



Step 3: Figure your base income or loss

	A	B
	Beneficiaries	Fiduciary
12 Enter the amount of your income or loss from Line 11.		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 _____ .00	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. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount from Schedule NR, Line 51.		27 _____ .00
28 Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.		28 _____ .00
29 Adjusted base income or net loss. Add Lines 27 and 28.		29 _____ .00
30 Illinois net loss deduction. If Line 29 is zero or a negative amount, enter zero.		30 _____ .00
31 Standard exemption. Residents only: See instructions before completing. Nonresidents only: Enter the amount from Schedule NR, Line 54.	31 _____ .00	
32 Add Lines 30 and 31.		32 _____ .00
33 Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter zero.		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
35 Recapture of investment credits. Attach Schedule 4255.		35 _____ .00
36 Replacement tax before credits. Add Lines 34 and 35.		36 _____ .00
37 Replacement tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR and U.S. Form 1041, Page 1 and Line 11 breakdown.	37 _____ .00	
38 Investment credits. Attach Form IL-477.	38 _____ .00	
39 Total credits. Add Lines 37 and 38.		39 _____ .00
40 Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative, enter zero.		40 _____ .00



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

Table with 2 columns: Line number and Amount. Lines 41-48 showing net income tax calculation.

Step 7: Figure your refund or balance due

Table with 2 columns: Line number and Amount. Lines 49-59 showing refund or balance due calculation.

Form 60: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

61 Tax Due. If Line 54 is greater than Line 56, subtract Line 56 from Line 54. This is the amount you owe. 61 .00

If you owe tax on line 61, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-1041-V. Write your FEIN, tax year ending, and "IL-1041-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.

Signatures and Preparer Information section. Includes fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, PTIN, Firm's name, address, FEIN, phone).

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



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 Name and Address	B Beneficiary type	C SSN or FEIN	D Beneficiary's amount of base income or loss (See instr.)	E Excluded from pass-through withholding	F 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>	G 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 _____	_____	_____	_____	_____	_____	_____

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