



For calendar year or other taxable year beginning, 2023, and ending, 20						
Check applicable box:		Name of Estate or Trust			Federal Empl	oyer Identification Number
		Name and Title of Fiduciary			Date Entity C	reated
		Address of Fiduciary (Number	and Street or P.O. Box)			Room or Suite Number
Check applicable boxes:		City, State and ZIP Code				
	Final return	I	es K-1 enclosed. ➤		-	t Be Enclosed)
	 Enclose a co 	py of the federal retur	rn including all schedules	and statements		
1			e 17)		1	
2	Additions (from page 3, Sch	nedule M, line 4)		2		
3	Enter the portion of deducti	ons allocable to line 2		3		
4	Subtract line 3 from line 2				4	
5	Add lines 1 and 4				5	
6	Subtractions (from page 3,	Schedule M, line 8)		6		
7	Enter the portion of deducti	ons allocable to line 6		7		
8	Subtract line 7 from line 6				8	
9	Subtract line 8 from line 5.	This is your Kentucky adju	sted total income (loss). Ente	r here		
	and on page 3, Schedule B	, line 1				
10	Income distribution deduction	on (from page 3, Schedule	B, line 15)			
	(enclose Schedule(s) K-1))		10		
11	Pension income exclusion ((enclose Schedule P, if mo	re than \$31,110)	11		
12	Federal estate tax deductio	n (enclose computation)		12		
13	Add lines 10, 11 and 12				13	
14	Total income of fiduciary (su	ubtract line 13 from line 9).			14	
INTANGIBLE INCOME ATTRIBUTABLE TO NONRESIDENTS INCLUDED IN LINE 14						
15	Trusts or estates with inc	ome attributable to nonre	esident beneficiaries. Enter the	e portion of		
	intangible income included	in line 14 that is attributabl	e to nonresident beneficiaries	i.		
	Enter zero if not applicable.	. See instructions			15	
16	Taxable income of fiduciary	(subtract line 15 from line	14) This is your taxable incor	ne	16	

Official Use Only

FORM 741 (2023)



TAX COMPUTATION

17	7 (a) Tax: multiply line 16 by 4.5% (.045)	and add tax from:		
	(b) Form 4972-K □; Sch. RC-R □; Sch. DS-R □;	Angel Investor Recapture \Box	Total 17c	
18	8 Nonrefundable credit(s) (specify and enclose suppor	ting documents)	18	
19	9 Total Tax (subtract line 18 from line 17(c); if line 18 is n	nore than line 17(c), enter -0-)	19	
20	20 (a) Estimated tax/Extension payments			
	(b) Withholding (W-2 or 1099 — enclose forms)			
	(c) Nonresident Withholding from Form PTE-WH, line	9 and/or Pass-through		
	Entity Tax Credit from Form PTET-CR, line 9 (encl	ose forms) 20c		
	(d) Total of amounts on line 20(a) through 20(c)		20d	
21	1 If line 19 is larger than line 20(d), subtract line 20(d) fro	m line 19, and enter the TAX DUE	21	
22	2 (a) Estimated tax penalty \Box Check if Form 2210-K	attached 22a		
	(b) Interest			
	(c) Late payment penalty			
	(d) Late filing penalty			
23	3 Add lines 22(a) through 22(d)		23	
24	If the total of lines 19 and 23 is more than line 20(d), su	btract line 20(d) from the total of lines 19 and		
	23. This is the AMOUNT YOU OWE		24	
25	If line 20(d) is more than the total of lines 19 and 23, su	btract lines 19 and 23 from line 20(d). This is		
	the AMOUNT YOU OVERPAID		25	
26	Amount of line 25 to be CREDITED TO YOUR 2024 ES	STIMATED TAX		
27	7 Subtract line 26 from line 25. This is the amount to be F	REFUNDED TO YOU	27	

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return.

	Signature of Fiduciary or Agent		Date		
Sign					
Here	PTIN or Identification Number of Fiduciary or Agent		Telephone Number (daytime)		
			Date		
Paid Preparer Use	Name of Preparer or Firm		ID Number		
030	Email	Telephone No.	May the DOR discuss this return with this preparer?		
Mail To:	Kentucky Department of Revenue Frankfort, KY 40620-0016		- -		
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: revenue.ky.gov Include: Your FEIN and "KY Income Tax—20	023"			





SCHEDULE A—CHARITABLE DEDUCTION (Do not complete for a simple trust or pooled income fund.)

Complete Schedule A only if you made additions to or subtractions from total income on page 1, lines 2 or 6 and claimed a charitable deduction on federal Form 1041.

1	Kentucky taxable income that was paid or set aside for charitable purposes and was not reported on		
	federal Form 1041, Schedule A, including additional capital gains. Enter here and include on Schedule		
	M, line 7	1	
	Kentucky tax-exempt income that was paid or set aside for charitable purposes that was reported on		
	federal Form 1041, Schedule A. Enter here and include on Schedule M, line 3	2	

SCHEDULE B—INCOME DISTRIBUTION DEDUCTION (See federal instructions.)

1	Adjusted total income (enter amount from page 1, line 9)	1	
	Adjusted tax-exempt interest	2	
3	Net gain shown on Schedule D, Form 741, column 1, line 19 (if net loss, enter zero)	3	
4	Enter amount included from federal Schedule A, line 4	4	
5	Enter net capital gains included on Kentucky Schedule A, line 1 or line 2	5	
6	Enter any Kentucky gains included on page 1, line 9 as a negative figure. If capital loss, enter as a		
	positive figure. (Kentucky gain/loss includes federal figures plus Kentucky adjustments.)	6	
7	Distributable net income (combine lines 1 through 6)	7	
8	If complex trust, enter accounting income for tax years as determined under the governing		
	instrument and applicable law	8	
9	Amount of income required to be distributed currently	9	
		10	
11	Total distributions (add lines 9 and 10) (If greater than line 8, see federal instructions.)	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction (subtract line 12 from line 11)	13	
14	Tentative income distribution deduction (subtract line 2 from line 7)	14	
15	Income distribution deduction (enter the smaller of line 13 or line 14 here and on page 1, line 10)	15	

SCHEDULE M (FORM 741)

Part I—Additions to Federal Adjusted Total Income			
1	Enter interest from bonds issued by other states and their political subdivisions	1	
2	Enter additions from partnerships, fiduciaries and S corporations (enclose schedule)	2	
3	Other additions (enclose schedule)	3	
4	Total additions. Enter here and on page 1, line 2	4	
Part II—Subtractions from Federal Adjusted Total Income			
5	Enter interest from U.S. government obligations (enclose schedule)	5	
6	Enter subtractions from partnerships, fiduciaries and S corporations (enclose schedule)	6	
7	Other subtractions (enclose schedule)	7	
8	Total subtractions. Enter here and on page 1, line 6	8	

ADDITIONAL INFORMATION REQUIRED

- 1 Was a Kentucky fiduciary income tax return filed for 2022? □Yes □No. If "No," state reason.
- 2 If the fiduciary has income not taxed by Kentucky, have you deducted only that portion of expenses allocable to taxable income? □Yes □No. If "Yes," enclose computation.
- 3 Did the estate or trust have any passive activity loss(es)? □Yes □No. (If "Yes," enter the loss(es) on Form 8582-K, Kentucky Passive Activity Loss Limitations, to determine the allowable loss.)

- 4 If a federal audit changed the taxable income as originally reported for any prior year, a copy of the Revenue Agent's Report must be submitted to the Department of Revenue. Do not attach to this return.
- 5 During the taxable year did you make an accumulation distribution as defined in Sec. 665(b), Internal Revenue Code?
 □ Yes □ No. If "Yes," enclose federal Schedule J (Form 1041).
- 6 If this is an amended return, check the appropriate box on page 1. Explain changes below. Enclose a separate page if necessary.