

California Allocation of Estimated Tax Payments to Beneficiaries

2023

541-T

For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____

Name of estate or trust _____ FEIN _____

Name and title of fiduciary _____

Additional information (see instructions) _____

Street address of fiduciary (number and street) or PO box _____ Apt. no./ste. no. _____ PMB/private mailbox _____

City _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Calendar year trusts: File this form no later than March 5, 2024.

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:

(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
1	— — — — —			%
2	— — — — —			%
3	— — — — —			%
4	— — — — —			%
5	— — — — —			%
6	— — — — —			%
7	— — — — —			%
8	— — — — —			%
9	— — — — —			%
10	— — — — —			%

3 Total from additional sheets **3**

4 Total amounts allocated. (Must equal line 1, above) **4**

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 _____

X