



2015 Form IL-1041

Fiduciary Income and Replacement Tax Return

Due on or before the 15th day of the 4th month following the close of the tax year.

If this return is not for calendar year 2015, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year

For tax years ending **on** or **after** December 31, 2015. For prior years, use the form for that year.

Enter the amount you are paying.

\$ _____

Step 1: Identify your fiduciary

- A** Enter your complete legal business name.
If you have a name change, check this box.
Name: _____
- B** Enter your mailing address.
If you have an address change or this is a first return, check this box.
C/O: _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
- C** Check the box that identifies your fiduciary. Trust Estate
- D** Check the box if any of the following apply. (You may check multiple boxes.)
 Electing small business trust (ESBT) Individual bankruptcy estate
 Complex trust without distributions
- E** Check the box if one of the following apply.
 First return
 Final return (If final, enter the date. _____ mm dd yyyy)
- F** Check your method of accounting.
 Cash Accrual Other _____
- G** Enter your federal employer identification no. (FEIN). _____
- H** Check this box if you completed federal Form 8886 and **attach** a copy to this return.
- I** Check this box if your residency is not in Illinois and you attached Illinois Schedule NR.
- J** Check this box if you attached Illinois Schedule 1299-D.
- K** Check this box if you attached Illinois Schedule I.
- L** Check this box if you attached Form IL-4562.
- M** Check this box if you attached Illinois Schedule M (for businesses).
- N** Check this box if you attached Schedule 80/20.
- O** If you are making a Discharge of Indebtedness adjustment on Schedule NLD or Form IL-1041, Line 28, check this box and **attach** federal Form 982.

Step 2: Figure your income or loss

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

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

Step 3: Figure your base income or loss



**A
Beneficiaries**

**B
Fiduciary**

12 Enter the amount of your income or loss from Line 11.		12 _____	12 _____	.00
13 August 1, 1969, valuation limitation amount. Attach Schedule F.	13a _____	.00	13b _____	.00
14 Payments from certain retirement plans. See instructions.	14a _____	.00	14b _____	.00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a _____	.00	15b _____	.00
16 Retirement payments to retired partners.	16a _____	.00	16b _____	.00
17 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	17a _____	.00	17b _____	.00
18 High Impact Business Dividend subtraction. Attach Schedule 1299-B.	18a _____	.00	18b _____	.00
19 Contributions to certain job training projects. See instructions.	19a _____	.00	19b _____	.00
20 Illinois Special Depreciation subtraction. Attach Form IL-4562.	20a _____	.00	20b _____	.00
21 Related-party expenses subtraction. Attach Schedule 80/20.	21a _____	.00	21b _____	.00
22 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	22a _____	.00	22b _____	.00
23 ESBT loss amount. See instructions.	23a _____		23b _____	.00
24 Other subtractions. Attach Illinois Schedule M (for businesses).	24a _____	.00	24b _____	.00
25 Total subtractions. Add Column B, Lines 13b through 24b. Report Column A, Lines 13a through 24a, on Schedule K-1-T, Step 5.			25 _____	.00
26 Base income or loss. Subtract Line 25 from Line 12.			26 _____	.00



If you are a nonresident of Illinois, complete Schedule NR; otherwise go to Step 4.

Step 4: Figure your net income

27 Base income or net loss from Line 26, or, if a nonresident, from Schedule NR, Line 51.		27 _____	27 _____	.00
28 Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.		28 _____	28 _____	.00
29 Adjusted base income or net loss. Add Lines 27 and 28.		29 _____	29 _____	.00
30 Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0."	30 _____	.00		
31 Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000. Nonresidents only: Enter the amount from Schedule NR, Line 54.	31 _____	.00		
32 Add Lines 30 and 31.		32 _____	32 _____	.00
33 Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter "0."		33 _____	33 _____	.00

Step 5: Figure your net replacement tax — For trusts only, estates go to Step 6

34 Replacement tax. Multiply Line 33 by 1.5% (.015).		34 _____	34 _____	.00
35 Recapture of investment credits. Attach Schedule 4255.		35 _____	35 _____	.00
36 Replacement tax before credits. Add Lines 34 and 35.		36 _____	36 _____	.00
37 Replacement tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR.	37 _____	.00		
38 Investment credits. Attach Form IL-477.	38 _____	.00		
39 Total credits. Add Lines 37 and 38.		39 _____	39 _____	.00
40 Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative, enter "0."		40 _____	40 _____	.00



Illinois Department of Revenue
2015 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) before completing this schedule.
- You must complete Section B of Schedule D and provide all the required information for your beneficiaries before completing Section A of Schedule D.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-T and Schedule D, Section B)



Before completing this section you must first complete Schedule(s) K-1-T, Schedule(s) K-1-T(3), and Schedule D, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident beneficiaries (from Schedule(s) K-1-T and Schedule D, Section B)

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 (from Schedule D, Section B)

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

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

6 Add Line 2 through Line 5. This is the total pass-through withholding you owe on behalf of all your nonresident beneficiaries. This amount should match the total amount from Schedule D, Section B, Column G for all nonresident beneficiaries on all pages. Enter the total here **and** on Form IL-1041, Line 52. See instructions. **6** _____

▶ Attach all pages of Schedule D, Section B behind this page.



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

Enter your federal employer identification number (FEIN).

Section B: Members' information (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	Pass-through withholding payment amount
1	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
2	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
3	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
4	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____
5	Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____	_____	_____	_____	_____	_____	_____

(If Column E is blank, complete Column F and Column G. Otherwise, enter zero in Column F and Column G.)

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