



12 Write the amount of your income or loss from Line 11. 12 \_\_\_\_\_ .00

**Step 3: Figure your base income or loss**

	A Beneficiaries	B Fiduciary
13 August 1, 1969, valuation limitation amount. <b>Attach</b> 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. <b>Attach</b> Schedule 1299-B.	17a _____ .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. <b>Attach</b> 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. <b>Attach</b> 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 <b>Base income or loss.</b> 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 _____ .00
28 Discharge of Indebtedness adjustment. <b>Attach</b> 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. <b>Attach</b> Schedule NLD. If Line 29 is zero or a negative amount, write "0."	30 _____ .00
31 Standard exemption. <b>Residents only:</b> Write \$1,000. <b>Nonresidents only:</b> Write the amount from Schedule NR, Line 54.	31 _____ .00
32 Add Lines 30 and 31.	32 _____ .00
33 <b>Net Income.</b> Subtract Line 32 from Line 29. If the amount is negative, write "0."	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. <b>Attach</b> Schedule 4255.	35 _____ .00
36 Replacement tax before investment credits. Add Lines 34 and 35.	36 _____ .00
37 Investment credits. <b>Attach</b> Form IL-477.	37 _____ .00
38 <b>Net replacement tax.</b> Subtract Line 37 from Line 36. If the amount is negative, write "0."	38 _____ .00



39 Write the amount of your net income from Line 33.



39 \_\_\_\_\_ .00

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

40 Income tax. Multiply Line 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 41.

42 \_\_\_\_\_ .00

43 Credit for income tax paid to another state while an Illinois resident. **Attach** Schedule CR.

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 Line 45 from Line 42. If the amount is negative, write "0."

46 \_\_\_\_\_ .00

**Step 7: Figure your refund or balance due**

47 **Trusts only:** net replacement tax from Line 38.

47 \_\_\_\_\_ .00

48 Net income tax from Line 46.

48 \_\_\_\_\_ .00

49 Compassionate Use of Medical Cannabis Pilot Program Act Surcharge. **Fiscal filers only.** See instr.

49 \_\_\_\_\_ .00

50 **Total net income and replacement taxes and surcharge.** Add Lines 47, 48, and 49.

50 \_\_\_\_\_ .00

51 Payments.

a Illinois Income Tax withheld. **Attach** forms W-2 and W-2G.

51a \_\_\_\_\_ .00

b Credit from 2012 overpayment.

51b \_\_\_\_\_ .00

c Form IL-505-B (extension) payment.

51c \_\_\_\_\_ .00

d Pass-through entity payments. **Attach** Schedule(s) K-1-P or K-1-T.

51d \_\_\_\_\_ .00

52 Total payments. Add Lines 51a through 51d.

52 \_\_\_\_\_ .00

53 Overpayment. If Line 52 is greater than Line 50, subtract Line 50 from Line 52.

53 \_\_\_\_\_ .00

54 Amount to be **credited to 2014.**

◆ 54 \_\_\_\_\_ .00 ◆

55 **Refund.** Subtract Line 54 from Line 53. This is the amount to be refunded.

55 \_\_\_\_\_ .00

56 **Complete to direct deposit your refund**

Routing Number                       Checking or  Savings

Account Number

57 **Tax Due.** If Line 50 is greater than Line 52, subtract Line 52 from Line 50. This is the amount you owe.

57 \_\_\_\_\_ .00

▶ If you owe tax on Line 57, complete a payment voucher, Form IL-1041-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

**Special Note** Write the amount of your payment on the top of Page 1 in the space provided.

**Step 8: 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 we may discuss this return with the preparer shown in this step.

Signature of preparer \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Social Security number or firm's FEIN \_\_\_\_\_

Preparer's firm name (or yours, if self-employed) \_\_\_\_\_ Address \_\_\_\_\_ 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**

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.



Illinois Department of Revenue  
**Schedule D Beneficiary Information**

Attach to your Form IL-1041.

Year ending

Month Year

**IL Attachment no. 1**

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

Write your federal employer identification number (FEIN).

**Step 1: Provide the following information**

- 1 Write the amount from your Form IL-1041, Line 27. 1 \_\_\_\_\_
- 2 Write the apportionment factor from your Form IL-1041, Schedule NR, Step 6, Line 3. 2 \_\_\_\_\_

**Step 2: Identify your beneficiaries.** Attach additional sheets if necessary.

A	B	C	D	E	F	G
Name and Address	SSN or FEIN	Beneficiary type (See instructions.)	Beneficiary's amount of base income or loss (See instr.)	Check the box if the beneficiary is an Illinois nonresident	Pass-through entity payment amount (See instr.)	Excluded from pass-through entity payments (See instr.)
1 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
2 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
3 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
4 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
5 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____
6 _____ _____ _____	_____	_____	_____	<input type="checkbox"/>	_____	_____

- 7 Add the amounts shown in Column D for nonresident beneficiaries for which you have entered a check mark in Column E. Write the total here. (See instructions.) 7 \_\_\_\_\_

