

Illinois Department of Revenue



2014 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.

	is return is not for calendar year 2014, enter your fiscal tax year here. year beginning 20, ending 20 month day year year		En	ter tne a	mount you are pa	ying.	
For	month day year month day year tax years ending on or after December 31, 2014. For prior years, use the	e form fo	r that year. \$_				
Step 1	: Identify your fiduciary heck the box that identifies your fiduciary. Trust Esta		Enter your federal er	mployer i	dentification no. (I	FEIN)	
lf	nter your complete legal business name. you have a name change, check this box. ame:	_ "	Electing small busine	heck the box if you are an: lecting small business trust (ESBT) dividual bankruptcy estate			
lf	nter your mailing address. you have an address change or this is a first return, check this box. O:	_ '	Check this box if your Illinois and you attach	residend ned Illinoi	s Schedule NR.		
	ailing address:	J	J Check this box if you attached Illinois Schedule 1299-D.				
	ty: State: ZIP:	— К	Check this box if you Schedule I.	ı attache	d Illinois		
D C	heck the box if one of the following apply. First return	L	Check this box if you	ı attache	d Form IL-4562.		
	Final return (If final, enter the date dd)	M	Check this box if you Schedule M (for bus				
_	heck your method of accounting.	N	Check this box if you	ock this box if you attached Schedule 80/2			
F C	Lash Lacrual Lacrual Other	o	If you are making a D adjustment on Sched check this box and at	ule NLD (or Form IL-1041, Li	ine 28	
Step 2	2: Figure your income or loss		A Beneficiaries		B Fiduciary		
1	Federal taxable income from U.S. Form 1041, Line 22.			1_	<u>•</u> C	00	
₹ 2	Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative.			2 _	• <u>C</u>	<u>00</u>	
ş 3	Taxable income of ESBT, if required. See instructions.			3 _	<u>•C</u>	00	
4	Exemption claimed on U.S. Form 1041, Line 20.			4 _	•0	00	
payment and Form IL-1041-V here. A 2 9 2 4 2 5 2 5 2 5 2 5 2 5 5 5 5 5 5 5 5 5	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	5 a .	•00	5b _	• <u>C</u>	<u>00</u>	
6 g	State, municipal, and other interest income excluded from Line 1.	6a	•00	6b _	•0	00	
7 ag	Illinois Special Depreciation addition. Attach Form IL-4562.	7a	•00	7b _	•0	00	
5 8	Related-party expenses addition. Attach Schedule 80/20.	8a	•00	8b _	<u>•C</u>	00	
9 ach	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	9a	•00	9b _	<u>•</u> 0	00	
Attach your 8 9 10	Other additions. Attach Illinois Schedule M (for businesses).	10a	•00	10b _	•0	00	
_							

12	Enter the amount of your income or loss from Line 11.			12 _	•00
Step	3: Figure your base income or loss		A Beneficiaries		B Fiduciary
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		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 _	<u>•00</u>
	If you are a nonresident of Illinois, complete Sc	hedule	NR; otherwise go to	-	•00
 Step	If you are a nonresident of Illinois, complete Sc 4: Figure your net income			Step 4.	
Step 27	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule	NR, Line	e 51.	Step 4.	•00
Step 27 28	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins	NR, Line	e 51.	27	•00 •00
Step 27	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule	NR, Line	e 51.	27	•00
Step 27 28 29 30	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins Adjusted base income or net loss. Add Lines 27 and 28. Illinois net loss deduction. Attach Schedule NLD.	NR, Line tructions	e 51. s.	27	•00 •00
27 28 29 30	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins Adjusted base income or net loss. Add Lines 27 and 28. Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0." Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000.	NR, Line tructions	e 51.	27 28 29	•00 •00
27 28 29 30 31	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins Adjusted base income or net loss. Add Lines 27 and 28. Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0." Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000. Nonresidents only: Enter the amount from Schedule NR, Line 54.	NR, Line tructions	e 51.	27 28 29	• <u>00</u> • <u>00</u> • <u>00</u>
27 28 29 30 31	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins Adjusted base income or net loss. Add Lines 27 and 28. Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0." Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000. Nonresidents only: Enter the amount from Schedule NR, Line 54. Add Lines 30 and 31. Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter "0."	NR, Line tructions 30 _	e 51.	27 28 29	•00 •00 •00
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27 28 29 30 31 32 33 Step 34 35	4: Figure your net income Base income or net loss from Line 26, or, if a nonresident, from Schedule Discharge of Indebtedness adjustment. Attach federal Form 982. See ins Adjusted base income or net loss. Add Lines 27 and 28. Illinois net loss deduction. Attach Schedule NLD. If Line 29 is zero or a negative amount, enter "0." Standard exemption. (Short-year filers, see instructions.) Residents only: Enter \$1,000. Nonresidents only: Enter the amount from Schedule NR, Line 54. Add Lines 30 and 31. Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter "0." 5: Figure your net replacement tax — For trusts only, estate Replacement tax. Multiply Line 33 by 1.5% (.015).	NR, Line tructions 30 _	e 51.	27 28 29 33 34 35 35	•00 •00 •00 •00



38 Net replacement tax. Subtract Line 37 from Line 36. If the amount is negative, enter "0."

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39	Enter the amount of your net income from Line 33.		39	•00
Step	•			
40	Income tax. Multiply Line 39 by 5% (.05). Fiscal filers - See instructions.		40	<u>•00</u>
41	Recapture of investment credits. Attach Schedule 4255.		41	<u>•00</u>
42	Income tax before credits. Add Lines 40 and 41.		42	•00
43	Credit for income tax paid to another state while an Illinois resident.			
	Attach Schedule CR.	43	!	
44	Income tax credits. Attach Schedule 1299-D.	44	-	
	Total credits. Add Lines 43 and 44.		45	
46	Net income tax. Subtract Line 45 from Line 42. If the amount is negative,	enter "0."	46	<u>•00</u>
Step	7: Figure your refund or balance due			
47	Trusts only: net replacement tax from Line 38.		47	•00
48	Net income tax from Line 46.		48	<u>•00</u>
49	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. S	ee instructions.	49	• <u>00</u>
50				
	Schedule D, Step 1, Line 6. Attach Schedule D.		50	<u>•00</u>
51	Total net income and replacement taxes, surcharge, and pass-throug	gh withholding payments.	E-1	00
E 0	Add Lines 47, 48, 49, and 50.		51	<u>•00</u>
52	Payments. a Credit from prior year overpayments.	52a	1	
	b Form IL-505-B (extension) payment.	52b	-	
	c Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-		•	
	d Illinois Income Tax withheld. Attach all W-2, W-2G, and 1099 forms.	52d	· [
	e Form IL-516-I prepayments.	52e	<u>.</u>	
	f Form IL-516-B prepayments.	52f	<u>!</u>	
53	Total payments. Add Lines 52a through 52f.		53	•00
54	Overpayment. If Line 53 is greater than Line 51, subtract Line 51 from Lin	e 53.	54	• <u>00</u>
55	Amount to be credited to a subsequent period. See instructions.		♦ 55	<u>•00</u> ◆
56	Refund. Subtract Line 55 from Line 54. This is the amount to be refunded	d.	56	•00
57	Complete to direct deposit your refund Routing Number Check Account Number	sing or Savings		
58	Tax Due. If Line 51 is greater than Line 53, subtract Line 53 from Line 51	. This is the amount you owe	 . 58	<u>•00</u>
	▶ If you owe tax on Line 58, complete a payment voucher, I	Form IL-1041-V, make your	check payable t	0
	"Illinois Department of Revenue" and attach the	. •	•	
	<u>≣Special Note</u> Enter the amount of your payment on t	he top of Page 1 in the spa	ce provided.	
Step	8: Sign here			
Jnde	er penalties of perjury, I state that I have examined this return and, to the be	est of my knowledge, it is true	e, correct, and co	mplete.
		()	Check this box if	
signat	ture of fiduciary Date Title	Phone	may discuss this preparer shown in	
Signat	ture of preparer Date Preparer's Social Security no	umber or firm's FEIN	p. oparor oriowith	стор
Orena	rer's firm name (or yours, if self-employed) Address		() Phone	
ichai	nor o mini namo (or youro, ii oon ompioyeu) Auuress		I HOHE	

▶ 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