

MARYLAND FORM 504 SCHEDULE A

FIDUCIARY INCOME TAX RETURN SCHEDULE A



2024

24504A099

OR FISCAL YEAR BEGINNING [ ] 2024, ENDING [ ]

Name [ ] FEIN [ ]

FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS (See Fiduciary Tax Return Instructions)

- (a) If the fiduciary distributes all of the income for the tax year, then the fiduciary is not required to complete lines 1 through 10g. See instructions.
(b) If the fiduciary retains 100% of the income for the tax year, complete lines 1 through 8 and enter the result on line 5 of Form 504.
(c) If the fiduciary makes a partial distribution of income during the tax year, complete lines 1 through 8, and lines 9a through 9d or 10a through 10g. Enter the result on line 5 of Form 504 as a positive or negative number accordingly. Write a minus sign (-) in front of any negative numbers.

Additions

- 1. Interest on state and local obligations other than Maryland 1. [ ] 00
2. Income taxes deducted on federal return 2. [ ] 00
3. Other additions to income (Specify.) 3. [ ] 00
4. Total additions (Add lines 1 through 3.) 4. [ ] 00

Subtractions

- 5. Income from U.S. obligations 5. [ ] 00
6. Other subtractions (Specify.) (Do not include non-MD source income as a subtraction.) 6. [ ] 00
7. Total subtractions (Add lines 5 and 6.) 7. [ ] 00
8. Net Maryland modifications (Subtract line 7 from line 4; enter on line 5 of 504.) 8. [ ] 00

FIDUCIARY'S SHARE OF NET MARYLAND MODIFICATIONS

(You may choose to allocate your modifications based upon the formula method or alternative method below. You may not use both methods.)

Formula Method

- 9a. Federal Distributable Net Income (DNI from federal schedule B, Form 1041) 9a. [ ] 00
9b. Fiduciary's share of the federal DNI 9b. [ ] 00
9c. Fiduciary's percentage of federal DNI (Divide 9b by 9a.) 9c. [ ]
9d. Fiduciary's share of net Maryland modification (Multiply line 8 by line 9c; enter here and on line 5 of Form 504.) 9d. [ ] 00

Alternative Method

In the alternative, net Maryland modifications may be allocated based on how the fiduciary has allocated all of its income.

Table with 3 columns: (A) Name of Beneficiary, (B) Social Security Number & Domicile state code, (C) Share of Net MD Modifications. Includes rows for 10a-10g and a Total row.

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 8 for required supporting documents to submit with Form 504. Attach Maryland Schedule K-1 (504) for each beneficiary.

- 11. Income from intangible personal property accumulated for a nonresident. See Instruction 8. 11. [ ] 00
12. Related expenses 12. [ ] 00
13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than zero, enter zero.) Enter here and on line 7 of Form 504 13. [ ] 00