

# California Allocation of Estimated Tax Payments to Beneficiaries

1996

541-T

For calendar year 1996 or fiscal year beginning MONTH DAY YEAR 1996, and ending MONTH DAY YEAR .

Name of estate or trust Federal employer identification no.

Name and title of fiduciary

Address of fiduciary (number and street or PO box) Apartment number

City, state and ZIP code If you are filing this form for the final year of the estate or trust, check this box

1 Total amount of estimated taxes to be allocated to beneficiaries \$ \_\_\_\_\_  
2 Allocation to beneficiaries:

(a) No.	(b) Beneficiary's Name and Address	(c) Beneficiary's FEIN or SSN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration Percentage
1	-----			%
2	-----			%
3	-----			%
4	-----			%
5	-----			%
6	-----			%
7	-----			%
8	-----			%
9	-----			%
10	-----			%

3 Total from additional sheet(s) . . . . .	3		
4 Total amounts allocated. (Must equal line 1, above) . . . . .	4		

Under penalties of perjury, I declare that I have examined this allocation, 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.

Sign Here Signature of fiduciary or officer representing fiduciary Date

Note: Do not file with Form 541. Instead mail to: FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94250-0000

# Instructions for Form 541-T

## California Allocation of Estimated Tax Payments to Beneficiaries

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### General Instructions

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#### A Purpose

A trust or, for its final year, a decedent's estate may elect under R&TC Section 17731 to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The fiduciary files Form 541-T to make the election. Once made, the election is irrevocable.

**Note:** Withholding cannot be distributed on Form 541-T.

#### B How to File

File Form 541-T separately from Form 541, California Fiduciary Income Tax Return. Do not attach Form 541-T to Form 541.

#### C Where to File

Mail Form 541-T to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0000

#### D When to File

For the election to be valid, a trust or decedent's estate must file Form 541-T by the 65th day after the close of the tax year as shown at the top of the form. For a calendar year trust, that date is March 6, 1997. If the due date falls on a Saturday, Sunday, or legal holiday, file on the next business day.

#### E Period Covered

File the 1996 form for calendar year 1996 and fiscal years beginning in 1996 and ending in 1997. If the form is for a fiscal year or a short year, fill in the tax year space at the top of the form.

### Specific Line Instructions

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#### Fiduciary's Street Address

Include suite, room, unit number, etc. after the street address. If the post office does not deliver mail to the street address and the fiduciary has a PO box, show the PO box number instead of the street address.

**Line 1** – Enter the amount of the estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the tax year of the trust or decedent's estate. Be sure to include it on Form 541, Schedule B, Income Distribution Deduction, line 11.

#### Line 2

##### Column (b) – Beneficiary's name and address

Group the beneficiaries to whom you are allocating estimated tax payments into two categories. In the first category, list all the individual beneficiaries who have a social security number (SSN). In the second category, list all the other beneficiaries.

##### Column (c) – Beneficiary's identifying number

For each beneficiary who is an individual, enter the SSN. For all other entities, enter the federal employer identification number (FEIN). Failure to enter a valid SSN or FEIN may cause a delay in processing and could result in the imposition of penalties on the beneficiary. For those beneficiaries who file a joint return, you can assist the Franchise Tax Board in crediting the proper account by providing the SSN, if known, of the beneficiary's spouse. However, this is an optional entry.

##### Column (d) – Amount of estimated tax payment allocated to beneficiary

For each beneficiary, also enter this amount on Schedule K-1 (541), Beneficiary's Share of Income, Deductions, Credits, etc., line 11a.

##### Column (e) – Proration percentage

For each listed beneficiary, divide the amount shown in column (d) by the amount shown on line 1 and enter the result as a percentage.

#### Line 3

If you are allocating a payment of estimated taxes to more than 10 beneficiaries, list the additional beneficiaries on an attached sheet that follows the format of line 2. Enter on line 3 the total from the attached sheet(s). Include the fiduciary name and FEIN on the attached sheet.