



For the calendar year 2017 or fiscal year beginning

• _____, 2017, and ending • _____, _____

Type of entity (see instructions): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate - Ch. 7 <input type="checkbox"/> Bankruptcy estate - Ch. 11 <input type="checkbox"/> Pooled income fund	Federal Employer Identification Number ● Name of Estate or Trust ● Name and Title of Fiduciary ● Address of Fiduciary (number and street) ● City State Zip Code ●	ADOR <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return
<input type="checkbox"/> Address change <input type="checkbox"/> Entity has income from more than one state <input type="checkbox"/> Fiduciary or name change <input type="checkbox"/> Return is filed on cash basis		

Date entity created ● _____ Number of K-1s attached ● _____ Number of Schedule Gs attached ● _____

Resident estate or trust
 Nonresident estate or trust
 If a trust, state whether Revocable or Irrevocable
 If decedent's estate please provide Social Security Number of deceased ● _____ - _____ - _____

COMPUTATION OF ALABAMA TAXABLE INCOME AND NET TAX DUE

1 Alabama Adjusted Total Income or (Loss) (Schedule C, Line 18c)		1 ●	00
2 Alabama Income Distribution Deduction (Schedule A, Line 15)	2 ●		00
3 Exemption (Allowed the Estate or Trust by 40-18-19, Code of Alabama 1975)	3 ●		00
4 Total of Special Trust Deductions (Total of Lines 2 and 3)	4 ●		
5 Alabama Taxable Income (Line 1 less Line 4)	5 ●		00
6 a. Non ESBT tax due... <input type="checkbox"/> CRAT/CRUT/Tax Exempt Organization... <input type="checkbox"/> NOL	6a ●		00
b. ESBT Income tax due (Schedule ESBT, Line 21)... <input type="checkbox"/> ESBT NOL	6b ●		00
c. Total tax due sum of lines 6a plus 6b	6c ●		00
7 a. Total credits allowable (per Schedule FC, Part C, Line 1)	7a ●		00
b. Alabama income tax withheld (from Form W-2 and/or Form 1099)	7b ●		00
c. Extension payments/payments made with original return .	7c ●		00
d. Composite payments. Paid by ● _____ FEIN ● _____	7d ●		00
e. Composite payments allocated to beneficiary	7e ● ()		00
8 Total Credits (Total of Lines 7a through 7e)	8 ●		00
9 NET TAX DUE/(REFUND) (Subtract Line 8 from sum of Line 6c)	9 ●		00
10 Reduction/Applications of Overpayment			
a. Credit to 2018 estimate tax	10a ●		00
b. Interest (Computed on tax due only)	10b ●		00
c. Penalties (See instructions)	10c ●		00
d. Total reductions (Total of Lines 10a through 10c)	10d ●		00
11 TOTAL AMOUNT DUE/(REFUND) (Total of Line 10d and Line 9)	11 ●		00

If paying by check or money order, **FORM FDT-V MUST ACCOMPANY PAYMENT.** If you paid electronically, check here

Returns with payments must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327444, Montgomery, AL 36132-7444. Returns without payments must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327440, Montgomery, AL 36132-7440, on or before April 17, 2018. (Fiscal Year Returns must be filed on or before the 15th day of the fourth month following the close of the fiscal year.)

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary	Date	Daytime Telephone No.	Social Security Number
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Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours, if self-employed) and address	Tel. ()	E.I. No.	ZIP Code

A complete copy of the Federal Form 1041 must be attached for this return to be considered complete.



Name of estate or trust	Federal Employer identification number
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Name and title of fiduciary

SCHEDULE A – COMPUTATION OF ALABAMA INCOME DISTRIBUTION DEDUCTION

1 Alabama Adjusted Total Income or (Loss) (Page 1, Line 1)	1	●	00
2 The amount of gain from the sale of capital assets, but only if the gain was allocated to corpus and <u>not</u> paid, credited, or required to be distributed to any beneficiary during the taxable year (<i>See instructions</i>)	2	●	00
3 Subtract the amount entered on Line 2 from the amount entered on Line 1, and enter in Line 3	3	●	00
4 The amount of loss from the sale of capital assets – entered as a positive number, only if the loss was not considered in the determination of the amount to be paid, credited, or required to be distributed to any beneficiary during taxable year	4	●	00
5 Amount of tax exempt interest income excluded in computing Alabama taxable income	5	●	00
6 Other adjustments – see instructions	6	●	00
7 Alabama Distributable Net Income (<i>Sum of Lines 3 through 6</i>)	7	●	00
8 If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	●	00
9 Income required to be distributed currently	9	●	00
10 Other amounts paid, credited, or otherwise required to be distributed	10	●	00
11 Total distributions. Add Lines 9 and 10	11	●	00
12 Enter the amount of tax-exempt income included on Line 11	12	●	00
13 Tentative income distribution deduction. Subtract Line 12 from Line 11	13	●	00
14 Tentative income distribution deduction. Subtract Line 5 from Line 7. If zero or less, enter -0-	14	●	00
15 Alabama Income Distribution Deduction. Enter the smallest of Line 13 or Line 14 on this line and on Page 1, Line 2. (Do not enter less than zero.)	15	●	00

SCHEDULE B – ALABAMA CHARITABLE DEDUCTION. Do not complete for a simple trust or a pooled income fund.

1 Amounts paid or permanently set aside for charitable purposes from gross income	1	●	00
2 Alabama tax-exempt income allocable to charitable contributions	2	●	00
3 Subtract line 2 from line 1	3	●	00
4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	●	00
5 Alabama Charitable Deduction. Add Line 3 and Line 4. Enter total here and on Page 3, Schedule C, Line 13, Column C	5	●	00



Name of estate or trust	Federal Employer identification number
Name and title of fiduciary	

SCHEDULE C – COMPUTATION OF ALABAMA ADJUSTED TOTAL INCOME						
	Column A AS REPORTED ON FEDERAL FORM 1041		Column B ALABAMA ADJUSTMENTS		Column C ALABAMA AMOUNT	
1 Interest income	1 ●	00		00		00
2 Ordinary dividends	2 ●	00		00		00
3 Capital gain or (loss)	3 ●	00		00		00
4 Business income or (loss)	4 ●	00		00		00
5a Rents, royalties, partnerships, and S Corporations	5a ●	00		00		00
5b Estates and Trusts	5b ●	00		00		00
6 Farm income or (loss)	6 ●	00		00		00
7 Ordinary gain or (loss) from Form 4797	7 ●	00		00		00
8 Other income	8 ●					
9 Total Income (total of Lines 1 through 8)	9 ●	00		00		00
Ordinary Deductions:						
10 Interest	10 ●	00		00		00
11 Taxes	11 ●	00		00		00
12 Fiduciary fees	12 ●	00		00		00
13 Charitable deduction	13 ●	00		00		00
14 Attorney, accountant, and return preparer fees	14 ●	00		00		00
15 Other deductions not subject to the 2% floor	15 ●	00		00		00
16 Allowable miscellaneous itemized deductions subject to the 2% floor	16 ●	00		00		00
17 Total Ordinary Deductions (total of Lines 10 through 16)	17 ●	00		00		00
18a Federal Adjusted Total Income	18a ●	00				
18b Net Alabama Adjustments (Column B, Line 9 less Line 17)	18b ●			00		
18c Alabama Adjusted Total Income or (Loss) (Column C, Line 9 less Line 17). Enter here and on Page 1, Line 1	18c ●					00
19 Alabama Tax Exempt Income	19 ●	00		00		00



Name of estate or trust

Federal Employer identification number

Name and title of fiduciary

SCHEDULE K – SUMMARY OF K-1 INFORMATION

	TOTAL ALABAMA AMOUNT		Enter on Alabama Schedule K-1, Form 41
1 Interest income	1 ●	00	Part III, Line 1
2 Total dividends	2 ●	00	Part III, Line 2
3 Capital gain or (loss)	3 ●	00	Part III, Line 3
4 Business income or (loss)	4 ●	00	Part III, Line 4
5a Rents, royalties, partnerships, and S Corporations	5a ●	00	Part III, Line 5a
5b Estates and Trusts	5b ●	00	Part III, Line 5b
6 Farm income or (loss)	6 ●	00	Part III, Line 6
7 Ordinary gain or (loss) from Form 4797	7 ●	00	Part III, Line 7
8 Other income	8 ●	00	Part III, Line 8
9 Non Alabama Source Income	9 ●	00	Part III, Line 9
10 Alabama Income Distribution Deduction (Sum of lines 1-9)	10 ●	00	
11 Alabama Tax Exempt Income	11 ●	00	Part III, Line 11
Directly apportioned deductions:			
12 Depreciation	12 ●	00	Part III, Line 12
13 Depletion	13 ●	00	Part III, Line 13
14 Amortization	14 ●	00	Part III, Line 14
15 Allocated Composite Payment	15 ●	00	Part III, Line 15