TAXABLE YEAR **2025**

Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (541)**

For calendar year 2025 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust

Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN	Estate's or trust's FEIN
Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code	Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

A Beneficiary's percentage of distribution at year end . . . . . ● ___ ___ ___ . ___ ___ ___ ___ %

B Check here if this is: . . . . . ● **(1)** ☐ A final Schedule K-1 (541) **(2)** ☐ An amended Schedule K-1 (541)

C What type of entity is this beneficiary? . . . . ● **(1)** ☐ Individual **(2)** ☐ Estate/Trust **(3)** ☐ Qualified Exempt Organization **(4)** ☐ Other _____

D Is this beneficiary a resident of California? . . . . . ● ☐ Yes ▶ ☐ No

E Is the fiduciary a resident of California? . . . . . ● ☐ Yes ▶ ☐ No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	**1** Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income			●	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
Directly apportioned deductions	**9 a** Depreciation				
	b Depletion				
	c Amortization				
Final year deductions	**11 a** Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax (AMT) items	**12 a** Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	**13 a** Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)				
	c Taxes paid to other states. Attach Schedule S.				
	d Other credits. Attach schedule				
Other Information	**14 a** Tax-exempt interest				
	b Net investment income				
	c Gross farm and fishing income				
	d Other information _____				