Caution: DRAFT FORM

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

Please give us your comments or suggestions about our forms.
### Beneficiary's Share of Income, Deductions, Credits, etc.

#### 2017

For calendar year 2017 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**

<table>
<thead>
<tr>
<th>Beneficiary's SSN/TIN, California corporation no., California SOS file no., or FEIN</th>
<th>Estate's or trust's FEIN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code</th>
<th>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.</th>
</tr>
</thead>
</table>

**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

#### Taxable Year

#### Benefitlar's Share of Income, Deductions, Credits, etc.

<table>
<thead>
<tr>
<th>Allocable share item</th>
<th>Amount from federal Schedule K-1 (Form 1041)</th>
<th>California Adjustments</th>
<th>Total amounts using California law</th>
<th>California source amounts and credits</th>
</tr>
</thead>
</table>

1. Interest
2. Dividends
3. Net capital gain or (loss)
4. Other portfolio and nonbusiness income
5. Ordinary business income
6. Net rental real estate income
7. Other rental income

#### Directly apportioned deduction

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

12. a Adjustment for alternative minimum tax purposes
   b Accelerated depreciation
   c Depletion
   d Amortization
   e Exclusion items

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

14. a Tax-exempt interest
   b Net investment income
   c Gross farm and fishing income
   d Other information

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