

	A As most recently reported or adjusted		B Corrected amount	
	Beneficiaries	Fiduciary	Beneficiaries	Fiduciary
12 Write the amounts from Line 11.	12	.00	12	.00

Step 4: Figure your base income or loss

13 August 1, 1969, valuation limitation amount (Schedule F).	13a	.00	13b	.00	13a	.00	13b	.00
14 Payments from certain retirement plans.	14a	.00	14b	.00	14a	.00	14b	.00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a	.00	15b	.00	15a	.00	15b	.00
16 Retirement payments to retired partners.	16a	.00	16b	.00	16a	.00	16b	.00
17 Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction (Schedule 1299-B).	17a	.00	17b	.00	17a	.00	17b	.00
18 High Impact Business Dividend subtraction (Schedule 1299-B).	18a	.00	18b	.00	18a	.00	18b	.00
19 Contributions to certain job training projects.	19a	.00	19b	.00	19a	.00	19b	.00
20 Illinois Special Depreciation subtraction (Form IL-4562).	20a	.00	20b	.00	20a	.00	20b	.00
21 Related-party expenses subtraction (Schedule 80/20).	21a	.00	21b	.00	21a	.00	21b	.00
22 Distributive share of subtractions (Schedule(s) K-1-P or K-1-T).	22a	.00	22b	.00	22a	.00	22b	.00
23 ESBT loss amount.	23a	.00	23b	.00	23a	.00	23b	.00
24 Other subtractions (Schedule M).	24a	.00	24b	.00	24a	.00	24b	.00
25 Total subtractions. Add Lines 13b through 24b. See instructions.	25	.00	25	.00	25	.00	25	.00
26 Base income or loss. Subtract Line 25 from Line 12.	26	.00	26	.00	26	.00	26	.00

If you are a nonresident of Illinois, complete Schedule NR; otherwise continue to Step 5.

Step 5: Figure your net income

27 Base income or net loss from Line 26 or, if you are a nonresident, from Schedule NR, Line 51.	27	.00	27	.00
28 Discharge of indebtedness adjustment (U.S. Form 982).	28	.00	28	.00
29 Adjusted base income or net loss. Add Lines 27 and 28.	29	.00	29	.00
30 Illinois net loss deduction (Schedule NLD). If Line 29 is zero or a negative amount, write "0."	30	.00	30	.00
31 Standard exemption. Residents only: Write \$1,000. Nonresidents only: Write the amount from Sch. NR, Line 54.	31	.00	31	.00
32 Add Lines 30 and 31.	32	.00	32	.00
33 Net income. Subtract Line 32 from Line 29. If the amount is negative, write "0".	33	.00	33	.00

Step 6: Figure your net replacement tax — For trusts only, estates go to Step 7.

34 Replacement tax. Multiply Line 33 by 1.5% (.015).	34	.00	34	.00
35 Recapture of investment credits (Schedule 4255).	35	.00	35	.00
36 Replacement tax before investment credits. Add Lines 34 and 35.	36	.00	36	.00
37 Investment credits (Form IL-477).	37	.00	37	.00
38 Net replacement tax. Subtract Line 37 from Line 36. If negative, write "0".	38	.00	38	.00

	A As most recently reported or adjusted Fiduciary	B Corrected amount Fiduciary
39 Write the amounts of net income from Line 33.	39 _____ .00	39 _____ .00

Step 7: Figure your net income tax

40 Income tax. Multiply Line 39 by 5% (.05).	40 _____ .00	40 _____ .00
41 Recapture of investment credits (Schedule 4255).	41 _____ .00	41 _____ .00
42 Income tax before credits. Add Lines 40 and 41.	42 _____ .00	42 _____ .00
43 Credit for income tax paid to another state while an Illinois resident (Schedule CR).	43 _____ .00	43 _____ .00
44 Income tax credits (Schedule 1299-D).	44 _____ .00	44 _____ .00
45 Total credits. Add Lines 43 and 44.	45 _____ .00	45 _____ .00
46 Net income tax. Subtract Line 45 from Line 42. If negative, write "0."	46 _____ .00	46 _____ .00

Step 8: Figure your refund or balance due

47 Trusts only: net replacement tax from Line 38.	47 _____ .00	47 _____ .00
48 Net income tax from Line 46.	48 _____ .00	48 _____ .00
49 Total net income and replacement taxes. Add Lines 47 and 48.	49 _____ .00	49 _____ .00
50 Payments		
a Illinois Income Tax withheld (Form(s) W-2 or W-2G).	50a _____ .00	
b Credit from prior year overpayment.	50b _____ .00	
c Form IL-505-B (extension) payment.	50c _____ .00	
d Pass-through entity payments (Schedule(s) K-1-P or K-1-T).	50d _____ .00	
51 Total payments. Add Lines 50a through 50d.		51 _____ .00
52 Tax paid with original return (do not include penalties and interest).		52 _____ .00
53 Subsequent tax payments made since the original return.		53 _____ .00
54 Total tax paid. Add Lines 51, 52, and 53.		54 _____ .00
55 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		55 _____ .00
56 Net tax paid. Subtract Line 55 from Line 54.		56 _____ .00
57 Refund. If Line 56 is greater than Line 49, subtract Line 49 from Line 56.		57 _____ .00
58 Tax due. If Line 49 is greater than Line 56, subtract Line 56 from Line 49.		58 _____ .00
59 Penalty (See instructions.)		59 _____ .00
60 Interest (See instructions.)		60 _____ .00
61 Total balance due. Add Lines 58 through 60.		61 _____ .00

► If you owe tax on Line 61, complete a payment voucher, Form IL-1041-X-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 9: Sign here

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.

_____ Signature of fiduciary	_____ Date	_____ Title	(_____)_____ Phone	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
_____ Signature of preparer	_____ Date	Preparer's Social Security number or firm's FEIN		
Preparer's firm name (or yours, if self-employed)		_____ Address	(_____)_____ Phone	

► Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016 ◀



Illinois Department of Revenue
Schedule D Beneficiary Information

Attach to your Form IL-1041.

Year ending

Month Year

IL Attachment no. 1

Write your name as shown on your Form IL-1041.

Write your federal employer identification number (FEIN).

Step 1: Provide the following information

- 1 Write the amount from your Form IL-1041, Line 27. 1 _____
- 2 Write the apportionment factor from your Form IL-1041, Schedule NR, Step 6, Line 3. 2 _____

Step 2: Identify your beneficiaries. Attach additional sheets if necessary.

	A Name and Address	B SSN or FEIN	C Beneficiary type (See instructions.)	D Total amount of base income (loss) distributable (See instr.)	E Check the box if the beneficiary is an Illinois nonresident	F Pass-through entity payment amount (See instr.)	G Excluded from pass-through entity payments (See instr.)
1	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for nonresident beneficiaries for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 _____