

Illinois Department of Revenue



2013 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.

ı	f this	s return is not for calendar year 2013, write your fiscal tax year here.			Wr	ite the	amount you are p	aying.	
7	Гах у	rear beginning day 20, ending day 20, month day year			\$_				
	p 1 : Ch	eck the box that identifies your fiduciary.	te	G	Write your federal er		er identification no.	, ,	
В		rite your complete legal business name. you have a name change, check this box.		H Check the box if you are an: Electing small business trust (ESBT)					
С		rite your mailing address. ou have an address change or this is a first return, check this box. o:			Individual bankruptcy estate Check this box if your residency is not in Illinois and you attached Illinois Schedule NR.				
	Mai	lling address:		J	Check this box if you Schedule 1299-D.	x if you attached Illinois 9-D.			
_	City			K	Check this box if you Schedule I.	ı attacl	hed Illinois		
D	Ch	eck the box if one of the following apply. First return		L	Check this box if you	ı attacl	hed Form IL-4562.		
		Final return (If final, write the date ddyyyy		M	Check this box if you Schedule M (for bus				
Ε	Ch	eck your method of accounting.		N Check this box if you attached Schedule 80/20.					
F		Cash			If you are making a D adjustment on Scheducheck this box and att	ile NLC	or Form IL-1041, l	Line 28	
Ste	p 2:	Figure your income or loss			A Beneficiaries		B Fiduciary		
	1	Federal taxable income from U.S. Form 1041, Line 22.				1		• <u>00</u>	
•	2	Federal net operating loss deduction from							
·V her		U.S. Form 1041, Line 15b. This amount cannot be negative.				2		• <u>00</u>	
1041-	3	Taxable income of ESBT, if required. See instructions.				3		• <u>00</u>	
m II-	4	Exemption claimed on U.S. Form 1041, Line 20.				4		• <u>00</u>	
d For	5	Illinois income and replacement tax deducted in arriving at Line 1.	5	ia _	•00	5b		• <u>00</u>	
payment and Form IL-1041-V here .	6	State, municipal, and other interest income excluded from Line 1.	6	ia _	•00	6b		• <u>00</u>	
ayme	7	Illinois Special Depreciation addition. Attach Form IL-4562.	7	'a _	•00	7b		• <u>00</u>	
/our p	8	Related-party expenses addition. Attach Schedule 80/20.	8	Ba _	•00	8b		• <u>00</u>	
► Attach your	9	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	9	a _	•00	9b		• <u>00</u>	
, <u>¥</u>	0	Other additions. Attach Illinois Schedule M (for businesses).	10	a _	•00	10b		• <u>00</u>	
_,	11	Add Column B, Lines 1 through 10b. This amount is your income or los Report Column A, Lines 5a through 10a, on Schedule K-1-T, Step 5.	ss.			11		• <u>00</u>	

12	Write the amount of your income or loss from Line 11.			12	<u>•00</u>
Step	3: Figure your base income or loss A Benefic				B Fiduciary
13	August 1, 1969, valuation limitation amount. Attach Schedule F.	13a	<u>•00</u>	13b _	<u>•00</u>
14	Payments from certain retirement plans. See instructions.	14a	<u>•00</u>	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			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	• <u>00</u>	22b _	• <u>00</u>
23	ESBT loss amount. See instructions.	23a	• <u>00</u>	23b _	<u>•00</u>
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
Step 27		NR Line 51		27	•00
					•00
28	Discharge of Indebtedness adjustment. Attach federal Form 982. See ins	iructions.			
	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
	Net Income. 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, estate	es 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 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 neg	ative, write "0."		38	•00

39	Write the amount of your r	net income from L	Line 33.			39	• <u>00</u>
Step	6: Figure your net	income tax —	For trusts and estates				
40	Income tax. Multiply Line 3	39 by 5% (.05).				40	• <u>00</u>
41	Recapture of investment of	credits. Attach Sc	hedule 4255.			41	•00
42	Income tax before credits.	Add Lines 40 an	d 41.			42	<u>•00</u>
43	Credit for income tax paid	to another state	while an Illinois resident.				
	Attach Schedule CR.			43	<u>•00</u>		
44	Income tax credits. Attach	Schedule 1299-	D.	44	<u>•00</u>		
45	Total credits. Add Lines 43	3 and 44.				45	<u>•00</u>
46	Net income tax. Subtract	Line 45 from Line	e 42. If the amount is negat	tive, write "0."		46	<u>•00</u>
Step	7: Figure your refu	nd or balance	due				
47	Trusts only: net replacem	nent tax from Line	38.			47	• <u>00</u>
48	Net income tax from Line	46.				48	• <u>00</u>
49	Compassionate Use of Me	edical Cannabis F	Pilot Program Act Surcharg	e. Fiscal filers only.	. See instr.	49	• <u>00</u>
50	Total net income and rep	olacement taxes	and surcharge. Add Lines	s 47, 48, and 49.		50	• <u>00</u>
51	Payments.						
	a Illinois Income Tax with	held. Attach form	ns W-2 and W-2G.	51a			
	b Credit from 2012 overp	ayment.		51b			
	c Form IL-505-B (extensi	on) payment.		51c			
	d Pass-through entity pay	yments. Attach S	chedule(s) K-1-P or K-1-T.	51d	<u>•00</u>		
52	Total payments. Add Lines	51a through 51c	i.			52	<u>•00</u>
53	Overpayment. If Line 52 is	greater than Line	e 50, subtract Line 50 from	Line 52.		53	<u>•00</u>
54	Amount to be credited to	2014.				♦ 54	<u>•00</u> �
55	Refund. Subtract Line 54	from Line 53. Thi	s is the amount to be refun	ded.		55	<u>•00</u>
56	Complete to direct depo	sit your refund		🗖 .			
	Routing Number			necking or Sav	ings		
	Account Number						
57	Tax Due. If Line 50 is grea		subtract Line 52 from Line	50.		5 7	00
	This is the amount you ow If you owe ta		mplete a payment vouch	er, Form IL-1041-V,	make your cl	57 heck payable to	• <u>00</u>
			of Revenue" and attach	=	_	-	
	<u>≡ Special No</u>	ote → Write the a	mount of your payment of	on the top of Page 1	1 in the space	e provided.	
Step	8: Sign here						
	er penalties of perjury, I stat	e that I have exa	mined this return and, to th	e best of my knowled	dge, it is true,	correct, and cor	nplete.
				()	Г	Check this box i	f we may
Signat	ture of fiduciary	Date	Title	Phone		discuss this retu preparer shown	urn with the
Signat	ture of preparer	Date	Preparer's Social Secur	ity number or firm's FEIN	L	highaigi Silowii	iii tiiis step. L
Prena	rer's firm name (or yours, if self-em	iployed) Addre	ess			() Phone	
	If a manufact to make the		on to Illinois Deposit	of Dovernor DC D	40000 0		704 0000

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

Year ending

Month	Year
IL Attachr	ment no. 1

	Write the amount from your Form II				1		
	Write the apportionment factor from				2		
Ste	p 2: Identify your ber A	B	ach additional s C	neets if necess D	sary. 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 payment (See instr.)
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