



| For | calendar year or other taxab | le year beginning | , 2020, and ending | , 20 | | |
|---|--|-----------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------|
| Check applicable box: Decedent's estate Simple trust | | Name of Estate or Trust Fed | | Federal Emp | ederal Employer Identification Number | |
| | Complex trust Complex trust ESBT (S portion only) Grantor trust | Name and Title of Fiduciary | | | Date Entity (| Created |
| | Bankruptcy estate Pooled income fund | Address of Fiduciary (Numb | er and Street or P.O. Box) | | | Room or Suite Number |
| | City, State and ZIP Code Check applicable boxes: Initial return Amended return Final return Number of Schedules K-1 enclosed. ▶ (Copies M) | | | t Do Englaced) | | |
| | Final return | 1 | | | - | t Be Enclosed) |
| | | | n including all schedules | | | |
| 1 | | | line 17) | | | |
| 2 | | | | | | - |
| 3 | Enter the portion of deduc | ctions allocable to line 2 . | | 3 | | |
| 4 | Subtract line 3 from line 2 | 2 | | | 4 | |
| 5 | Add lines 1 and 4 | | | | 5 | |
| 6 | Subtractions (from page 3 | 3, Schedule M, line 8) | | 6 | | _ |
| 7 | Enter the portion of deduc | ctions allocable to line 6 . | | 7 | | |
| 8 | Subtract line 7 from line 6 | 5 | | | 8 | |
| 9 | Subtract line 8 from line 5 | 5. This is your Kentucky a | djusted total income (loss). Ei | nter here | | |
| | and on page 3, Schedule | B, line 1 | | | 9 | |
| 10 | Income distribution dedu | ction (from page 3, Scheo | dule B, line 15) | | | |
| | (enclose Schedule(s) K-1) | | | 10 | | |
| 11 | Pension income exclusion | n (enclose Schedule P, if r | nore than \$31,110) | 11 | | |
| 12 | Federal estate tax deducti | ion (enclose computation | n) | 12 | | |
| 13 | Add lines 10, 11 and 12 | | | | 13 | |
| 14 | Total income of fiduciary | (subtract line 13 from line | e 9) | | 14 | |
| INT | ANGIBLE INCOME ATTRIB | UTABLE TO NONRESIDE | NTS INCLUDED IN LINE 14 | | | |
| 15 | Trusts or estates with income attributable to nonresident beneficiaries. Enter the portion of | | | | | |
| intangible income included in line 14 that is attributa | | | utable to nonresident benefici | to nonresident beneficiaries. | | |
| | Enter zero if not applicabl | e. See instructions | | | 15 | |
| 16 | Taxable income of fiducia | ry (subtract line 15 from | line 14) This is your taxable ir | ncome | 16 | |

Official Use Only

FORM 741 (2020)



TAX COMPUTATION

| 17 | (a) Tax: multiply line 16 by 5% (.05) and add tax from: | | |
|----|--|-----|--|
| | (b) Form 4972-K 🛛; Sch. RC-R 🔲; Sch. DS-R 🗋; Angel Investor Recapture 🔲 Total | 17c | |
| 18 | Nonrefundable credit(s) (specify and enclose supporting documents) | 18 | |
| 19 | Enter Tax Credit (\$2 for a trust; \$10 for an estate). This credit is not refundable | 19 | |
| 20 | Total Tax (subtract lines 18 and 19 from line 17(c); if line 18 plus line 19 is more than line 17(c), enter -0-) | 20 | |
| 21 | (a) Estimated tax/Extension payments | | |
| | (b) Withholding (W-2 or 1099 — enclose forms) 21b | | |
| | (c) Nonresident Withholding from Form PTE-WH, line 9 (enclose forms) | | |
| | (d) Total of amounts on line 21(a) through 21(c) | 21d | |
| 22 | If line 20 is larger than line 21(d), subtract line 21(d) from line 20, and enter the TAX DUE | 22 | |
| 23 | (a) Estimated tax penalty Check if Form 2210-K attached | | |
| | (b) Interest 23b | | |
| | (c) Late payment penalty 23c | | |
| | (d) Late filing penalty 23d | | |
| 24 | Add lines 23(a) through 23(d) | 24 | |
| 25 | If the total of lines 20 and 24 is more than line 21(d), subtract line 21(d) from the total of lines 20 and | | |
| | 24. This is the AMOUNT YOU OWE | 25 | |
| 26 | If line 21(d) is more than the total of lines 20 and 24, subtract lines 20 and 24 from line 21(d). This is | | |
| | the AMOUNT YOU OVERPAID | 26 | |
| 27 | Amount of line 26 to be CREDITED TO YOUR 2021 ESTIMATED TAX | 27 | |
| 28 | Subtract line 27 from line 26. This is the amount to be REFUNDED TO YOU | 28 | |

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.

| Cian | Signature of Fiduciary or Agent | | Date | | |
|------------------|---|---------------|---|--|--|
| Sign Here | PTIN or Identification Number of Fiduciary or Agent | | Telephone Number (daytime) | | |
| | Signature of Preparer | | Date | | |
| Paid Preparer | Name of Preparer or Firm | | ID Number | | |
| Use | 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: www.revenue.ky.gov Include: Your FEIN and "KY Income Tax—2 | 2020″ | | | |



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 | |
| 2 | 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 | |
|----|---|----|--|
| 2 | 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 | Other amounts paid, credited or otherwise required to be distributed | 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

- Was a Kentucky fiduciary income tax return filed for 2019?
 □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.
- 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.