

Check box
if amended

☐

For the calendar year 2025 or fiscal year beginning

		2025
MM	DD	

and ending

MM	DD	YYYY

Name of Estate or Trust

Address

Name and Title of Fiduciary

City

State

ZIP Code

2-Digit County Code

Federal Employer Identification Number

Foreign Country 2-Character Code

Round all entries

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



Name of Estate or Trust

Federal Employer Identification Number

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)

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

1. Enter the total number of beneficiaries

2. Enter the number of nonresident beneficiaries

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

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

Decedent's date of death

Decedent's Social Security Number

5. If this is a trust return, enter date the entity was created

6. Was a final individual return filed for decedent?

Yes

No

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

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)

Telephone
Number

Email
Address

Address

City

State

ZIP Code

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

Telephone Number

Date

Signature of Preparer

Telephone Number

Date

Preparer's Address

Preparer's Identification Number

City

State

ZIP Code

**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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