

# 2020 California Fiduciary Income Tax Return

# 541

For calendar year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

<input checked="" type="checkbox"/> Type of entity. Check all that apply. (1) <input type="checkbox"/> Decedent's estate (2) <input type="checkbox"/> Simple trust (3) <input type="checkbox"/> Complex trust (4) <input type="checkbox"/> Grantor trust (5) <input type="checkbox"/> Bankruptcy estate - Chapter 7 (6) <input type="checkbox"/> Bankruptcy estate - Chapter 11 (7) <input type="checkbox"/> Pooled income fund (8) <input type="checkbox"/> ESBT (9) <input type="checkbox"/> QSST (10) <input type="checkbox"/> Apportioning trust	Name of estate or trust	FEIN		A R RP	
	Name and title of all fiduciaries, see instructions				
	Additional information (see instructions)		PBA code		
	Street address (number and street) or PO box		Apt no./suite no.		PMB/private mailbox
	City (If you have a foreign address, see page 8)		State		ZIP code
	Foreign country name		Foreign province/state/country		
			Foreign postal code		
	Check applicable boxes: <input checked="" type="checkbox"/> Initial tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> REMIC <input type="checkbox"/> Protective claim <input type="checkbox"/> Amended tax return <input type="checkbox"/> Change in fiduciary's name or address				

### Complete Schedule G on Side 3 if trust has nonresident trustees and/or nonresident beneficiaries.

<b>Income</b>	1 Interest income	1	00
	2 Dividends	2	00
	3 Business income or (loss). Attach federal Schedule C (Form 1040)	<input checked="" type="checkbox"/> 3	00
	4 Capital gain or (loss). Attach Schedule D (541)	<input checked="" type="checkbox"/> 4	00
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	<input checked="" type="checkbox"/> 5	00
	6 Farm income or (loss). Attach federal Schedule F (Form 1040)	<input checked="" type="checkbox"/> 6	00
	7 Ordinary gain or (loss). Attach Schedule D-1	<input checked="" type="checkbox"/> 7	00
	8 Other income. See instructions. State nature of income	<input checked="" type="checkbox"/> 8	00
	9 <b>Total income.</b> Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	<input checked="" type="checkbox"/> 9	00
<b>Deductions</b>	10 Interest	10	00
	11 Taxes	11	00
	12 Fiduciary fees	<input checked="" type="checkbox"/> 12	00
	13 Charitable deduction. Enter the amount from Side 2, Schedule A, line 5	<input checked="" type="checkbox"/> 13	00
	14 Attorney, accountant, and tax return preparer fees	14	00
	15 a Other deductions not subject to 2% floor. Attach Schedule	<input checked="" type="checkbox"/> 15a	00
	b Allowable misc. itemized deductions subject to 2% floor	<input checked="" type="checkbox"/> 15b	00
	c Total. Add line 15a and line 15b	<input checked="" type="checkbox"/> 15c	00
	16 Total. Add line 10 through line 14 and line 15c. (Apportioning fiduciaries: Complete Schedule G on Side 3)	<input checked="" type="checkbox"/> 16	00
	17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	<input checked="" type="checkbox"/> 17	00
18 Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	<input checked="" type="checkbox"/> 18	00	
20 a Taxable income of fiduciary. Subtract line 18 from line 17	<input checked="" type="checkbox"/> 20a	00	
b ESBT taxable income (S-portion only) See instructions	<input checked="" type="checkbox"/> 20b	00	
<b>Tax and Payments</b>	21 a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total	<input checked="" type="checkbox"/> 21	00
	22 Exemption credit. See instructions	22	00
	23 Credits. Attach worksheet. Enter code <input type="checkbox"/> and amount	<input checked="" type="checkbox"/> 23	00
	If more than one credit, see instructions.		
	24 Total. Add line 22 and line 23	<input checked="" type="checkbox"/> 24	00
	25 Subtract line 24 from line 21. If less than zero, enter -0-	25	00
	26 Alternative minimum tax. Attach Schedule P (541)	<input checked="" type="checkbox"/> 26	00
	27 Mental Health Services Tax. See instructions	<input checked="" type="checkbox"/> 27	00
	28 Total tax. Add line 25, line 26, and line 27	<input checked="" type="checkbox"/> 28	00
	29 California income tax withheld. See instructions	<input checked="" type="checkbox"/> 29	00
	30 California income tax previously paid. See instructions	<input checked="" type="checkbox"/> 30	00
	31 Withholding Form 592-B and/or 593. See instructions	<input checked="" type="checkbox"/> 31	00
	32 2020 CA estimated tax, amount applied from 2019 tax return, and payment with form FTB 3563	<input checked="" type="checkbox"/> 32	00
	33 Total payments. Add line 29, line 30, line 31, and line 32	33	00
34 Use tax. See instructions	<input checked="" type="checkbox"/> 34	00	

Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Balance. Includes lines 35-44 for tax and payments.

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

Table with 4 columns: Line number, Description, Amount, and Balance. Includes lines 1-5 for charitable deduction.

Other Information

- 1 Date trust was created or, if an estate, date of decedent's death:
a (mm/dd/yyyy)
b Name of Grantor(s) of Trust
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/RDP's social security number (or ITIN) and name:
3 If an estate, enter fair market value (FMV) of:
a Decedent's assets at date of death
b Assets located in California
c Assets located outside California
Note: Income of final year is taxable to beneficiaries.
4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution
5 Did the estate or trust receive tax-exempt income?
6 Is this tax return for a short taxable year?
7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return?
8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust?
9 During the year did the estate or trust defer any income from the disposition of assets?

Sign Here: Under penalties of perjury, I declare that I have examined this tax return...
Preparer's signature, Date, Check if self-employed, PTIN, Firm's FEIN, Telephone
Paid Preparer's Use Only
May the FTB discuss this tax return with the preparer shown above (see instructions)?

**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	<b>Income distribution deduction.</b> 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 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**

	<b>Code</b>	<b>Amount</b>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	00
California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	● 408	00
California Sea Otter Voluntary Tax Contribution Fund . . . . .	● 410	00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	00
School Supplies for Homeless Children Fund . . . . .	● 422	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	00
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	00
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	00
<b>61 Total voluntary contributions.</b> Add codes 401 through 444. Enter the total here and on Side 2, line 41. . . . .	● 61	00