

1998 California Fiduciary Income Tax Return

541

For calendar year 1998 or fiscal year beginning month _____ day _____ year 1998, and ending month _____ day _____ year _____

Check applicable boxes: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate - Chpt. 7 <input type="checkbox"/> Bankruptcy estate - Chpt. 11 <input type="checkbox"/> Pooled income fund	Name of estate or trust	Federal employer identification no.	Do Not Write In These Spaces P AC A R RP
	Name and title of fiduciary		
	Address of fiduciary (number and street or PO box)	Suite number	
	City	State	

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

I N C O M E	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		
D E D U C T I O N S	10	Interest	10		
	11	Taxes	11		
	12	Fiduciary fees.	12		
	13	Charitable deduction from Side 2, Schedule A, line 7	13		
	14	Attorney, accountant and return preparer fees.	14		
	15a	a Other deductions not subject to 2% floor. Attach sch.	15a		
	15b	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 16. Attach Schedule K-1 (541)	18			
20	Taxable income of fiduciary. Subtract line 18 from line 17	20			
T A X A N D P A Y M E N T S	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		
	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	1998 CA estimated tax, amount applied from 1997 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 1999 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 12	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. If form FTB 5805 is attached, check box at right	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 whom 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 IRC Section 1202 exclusion)	4		
5	Enter capital gain included on Schedule A, line 1	5		
6	If amount on Side 1, line 4 is a capital loss, enter the amount here as a positive figure	6		
7	If amount on Side 1, line 4 is a capital gain, enter the amount here as a negative figure	7		
8	Distributable net income. Combine line 1 through line 7	8		
9	Amount of income for the taxable year determined under the governing instrument (accounting income)	9		
10	Amount of income required to be distributed currently	10		
11	Other amounts paid, credited or otherwise required to be distributed	11		
12	Total distributions. Add line 10 and line 11. Note: For complex trusts with previously accumulated income: If the total on line 12 is greater than line 9, complete Schedule J (541) and file it with Form 541	12		
13	Enter the total amount of tax-exempt income included on line 12	13		
14	Tentative income distribution deduction. Subtract line 13 from line 12	14		
15	Tentative income distribution deduction. Subtract line 2 from line 8	15		
16	Income distribution deduction. Enter the smaller of line 14 or line 15 here and on Side 1, line 18	16		

Schedule C Voluntary Contributions. See instructions.

1	Alzheimer's Disease/Related Disorders Fund ● 48	00	6	California Firefighters' Memorial Fund ● 53	00
2	California Fund for Senior Citizens ● 49	00	7	California Public School Library Protection Fund ● 54	00
3	Rare and Endangered Species Preservation Program ● 50	00	8	D.A.R.E. California (Drug Abuse Resistance Education) Fund ● 55	00
4	State Children's Trust Fund for the Prevention of Child Abuse ● 51	00	9	California Military Museum Fund ● 56	00
5	California Breast Cancer Research Fund ● 52	00	10	California Mexican American Veterans' Memorial ● 57	00
			11	Emergency Food Assistance Program Fund ● 58	00

12 Total voluntary contributions. Add line 1 through line 11. Enter here and on Side 1, line 36. ● 60 12 00

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

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| <p>1 Date trust was created or, if an estate, date of decedent's death _____</p> <p>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 _____</p> <p>3 If an estate:
 a Fair market value (FMV) of decedent's assets at date of death _____
 b FMV of assets located in California. _____
 c FMV of assets located outside California. _____</p> <p>4 If this is the final return, enter date of court order authorizing final distribution of the estate. _____</p> | <p>5 Did the estate or trust receive tax-exempt income? . . . _____
 If yes, attach computation of the allocation of expenses</p> <p>6 Is this return for a short taxable year? _____</p> <p>7 If a trust:
 a Number of California resident trustees _____
 b Number of nonresident trustees _____
 c Total number of trustees _____
 d Number of California resident beneficiaries _____
 e Number of nonresident beneficiaries _____
 Total number of beneficiaries _____</p> <p>8 Is the trust required to complete federal Form 8271? . . . _____
 If federal Form 8271 is required, please attach a copy to this form.</p> <p>9 Enclose a copy of the FIRST TWO PAGES of your 1998 Form 1041, U.S. Income Tax Return for Estates and Trusts.</p> |
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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.		Date	Preparer's social security no.			
	Signature of fiduciary or officer representing fiduciary						
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	FEIN			
	Firm's name (or yours, if self-employed) and address			Telephone ()			