Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

2016 IL-1041-X

For tax years ending **on** or **after** December 31, 2016

Amended Fiduciary Income and Replacement Tax Return

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

STOP If you are filing an amended return for tax years ending **before December 31, 2016**, you cannot use this form. For prior years, use the amended return 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, 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 no. (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 you are not an Illinois resident and attach Illinois Schedule NR. ☐

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

J Check this box if you attached Schedule I. ☐

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

L Check this box if you attached Schedule M. ☐

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

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

O Check this box if you are making a discharge of indebtedness adjustment on Line 28 or Schedule NLD and **attach** federal Form 982. ☐

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

Step 2: Explain the changes on this return (Attach a separate sheet if necessary.)

Step 3: 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 22.		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.

Step 4: 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 5.

Step 5: Figure your net income

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. **Attach** Schedule NLD. **If Line 29 is zero or a negative amount, enter "0."**	**30**	.00	**30**	.00
31	Standard exemption. **Residents only:** Enter $1,000. **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 "0."**	**33**	.00	**33**	.00

Step 6: Figure your net replacement tax — For trusts only, estates go to Step 7.

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.	**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 "0."	**40**	.00	**40**	.00

Step 7: Figure your net income tax — For trusts and estates

		A As most recently reported or adjusted Fiduciary	B Corrected amount Fiduciary
41	Enter the amounts of net income from Line 33.	**41** .00	**41** .00
42	Income tax. Multiply Line 41 by 3.75% (.0375). **Fiscal filers -** See instr.	**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.	**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 "0."	**48** .00	**48** .00

Step 8: Figure your refund or balance due

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 Pilot Program Act surcharge. See instructions.	**51** .00	**51** .00
52	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Sch. D, Section A, Line 7. See Instr. **Attach** Sch. D.	**52** .00	**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	**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** Form(s) W-2, W-2G, and 1099.	**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	Tax paid with original return (do not include penalties and interest).		**56** .00
57	Tax payments made since the original return.		**57** .00
58	Total tax paid. Add Lines 55, 56, and 57.		**58** .00
59	Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.		**59** .00
60	Net tax paid. Subtract Line 59 from Line 58.		**60** .00
61	**Overpayment.** If Line 60 is greater than Line 53, subtract Line 53 from Line 60.		**61** .00
62	Amount of overpayment from Line 61 to be **credited forward.** See instructions.		**62** .00
63	**Refund.** Subtract Line 62 from Line 61. This is the amount to be refunded.		**63** .00
64	**Tax due.** If Line 53 is greater than Line 60, subtract Line 60 from Line 53.		**64** .00
65	Penalty. See instructions.		**65** .00
66	Interest. See instructions.		**66** .00
67	Total balance due. Add Lines 64 through 66.		**67** .00

▶ **If you owe tax on Line 67, 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 9: 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 ____

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

Signature of paid preparer ____ Date ____ Paid preparer's PTIN ____

Paid preparer's firm name ____ Address ____ (____) Phone ____

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

Illinois Department of Revenue

2016 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) or Schedule(s) K-1-T(3)-FY 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)

Before completing this section you must first complete Schedule(s) K-1-T, Schedule(s) K-1-T(3) or Schedule(s) K-1-T(3)-FY, 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, Line 52. 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 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	G Pass-through withholding payment amount
						(If Column E is blank, complete Column F and Column G. Otherwise, enter zero in Column F and Column G.)	
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.

Reset Print