TAXABLE YEAR

2000 California Fiduciary Income Tax Return

FORM **541**

For calendar year 2000 or fiscal year beginning month_____ day_____ year 2000, and ending month_____ day_____ year_____

● Type of entity:
(1) ☐ Decedent's estate
(2) ☐ Simple trust
(3) ☐ Complex trust
(4) ☐ Grantor type trust
(5) ☐ Bankruptcy estate – Chapter 7
(6) ☐ Bankruptcy estate – Chapter 11
(7) ☐ Pooled income fund

Name of estate or trust | Federal employer identification no. (FEIN)

Name and title of fiduciary

Address of fiduciary (number and street including suite number, PO Box, or rural route) | PMB no.

City | State | ZIP Code

Check applicable boxes: ● ☐ Initial return ☐ Final return ☐ REMIC ☐ Amended return. Attach explanation and schedules ☐ Change in fiduciary's name or address

P AC A R RP

Income

1 Interest income 1
2 Dividends 2
3 Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040) ..... ● 3
4 Capital gain or (loss). Attach Schedule D (541) ..... ● 4
5 Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040) ..... ● 5
6 Farm income or (loss). Attach federal Schedule F (Form 1040) ..... ● 6
7 Ordinary gain or (loss). Attach Schedule D-1 ..... ● 7
8 Other income. See instructions. State nature of income_____ ..... ● 8
9 Total income. Combine line 1 through line 8 ..... ● 9

Deductions

10 Interest 10
11 Taxes 11
12 Fiduciary fees ..... ● 12
13 Charitable deduction. Enter the amount from Side 2, Schedule A, line 7 ..... ● 13
14 Attorney, accountant, and return preparer fees 14
15 a Other deductions not subject to 2% floor. Attach schedule ..... ● 15a
b Allowable misc. itemized deductions subject to 2% floor ..... ● 15b
c Total. Add line 15a and line 15b ..... ● 15c
16 Total. Add line 10 through line 14 and line 15c ..... ● 16
17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 2, Schedule B, line 1 ..... ● 17
18 Income distribution deduction from Side 2, Schedule B, line 15. Attach Schedule K-1 (541) ..... ● 18
20 Taxable income of fiduciary. Subtract line 18 from line 17 20

Tax and Payments

21 a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total ● 21
22 Exemption credit ($10.00 for an estate, $1.00 for a trust). See instructions 22
23 Credits. Attach worksheet. If one credit, enter code ● ☐ ..... ● 23
Note: If more than one credit, see instructions.
24 Total. Add line 22 and line 23 ..... ● 24
25 Subtract line 24 from line 21 25
26 Alternative minimum tax. Attach Schedule P (541) ..... ● 26
27 Tax liability. Add line 25 and line 26 ..... ● 27
28 California income tax withheld ..... ■ 28
29 California income tax previously paid. See instructions ..... ■ 29
30 2000 CA estimated tax, amount applied from 1999 return, and payment with form FTB 3563 ..... ■ 30
31 Total payments. Add line 28, line 29, and line 30 31
32 Tax due. Subtract line 31 from line 27 ..... ■ 32
33 Overpaid tax. Subtract line 27 from line 31 ..... ■ 33
34 Amount of line 33 to be credited to 2001 estimated tax ..... ■ 34
35 Amount of overpaid tax available this year. Subtract line 34 from line 33 ..... ■ 35
36 Total voluntary contributions from Side 2, Schedule C, line 13 36

37 **Refund or No Amount Due.** Subtract line 36 from line 35 37

38 **Amount Due.** Add line 32 and line 36 38

39 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached ..... ■ 39

Schedule A Charitable Deduction Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to which your contributions totaled $3000 or more.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add line 3 and line 4	5	
6	R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on Side 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income. Enter amount from Side 1, line 17	1	
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2	
3	Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions	3	
4	Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)	4	
5	Enter capital gain included on Schedule A, line 1	5	
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6	
7	Distributable net income. Combine line 1 through line 6	7	
8	Income for the taxable year determined under the governing instrument (accounting income) 8		
9	Income required to be distributed currently (IRC Section 651)	9	
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041 instructions for line 12 to see if you must complete Schedule J (541)	11	
12	Enter the total amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7	14	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15	

Schedule C Voluntary Contributions. See instructions.

1	Alzheimer's Disease/Related Disorders Fund	● 52	00	7	California Mexican American Veterans' Memorial	● 58	00
2	California Fund for Senior Citizens	● 53	00	8	Emergency Food Assistance Program Fund	● 59	00
3	Rare and Endangered Species Preservation Program	● 54	00	9	California Peace Officer Memorial Foundation Fund	● 60	00
4	State Children's Trust Fund for the Prevention of Child Abuse	● 55	00	10	Birth Defects Research Fund	● 61	00
5	California Breast Cancer Research Fund	● 56	00	11	National World War II Veterans Memorial Trust Fund	● 62	00
6	California Firefighters' Memorial Fund	● 57	00	12	California Lung Disease and Asthma Research Fund	● 63	00

13 **Total voluntary contributions.** Add line 1 through line 12. Enter here and on Side 1, line 36 ● 64 | 13 | 00

Other Information Note: Income of final year is taxable to beneficiaries

1 Date trust was created or, if an estate, date of decedent's death: _____

2 a If an estate, was decedent a California resident? _____
b Was decedent married at date of death? _____
c If yes, enter surviving spouse's social security number and name: _____

3 If an estate, enter fair market value (FMV) of:
a Decedent's assets at date of death _____
b Assets located in California _____
c Assets located outside California _____

4 If this is the final return, enter date of court order authorizing final distribution of the estate _____

5 Did the estate or trust receive tax-exempt income? _____
If yes, attach computation of the allocation of expenses.

6 Is this return for a short taxable year? _____

7 If a trust, enter number of:
a California resident trustees ● _____
b Nonresident trustees ● _____
c Trustees (line a plus line b) ● _____
d California resident beneficiaries ● _____
e Nonresident beneficiaries ● _____
f Beneficiaries (line d plus line e) ● _____

8 Is the trust required to complete federal Form 8271? _____
If federal Form 8271 is required, please attach a copy to this form.

9 **Attach a copy of 2000 federal Form 1041, pages 1 and 2.**

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ Signature of fiduciary or officer representing fiduciary | Date

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date | Check if self-employed ▶ ☐ ● | Preparer's SSN or PTIN

Firm's name (or yours, if self-employed) and address ▶ _____ | FEIN | Telephone ( )