



**Amended Fiduciary
 Income and Replacement
 Tax Return**

Indicate what tax year you are amending: Tax year beginning month day year, ending month day year

Enter the amount you are paying.

STOP If you are filing an amended return for tax years ending **before December 31, 2014**, you cannot use this form. For prior years, use the amended return form for that year.

\$ _____

Step 1: Identify your fiduciary

A Check the box that identifies your fiduciary. Trust Estate

B Enter your complete legal business name.
 If you have a name change, check this box.
 Name: _____

C Enter your mailing address.
 If you have an address change, check this box.
 C/O: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____

D Check the applicable box for the type of change being made.
 NLD State change Federal change
 If a federal change, check one: Partial agreed Finalized

Enter the finalization date _____ **Attach** federal finalization.

E Check this box if you are filing this form **only** to report an increased net loss on Line 29, Column B.

F Enter your federal employer identification no. (FEIN).

G Check the box if you are an
 Electing small business trust (ESBT)
 Individual bankruptcy estate

H Check this box if you are not an Illinois resident and attach Illinois Schedule NR.

I Check this box if you attached Schedule 1299-D.

J Check this box if you attached Schedule I.

K Check this box if you attached Form IL-4562.

L Check this box if you attached Schedule M.

M Check this box if you attached Schedule 80/20.

N Check this box if you have completed federal Form 8886 and **attach** it to this return.

O Check this box if you are making a discharge of indebtedness adjustment on Line 28 or Schedule NLD and **attach** federal Form 982.

Step 2: Explain the changes on this return

Attach your payment and Form IL-1041-X-V here.

Step 3: Figure your income or loss

	A As most recently reported or adjusted		B Corrected amount	
	Beneficiaries	Fiduciary	Beneficiaries	Fiduciary
▲ 1 Federal taxable income from U.S. Form 1041, Line 22.	1	_____ .00	1	_____ .00
2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative.	2	_____ .00	2	_____ .00
3 Taxable income of ESBT, if required.	3	_____ .00	3	_____ .00
4 Exemption claimed on U.S. Form 1041.	4	_____ .00	4	_____ .00
5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 5a _____ .00 5b _____ .00	5a	_____ .00	5a	_____ .00
6 State, municipal, and other interest income excluded from Line 1. 6a _____ .00 6b _____ .00	6a	_____ .00	6a	_____ .00
7 Illinois Special Depreciation addition (Form IL-4562). 7a _____ .00 7b _____ .00	7a	_____ .00	7a	_____ .00
8 Related-party expenses addition (Schedule 80/20). 8a _____ .00 8b _____ .00	8a	_____ .00	8a	_____ .00
9 Distributive share of additions (Schedule(s) K-1-P or K-1-T). 9a _____ .00 9b _____ .00	9a	_____ .00	9a	_____ .00
10 Other additions (Schedule M for businesses). 10a _____ .00 10b _____ .00	10a	_____ .00	10a	_____ .00
11 Add Lines 1 through 4 and Lines 5b through 10b. This is your total income or loss.	11	_____ .00	11	_____ .00

	A As most recently reported or adjusted		B Corrected amount	
	Beneficiaries	Fiduciary	Beneficiaries	Fiduciary
12 Enter 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 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. See instructions.	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, enter "0."	30	.00	30	.00
31 Standard exemption. Residents only: Enter \$1,000. Nonresidents only: Enter 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, enter "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, enter "0".	38	.00	38	.00

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

Step 7: Figure your net income tax — For trusts and estates

40 Income tax. Multiply Line 39 by 5% (.05). Fiscal filers - See instr. 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, enter "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 Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	49 _____ .00	49 _____ .00
50 Pass-through withholding payments you reported on behalf of your members. Enter the amount from Schedule D, Step 1, Line 6 (Schedule D).	50 _____ .00	50 _____ .00
51 Total net income and replacement taxes, surcharge, and pass-through withholding payments. Add Lines 47, 48, 49, and 50.	51 _____ .00	51 _____ .00
52 Payments		
a Credit from prior year overpayments.	52a _____ .00	
b Form IL-505-B (extension) payment.	52b _____ .00	
c Pass-through withholding payments (Sch. K-1-P or K-1-T).	52c _____ .00	
d Illinois Income Tax withheld (Form(s) W-2, W-2G, or 1099).	52d _____ .00	
e Form IL-516-I prepayments.	52e _____ .00	
f Form IL-516-B prepayments.	52f _____ .00	
53 Total payments. Add Lines 52a through 52f.		53 _____ .00
54 Tax paid with original return (do not include penalties and interest).		54 _____ .00
55 Subsequent tax payments made since the original return.		55 _____ .00
56 Total tax paid. Add Lines 53, 54, and 55.		56 _____ .00
57 Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		57 _____ .00
58 Net tax paid. Subtract Line 57 from Line 56.		58 _____ .00
59 Overpayment. If Line 58 is greater than Line 51, subtract Line 51 from Line 58.		59 _____ .00
60 Amount of overpayment from Line 59 to be credited to a subsequent period. See instructions.		60 _____ .00
61 Refund. Subtract Line 60 from Line 59. This is the amount to be refunded.		61 _____ .00
62 Tax due. If Line 51 is greater than Line 58, subtract Line 58 from Line 51.		62 _____ .00
63 Penalty. See instructions.		63 _____ .00
64 Interest. See instructions.		64 _____ .00
65 Total balance due. Add Lines 62 through 64.		65 _____ .00

▶ If you owe tax on Line 65, 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 Enter 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 the Department 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
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Illinois Department of Revenue
2014 Schedule D Beneficiary Information

Attach to your Form IL-1041.



Year ending

Month Year

IL Attachment no. 1

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

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule D instructions and complete Schedule(s) K-1-T and Schedule(s) K-1-T(3) (or Schedule(s) K-1-T(3)-FY) before completing this schedule.
- You must complete Step 2 of Schedule D and provide all the required information for your beneficiaries before completing Step 1 of Schedule D.

Note Failure to follow these instructions may result in a delay in processing your return, further correspondence, and you may be required to submit further information to support your filing.

Step 1: Provide the following total amounts

Note Complete this step only after you have completed Schedule(s) K-1-T, Schedule(s) K-1-T(3) (or Schedule(s) K-1-T(3)-FY), and Schedule D, Step 2. You will use the amounts from those schedules when completing this step.

Totals for resident and nonresident beneficiaries

1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-T for your members. See instructions. **1** _____

Totals for nonresident beneficiaries

2 Enter the total pass-through withholding you reported on all pages of your Schedule D, Step 2, Column G for your nonresident individual and estate members. See instructions. **2** _____

3 Enter the total pass-through withholding you reported on all pages of your Schedule D, Step 2, Column G for your nonresident partnership and S corporation members. See instructions. **3** _____

4 Enter the total pass-through withholding you reported on all pages of your Schedule D, Step 2, Column G for your nonresident trust members. See instructions. **4** _____

5 Enter the total pass-through withholding you reported on all pages of your Schedule D, Step 2, Column G for your nonresident C corporation members. See instructions. **5** _____

6 Add Line 2 through Line 5. This is the total pass-through withholding reported on behalf of all your nonresident beneficiaries. This amount should match the total amount from Schedule D, Step 2, Column G for all nonresident beneficiaries on all pages. Enter the total here **and** on Form IL-1041, Line 50. See instructions. **6** _____

► Attach all pages of Schedule D, Step 2 behind this page.



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

Enter your federal employer identification number (FEIN).

Step 2: Identify your beneficiaries (See instructions before completing.)

A		B	C	D	E	F	G
Name and Address		Beneficiary type	SSN or FEIN	Beneficiary's amount of base income or loss (See instr.)	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding <i>(If Column E is blank, complete Column F and Column G. Otherwise, enter zero in Column F and Column G.)</i>	Pass-through withholding payment amount
1	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
2	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
3	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
4	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
5	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
6	Name _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____

Note If you have more members than space provided, attach additional copies of this page as necessary.