

2010 California Fiduciary Income Tax Return

541

For calendar year 2010 or fiscal year beginning month day year, and ending month day year

Form header section including type of entity (Decedent's estate, Simple trust, etc.), name of estate or trust, FEIN, PBA Code, address, city, state, ZIP Code, and checkboxes for initial/final tax return, REMIC, amended return, and change in name/address.

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G, California Source Income and Deductions Apportionment on Side 3.

Income section table with 9 rows: 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 10 rows: Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney, accountant, and return preparer fees, Other deductions not subject to 2% floor, Allowable misc. itemized deductions subject to 2% floor, Total (lines 15a and 15b), Total (lines 10-14 and 15c), Adjusted total income (or loss), Income distribution deduction from Side 3, Taxable income of fiduciary.

Tax and Payments section table with 11 rows: Regular tax, Other taxes, QSF tax, Total, Exemption credit, Credits, Total (line 22 and 23), Subtract line 24 from line 21, Alternative minimum tax, Mental Health Service Tax, Tax liability, California income tax withheld, California income tax previously paid, 2010 Withholding, 2010 CA estimated tax, Total payments, Tax due.

Tax and Payments	35	Overpaid tax. Subtract line 28 from line 33 from Side 1	●	35	00
	36	Amount of line 35 to be credited to 2011 estimated tax	●	36	00
	37	Amount of overpaid tax available this year. Subtract line 36 from line 35	●	37	00
	38	Use tax. See instructions	●	38	00
	39	Total voluntary contributions from line 61 below		39	00
	40	Refund or No Amount Due. See instructions		40	00
	41	Amount Due. See instructions		41	00
	42	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	●	42	00

Voluntary Contributions. See instructions.

	Code	Amount		Code	Amount
Alzheimer's Disease/Related Disorders Fund	▶ 401	00	CA Peace Officer Memorial Foundation Fund	▶ 408	00
CA Fund for Senior Citizens	▶ 402	00	CA Sea Otter Fund	▶ 410	00
Rare and Endangered Species Preservation Program	▶ 403	00	CA Cancer Research Fund	▶ 413	00
State Children's Trust Fund for the Prevention of Child Abuse	▶ 404	00	Arts Council Fund	▶ 415	00
CA Breast Cancer Research Fund	▶ 405	00	CA Police Activities League (CALPAL) Fund	▶ 416	00
CA Firefighters' Memorial Fund	▶ 406	00	CA Veterans Homes Fund	▶ 417	00
Emergency Food For Families Fund	▶ 407	00	Safely Surrendered Baby Fund	▶ 418	00
61 Total voluntary contributions. Add line 401 through line 418. Enter here and on line 39, above				● 61	00

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to which your contributions totaled \$3,000 or more.

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.	● 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	Add line 3 and line 4	5	00
6	R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	00
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on Side 1, line 13.	7	00

Other Information. Note: Income of final year is taxable to beneficiaries.

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|---|--|
| <p>1 Date trust was created or, if an estate, date of decedent's death:</p> <p>a ● _____</p> <p>b Name of Grantor(s) of Trust _____
(please attach an additional sheet if necessary)</p> <p>2 a If an estate, was decedent a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b Was decedent married at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name:
_____</p> <p>3 If an estate, enter fair market value (FMV) of:</p> <p>a Decedent's assets at date of death _____</p> <p>b Assets located in California _____</p> <p>c Assets located outside California _____</p> <p>4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution _____</p> <p>5 Did the estate or trust receive tax-exempt income? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," attach computation of the allocation of expenses.</p> | <p>6 Is this tax return for a short taxable year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? If "Yes," complete and attach federal Form 8886 for each transaction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8 Attach a copy of 2010 federal Form 1041, pages 1 and 2</p> <p>9 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. <input checked="" type="radio"/> Yes <input type="checkbox"/> No</p> <p>10 Did this fiduciary elect to defer income from the discharge of indebtedness as described in IRC Section 108(i) for federal purposes? <input checked="" type="radio"/> Yes <input type="checkbox"/> No
If "Yes," enter the federal deferred income from discharge of indebtedness. _____</p> <p>11 During the year did the estate or trust defer any income from the disposition of assets? <input checked="" type="radio"/> Yes <input type="checkbox"/> No</p> |
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Please 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		Date _____
Paid Preparer's Use Only	Preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>
	▶ _____ Firm's name (or yours, if self-employed) and address.		● Paid preparer's PTIN/SSN _____ ● FEIN _____
	Telephone _____		() _____
May the FTB discuss this return with the designee shown above (see instructions)?			● <input type="checkbox"/> 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 (reduced by any allocable R&TC Section 18152.5 exclusion)	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 Schedule B (1041) instructions for line 11 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.

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 questions 1a through 1f above prior to completing Income and Deduction Allocation.

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	<input type="radio"/>	<input type="radio"/>				
2 Dividends	<input type="radio"/>	<input type="radio"/>				
3 Business income	<input type="radio"/>	<input type="radio"/>				
4 Capital gain	<input type="radio"/>	<input type="radio"/>				
5 Rents, royalties, etc.	<input type="radio"/>	<input type="radio"/>				
6 Farm income	<input type="radio"/>	<input type="radio"/>				
7 Ordinary gain	<input type="radio"/>	<input type="radio"/>				
8 Other income	<input type="radio"/>	<input type="radio"/>				
9 Total income	<input type="radio"/>	<input type="radio"/>				

Enter the amounts from lines 1-9, column F, on Form 541, Side 1, lines 1-9.

Deduction Allocation.

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 return preparer fees		
15 a Other deduction not subject to 2% floor		
15 b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

Enter the amounts from lines 10-15b, column H, on Form 541, Side 1, lines 10-15b.