

2011 California Fiduciary Income Tax Return

541

For calendar year 2011 or fiscal year beginning month day year, and ending month day year

Form header section containing: Type of entity (1-10), Name of estate or trust, FEIN, Name and title of all fiduciaries, PBA Code, Address, City, State, ZIP Code, and applicable boxes for tax return type.

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G, California Source Income and Deductions Apportionment on Side 3.

Income section table with 9 rows. Columns: Description, Line number, Amount. Includes Interest, Dividends, Business income, Capital gain, Rents, Farm income, Ordinary gain, Other income, and Total income.

Deductions section table with 10 rows. Columns: Description, Line number, Amount. Includes Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney fees, Other deductions, Total deductions, Adjusted total income, Income distribution deduction, Taxable income, and ESBT Taxable Income.

Tax and Payments section table with 14 rows. Columns: Description, Line number, Amount. Includes Regular tax, Exemption credit, Credits, Total tax, Subtract line 24, Alternative minimum tax, Mental Health Services Tax, Tax liability, California income tax withheld, California income tax previously paid, 2011 Withholding, 2011 CA estimated tax, Total payments, and Tax due.

Tax and Payments	35	Overpaid tax. Subtract line 28 from line 33 from Side 1.	● 35	00
	36	Amount of line 35 to be credited to 2012 estimated tax.	● 36	00
	37	Amount of overpaid tax available this year. Subtract line 36 from line 35	● 37	00
	38	Use tax. See instructions	● 38	00
	39	Total voluntary contributions from line 61 below	39	00
	40	Refund or No Amount Due. See instructions.	40	00
	41	Amount Due. See instructions	41	00
	42	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	● 42	00

Voluntary Contributions	Code		Amount	
Alzheimer's Disease/Related Disorders Fund	▶ 401		00	
CA Fund for Senior Citizens	▶ 402		00	
Rare and Endangered Species Preservation Program	▶ 403		00	
State Children's Trust Fund for the Prevention of Child Abuse	▶ 404		00	
CA Breast Cancer Research Fund	▶ 405		00	
CA Firefighters' Memorial Fund	▶ 406		00	
Emergency Food For Families Fund	▶ 407		00	
CA Peace Officer Memorial Foundation Fund	▶ 408		00	
CA Sea Otter Fund	▶ 410		00	
Municipal Shelter Spay-Neuter Fund	▶ 412		00	
CA Cancer Research Fund	▶ 413		00	
ALS/Lou Gehrig's Disease Research Fund	▶ 414		00	
Arts Council Fund	▶ 415		00	
CA Police Activities League (CALPAL) Fund	▶ 416		00	
CA Veterans Homes Fund	▶ 417		00	
Safely Surrendered Baby Fund	▶ 418		00	
Child Victims of Human Trafficking Fund	▶ 419		00	

61 Total voluntary contributions. Add line 401 through line 419. Enter here and on line 39, above ● 61 00

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. See instructions.

1 a	Amounts paid for charitable purposes from gross income	1a	00
b	Amounts permanently set aside for charitable purposes from gross income. See instructions.	● 1b	00
c	Total. Add line 1a and line 1b	1c	00
2	Tax-exempt income allocable to charitable contributions. See instructions	2	00
3	Subtract line 2 from line 1c	3	00
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	00
5	Add line 3 and line 4	5	00
6	R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	00
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on Side 1, line 13	7	00

Other Information.

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| <p>1 Date trust was created or, if an estate, date of decedent's death:</p> <p>a ● _____</p> <p>b Name of Grantor(s) of Trust _____
(please attach an additional sheet if necessary)</p> <p>2 a If an estate, was decedent a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b Was decedent married at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____</p> <p>3 If an estate, enter fair market value (FMV) of:</p> <p>a Decedent's assets at date of death _____</p> <p>b Assets located in California _____</p> <p>c Assets located outside California _____</p> <p>Note: Income of final year is taxable to beneficiaries.</p> <p>4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution . . . _____</p> | <p>5 Did the estate or trust receive tax-exempt income? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," attach computation of the allocation of expenses.</p> <p>6 Is this tax return for a short taxable year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," complete and attach federal Form 8886.</p> <p>8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust? Attach schedule of trusts and federal IDs. <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9 Did this fiduciary elect to defer income from the discharge of indebtedness as described in IRC Section 108(i) for federal purposes? <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the federal deferred income from discharge of indebtedness. _____</p> <p>10 During the year did the estate or trust defer any income from the disposition of assets? <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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Please Sign Here	Under penalties of perjury, I declare that I have examined this tax 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 trustee or officer representing fiduciary	Date _____	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="radio"/> PTIN
	Firm's name (or yours, if self-employed) and address.	● FEIN _____	
	Telephone _____ () _____		● <input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule B Income Distribution Deduction.

1	Adjusted total income. Enter amount from Side 1, line 17	1	00
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2	00
3	Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions.	3	00
4	Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)	4	00
5	Enter capital gain included on Schedule A, line 1c	5	00
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	00
7	Distributable net income. Combine line 1 through line 6	7	00
8	Income for the taxable year determined under the governing instrument (accounting income). .8 _____	8	00
9	Income required to be distributed currently (IRC Section 651)	9	00
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	00
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Schedule B (1041) instructions for line 11 to see if you must complete Schedule J (541).	11	00
12	Enter the total amount of tax-exempt income included on line 11	12	00
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	00
14	Tentative income distribution deduction. Subtract line 2 from line 7.	14	00
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on Side 1, line 18.	15	00

Schedule G California Source Income and Deduction Apportionment. Complete line 1a through line 1f before Part II.

Part I: If a trust, enter the number of:

- 1 a California resident trustees ● _____
- b Nonresident trustees. ● _____
- c Total number of trustees (line a plus line b) ● _____
- d California resident beneficiaries ● _____
- e Nonresident beneficiaries ● _____
- f Total number of beneficiaries (line d plus line e). ● _____

Part II: Income Allocation. Complete column A through column F. Enter the amounts from lines 1-9, column F, on Form 541 Side 1, lines 1-9.

Type of Income	A California Source Income	B Non-California Source Income	C Apportioned Income $\frac{\# \text{ CA Trustees } \times \text{ B}}{\# \text{ Total Trustees}}$	D Remaining Non-California Source Income Col. B - Col. C	E Apportioned Income $\frac{\# \text{ CA Beneficiaries } \times \text{ D}}{\# \text{ Total Beneficiaries}}$	F Income Reportable to California (Col. A+C+E)
1 Interest	●	●				
2 Dividends	●	●				
3 Business income	●	●				
4 Capital gain	●	●				
5 Rents, royalties, etc.	●	●				
6 Farm income	●	●				
7 Ordinary gain	●	●				
8 Other income	●	●				
9 Total income	●	●				

Deduction Allocation. Complete column G and column H. Enter the amounts from lines 10-15b, Column H, on Form 541 Side 1, lines 10-15b.

Type of Deduction	G Total Deductions	H Amounts Allocable To California
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and return preparer fees		
15 a Other deduction not subject to 2% floor		
15 b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		