

2022 California Fiduciary Income Tax Return

541

For calendar year 2022 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Form header section including 'Type of entity' checkboxes, 'Name of estate or trust', 'FEIN', 'Name and title of all fiduciaries', 'Additional information', 'Street address', 'City', 'State', 'ZIP code', 'Foreign country name', and 'Check applicable boxes'.

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

Income section table with rows 1-9: Interest income, Dividends, Business income or (loss), Capital gain or (loss), Rents, royalties, partnerships, other estates and trusts, etc., Farm income or (loss), Ordinary gain or (loss), Other income, Total income.

Deductions section table with rows 10-20: Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney, accountant, and tax return preparer fees, Other deductions, Allowable misc. itemized deductions, Total, Adjusted total income, Income distribution deduction, Taxable income of fiduciary, ESBT taxable income.

Tax and Payments section table with rows 21-34: Regular tax, Exemption credit, Credits, Total, Subtract line 24 from line 21, Alternative minimum tax, Mental Health Services Tax, Total tax, California income tax withheld, California income tax previously paid, Withholding Form 592-B and/or 593, 2022 CA estimated tax, Total payments, Use tax.

Tax and Payments

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Payments balance, Use tax balance, Tax Due, Overpaid tax, Amount on line 38, Amount of overpaid tax, Total voluntary contributions, Refund or no amount due, Amount due, and Underpayment of estimated tax.

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

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Amounts paid for charitable purposes, Tax-exempt income allocable to charitable contributions, Charitable deduction, and other related items.

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 section containing privacy notice, declaration of preparer, and signature fields for trustee/officer, preparer, and firm. Includes fields for Date, PTIN, Firm's FEIN, and Telephone.

**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.<br>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)<br>California Source<br>Income | (B)<br>Non-California<br>Source Income | (C)<br>Apportioned<br>Income<br>$\frac{\# \text{ CA Trustees } \times \text{ B}}{\# \text{ Total Trustees}}$ | (D)<br>Remaining<br>Non-California<br>Source Income<br>Col. B – Col. C | (E)<br>Apportioned<br>Income<br>$\frac{\# \text{ CA Beneficiaries } \times \text{ D}}{\# \text{ Total Beneficiaries}}$ | (F)<br>Income<br>Reportable to<br>California<br>(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)<br>Total Deductions | (H)<br>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 Voluntary Tax Contribution 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            |
| Suicide Prevention Voluntary Tax Contribution Fund . . . . .   | ● 444       | 00            |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .  | ● 445       | 00            |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .                                     | ● 446       | 00            |
| <b>61 Total voluntary contributions.</b> Add codes 401 through 446. Enter the total here and on Side 2, line 41. . . . . | ● 61        | 00            |