

2016 California Fiduciary Income Tax Return

541

For calendar year 2016 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Form header section including: Type of entity (Decedent's estate, Simple trust, etc.), Name of estate or trust, FEIN, Name and title of all fiduciaries, Additional information, PBA code, Street address, Apt no./suite no., PMB/private mailbox, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code, and applicable boxes for Initial tax return, Final tax return, REMIC, Amended tax return, and Change in fiduciary's name or address.

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G on Side 3.

Income section table with columns for line number, description, and amount. Includes lines 1-9 for Interest income, Dividends, Business income, Capital gain, Rents, Farm income, Ordinary gain, and Total income.

Deductions section table with columns for line number, description, and amount. Includes lines 10-15c for Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney fees, and Other deductions, and lines 16-20b for Total, Adjusted total income, Income distribution deduction, and Taxable income.

Tax and Payments section table with columns for line number, description, and amount. Includes lines 21-34 for Regular tax, Exemption credit, Credits, Total tax, Alternative minimum tax, Mental Health Services Tax, Total tax, California income tax withheld, California income tax previously paid, Withholding Form, 2016 CA estimated tax, Total payments, and Use tax.

Tax and Payments	35	Payments balance. If line 33 is more than line 34, subtract line 34 from line 33	<input checked="" type="radio"/> 35	00
	36	Use tax balance. If line 34 is more than line 33, subtract line 33 from line 34	<input checked="" type="radio"/> 36	00
	37	Tax Due. If line 28 is more than line 35, subtract line 35 from line 28	<input checked="" type="radio"/> 37	00
	38	Overpaid tax. If line 35 is more than line 28, subtract line 28 from line 35	<input checked="" type="radio"/> 38	00
	39	Amount on line 38 to be credited to 2017 estimated tax	<input checked="" type="radio"/> 39	00
	40	Amount of overpaid tax available this year. Subtract line 39 from line 38	<input checked="" type="radio"/> 40	00
	41	Total voluntary contributions from Side 4, line 61	<input checked="" type="radio"/> 41	00
	42	Refund or no amount due. See instructions	<input type="radio"/> 42	00
	43	Amount due. See instructions	<input checked="" type="radio"/> 43	00
	44	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions	<input checked="" type="radio"/> 44	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	<input checked="" type="radio"/> 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		Charitable deduction. Add line 3 and line 4. Enter here and on Side 1, line 13	5	00

Other Information.

- Date trust was created or, if an estate, date of decedent's death:
 - (mm/dd/yyyy) _____
 - Name of Grantor(s) of Trust _____
(attach an additional sheet if necessary)
- If an estate, was decedent a California resident? Yes No
 Was decedent married at date of death? Yes No
 If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____
- If an estate, enter fair market value (FMV) of:
 - Decedent's assets at date of death _____ 3a
 - Assets located in California _____ 3b
 - Assets located outside California _____ 3c

Note: Income of final year is taxable to beneficiaries.
- If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution _____ 4
- Did the estate or trust receive tax-exempt income? Yes No
If "Yes," attach computation of the allocation of expenses.
- Is this tax return for a short taxable year? Yes No
- Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? Yes No
If "Yes," complete and attach federal Form 8886.
- 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. Yes No
- During the year did the estate or trust defer any income from the disposition of assets? Yes No

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 X		Date
Paid Preparer's Use Only	Preparer's signature X	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="radio"/> PTIN
	Firm's name (or yours, if self-employed) and address.		<input checked="" type="radio"/> FEIN
			Telephone ()
May the FTB discuss this tax return with the preparer shown above (see instructions)? <input checked="" type="radio"/> 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	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	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 Form 1041, Schedule B, line 11 instructions 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 # CA Trustees X B # Total Trustees	(D) Remaining Non-California Source Income Col. B – Col. C	(E) Apportioned Income # CA Beneficiaries X D # 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 tax return preparer fees		
15 a Other deduction not subject to 2% floor		
b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

Voluntary Contributions

	Code	Amount
Alzheimer's Disease/Related Disorders Fund	● 401	00
Rare and Endangered Species Preservation Program	● 403	00
California Breast Cancer Research Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Fund	● 413	00
RESERVED (DO NOT USE)		
School Supplies for Homeless Children Fund	● 422	00
Protect Our Coast and Oceans Fund	● 424	00
Keep Arts in Schools Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
61 Total voluntary contributions. Add codes 401 through 435. Enter the total here and on Side 2, line 41.	● 61	00