

2019 California Fiduciary Income Tax Return

541

For calendar year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

<input checked="" type="checkbox"/> Type of entity. Check all that apply. (1) <input type="checkbox"/> Decedent's estate (2) <input type="checkbox"/> Simple trust (3) <input type="checkbox"/> Complex trust (4) <input type="checkbox"/> Grantor trust (5) <input type="checkbox"/> Bankruptcy estate - Chapter 7 (6) <input type="checkbox"/> Bankruptcy estate - Chapter 11 (7) <input type="checkbox"/> Pooled income fund (8) <input type="checkbox"/> ESBT (9) <input type="checkbox"/> QSST (10) <input type="checkbox"/> Apportioning Trust	Name of estate or trust	FEIN		A R RP	
	Name and title of all fiduciaries, see instructions				
	Additional information (see instructions)		PBA code		
	Street address (number and street) or PO box		Apt no./suite no.		PMB/private mailbox
	City (If you have a foreign address, see page 8)		State		ZIP code
	Foreign country name		Foreign province/state/country		Foreign postal code
	Check applicable boxes: <input checked="" type="checkbox"/> Initial tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> REMIC <input type="checkbox"/> Protective Claim <input type="checkbox"/> Amended tax return <input type="checkbox"/> Change in fiduciary's name or address				

Complete Schedule G on Side 3 if Trust has nonresident trustees and/or nonresident beneficiaries.

Income	1	Interest income	1	00
	2	Dividends	2	00
	3	Business income or (loss). Attach federal Schedule G	3	00
	4	Capital gain or (loss). Attach Schedule D (541)	4	00
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	5	00
	6	Farm income or (loss). Attach federal Schedule F (Form 1040)	6	00
	7	Ordinary gain or (loss). Attach Schedule D-1	7	00
	8	Other income. See instructions. State nature of income	8	00
	9	Total income. Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	9	00

Deductions	10	Interest	10	00
	11	Taxes	11	00
	12	Fiduciary fees	12	00
	13	Charitable deduction. Enter the amount from Side 2, Schedule A, line 5	13	00
	14	Attorney, accountant, and tax return preparer fees	14	00
	15	a Other deductions not subject to 2% floor. Attach Schedule	15a	00
		b Allowable misc. itemized deductions subject to 2% floor	15b	00
		c Total. Add line 15a and line 15b	15c	00
	16	Total. Add line 10 through line 14 and line 15c. (Apportioning fiduciaries: Complete Schedule G on Side 3)	16	00
	17	Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	17	00
18	Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	18	00	
20	a Taxable income of fiduciary. Subtract line 18 from line 17	20a	00	
	b ESBT taxable income (S-portion only) See instructions	20b	00	

Tax and Payments	21	a Regular tax; b Other taxes; c QSF tax; d Total	21	00
	22	Exemption credit. See instructions	22	00
	23	Credits. Attach worksheet. Enter code and amount. If more than one credit, see instructions.	23	00
	24	Total. Add line 22 and line 23	24	00
	25	Subtract line 24 from line 21. If less than zero, enter -0-	25	00
	26	Alternative minimum tax. Attach Schedule P (541)	26	00
	27	Mental Health Services Tax. See instructions	27	00
	28	Total tax. Add line 25, line 26, and line 27	28	00
	29	California income tax withheld. See instructions	29	00
	30	California income tax previously paid. See instructions	30	00
	31	Withholding Form 592-B and/or 593. See instructions	31	00
	32	2019 CA estimated tax, amount applied from 2018 tax return, and payment with form FTB 3563	32	00
	33	Total payments. Add line 29, line 30, line 31, and line 32	33	00
	34	Use tax. See instructions	34	00

Tax and Payments

35	Payments balance. If line 33 is more than line 34, subtract line 34 from line 33	<input checked="" type="radio"/>	35	00
36	Use tax balance. If line 34 is more than line 33, subtract line 33 from line 34	<input checked="" type="radio"/>	36	00
37	Tax Due. If line 28 is more than line 35, subtract line 35 from line 28	<input checked="" type="radio"/>	37	00
38	Overpaid tax. If line 35 is more than line 28, subtract line 28 from line 35	<input checked="" type="radio"/>	38	00
39	Amount on line 38 to be credited to 2020 estimated tax	<input checked="" type="radio"/>	39	00
40	Amount of overpaid tax available this year. Subtract line 39 from line 38	<input checked="" type="radio"/>	40	00
41	Total voluntary contributions from Side 4, line 61		41	00
42	Refund or no amount due. See instructions		42	00
43	Amount due. See instructions	<input checked="" type="radio"/>	43	00
44	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions.	<input checked="" type="radio"/>	44	00

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. See instructions.

1	a	Amounts paid for charitable purposes from gross income	1a	00
	b	Amounts permanently set aside for charitable purposes from gross income. See instructions	<input checked="" type="radio"/> 1b	00
	c	Total. Add line 1a and line 1b	1c	00
2		Tax-exempt income allocable to charitable contributions. See instructions	2	00
3		Subtract line 2 from line 1c	3	00
4		Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	00
5		Charitable deduction. Add line 3 and line 4. Enter here and on Side 1, line 13	5	00

Other Information

- 1 Date trust was created or, if an estate, date of decedent's death:
 - a (mm/dd/yyyy) _____
 - b Name of Grantor(s) of Trust _____ 1b
(attach an additional sheet if necessary)
- 2 a If an estate, was decedent a California resident? Yes No
 - b Was decedent married at date of death? Yes No
 - c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____
- 3 If an estate, enter fair market value (FMV) of:
 - a Decedent's assets at date of death _____ 3a
 - b Assets located in California _____ 3b
 - c Assets located outside California _____ 3c

Note: Income of final year is taxable to beneficiaries.
- 4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution _____ 4
- 5 Did the estate or trust receive tax-exempt income? Yes No
If "Yes," attach computation of the allocation of expenses.
- 6 Is this tax return for a short taxable year? Yes No
- 7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? Yes No
If "Yes," complete and attach federal Form 8886.
- 8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust? Attach schedule of trusts and federal IDs. Yes No
- 9 During the year did the estate or trust defer any income from the disposition of assets? Yes No

Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary X	Date	
Paid Preparer's Use Only	Preparer's signature X	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="radio"/> PTIN
	Firm's name (or yours, if self-employed) and address		<input checked="" type="radio"/> Firm's FEIN
			Telephone
May the FTB discuss this tax return with the preparer shown above (see instructions)? <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule B Income Distribution Deduction.

1	Adjusted total income. Enter amount from Side 1, line 17	1	00
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions.	2	00
3	Net gain shown on Schedule D (541), line 9, column (a). If net loss, enter -0-. See instructions	3	00
4	Enter amount from Schedule A, line 4	4	00
5	Enter capital gain included on Schedule A, line 1c	5	00
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6	00
7	Distributable net income. Combine line 1 through line 6	7	00
8	Income for the taxable year determined under the governing instrument (accounting income)	8	00
9	Income required to be distributed currently (IRC Section 651)	9	00
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	00
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041, Schedule B, line 11 instructions to see if you must complete Schedule J (541)	11	00
12	Enter the total 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 2 from line 7	14	00
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15	00

Schedule G California Source Income and Deduction Apportionment. Complete line 1a through line 1f before Part II.

Part I: If a trust, enter the number of:

- 1 a California resident trustees
- b Nonresident trustees
- c Total number of trustees (line a plus line b)
- d California resident beneficiaries
- e Nonresident beneficiaries
- f Total number of beneficiaries (line d plus line e)

Part II: Income Allocation. Complete column A through column F. Enter the amounts from lines 1-9, column F, on Form 541, Side 1, lines 1-9.

Type of Income	(A)	(B)	(C)	(D)	(E)	(F)
	California Source Income	Non-California Source Income	Apportioned Income # CA Trustees X B # Total Trustees	Remaining Non-California Source Income Col. B – Col. C	Apportioned Income # CA Beneficiaries X D # Total Beneficiaries	Income Reportable to California (Col. A+C+E)
1 Interest	●	●				
2 Dividends	●	●				
3 Business income	●	●				
4 Capital gain	●	●				
5 Rents, royalties, etc.	●	●				
6 Farm income	●	●				
7 Ordinary gain	●	●				
8 Other income	●	●				
9 Total income	●	●				

Deduction Allocation. Complete column G and column H. Enter the amounts from lines 10-15b, Column H, on Form 541, Side 1, lines 10-15b.

Type of Deduction	(G) Total Deductions	(H) Amounts Allocable To California
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and tax return preparer fees		
15 a Other deduction not subject to 2% floor		
b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

Voluntary Contributions

	Code	Amount
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	00
61 Total voluntary contributions. Add codes 401 through 444. Enter the total here and on Side 2, line 41.	● 61	00