d				
6 Net farm income or loss	6				
7 Gains or losses from sales or exchanges of business property other than from partnerships, trusts, or estates	7				
8 Other income or loss. (Include winnings from the Illinois State Lottery as Illinois income.)	8				
9 Total income or 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

- Total sales everywhere 1 \_\_\_\_\_
- Total sales within Illinois 2 \_\_\_\_\_
- Divide Line 2 by Line 1. (Carry to six decimal places.)  
This is your apportionment factor. 3 • \_\_\_\_\_

## Part III — Computation of standard exemption

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

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