



Illinois Department of Revenue

2015 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 this return is not for calendar year 2015, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day yearFor tax years ending **on** or **after** December 31, 2015. For prior years, use the form for that year.

Enter the amount you are paying.

\$ _____

Step 1: Identify your fiduciary

- A**
- Enter your complete legal business name.
-
- If you have a name change, check this box.
- ☐

Name: _____

- B**
- Enter your mailing address.
-
- If you have an address change or this is a first return, check this box.
- ☐

C/O: _____

Mailing address: _____

City: _____

State: _____

ZIP: _____

- C**
- Check the box that identifies your fiduciary.
- ☐
- Trust
- ☐
- Estate

- D**
- Check the box if any of the following apply. (You may check multiple boxes.)

- ☐
- Electing small business trust (ESBT)
- ☐
- Individual bankruptcy estate
-
- ☐
- Complex trust without distributions

- E**
- Check the box if one of the following apply.

- ☐
- First return
-
- ☐
- Final return (If final, enter the date. ____/____/____)
-
- mm dd yyyy

- F**
- Check your method of accounting.

- ☐
- Cash
- ☐
- Accrual
- ☐
- Other _____

- G**
- Enter your federal employer identification no. (FEIN).
- ☐

- H**
- Check this box if you completed federal Form 8886 and
- attach**
- a copy to this return.
- ☐

- 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 Schedule 1299-D.
- ☐

- K**
- Check this box if you attached Illinois Schedule I.
- ☐

- L**
- Check this box if you attached Form IL-4562.
- ☐

- M**
- Check this box if you attached Illinois Schedule M (for businesses).
- ☐

- N**
- Check this box if you attached Schedule 80/20.
- ☐

- O**
- If you are making a Discharge of Indebtedness adjustment on Schedule NLD or Form IL-1041, Line 28, check this box and
- attach**
- federal Form 982.
- ☐

Step 2: Figure your income or loss**A**
Beneficiaries
(Whole dollars only)**B**
Fiduciary
(Whole dollars only)**1** Federal taxable income from U.S. Form 1041, Line 22.**1** _____ .00**2** Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative.**2** _____ .00**3** Taxable income of ESBT, if required. See instructions.**3** _____ .00**4** Exemption claimed on U.S. Form 1041, Line 20.**4** _____ .00**5** Illinois income and replacement tax and surcharge deducted in arriving at Line 1.**5a** _____ .00**5b** _____ .00**6** State, municipal, and other interest income excluded from Line 1.**6a** _____ .00**6b** _____ .00**7** Illinois Special Depreciation addition. **Attach** Form IL-4562.**7a** _____ .00**7b** _____ .00**8** Related-party expenses addition. **Attach** Schedule 80/20.**8a** _____ .00**8b** _____ .00**9** Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.**9a** _____ .00**9b** _____ .00**10** Other additions. **Attach** Illinois Schedule M (for businesses).**10a** _____ .00**10b** _____ .00**11** 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.**11** _____ .00

▼ Attach your payment and Form IL-1041-V here. ▲

Step 3: Figure your base income or loss**A
Beneficiaries****B
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 _____	13b _____	.00
14 Payments from certain retirement plans. See instructions.	14a _____	14b _____	.00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a _____	15b _____	.00
16 Retirement payments to retired partners.	16a _____	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 _____	18b _____	.00
19 Contributions to certain job training projects. See instructions.	19a _____	19b _____	.00
20 Illinois Special Depreciation subtraction. Attach Form IL-4562.	20a _____	20b _____	.00
21 Related-party expenses subtraction. Attach Schedule 80/20.	21a _____	21b _____	.00
22 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	22a _____	22b _____	.00
23 ESBT loss amount. See instructions.	23a _____	23b _____	.00
24 Other subtractions. Attach Illinois Schedule M (for businesses).	24a _____	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 from Line 26, or, if a nonresident, 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. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0."	30 _____	.00
31 Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000. 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 "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. 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.	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 "0."	40 _____	.00

41 Enter the amount of your net income from Line 33.	41 _____	.00
42 Income tax. Multiply Line 41 by 3.75% (.0375).	42 _____	.00
43 Recapture of investment credits. Attach Schedule 4255.	43 _____	.00
44 Income tax before credits. Add Lines 42 and 43.	44 _____	.00
45 Income tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR.	45 _____	.00
46 Income tax credits. Attach Schedule 1299-D.	46 _____	.00
47 Total credits. Add Lines 45 and 46.	47 _____	.00
48 Net income tax. Subtract Line 47 from Line 44. If the amount is negative, enter "0."	48 _____	.00

Step 7: Figure your refund or balance due

49	Trusts only: net replacement tax from Line 40.	49	_____	.00
50	Net income tax from Line 48.	50	_____	.00
51	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	51	_____	.00
52	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 6. See Instructions. Attach Schedule D.	52	_____	.00
53	Total net income and replacement taxes, surcharge, and pass-through withholding payments you owe. Add Lines 49, 50, 51, and 52.	53	_____	.00
54	Payments. See instructions.			
a	Credit from prior year overpayments.	54a	_____	.00
b	Form IL-505-B (extension) payment.	54b	_____	.00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	54c	_____	.00
d	Illinois Income Tax withheld. Attach all W-2, W-2G, and 1099 forms.	54d	_____	.00
e	Form IL-516-I prepayments.	54e	_____	.00
f	Form IL-516-B prepayments.	54f	_____	.00
55	Total payments. Add Lines 54a through 54f.	55	_____	.00
56	Overpayment. If Line 55 is greater than Line 53, subtract Line 53 from Line 55.	56	_____	.00
57	Amount to be credited forward . See instructions.	 57	_____	.00
58	Refund. Subtract Line 57 from Line 56. This is the amount to be refunded.	58	_____	.00

[illegible]

60 Tax Due. If Line 53 is greater than Line 55, subtract Line 55 from Line 53. This is the amount you owe. **60** _____ .00

► If you owe tax on Line 60, 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 → Enter 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 _____

Signature of paid preparer	Date	Paid preparer's Social Security number or firm's FEIN
----------------------------	------	---

Paid preparer's firm name	Address	Phone
---------------------------	---------	-------

Check this box if the Department may discuss this return with the paid preparer shown in this step. ☐

- 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**



2015 Schedule D Beneficiary Information

Attach 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 and Schedule D, Section B)

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

6 Add Line 2 through Line 5. 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, Line 52. See instructions. 6

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



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 payments	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 payment 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.