



Illinois Department of Revenue
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 month day 20 , ending month day 20 year

Enter 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

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

2 Federal net operating loss deduction from federal Form 1041, Line 15b. This amount cannot be negative.

3 Taxable income of ESBT, if required. See instructions.

4 Exemption claimed on federal Form 1041, Line 21.

5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.

6 State, municipal, and other interest income excluded from Line 1.

7 Illinois Special Depreciation addition. **Attach** Form IL-4562.

8 Related-Party Expenses addition. **Attach** Schedule 80/20.

9 Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.

10 Other additions. **Attach** Illinois Schedule M (for businesses).

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.

► Attach your payment and Form IL-1041-V here.

IR NS DR _____

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.



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 _____ .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. Attach Schedule 1299-B.	17a _____ .00	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 _____ .00	22b _____ .00
23 ESBT loss amount. See instructions.	23a _____ .00	23b _____ .00
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	



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. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount 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. If Line 29 is zero or a negative amount, enter zero. Attach Schedule NLD.	30 _____ .00
31 Standard exemption. Residents only: See instructions before completing. 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 zero.	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 and federal Form 1041, Page 1 and Line 11 breakdown.	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 zero.	40 _____ .00

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

41	Enter the amount of your net income from Line 33.	41	_____ .00
42	Income tax. See instructions.	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 and federal Form 1041, Page 1 and Line 11 breakdown.	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 zero.	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 Program Act surcharge. See instructions.	51	_____ .00
52	Sale of assets by gaming licensee surcharge. See instructions.	52	_____ .00
53	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule D, Section A, Line 3. See instructions. Attach Schedule D.	53	_____ .00
54	Total net income and replacement taxes, surcharges, and pass-through withholding you owe. Add Lines 49 through 53.	54	_____ .00

55	Payments. See instructions.		
a	Credits from previous overpayments.	55a	_____ .00
b	Total payments made before the date this 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 all W-2, W-2G, and 1099 forms.	55e	_____ .00

56	Total payments. Add Lines 55a through 55e.	56	_____ .00				
57	Overpayment. If Line 56 is greater than Line 54, subtract Line 54 from Line 56.	57	_____ .00				
58	Amount to be credited forward . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN.	◆	□	◆	58	_____ .00	◆
59	Refund. Subtract Line 58 from Line 57. This is the amount to be refunded.	59	_____ .00				

60 Complete to direct deposit your refund

Routing Number	<input type="text" value="XXXXXXXXXXXX"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number	<input type="text" value="XXXXXXXXXXXXXXXXXXXXXX"/>		

61	Tax Due. If Line 54 is greater than Line 56, subtract Line 56 from Line 54. This is the amount you owe.	61	_____ .00
► If you owe tax on Line 61, make an electronic payment at Tax.Illinois.gov . If you must mail your payment, complete a payment voucher, Form IL-1041-V. Write your FEIN, tax year ending, and "IL-1041-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.	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.				
Sign Here					
Signature of fiduciary	Date (mm/dd/yyyy)	Title	Phone		
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
	Firm's name ►			Firm's FEIN ►	
	Firm's address ►			Firm's 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**



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

A Name

C/O _____

Address 1 _____

Address 2 _____

City _____

State, ZIP _____

B Beneficiary type

C SSN/FEIN

D Beneficiary's amount of base income or loss

E Excluded from pass-through withholding

F Share of Illinois income subject to pass-through withholding

G Pass-through withholding amount before credits

H 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.