



## 2025 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 2025, enter your fiscal tax year here.

Tax year beginning \_\_\_\_\_ 20\_\_\_\_, ending \_\_\_\_\_ 20\_\_\_\_  
month day year month day yearEnter the amount you are paying  
with this return.

\$ \_\_\_\_\_

This form is for tax year ending on or after December 31, 2025, and before December 31, 2026.  
For all other situations, see instructions to determine the correct form to use.

## 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.

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 or estate w/o distributions ☐ Grantor trust

E If this is the first or final return, check the applicable box(es).

☐ First return☐ Final return (Enter the date of termination. \_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
mm dd yyyy

F Check your method of accounting.

☐ Cash ☐ Accrual ☐ Other \_\_\_\_\_G Enter your federal employer identification number  
(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 Form IL-4562. ☐L Check this box if you attached Illinois  
Schedule M (for businesses). ☐M Check this box if you attached Schedule 80/20. ☐N 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.O Check this box if you are a 52/53 week filer. ☐

## Step 2: Figure your income or loss

A  
Beneficiaries  
(Whole dollars only)B  
Fiduciary  
(Whole dollars only)

1 Federal taxable income from federal Form 1041, Line 23.

1 \_\_\_\_\_ .00

2 Federal net operating loss deduction from  
federal 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 federal Form 1041, Line 21.

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.

11 \_\_\_\_\_ .00

Report Column A, Lines 5a through 10a, on Schedule K-1-T, Step 5.

IR NS DR \_\_\_\_\_



### 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 <u>                    </u> .00
13 August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.	13a <u>                    </u> .00	13b <u>                    </u> .00
14 Payments from certain retirement plans. See instructions.	14a <u>                    </u> .00	14b <u>                    </u> .00
15 Interest income from U.S. Treasury and other exempt federal obligations.	15a <u>                    </u> .00	15b <u>                    </u> .00
16 Retirement payments to retired partners.	16a <u>                    </u> .00	16b <u>                    </u> .00
17 River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-B.	17a <u>                    </u> .00	17b <u>                    </u> .00
18 High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-B.	18a <u>                    </u> .00	18b <u>                    </u> .00
19 Contributions to certain job training projects. See instructions.	19a <u>                    </u> .00	19b <u>                    </u> .00
20 Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	20a <u>                    </u> .00	20b <u>                    </u> .00
21 Related-Party Expenses subtraction. <b>Attach</b> Schedule 80/20.	21a <u>                    </u> .00	21b <u>                    </u> .00
22 Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	22a <u>                    </u> .00	22b <u>                    </u> .00
23 ESBT loss amount. See instructions.	23a <u>                    </u> .00	23b <u>                    </u> .00
24 Other subtractions. <b>Attach</b> Illinois Schedule M (for businesses).	24a <u>                    </u> .00	24b <u>                    </u> .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 <u>                    </u> .00
26 <b>Base income or loss.</b> Subtract Line 25 from Line 12.		26 <u>                    </u> .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. <b>Residents only:</b> Enter the amount from Line 26. <b>Nonresidents only:</b> Enter the amount from Schedule NR, Line 51.		27 <u>                    </u> .00
28 Discharge of indebtedness adjustment. <b>Attach</b> federal Form 982. See instructions.		28 <u>                    </u> .00
29 Adjusted base income or net loss. Add Lines 27 and 28.		29 <u>                    </u> .00
30 Illinois net loss deduction. If Line 29 is zero or a negative amount, enter zero. <b>Attach</b> Schedule NLD.		30 <u>                    </u> .00
31 Standard exemption. <b>Residents only:</b> See instructions before completing. <b>Nonresidents only:</b> Enter the amount from Schedule NR, Line 54.	31 <u>                    </u> .00	
32 Add Lines 30 and 31.		32 <u>                    </u> .00
33 <b>Net Income.</b> Subtract Line 32 from Line 29. <b>If the amount is negative, enter zero.</b>		33 <u>                    </u> .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 <u>                    </u> .00
35 Recapture of investment credits. <b>Attach</b> Schedule 4255.		35 <u>                    </u> .00
36 Replacement tax before credits. Add Lines 34 and 35.		36 <u>                    </u> .00
37 Replacement tax credit for income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR and federal Form 1041, Page 1 and Line 11 breakdown.	37 <u>                    </u> .00	
38 Investment credits. <b>Attach</b> Form IL-477.	38 <u>                    </u> .00	
39 Total credits. Add Lines 37 and 38.		39 <u>                    </u> .00
40 <b>Net replacement tax.</b> Subtract Line 39 from Line 36. If the amount is negative, enter zero.		40 <u>                    </u> .00

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



Illinois Department of Revenue  
**2025 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).

**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 Illinois Department of Revenue. You may also be required to submit further information to support your filing.

**Section A: Total beneficiaries' 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. See instructions before completing.

**Totals 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 beneficiaries. **1** \_\_\_\_\_

**Totals from Schedule D, Section B**

- 2** Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Line G for your
- a.** nonresident individual beneficiaries. **2a** \_\_\_\_\_
  - b.** nonresident estate beneficiaries. **2b** \_\_\_\_\_
  - c.** partnership and S corporation beneficiaries. **2c** \_\_\_\_\_
  - d.** nonresident trust beneficiaries. **2d** \_\_\_\_\_
  - e.** C corporation beneficiaries. **2e** \_\_\_\_\_
- 3** Add Line 2a through Line 2e. 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, Line G for all nonresident beneficiaries on all pages. Enter the total here **and** on Form IL-1041 (Form IL-1041-X), Line 53. **3** \_\_\_\_\_
- 4** Enter the total pass-through entity tax credit received and distributed on all pages of Schedule D, Section B, Line H. **4** \_\_\_\_\_

► **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: Beneficiaries' information** (See instructions before completing.)

	Member 1	Member 2	Member 3
<b>A</b> Name			
C/O			
Address 1			
Address 2			
City			
State, ZIP			
<b>B</b> Beneficiary type			
<b>C</b> SSN/FEIN			
<b>D</b> Beneficiary's amount of base income or loss			
<b>E</b> Excluded from pass-through withholding			
<b>F</b> Share of Illinois income subject to pass-through withholding			
<b>G</b> Pass-through withholding amount before credits			
<b>H</b> PTE tax credit received and distributed to beneficiaries			

**Note:** If you have more beneficiaries than space provided, attach additional copies of this page as necessary.