

Check box  
if amended

☒

For the calendar year 2025 or fiscal year beginning

99 99 2025  
MM DD

and ending

99 99 9999  
MM DD YYYY

Name of Estate or Trust

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name and Title of Fiduciary

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City

XXXXXXXXXXXXXXXXXX

State

XX

ZIP Code

999999999

2-Digit County Code

XX

Federal Employer Identification Number

999999999

Foreign Country 2-Character Code

XX

Round all entries

1. Taxable income of fiduciary from federal Form 1041	1	9999999999	.00
2. Indiana additions or add-backs, see line 2 instructions	2	9999999999	.00
3. IRC Section 965 Income	3	9999999999	.00
4. Net operating loss deduction from federal return	4	9999999999	.00
5. Add lines 1 through 4 <b>Total Income</b>	5	9999999999	.00
6. Interest on U.S. Government Obligations reported on federal return	6	9999999999	.00
7. Non-Indiana fiduciary income	7	9999999999	.00
8. Indiana portion of net operating loss deduction (enclose Schedule IT-40NOL, see instructions)	8	9999999999	.00
9. Line 5 minus lines 6 through 8 <b>State Taxable Income</b>	9	9999999999	.00
10. State Adjusted Gross Income Tax: multiply line 9 by .03	10	9999999999	.00
11. Other Taxes from Form IT-41, Schedule 1, line 6	11	9999999999	.00
12. Add lines 10 and 11 <b>Total Tax</b>	12	9999999999	.00
13. Fiduciary estimated tax paid	13	9999999999	.00
14. Other Credits (You MUST enclose verification), see line 14 instructions	14	9999999999	.00
15. Add lines 13 and 14 <b>Total Credits</b>	15	9999999999	.00
16. If line 12 is greater than line 15, enter the difference <b>Balance Due</b>	16	9999999999	.00
17. Penalty, see line 17 instructions	17	9999999999	.00
18. Interest, see line 18 instructions	18	9999999999	.00
19. <b>Total Amount Due</b> (Add lines 16 through 18) <b>Payment Due</b>	19	9999999999	.00
20. <b>Refund Due</b> (If line 15 is greater than line 12, enter the difference) <b>Refund</b>	20	9999999999	.00



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### Check Applicable Boxes

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

<b>I authorize the department to discuss my return with my personal representative.</b>		<b>Email Address</b>	
<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>If yes, complete the information below.</b>		<input type="text" value="99999999999999999999999999999999"/>	
<b>Personal Representative's Name (please print)</b>		<b>Address</b>	
<input type="text" value="XX"/>		<input type="text" value="XX"/>	
<b>Telephone Number</b>		<b>City</b>	
<input type="text" value="99999999999999"/>		<input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/>	
		<b>State</b>	<b>ZIP Code</b>
		<input type="text" value="XX"/>	<input type="text" value="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.

**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