



For calendar year or other taxable year beginning, 2022, and ending, 20						
Check applicable box:		Name of Estate or Trust			Federal Emplo	oyer Identification Number
		Name and Title of Fiduciary			Date Entity Cr	eated
	Bankruptcy estate Pooled income fund	Address of Fiduciary (Number	and Street or P.O. Box)			Room or Suite Number
Check applicable boxes: Initial return Amended return Final return		City, State and ZIP Code Number of Schedules K-1 enclosed. ➤ (Copies Must Be Enclosed)				
					-	De Eliciosed)
			n including all schedules a			
1			9 17)		1	
2						
3	-					
4						
5					5	
6		-				
7						
8					8	
9			sted total income (loss). Enter			
10	Income distribution deduction					
				10		
11		-	re than \$31,110)	11		
12				12		
13						
14	Total income of fiduciary (su	ubtract line 13 from line 9).			14	
INTANGIBLE INCOME ATTRIBUTABLE TO NONRESIDENTS INCLUDED IN LINE 14						
15	Trusts or estates with inc	ome attributable to nonre	esident beneficiaries. Enter the	e portion of		
	-		e to nonresident beneficiaries			
	Enter zero if not applicable.	See instructions			15	
16	Taxable income of fiduciary	(subtract line 15 from line	14) This is your taxable incom	ne	16	

Official Use Only

FORM 741 (2022)



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	Total Tax (subtract line 18 from line 17(c); if line 18 is more than line 17(c), enter -0-)	19	
20	(a) Estimated tax/Extension payments		
	(b) Withholding (W-2 or 1099 — enclose forms) 20b		
	(c) Nonresident Withholding from Form PTE-WH, line 9 (enclose forms)		
	(d) Total of amounts on line 20(a) through 20(c)	20d	
21	If line 19 is larger than line 20(d), subtract line 20(d) from line 19, and enter the TAX DUE	21	
22	(a) Estimated tax penalty Check if Form 2210-K attached 22a		
	(b) Interest		
	(c) Late payment penalty 22c		
	(d) Late filing penalty 22d	-	
23	Add lines 22(a) through 22(d)	23	
24	If the total of lines 19 and 23 is more than line 20(d), subtract line 20(d) from the total of lines 19 and		
	23. This is the AMOUNT YOU OWE	24	
25	If line 20(d) is more than the total of lines 19 and 23, subtract lines 19 and 23 from line 20(d). This is		
	the AMOUNT YOU OVERPAID	25	
26	Amount of line 25 to be CREDITED TO YOUR 2023 ESTIMATED TAX	26	
27	Subtract line 26 from line 25. This is the amount to be REFUNDED TO YOU	27	

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.

Sign	Signature of Fiduciary or Agent		Date		
Here			Telephone Number (daytime)		
	Signature of Preparer		Date		
Paid Preparer Use	Name of Preparer or Firm		ID Number		
030	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: revenue.ky.gov Include: Your FEIN and "KY Income Tax—2022"				







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	
	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	
	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	
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

- 1 Was a Kentucky fiduciary income tax return filed for 2021? □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.
- 3 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.