



Alabama Department of Revenue

2019

Fiduciary Credits

*Fiduciary Credits must be submitted through My Alabama Taxes (MA	T) before completion of	of th	e Schedul	e FC. See i	instruc	tion	s for submis	sion det	ails.
NAME(S) AS SHOWN ON FORM 41						FEDERAL EMPLOYER IDENTIFICATION NUMBER			
PART A – Income Tax Paid to Other States									
State #1									
1 2019 Taxable Income as shown on the (name of state) ●	state return	1	•						
2 Tax due the other state using Alabama tax rates		2	•						
3 Tax due the other state as shown on that state's return		3	•						
4 Enter the lesser of lines 2 or 3						4	•		
State #2									
5 2019 Taxable Income as shown on the (name of state)	state return	5	•						
6 Tax due the other state using Alabama tax rates		6	•						
7 Tax due the other state as shown on that state's return		7	•						
8 Enter the lesser of lines 6 or 7						8	•		
State #3									
9 2019 Taxable Income as shown on the (name of state)	state return	9	•						
10 Tax due the other state using Alabama tax rates		10	•						
11 Tax due the other state as shown on that state's return		11	•						
12 Enter the lesser of lines 10 or 11						12	•		
State #4									
13 2019 Taxable Income as shown on the (name of state)	state return	13	•						
14 Tax due the other state using Alabama tax rates		14	•						
15 Tax due the other state as shown on that state's return		15	•						
16 Enter the lesser of lines 14 or 15	· · · · · · · · · · · · · · · · · · ·					16	•		
State #5									
17 2019 Taxable Income as shown on the (name of state)	state return	17	•						
18 Tax due the other state using Alabama tax rates		18	•						
19 Tax due the other state as shown on that state's return		19	•						
20 Enter the lesser of lines 18 or 19						20	•		
State #6									
21 2019 Taxable Income as shown on the (name of state)	state return	21	•						
22 Tax due the other state using Alabama tax rates		22	•						
23 Tax due the other state as shown on that state's return		23	_						
24 Enter the lesser of lines 22 or 23						24	•		
25 Total Credit available for Income Tax Paid to other States. Sum of lines 4, 8, 12, 16, 20, a						25	•		
26 Alabama Tax due Form 41, line 7						26	•		
27 Allowable credit lessor of line 25 or line 26						27	•		
PART B - Credit for Taxes paid to a Foreign Country (Note: All dollar figure	es must be in U.S. dollar	rs)							
1 Name of country income earned in ●									
2 Income from foreign operations									
3 Tax due the foreign country as shown on that country's tax return									
4 MAXIMUM CREDIT AVAILABLE TO BENEFICIARIES (multiply line 3 by 50% (.50)					4	•			
5 Amount of Credit Applicable to Nonresident Beneficiaries (should not be reported on No	nresident K-1s)				5	•			
6 Amount of Credit to be Allocated to Resident Beneficiaries on Schedule K-1 (Subtract lin	ne 5 from line 4)								
						_		1	



PART C - Rehabilitation, Preservation and Development of Historic Structures Credit of 2017*

A copy of the Tax Credit Certificate or Transfer Tax Credit Certificate must be attached to the return. If this information is not attached, no credit will be given.

1. Amount of tax credit certificate issued by the Historic Tax Commission for any project placed in service this year.

	Project Number	Date Placed In Service	Credit Amount				
1a	•	•	•				
1b	•	•	•				
1c	•	•	•				

2.	Total Credit – Add lines 1a, 1b and 1c	2	•	
3.	Enter Tax Due from Form 41, page 1, line 7	3	•	
4.	Less income taxes paid to other states (enter amount from Part A, line 27)	4	•	
5.	Tax due before Historic Tax Rehabilitation Credit (subtract line 4 from line 3)	5	•	
6.	Enter the lesser of lines 2 or 5	6	•	
7.	Refundable Amount subtract line 6 from line 2. Enter here and on Form 41, page 1, line 8f	7	•	

•		1101 1110 100001 01 111101	2 01 0									
_7	. Re	efundable Amount su	otract line 6 from line 2	2. Enter here and on	Form 41, page 1,	, lin	e 8f	7	•			
PA	RT C	- Capital Credit You r	nust attach Form KRCC	C & KRCC-B to your Al	abama return.*							
1	Enter	the information requested for	each project.									
		Project Number:	Project Name:							Credit Amount		
	1a	•	•						•			
	1b	•	•						•			
	1c	•	•						•			
	1d	•	•	•					•	•		
	1e	•	•	•				•	•			
	1f	•	•	•				•	•			
	1g	•	•	•				•	•			
2	Total (Capital Credit available										
■ ☐ Allocated to beneficiary (enter here and on Form 41, Schedule K, line 17 or Schedule G, line 25)									2	•		
If t	ne cap	ital credit is allocated to th	e beneficiary, skip lines 3-5 a	and enter zero on line 6.						1		
3 Enter tax due from Form 41 page 1, line 7							1					
4 Less credits previously claimed (sum of Part A, line 27 and Part C, line 6)							1					
5 Tax due before Capital Credit. Subtract line 4 from line 3						1						
6	CAPIT	TAL CREDIT ALLOWABLE.	Enter the lesser of line 2 or 5.						6	•		
PA	RT I	E - Summary										
1	TOTA	L CREDITS ALLOWABLE.	Add Part A, line 27, Part C, line	e 6, and Part D, line 6. Enter t	he total here and on Fo	orm 4	11, page 1, line 8a		1	•		

PART E – Summary			
1 TOTAL CREDITS ALLOWABLE. Add Part A, line 27, Part C, line 6, and Part D, line 6. Enter the total here and on Form 41, page 1, line 8a	1	•	