



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

Enter the amount you are paying.



If you are filing an amended return for tax years ending before December 31, 2020, you may not use this form. For prior years, see instructions to determine the correct form to use.

\$

Step 1: Identify your fiduciary

- A Enter your complete legal business name.
B Enter your mailing address.
C Check the box that identifies your fiduciary.
D Check the box if any of the following apply.
E Check the applicable box for the type of change being made.

- F Enter your federal employer identification number (FEIN).
G Check this box if you are filing this form only to report an increased net loss on Line 29, Column B.
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 RESERVED
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 and attach Federal Form 982 and a detailed statement.
P Throwback adjustment - see instructions.
Q Double throwback adjustment - see instructions.
R Check this box if you are a 52/53 week filer.
S Check this box if your tax year began on or after January 1, 2021.

Enter the finalization date Attach federal finalization.

STOP Explain the changes on this return (Attach a separate sheet if necessary.)

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

Step 2: Figure your income or loss

Table with 4 columns: A (As most recently reported or adjusted), B (Corrected amount), Beneficiaries, and Fiduciary. Rows 1-11 detailing income and loss calculations.



Step 3: Figure your base income or loss

	A		B	
	As most recently reported or adjusted		Corrected amount	
	Beneficiaries	Fiduciary	Beneficiaries	Fiduciary
12 Enter the amounts from Line 11.	12	.00	12	.00
13 August 1, 1969, valuation limitation amount. Attach Schedule F.	13a	.00	13b	.00
14 Payments from certain retirement plans.	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.	23a	.00	23b	.00
24 Other subtractions. Attach Schedule M.	24a	.00	24b	.00
25 Total subtractions. Add Lines 13b through 24b. See instructions.	25	.00	25	.00
26 Base income or loss. Subtract Line 25 from Line 12.	26	.00	26	.00

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

Step 4: Figure your net income

27 Base income or net loss. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount from Sch. NR, Line 51.	27	.00	27	.00
28 Discharge of indebtedness adjustment. Attach 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. If Line 29 is zero or a negative amount, enter zero. Check this box and attach a detailed statement if you have merged losses. <input type="checkbox"/>	30	.00	30	.00
31 Standard exemption. Residents only: See instructions before completing. 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 zero.	33	.00	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	.00	34	.00
35 Recapture of investment credits. Attach Schedule 4255.	35	.00	35	.00
36 Replacement tax before credits. Add Lines 34 and 35.	36	.00	36	.00
37 Replacement tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR. See instructions.	37	.00	37	.00
38 Investment credits. Attach Form IL-477.	38	.00	38	.00
39 Total credits. Add Lines 37 and 38.	39	.00	39	.00
40 Net replacement tax. Subtract Line 39 from Line 36. If negative, enter zero.	40	.00	40	.00



**Step 6: Figure your net income tax —
For trusts and estates**

	A As most recently reported or adjusted Fiduciary	B Corrected amount Fiduciary
41 Enter the amounts of net income from Line 33.	41 _____ .00	41 _____ .00
42 Income tax. See Instructions.	42 _____ .00	42 _____ .00
43 Recapture of investment credits. Attach Schedule 4255.	43 _____ .00	43 _____ .00
44 Income tax before credits. Add Lines 42 and 43.	44 _____ .00	44 _____ .00
45 Income tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR. See instructions.	45 _____ .00	45 _____ .00
46 Income tax credits. Attach Schedule 1299-D.	46 _____ .00	46 _____ .00
47 Total credits. Add Lines 45 and 46.	47 _____ .00	47 _____ .00
48 Net income tax. Subtract Line 47 from Line 44. If negative, enter zero.	48 _____ .00	48 _____ .00

Step 7: Figure your refund or balance due

49 Trusts only: Net replacement tax from Line 40.	49 _____ .00	49 _____ .00
50 Net income tax from Line 48.	50 _____ .00	50 _____ .00
51 Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	51 _____ .00	51 _____ .00
52 Sale of assets by gaming licensee surcharge. See instructions.	52 _____ .00	52 _____ .00
53 Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 7. See instructions. Attach Schedule D.	53 _____ .00	53 _____ .00
54 Total net income and replacement taxes, surcharges, and pass-through withholding you owe. Add Lines 49 through 53.	54 _____ .00	54 _____ .00
55 Payments. See instructions.		
a Credits from previous overpayments.		55a _____ .00
b Total payments made before the date this amended return is filed.		55b _____ .00
c Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.		55c _____ .00
d Illinois Income Tax withheld. Attach Form(s) W-2, W-2G, and 1099.		55d _____ .00
56 Total payments. Add Lines 55a through 55d.		56 _____ .00
57 Previously paid penalty and interest. See instructions.		57 _____ .00
58 Total amount of overpayment (including any carryforward or refund) before the filing of this return for the year being amended. See instructions.		58 _____ .00
59 Add Lines 57 and 58.		59 _____ .00
60 Net tax paid. Subtract Line 59 from Line 56.		60 _____ .00
61 Overpayment. If Line 60 is greater than Line 54, subtract Line 54 from Line 60.		61 _____ .00
62 Amount of overpayment from Line 61 to be credited forward . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input type="checkbox"/>		62 _____ .00
63 Refund. Subtract Line 62 from Line 61. This is the amount to be refunded.		63 _____ .00
64 Tax due with this amended return. If Line 54 is greater than Line 60, subtract Line 60 from Line 54.		64 _____ .00

Note → You will be sent a bill for any additional penalty and interest.

▶ **If you owe tax on Line 64, complete a payment voucher, Form IL-1041-X-V. Write your FEIN, tax year ending, and "IL-1041-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment 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 8: Sign below - 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					()		<input type="checkbox"/>	Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of fiduciary	Date (mm/dd/yyyy)	Title	Phone				
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature		Date (mm/dd/yyyy)	Firm's FEIN	Firm's phone	<input type="checkbox"/>	Check if self-employed
	Firm's name ▶							Paid Preparer's PTIN
	Firm's address ▶							()

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



Illinois Department of Revenue
2020 Schedule D

Beneficiary Information

Attach this schedule 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)

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 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 nonresident estate 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 partnership and S corporation 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 nonresident trust members. See instructions. **5** _____

6 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. **6** _____

7 Add Line 2 through Line 6. 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 (Form IL-1041-X), Line 53. See instructions. **7** _____

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

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



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	Share of Illinois income subject to pass-through withholding	Pass-through withholding 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.