

California Allocation of Estimated Tax Payments for Beneficiaries

2012

541-T

For calendar year 2012 or fiscal year beginning month ____ day ____ year _____, and ending month ____ day ____ year _____.

Name of estate or trust _____ FEIN _____

Name and title of fiduciary _____

Address of fiduciary (suite, room, PO Box, or PMB no.) _____

City _____ State _____ 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:

Calendar year trusts: File this form no later than March 6, 2013.

(a) No.	(b) Beneficiary's name and address	(c) Beneficiary's SSN/ITIN or FEIN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration percentage
I	-----			%
II	-----			%
III	-----			%
IV	-----			%
V	-----			%
VI	-----			%
VII	-----			%
VIII	-----			%
IX	-----			%
X	-----			%
3	Total from additional sheets	3		
4	Total amounts allocated. (Must equal line 1, above)	4		

Sign Here

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.

Signature of fiduciary or officer representing fiduciary _____ Date _____

Telephone number of the fiduciary or officer representing the fiduciary. _____ Phone () _____

Mailing Address

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001

Note: Do not file with Form 541.

Instructions for Form 541-T

California Allocation of Estimated Tax Payments to Beneficiaries

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2009**, and to the California Revenue and Taxation Code (R&TC).

General Instructions

Registered Domestic Partners (RDP)

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California registered domestic partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Private Mail Box (PMB)

Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

A Purpose

A trust or, for its final year, a decedent's estate may elect under California Revenue and Taxation Code Section 17731 and Internal Revenue Code Section 643(g) to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The trustee or fiduciary files Form 541-T, California Allocation of Estimated Tax Payments to Beneficiaries, to make the election. Once made, the election is irrevocable.

Do not distribute resident and nonresident real estate withholding, or backup withholding to beneficiaries on Form 541-T. Use Forms 592, Resident and Nonresident Withholding Statement, and 592-B, Resident and Nonresident Withholding Tax Statement, to allocate withholding.

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 94240-0001

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 taxable year as shown at the top of the form. If the due date falls on a weekend or holiday, the deadline to file is extended to the next business day. For a calendar year trust, the due date is on or before **March 6, 2013**.

E Period Covered

File Form 541-T for calendar year 2012 and fiscal years beginning in 2012. If the form is for a fiscal year or a short year, enter the taxable year in the space at the top of the form.

F Internet Access

You can download, view, and print California tax forms and publications at ftb.ca.gov. Access other California state agency websites at ca.gov.

Specific Line Instructions

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 taxable year of the trust or decedent's estate. Be sure to include the amount on Form 541, Schedule B, Income Distribution Deduction, line 10.

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) or individual taxpayer identification number (ITIN). 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 or ITIN. For all other entities, enter the federal employer identification number (FEIN). Failure to enter a valid SSN/ITIN 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 income tax return, you can assist the Franchise Tax Board in crediting the proper account by providing the SSN or ITIN, if known, of the beneficiary's spouse/RDP. However, this is an optional entry.

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

For each beneficiary, enter this amount on Schedule K-1 (541), Beneficiary's Share of Income, Deductions, Credits, etc., line 13a.

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 tax 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 sheets. Include the fiduciary name and SSN/ITIN or FEIN on the attached sheets.