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**Form
IT-41**

INDIANA DEPARTMENT OF REVENUE
FIDUCIARY INCOME TAX RETURN

2023

State Form 11458
(R19 / 8-23)

Check box
if amended

For the calendar year **2023** or fiscal year beginning

2023
MM DD

and ending

MM DD YYYY

Name of Estate or Trust

Address

XX

XX

Name and Title of Fiduciary

City

State

ZIP Code

XX

XXXXXXXXXXXXXXXXXXXX

2-Digit County Code

Federal Employer Identification Number

Foreign Country 2-Character Code

Please round entries

1. Taxable income of fiduciary from federal Form 1041 _____

2. Indiana additions or add-backs, see line 2 instructions _____

3. IRC Section 965 Income _____

4. Net operating loss deduction from federal return _____

5. Add lines 1 through 4 _____ **Total Income**

6. Interest on U.S. Government Obligations reported on federal return _____

7. Non-Indiana fiduciary income _____

8. Indiana portion of net operating loss deduction (enclose Schedule IT-40NOL, see instructions) _____

9. Line 5 minus lines 6 through 8 _____ **State Taxable Income**

10. State Adjusted Gross Income Tax: multiply line 9 by .0315 _____

11. Other Taxes from Form IT-41, Schedule 1, line 6 _____

12. Add lines 10 and 11 _____ **Total Tax**

13. Fiduciary estimated tax paid _____

14. Other Credits (You MUST enclose verification), see line 14 instructions _____

15. Add lines 13 and 14 _____ **Total Credits**

16. If line 12 is greater than line 15, enter the difference _____ **Balance Due**

17. Penalty, see line 17 instructions _____

18. Interest, see line 18 instructions _____

19. **Total Amount Due** (Add lines 16 through 18) _____ **Payment Due**

20. **Refund Due** (If line 15 is greater than line 12, enter the difference) _____ **Refund**



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Name of Estate or Trust

Federal Employer Identification Number

XX

999999999

Check Applicable Boxes

First Return

Final Return

Fiduciary Name Change

Address Change

Federal Extension

State Extension

Retirement Plan

Estate

Simple Trust

Complex Trust

Bankruptcy Estate

ESBT

Grantor Trust

Other (Please Specify)

XXXXXXXXXXXX

Additional Information - Please answer the following questions or provide the requested information.

1. Is there a nonresident beneficiary? Yes No

2. How many Schedule IN K-1s are included with this return? 999

3. If this is an estate return, enter the date of the decedent's death and Social Security number

Decedent's date of death 99999999

Decedent's Social Security Number 999999999

4. If this is a trust return, enter date the entity was created 99999999 5. Was a final individual return filed for decedent? Yes No

6. If this is a grantor trust return, enter the grantor's Social Security number 999999999

I authorize the department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

XX

Email Address 99999999999999999999999999999999

Address

XX

City

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

State

XX

ZIP Code

999999999

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based upon all information of which the preparer has any knowledge.

Signature of Fiduciary or Officer

[Signature]

Telephone Number

9999999999

Date

99999999

Signature of Preparer

[Signature]

Telephone Number

9999999999

Date

99999999

Preparer's Address

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Preparer's Identification Number

999999999

City

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

State

XX

ZIP Code

999999999

Mail completed return with payment to:
Indiana
Department of Revenue
Fiduciary Section
P.O. Box 6192
Indianapolis, IN 46206-6192

Mail all other returns to:
Indiana
Department of Revenue
Fiduciary Section
P.O. Box 6079
Indianapolis, IN 46206-6079



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