

**Beneficiary's Share of Indiana Adjusted Gross Income,  
 Deductions, Modifications, and Credits**

Tax Year Beginning    and Ending

Name of Trust or Estate  Federal Employer Identification Number

Amended IN K-1  Final IN K-1  Nonresident Beneficiary

**Part 1 – Identification and Distribution Information**

Provide a copy of this Schedule IN K-1 reflecting the beneficiary's share of income, deductions, and credits to each beneficiary. Enclose a copy of each Schedule IN K-1 with the Form IT-41 return when filing.

1. Beneficiary's Name

2. Beneficiary's FEIN or Social Security Number

3. Beneficiary's Address

4. Beneficiary's City

5. Beneficiary's State

6. Beneficiary's ZIP Code

7. Beneficiary's Federal Pro Rata Percentage

.  %

8. Indiana County of Principal Employment 2-digit code

9. Payer's Name

10. Payer's FEIN

11. Amount of Distribution    11    .00

12. IN State Tax Withheld    12    .00

13. Indiana Adjust Gross Income subject to county tax    13    .00

14. IN County Tax Withheld    14    .00

**Part 2 - Pro Rata Share of Indiana Pass-through Tax Credits from Trust or Estate**

	Column A IT-41 Federal ID Number if Credit Is from IN K-1	Column B Certification Year	Column C Certification/Project/PIN Number	Column D Tax Credit Code	Column E Amount Claimed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00



**Part 3 - Distributive Share Amount** (use the Indiana apportioned figures for the beneficiary)

1. Interest income _____	1		.00
2. Ordinary dividends _____	2		.00
3. Net short-term capital gains _____	3		.00
4. Net long-term capital gains _____	4		.00
5. Other portfolio and nonbusiness income _____	5		.00
6. Ordinary business income _____	6		.00
7. Net rental real estate income _____	7		.00
8. Other rental income _____	8		.00
9. Directly apportioned deductions _____	9		.00
10. Final year deductions _____	10		.00
11. Total pro rata distributions (add lines 1 - 8; subtract lines 9 and 10) _____	11		.00

**Part 4 - State Modifications** Add or subtract the following. Enter the distributive share amount of each modification for Indiana adjusted gross income. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

1. State income taxes deducted _____	1		.00
2. Net bonus depreciation allowance _____	2		.00
3. Excess IRC Section 179 deduction _____	3		.00
4. Interest on U.S. obligations _____	4		.00
5. Add-back/Deduction _____ Code No. <input type="text"/>	5		.00
6. Add-back/Deduction _____ Code No. <input type="text"/>	6		.00
7. Add-back/Deduction _____ Code No. <input type="text"/>	7		.00
8. Total distributive share of modifications (add lines 1 through 7) _____	8		.00
9. Add Part 3, line 11, to Part 4, line 8. Nonresident beneficiaries should carry this amount to Schedule Composite, Column B, or on Schedule Composite-COR, Column A _____ <b>Adjusted Gross Income</b>	9		.00



## Instructions for Schedule IN K-1 (Form IT-41)

Enclose a copy of each beneficiary's Schedule IN K-1 with Form IT-41. Also provide a completed copy of Schedule IT-41 IN K-1 to each beneficiary.

Complete the tax year beginning and ending dates.

Enter the name of the trust or estate and the federal identification number.

Please check the appropriate box to indicate if this is an amended K-1, final K-1, or if for a nonresident beneficiary.

### **Part 1 – Identification and Distribution Information**

Complete a separate Schedule IN K-1 for each beneficiary.

**Line 1.** Enter the name of the beneficiary.

**Line 2.** Enter the beneficiary's Social Security number (individual) or federal identification number (other entity).

**Line 3.** Enter the beneficiary's address.

**Line 4.** Enter the beneficiary's city of residence.

**Line 5.** Enter the beneficiary's state of residence.

**Line 6.** Enter the beneficiary's ZIP Code.

**Line 7.** Enter the applicable pro rata percentage of the beneficiary's interest in the trust or estate.

**Line 8.** Enter the name of the entity that remitted the actual withholding payment on behalf of the beneficiary.

**Line 9.** Enter the federal identification number of the paying entity.

**Line 10.** Enter the amount of distribution.

**Line 11.** Enter the amount of Indiana state tax withheld. This amount should only include withholding or composite payments actually made on behalf of the beneficiary.

**Line 12.** Enter the amount of Indiana county tax withheld, if applicable.

### **Part 2 – Pro Rata Share of Indiana Pass-through Tax Credits from Trust or Estate**

If the trust or estate has available any eligible Indiana credits flowing through to the beneficiary, complete this section.

Refer to Information Bulletin #59 at [www.in.gov/dor/3650.htm](http://www.in.gov/dor/3650.htm) for credit codes and additional information.

**Column A.** Enter the federal identification number of the entity awarded the credit.

**Column B.** Enter the credit certification year.

**Column C.** Enter the credit's certification or project number (including PIN if provided by granting organization) for credit codes 820, 839, 849, 857, 858, 860, 1820, 1849, 1858, and 1860.

**Column D.** Enter the 3-digit or 4-digit credit code.

**Column E.** Enter the credit amount claimed and allowable for the beneficiary.

### **Part 3 – Distributive Share Amount**

Complete lines 1 through 11 for the beneficiary. Enter the beneficiary's share of income, credits, and modifications taken directly from the Federal Schedule K-1 (Form 1041).

**Line 1.** Enter the beneficiary's share of interest income from federal Schedule K-1 (Form 1041) line 1.

**Line 2.** Enter the beneficiary's share of ordinary dividends from federal Schedule K-1 (Form 1041) line 2a.

**Line 3.** Enter the beneficiary's share of net short-term capital gains from federal Schedule K-1 (Form 1041) line 3.

**Line 4.** Enter the beneficiary's share of net long-term capital gains from federal Schedule K-1 (Form 1041) line 4a.

**Line 5.** Enter the beneficiary's share of other portfolio and nonbusiness income from federal Schedule K-1 (Form 1041) line 5.

**Line 6.** Enter the beneficiary's share of ordinary business income from federal Schedule K-1 (Form 1041) line 6.

**Line 7.** Enter the beneficiary's share of net rental real estate income from federal Schedule K-1 (Form 1041) line 7.

**Line 8.** Enter the beneficiary's share of other rental income from federal Schedule K-1 (Form 1041) line 8.

**Line 9.** Enter the beneficiary's share of directly apportioned deductions from federal Schedule K-1 (Form 1041) line 9 and allowable in determining the beneficiary's Indiana adjusted gross income.

**Line 10.** Enter the beneficiary's share of final year deduction from federal Schedule K-1 (Form 1041) line 11 and allowable in determining the beneficiary's Indiana adjusted gross income.

**Line 11.** Total pro rata distributions (add lines 1 through 8; subtract lines 9 through 10 when applicable). Carry total to Column A on Schedule Composite.

### **Part 4 – State Modifications**

Enter the distributive share amount of each modification for Indiana adjusted gross income on the front of form IT-41. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

Add or subtract these items as applicable.

**Line 1.** Enter the beneficiary's share of state income taxes deducted.

**Line 2.** Enter the beneficiary's share of net bonus depreciation allowance.

**Line 3.** Enter the beneficiary's share of excess IRC Section 179 deduction.

**Line 4.** Enter the beneficiary's share of interest on U.S. obligations.  
Enter this amount as a negative number.

**Lines 5 through 7.** Enter the beneficiary's share of other add-backs/  
deductions.

**Line 8.** Total distributive share of modifications (add lines 1  
through 7). Carry total to Column B on Schedule Composite.