

## Illinois Department of Revenue

NS

IL-1041 (R-12/12)

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## 2012 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 th   | is return is not for calendar year 2012, write your fiscal tax year here.  |   |   | Write th   | e amount you are pa      | ying.  |
|---|--|---|---|--|--------------------------|--|
| Tax   | year beginning day 2012, ending day 20_ year   |   |   | \$   |                          |  |
| -   | 1: Identify your fiduciary heck the box that identifies your fiduciary.   Trust   Estate   |   | •   |  | ver identification no. ( |  |
| If Na  C W If C/  | /rite your complete legal business name. you have a name change, check this box.  /rite your mailing address. you have an address change or this is a first return, check this box. /o:  | H Check the box if you are an:  Electing small business trust (ESBT)  Individual bankruptcy estate  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 |   |  |                          |  |
| D C C C C C C C C C C C C C C C C C C C                         | ailing address:  State: ZIP:  Theck the box if one of the following apply.  First return  Final return (If final, write the date dd)  Theck your method of accounting.  Cash   |   | <ul><li>M Check this box if Schedule M (for</li><li>N Check this box if</li><li>O If you are making</li></ul> | ched Form IL-4562. ched Illinois es). ched Schedule 80/20 rge of Indebtedness .D or Form IL-1041, Li |                          |  |
|   | 2: Figure your income or loss  |   | A<br>Beneficiaries  |  | B<br>Fiduciary           |  |
| ► Attach your payment and Form IL-1041-V here. ► 1 2 8 4 9 9 10 | Federal taxable income from U.S. Form 1041, Line 22.  Federal net operating loss deduction from U.S. Form 1041, Line 15a. This amount cannot be negative.  Taxable income of ESBT, if required. See instructions.  Exemption claimed on U.S. Form 1041, Line 20.  Illinois income and replacement tax deducted in arriving at Line 1.  State, municipal, and other interest income excluded from Line 1.  Illinois Special Depreciation addition. Attach Form IL-4562.  Related-party expenses addition. Attach Schedule 80/20.  Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. | 6a<br>7a<br>8a  | a   | 00 51<br>00 61<br>00 71<br>00 81   | 2                        | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00 |
| 11  | Other additions. <b>Attach</b> Illinois Schedule M (for businesses).  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.  | 10a   |   | <u>00</u> 10l  | b•                       | <u>00</u><br><u>00</u>                       |

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| 12  | write the amount of your income of loss from Line 11.  |              |                  | 12_   | <u>•00</u>     |
|-----|--|--------------|------------------|-------|----------------|
| Ste | p 3: Figure your base income or loss   | Ber          | A<br>neficiaries |       | B<br>Fiduciary |
| 13  | August 1, 1969, valuation limitation amount. Attach Schedule F.  | 13a          | <u>•00</u>       | 13b _ | •00            |
| 14  | Payments from certain retirement plans. See instructions.  | 14a          | <u>•00</u>       | 14b _ | <u>•00</u>     |
| 15  | Interest income from U.S. Treasury and other exempt federal obligations.   | 15a          | <u>•00</u>       | 15b _ | <u>•00</u>     |
| 16  | Retirement payments to retired partners. 16a   |              |                  | 16b _ | •00            |
| 17  | Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-B.                          | •00          | 17b _            | •00   |                |
| 18  | High Impact Business Dividend subtraction. <b>Attach</b> 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. <b>Attach</b> 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. <b>Attach</b> 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.<br>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            |
|     | o 4: Figure your net income  | ND Line E1   |                  | 27    | 00             |
|     | Base income or net loss from Line 26, or, if a nonresident, from Schedule  |              |                  | •00   |                |
| 28  | Discharge of Indebtedness adjustment. Attach federal Form 982. See inst  | tructions.   |                  |       | •00            |
| 29  | Adjusted base income or net loss. Add Lines 27 and 28.   |              |                  | 29    | <u>•00</u>     |
| 30  | Illinois net loss deduction. Attach Schedule NLD.  If Line 29 is zero or a negative amount, write "0."                         | 30           | •00              |       |                |
| 31  | Standard exemption.  Residents only: Write \$1,000.  Nonresidents only: Write 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, write "0."   |              |                  | 33    | •00            |
| Ste | p 5: Figure your net replacement tax — For trusts or   | nly, estates | go to Step 6     | 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 investment credits. Add Lines 34 and 35.  |              |                  | 36    | •00            |
| 37  | Investment credits. Attach Form IL-477.  |              |                  | 37    | •00            |
| 38  | Net replacement tax. Subtract Line 37 from Line 36. If the amount is negative, write "0."                                      |              |                  |       | •00            |

| 39       | Write the amount of your r   | net income from L        | ine 33.   |                       |                     | 39                                  | <u>•00</u>  |  |  |
|----------|--|--------------------------|---|-----------------------|---------------------|-------------------------------------|-------------|--|--|
| Ste      | p 6: Figure your no  | et income ta             | X   |                       |                     |                                     |             |  |  |
| 40       | Income tax. Multiply Line 3  | 39 by 5% (.05).          |   |                       |                     | 40                                  | •00         |  |  |
| 41       | Recapture of investment credits. Attach Schedule 4255.   |                          |   |                       |                     | 41                                  | •00         |  |  |
| 42       | Income tax before credits.   | Add Lines 40 and         | d 41.   |                       |                     | 42                                  | •00         |  |  |
| 43       | Credit for income tax paid <b>Attach</b> Schedule CR.  | to another state         | while an Illinois resident.                           | 43                    | •00                 |                                     |             |  |  |
| 44       | Income tax credits. Attach   | Schedule 1299-           | D.  | 44                    | •00                 |                                     |             |  |  |
| 45       | Total credits. Add Lines 43  | and 44.                  |   |                       |                     | 45                                  | •00         |  |  |
| 46       | Net income tax. Subtract   | 46                       | •00   |                       |                     |                                     |             |  |  |
| Ste      | p 7: Figure your re  | efund or bala            | ance due  |                       |                     |                                     |             |  |  |
| 47       | Trusts only: net replacem  | ent tax from Line        | 38.   |                       |                     | 47                                  | <u>•00</u>  |  |  |
| 48       | Net income tax from Line 4   | 46.                      |   |                       |                     | 48                                  | <u>•00</u>  |  |  |
| 49       | Total net income and replacement taxes. Add Lines 47 and 48.   |                          |   |                       |                     | 49                                  | <u>•00</u>  |  |  |
| 50       | Payments.  |                          |   |                       |                     |                                     |             |  |  |
|          | a Illinois Income Tax with   | held. <b>Attach</b> form | s W-2 and W-2G.                                       | 50a                   |                     |                                     |             |  |  |
|          | <b>b</b> Credit from 2011 overp  | ayment.                  |   | 50b                   |                     |                                     |             |  |  |
|          | <b>c</b> Form IL-505-B (extension  | on) payment.             |   | 50c                   | <u>•00</u>          |                                     |             |  |  |
|          | <b>d</b> Pass-through entity pay   | ments. <b>Attach</b> S   | chedule(s) K-1-P or K-1-T.                            | 50d                   | <u>•00</u>          |                                     |             |  |  |
| 51       | Total payments. Add Lines  | 50a through 50c          | l.  |                       |                     | 51                                  | <u>•00</u>  |  |  |
| 52       | Overpayment. If Line 51 is   | 52                       | • <u>00</u>   |                       |                     |                                     |             |  |  |
| 53       | Amount to be <b>credited to</b>  | <b>♦</b> 53              | <u>•00</u> ♦  |                       |                     |                                     |             |  |  |
| 54       | Refund. Subtract Line 53 from Line 52. This is the amount to be refunded.                                    |                          |   |                       |                     |                                     | •00         |  |  |
| 55       | Tax Due. If Line 49 is grea  | ater than Line 51,       | subtract Line 51 from Line 4                          | 9.                    |                     |                                     |             |  |  |
|          | This is the amount you owe.  If you owe tax on Line 55, complete a payment voucher, Form IL-1041-V, make you |                          |   |                       |                     |                                     | • <u>00</u> |  |  |
|          |  |                          | mplete a payment voucner<br>of Revenue" and attach th |                       |                     |                                     | )           |  |  |
|          | <u> </u>   | ote → Write the a        | mount of your payment on                              | the top of Page 1     | -<br>I in the space | provided.                           |             |  |  |
|          |  |                          |   |                       |                     |                                     |             |  |  |
| Ste      | p 8: Sign here   |                          |   |                       |                     |                                     |             |  |  |
| Unde     | r penalties of perjury, I state  | e that I have exar       | nined this return and, to the                         | pest of my knowled    | dge, it is true,    | correct, and cor                    | mplete.     |  |  |
| 0        | (6)  |                          |   | ()_                   |                     | Check this box i                    |             |  |  |
| Signat   | ure of fiduciary   | Date                     | Title   | Phone                 |                     | discuss this retu<br>preparer shown |             |  |  |
| Signat   | ure of preparer  | Date                     | Preparer's Social Security                            | number or firm's FEIN | L                   |                                     | u otop      |  |  |
| Prepai   | Preparer's firm name (or yours, if self-employed) Address F  |                          |   |                       |                     |                                     | ()Phone     |  |  |
| <b>L</b> |  | . , ,                    |   | ( Davienus DO D       | ov 40000 C          |                                     | 704 0000    |  |  |
|          | n a payment is <b>not</b> enclos   | seu, man mis retu        | rn to: <b>Illinois Department o</b>                   | r Revenue, P.O. B     | ox 19009, 5p        | inigheia, IL 62                     | 1 34-3003   |  |  |

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



Year ending

Month Year

IL Attachment no. 1

| Step 1: Provide the following information |                         |   |                                      |  |  |  |   |  |  |  |  |
|---|-------------------------|---|--------------------------------------|--|--|--|---|--|--|--|--|
| 1 2                                       |                         | Write the amount from your Form IL-1041, Line 27. Write the apportionment factor from your Form IL-1041, Schedule NR, Step 6, Line 3. |                                      |  |  |  | 1   |  |  |  |  |
| Ste                                       | ep 2: Identify your ben | eficiaries. Att   | ach additional s                     | sheets if necess   | ary.   |  |   |  |  |  |  |
|   | Α                       | В   | С                                    | D  | E  | F  | G   |  |  |  |  |
|   | Name and Address        | SSN or FEIN   | Beneficiary type (See instructions.) | Total amount of<br>base income (loss)<br>distributable<br>(See instr.) | Check the box if<br>the beneficiary<br>is an Illinois<br>nonresident | Pass-through<br>entity payment<br>amount<br>(See instr.) | Excluded from pass-through entity payments (See instr.) |  |  |  |  |
| 1   |                         |   |                                      |  |  |  |   |  |  |  |  |
| 2   |                         |   |                                      |  | _  |  |   |  |  |  |  |
|   |                         | <br><br>  |                                      |  | _ 🗆 _  |  |   |  |  |  |  |
| 3   |                         |   |                                      |  |  |  |   |  |  |  |  |
| 4   |                         |   |                                      |  | _  |  |   |  |  |  |  |
|   |                         | <br><br>  |                                      |  | _ 🗆 _  |  |   |  |  |  |  |
| 5   |                         |   |                                      |  |  |  |   |  |  |  |  |
| 6   |                         |   |                                      |  | _  |  |   |  |  |  |  |
|   |                         | <br><br>  |                                      |  |  |  |   |  |  |  |  |