**Illinois Department of Revenue**

# 2021 IL-1041-X

## Amended Fiduciary Income and Replacement Tax Return

For tax years ending **on** or **after** December 31, 2021

**Indicate what tax year you are amending:** Tax year beginning ____ ____ ____ , ending ____ ____ ____
month day year          month day year

⚠ **WARNING** If you are filing an amended return for tax years ending **before December 31, 2021**, you may not use this form. For prior years, see instructions to determine the correct form to use.

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, 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 applicable box for the type of change being made.

☐ NLD   ☐ State change   ☐ Federal change

If a federal change, check one: ☐ Partial agreed   ☐ Finalized

**Enter the finalization date** _____ **Attach** federal finalization.

**F** Enter your federal employer identification number (FEIN).

___ ___ - ___ ___ ___ ___ ___ ___ ___

**G** Check this box if you are filing this form **only** to report an increased net loss on Line 29, Column B. ☐

**H** Check this box if your residency is not in Illinois and you attached Illinois Schedule NR. ☐

**I** Check this box if you attached Schedule 1299-D. ☐

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

**K** Check this box if you attached Schedule M. ☐

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

**M** Check this box if you have completed federal Form 8886 and **attach** it to this return. ☐

**N** Check this box if you are making a discharge of indebtedness adjustment on Line 28 and **attach** federal Form 982 and a detailed statement. ☐

**O** Throwback adjustment - see instructions. ☐

**P** Double throwback adjustment - see instructions. ☐

**Q** Check this box if you are a 52/53 week filer. ☐

🛑 **STOP**

**Explain the changes on this return** (Attach a separate sheet if necessary.)

*Attach your payment and Form IL-1041-X-V here.*

## Step 2: Figure your income or loss

| | A As most recently reported or adjusted | | B Corrected amount | |
|---|---|---|---|---|
| | Beneficiaries (Whole dollars only) | Fiduciary (Whole dollars only) | Beneficiaries (Whole dollars only) | Fiduciary (Whole dollars only) |
| **1** Federal taxable income from U.S. Form 1041, Line 23. | | **1** _____ •00 | | **1** _____ •00 |
| **2** Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. | | **2** _____ •00 | | **2** _____ •00 |
| **3** Taxable income of ESBT, if required. | | **3** _____ •00 | | **3** _____ •00 |
| **4** Exemption claimed on U.S. Form 1041. | | **4** _____ •00 | | **4** _____ •00 |
| **5** Illinois income and replacement tax and surcharge deducted in arriving at Line 1. | **5a** _____ •00 | **5b** _____ •00 | **5a** _____ •00 | **5b** _____ •00 |
| **6** State, municipal, and other interest income excluded from Line 1. | **6a** _____ •00 | **6b** _____ •00 | **6a** _____ •00 | **6b** _____ •00 |
| **7** Illinois Special Depreciation addition. **Attach** Form IL-4562. | **7a** _____ •00 | **7b** _____ •00 | **7a** _____ •00 | **7b** _____ •00 |
| **8** Related-Party Expenses addition. **Attach** Schedule 80/20. | **8a** _____ •00 | **8b** _____ •00 | **8a** _____ •00 | **8b** _____ •00 |
| **9** Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T. | **9a** _____ •00 | **9b** _____ •00 | **9a** _____ •00 | **9b** _____ •00 |
| **10** Other additions. **Attach** Schedule M (for businesses). | **10a** _____ •00 | **10b** _____ •00 | **10a** _____ •00 | **10b** _____ •00 |
| **11** Add Lines 1 through 4 and Lines 5b through 10b. This is your total income or loss. | | **11** _____ •00 | | **11** _____ •00 |

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.

IL-1041-X (R-12/21)

## Step 3: Figure your base income or loss

| | | A — As most recently reported or adjusted | | B — Corrected amount | |
|---|---|---|---|---|---|
| | | Beneficiaries | Fiduciary | Beneficiaries | Fiduciary |
| 12 | Enter the amounts from Line 11. | | 12 _____ •00 | | 12 _____ •00 |
| 13 | August 1, 1969, valuation limitation amount. **Attach** Schedule F. | 13a _____ •00 | 13b _____ •00 | 13a _____ •00 | 13b _____ •00 |
| 14 | Payments from certain retirement plans. | 14a _____ •00 | 14b _____ •00 | 14a _____ •00 | 14b _____ •00 |
| 15 | Interest income from U.S. Treasury and other exempt federal obligations. | 15a _____ •00 | 15b _____ •00 | 15a _____ •00 | 15b _____ •00 |
| 16 | Retirement payments to retired partners. | 16a _____ •00 | 16b _____ •00 | 16a _____ •00 | 16b _____ •00 |
| 17 | River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-B. | 17a _____ •00 | 17b _____ •00 | 17a _____ •00 | 17b _____ •00 |
| 18 | High Impact Business Dividend subtraction. **Attach** Schedule 1299-B. | 18a _____ •00 | 18b _____ •00 | 18a _____ •00 | 18b _____ •00 |
| 19 | Contributions to certain job training projects. See instructions. | 19a _____ •00 | 19b _____ •00 | 19a _____ •00 | 19b _____ •00 |
| 20 | Illinois Special Depreciation subtraction. **Attach** Form IL-4562. | 20a _____ •00 | 20b _____ •00 | 20a _____ •00 | 20b _____ •00 |
| 21 | Related-Party Expenses subtraction. **Attach** Schedule 80/20. | 21a _____ •00 | 21b _____ •00 | 21a _____ •00 | 21b _____ •00 |
| 22 | Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T. | 22a _____ •00 | 22b _____ •00 | 22a _____ •00 | 22b _____ •00 |
| 23 | ESBT loss amount. | 23a ▓▓▓▓▓▓ | 23b _____ •00 | 23a ▓▓▓▓▓▓ | 23b _____ •00 |
| 24 | Other subtractions. **Attach** Schedule M. | 24a _____ •00 | 24b _____ •00 | 24a _____ •00 | 24b _____ •00 |
| 25 | Total subtractions. Add Lines 13b through 24b. See instructions. | | 25 _____ •00 | | 25 _____ •00 |
| 26 | **Base income or loss.** Subtract Line 25 from Line 12. | | 26 _____ •00 | | 26 _____ •00 |

**If you are a nonresident of Illinois, complete Schedule NR; otherwise continue to Step 4.**

## Step 4: Figure your net income

| | | A | B |
|---|---|---|---|
| 27 | Base income or net loss. **Residents only:** Enter the amount from Line 26. **Nonresidents only:** Enter the amount from Sch. NR, Line 51. | 27 _____ •00 | 27 _____ •00 |
| 28 | Discharge of indebtedness adjustment. **Attach** U.S. Form 982. | 28 _____ •00 | 28 _____ •00 |
| 29 | Adjusted base income or net loss. Add Lines 27 and 28. | 29 _____ •00 | 29 _____ •00 |
| 30 | Illinois net loss deduction. **If Line 29 is zero or a negative amount, enter zero.** | 30 _____ •00 | 30 _____ •00 |
| 31 | Standard exemption. **Residents only:** See instructions before completing. **Nonresidents only:** Enter the amount from Sch. NR, Line 54. | 31 _____ •00 | 31 _____ •00 |
| 32 | Add Lines 30 and 31. | 32 _____ •00 | 32 _____ •00 |
| 33 | **Net income.** Subtract Line 32 from Line 29. **If the amount is negative, enter zero.** | 33 _____ •00 | 33 _____ •00 |

## Step 5: Figure your net replacement tax — For trusts only, estates go to Step 6.

| | | A | B |
|---|---|---|---|
| 34 | Replacement tax. Multiply Line 33 by 1.5% (.015). | 34 _____ •00 | 34 _____ •00 |
| 35 | Recapture of investment credits. **Attach** Schedule 4255. | 35 _____ •00 | 35 _____ •00 |
| 36 | Replacement tax before credits. Add Lines 34 and 35. | 36 _____ •00 | 36 _____ •00 |
| 37 | Replacement tax credit for income tax paid to another state while an Illinois resident. **Attach** Schedule CR. See instructions. | 37 _____ •00 | 37 _____ •00 |
| 38 | Investment credits. **Attach** Form IL-477. | 38 _____ •00 | 38 _____ •00 |
| 39 | Total credits. Add Lines 37 and 38. | 39 _____ •00 | 39 _____ •00 |
| 40 | **Net replacement tax.** Subtract Line 39 from Line 36. If negative, enter zero. | 40 _____ •00 | 40 _____ •00 |

IL-1041-X (R-12/21)

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

| | | A<br>As most recently<br>reported or adjusted<br>Fiduciary | B<br>Corrected<br>amount<br>Fiduciary |
|---|---|---|---|
| 41 | Enter the amounts of net income from Line 33. | 41 _____ •00 | 41 _____ •00 |
| 42 | Income tax. See Instructions. | 42 _____ •00 | 42 _____ •00 |
| 43 | Recapture of investment credits. **Attach** Schedule 4255. | 43 _____ •00 | 43 _____ •00 |
| 44 | Income tax before credits. Add Lines 42 and 43. | 44 _____ •00 | 44 _____ •00 |
| 45 | Income tax credit for income tax paid to another state while an Illinois resident. **Attach** Schedule CR. See instructions. | 45 _____ •00 | 45 _____ •00 |
| 46 | Income tax credits. **Attach** Schedule 1299-D. | 46 _____ •00 | 46 _____ •00 |
| 47 | Total credits. Add Lines 45 and 46. | 47 _____ •00 | 47 _____ •00 |
| 48 | **Net income tax.** Subtract Line 47 from Line 44. If negative, enter zero. | 48 _____ •00 | 48 _____ •00 |

## Step 7: Figure your refund or balance due

| | | A | B |
|---|---|---|---|
| 49 | **Trusts only:** Net replacement tax from Line 40. | 49 _____ •00 | 49 _____ •00 |
| 50 | Net income tax from Line 48. | 50 _____ •00 | 50 _____ •00 |
| 51 | Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. | 51 _____ •00 | 51 _____ •00 |
| 52 | Sale of assets by gaming licensee surcharge. See instructions. | 52 _____ •00 | 52 _____ •00 |
| 53 | Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 7. See instructions. **Attach** Schedule D. | 53 _____ •00 | 53 _____ •00 |
| 54 | **Total net income and replacement taxes, surcharges, and pass-through withholding you owe.** Add Lines 49 through 53. | 54 _____ •00 | 54 _____ •00 |
| 55 | Payments. See instructions. | | |
| | **a** Credits from previous overpayments. | | 55a _____ •00 |
| | **b** Total payments made before the date this amended return is filed. | | 55b _____ •00 |
| | **c** Pass-through withholding reported to you. **Attach** Schedule(s) K-1-P or K-1-T. | | 55c _____ •00 |
| | **d** Pass-through entity tax credit reported to you. **Attach** Schedule(s) K-1-P or K-1-T. | | 55d _____ •00 |
| | **e** Illinois income tax withheld. **Attach** Form(s) W-2, W-2G, and 1099. | | 55e _____ •00 |
| 56 | Total payments. Add Lines 55a through 55e. | | 56 _____ •00 |
| 57 | Previously paid penalty and interest. See instructions. | | 57 _____ •00 |
| 58 | Total amount of overpayment (including any carryforward or refund) before the filing of this return for the year being amended. See instructions. | | 58 _____ •00 |
| 59 | Add Lines 57 and 58. | | 59 _____ •00 |
| 60 | Net tax paid. Subtract Line 59 from Line 56. | | 60 _____ •00 |
| 61 | **Overpayment.** If Line 60 is greater than Line 54, subtract Line 54 from Line 60. | | 61 _____ •00 |
| 62 | Amount of overpayment from Line 61 to be **credited forward.** See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. ☐ | | 62 _____ •00 |
| 63 | **Refund.** Subtract Line 62 from Line 61. This is the amount to be refunded. | | 63 _____ •00 |
| 64 | **Tax due with this amended return.** If Line 54 is greater than Line 60, subtract Line 60 from Line 54. | | 64 _____ •00 |

≡Note➡ You will be sent a bill for any additional penalty and interest.

▶ If you owe tax on Line 64, complete a payment voucher, Form IL-1041-X-V. Write your FEIN, tax year ending, and "IL-1041-X-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.

| Sign Here | | | | | ☐ Check if the Department may discuss this return with the paid preparer shown in this step. |
|---|---|---|---|---|---|
| | Signature of fiduciary | Date (mm/dd/yyyy) | Title | ( ) Phone | |

| Paid Preparer Use Only | | | | ☐ Check if self-employed | |
|---|---|---|---|---|---|
| | Print/Type paid preparer's name | Paid preparer's signature | Date (mm/dd/yyyy) | | Paid Preparer's PTIN |
| | Firm's name ▶ | | | Firm's FEIN ▶ | |
| | Firm's address ▶ | | | Firm's phone▶ ( ) | |

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016**

**Illinois Department of Revenue**
# 2021 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).

**STOP**   **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.

*Note→* 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)

**STOP**   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.**

_____
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 | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| | Name and Address | Beneficiary type | SSN or FEIN | Beneficiary's amount of base income or loss (See instr.) | Excluded from pass-through withholding | Share of Illinois income subject to pass-through withholding | Pass-through withholding amount | Pass-through entity tax credit amount |

*See instructions before completing Columns E through H.*

**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 ____