TAXABLE YEAR California Allocation of Estimated Tax **Payments to Beneficiaries**

613

| FΩ | RI | ۱л |
|----|----|----|
| | | |

| | 20 |)19 Payments to Beneficiaries | | | | | | | | | | 541- T | | | | | | | | | | | | | | |
|--|--------|-------------------------------|-----------|---------|----------|----------------------|-------------------|------------------|---------------|---------------|----------|-----------------|---------------|----------------|--|-----------------|----------------------|---------|-----------------|--------------|---------------------------------|--------------------|------------------|-------------------|-------------------------------|----------------------------------|
| | | | r year | | or fis | cal ye | ar be | əginr | ning | (mn | n/dd/ | уууу |) | | | | | aı | nd end | ding | (mm/ | dd/yyy | y) _ | | | |
| Nam | ie ot | estate | e or trus | ΣĬ | | | | | | | | | | | | | | | | | | FEIN | | | | |
| Nam | ne ar | nd title | of fiduo | ciary | | | | | | | | | | | | | | | | | | • | | | | |
| Addi | itiona | al infor | rmation | (see | instruct | tions) | | | | | | | | | | | | | | | | | | | | |
| Stre | et ac | ldress | of fiduo | ciary (| numbe | r and s | treet) | or Po | O bo | x | | | | | | | | | | | | Apt. n | o./st | e. no. | PMB/pri | vate mailbox |
| City | | | | | | | | | | | | | | | | | | | | | | State | | ZIP cod | e | |
| Fore | ign o | countr | y name | | | | | | | | | | Fore | eign | provin | ce/sta | ate/cour | nty | | | | | | Foreign | postal code | ; |
| | | | | | | | | | | | | | | | | | | | | | | | | | - | |
| | | | | | | | | | | - | | | | | | | no late | | | | | | | | | |
| lf yc | ou ar | e filin | ng this i | form | for the | final y | ear c | of the | esta | ite oi | r trus | t, che | eck tl | his t | ЭОХ | | | | | | | | | | | |
| | | | unt of o | | | xes to | be al | ilocat | ed to | o ber | neficia | aries | • • • | | | | | | | | | | | | \$ | |
| [| (a) | | | | | | | b) | | | | | | | $\overline{}$ | | | (c) | ١ | | | | | (d) | | (e) |
| | No. | | | | Benef | ficiary | | | e and address | | | | | | (c) Beneficiary's SSN/ITIN or FEIN | | | | | | Amount of tax paymen bene | | | located to | Proration | |
| | 1 | | | | _ | | _ | _ | _ | | | | _ | | - | | | | | | | | | | | % |
| | 2 | | | | _ | _ | _ | _ | _ | _ | | | _ | _ | | | | | | | | | | | | % |
| | 3 | | | | | _ | | | _ | _ | | _ | | | \top | | | | | | | | | | | % |
| | 4 | | | | | | | | _ | | | | | | + | | | | | | | | | | | % |
| | 5 | | | | | | | | | | | | | | + | | | | | | | | | | | % |
| | 6 | | | | | | | | | | | | | | \perp | | | | | | | | | | | |
| | 7 | | | | | | | | _ | | | | | | + | | | | | | | | | | | % |
| | 8 | | | | | | | | | | | | | | + | | | | | | | | | | | % |
| | | | | | | | | | | | | | | — | + | | | | | | | | | | | % |
| | 9 | | | | | | | | | | | | | | $\frac{1}{2}$ | | | | | | | | | | | % |
| | 10 | | | | | | | | | | <u> </u> | | | | | | | | | | | | | | | % |
| 3 | Total | from | n additi | onal s | heets | | | | | | | | | • • • | | | | | | | 3 | | | | | |
| 4 | Total | amo | unts al | locate | ed. (Mu | ıst equ | ıal lin | ie 1, | abov | re) . | | | | | | | | | | | 4 | | | | | |
| | | 1 | ftb.ca. | gov/f | orms a | and sea | arch f | for 11 | 31 . T | To re | quest | t this r | notic | ce by | y mail, | , call | 800.85 | 2.5711 | | | | | | | d informati | - |
| Sig | n H | ere | knowle | dge a | nd bel | perjur ief, it is | /, I de 3 true | eclare , corı | that rect, | t I ha and | ave ex | kamin olete. | ied tl Dec | his a larat | allocat tion of | tion, f prep | includir parer (o | ng acco | ompan an tax | ying paye | sched r) is ba | ules an ased on | d sta ı all i | atemen informa | ts, and to tl tion of whic | ne best of my ch preparer has |
| any knowledge. Signature of fiduciary or officer represe | | | | | | entin | ng fiduciary | | | | | | | | | | Date | | | | | | | | | |
| | | , | X | | | | | | | | | | | | | | | | | | | 1 | Telep | hone | | |
| | | | ^ | | | | — | — | | | | | — | | | | | | | | | | | | | |

2019 Instructions for Form 541-T

California Allocation of Estimated Tax Payments to Beneficiaries

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 2015, and to the California Revenue and Taxation Code (R&TC).

General Instructions

Registered Domestic Partners (RDP)

For purposes of California income tax, references to a spouse, husband, or wife also refer to a California RDP, unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Additional Information

Use the Additional Information field for "In-Care-Of" name and other supplemental address information only.

Foreign Address

If the estate or trust has a foreign address, follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

A Purpose

A trust, or for its final year a decedent's estate, may elect under California Revenue and Taxation Code Section 17731 and Internal Revenue Code Section 643(g) to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The trustee or fiduciary files Form 541-T, California Allocation of Estimated Tax Payments to Beneficiaries, to make the election. Once made, the election is irrevocable.

Do not distribute resident and nonresident real estate withholding, or backup withholding to beneficiaries on Form 541-T. Use Form 592, Resident and Nonresident Withholding Statement, and Form 592-B, Resident and Nonresident Withholding Tax Statement, to allocate withholding.

B How to File

File Form 541-T separately from Form 541, California Fiduciary Income Tax Return. **Do not attach Form 541-T to Form 541**.

C Where to File

Mail Form 541-T to:

FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001

D When to File

For the election to be valid, a trust or decedent's estate must file Form 541-T by the 65th day after the close of the taxable year as shown at the top of the form. For a calendar year trust, the due date is on or before **March 6, 2020.**

If the due date falls on a weekend or holiday, the deadline to file is extended to the next business day.

E Period Covered

File Form 541-T for calendar year 2019 and fiscal years beginning in 2019. If the form is for a fiscal year or a short year, enter the taxable year in the space at the top of the form.

F Internet Access

You can download, view, and print California tax forms and publications at **ftb.ca.gov/forms**. Access other California state agency websites at **ca.gov**.

Specific Line Instructions

Line 1

Enter the amount of the estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the taxable year of the trust or decedent's estate. Be sure to include the amount on Form 541, Schedule B, Income Distribution Deduction, line 10.

Line 2

Column (b) – Beneficiary's name and address Group the beneficiaries to whom you are allocating estimated tax payments into two categories. In the first category, list all the individual beneficiaries who have a social security number (SSN) or individual taxpayer identification number (ITIN). In the second category, list all the other beneficiaries.

Column (c) – Beneficiary's identifying number For each beneficiary who is an individual, enter the SSN or ITIN. For all other entities, enter the federal employer identification number (FEIN). Failure to enter a valid SSN/ITIN or FEIN may cause a delay in processing and could result in the imposition of penalties on the beneficiary. For those beneficiaries who file a joint income tax return, you can assist the Franchise Tax Board in crediting the proper account by providing the SSN or ITIN, if known, of the beneficiary's spouse/RDP. However, this is an optional entry.

Column (d) – Amount of estimated tax payment allocated to beneficiary

For each beneficiary, enter this amount on Schedule K-1 (541), Beneficiary's Share of Income, Deductions, Credits, etc., line 13a.

Column (e) – Proration percentage

For each listed beneficiary, divide the amount shown in column (d) by the amount shown on line 1 and enter the result as a percentage.

Line 3

If you are allocating a payment of estimated tax to more than 10 beneficiaries, list the additional beneficiaries on an attached sheet that follows the format of line 2. Enter on line 3 the total from the attached sheets. Include the fiduciary name and SSN/ITIN or FEIN on the attached sheets.