

**MARYLAND
FORM
504A
SCHEDULE A**

**FIDUCIARY INCOME
TAX RETURN
SCHEDULE A**



18504A099

2018

OR FISCAL YEAR BEGINNING _____ 2018, ENDING _____

NAME _____ FEIN _____

FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS (See Fiduciary Tax Return Instructions)

- (a) If the fiduciary distributes all of the income for the tax year, then the fiduciary is not required to complete lines 1 through 10g. See instructions.
- (b) If the fiduciary retains 100% of the income for the tax year, complete lines 1 through 8 and enter on line 5 of Form 504.
- (c) If the fiduciary makes a partial distribution of income during the tax year, complete lines 1 through 8, and **lines 9a through 9d or 10a through 10g**. Enter the result on line 5 of Form 504 as a positive or negative number accordingly. Write a minus sign (-) in front of any negative numbers.

Additions

- 1. Interest on state and local obligations other than Maryland 1. _____
- 2. Income taxes deducted on federal return 2. _____
- 3. Other additions to income (Specify.) 3. _____
- 4. Total additions (Add lines 1 through 3.) 4. _____

Subtractions

- 5. Income from U.S. obligations 5. _____
- 6. Other subtractions (Specify.) (Do not include non-MD source income as a subtraction.) 6. _____
- 7. Total subtractions (Add lines 5 and 6.) 7. _____
- 8. Net Maryland modifications (Subtract line 7 from line 4.) 8. _____

FIDUCIARY'S SHARE OF NET MARYLAND MODIFICATIONS

(You may choose to allocate your modifications based upon the formula method or alternative method below. You may not use both methods.)

Formula Method

- 9a. Federal Distributable Net Income (DNI from federal schedule B, Form 1041) 9a. _____
- 9b. Fiduciary's share of the federal DNI. 9b. _____
- 9c. Fiduciary's percentage of federal DNI (Divide 9b by 9a.) 9c. _____
- 9d. Fiduciary's share of net Maryland modification (Multiply line 8 by line 9c; enter here and on line 5 of Form 504.) 9d. _____

Alternative Method

In the alternative, net Maryland modifications may be allocated based on how the fiduciary has allocated all of its income.

	(A) Name of Beneficiary	(B) Social Security Number & Domicile state code	(C) Share of Net MD Modifications
If there are more than 4 beneficiaries, use and attach a separate statement.			
	Example: Beneficiary Name	999-99-4321 MD	\$
10a.			\$
10b.			\$
10c.			\$
10d.			\$
10e.	Beneficiaries subtotal from separate attached statement (if any)		\$
10f.	Fiduciary (Enter here and on line 5 of Form 504.)		\$
10g.	Total:		\$

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 8 for required supporting documents to submit with Form 504. Attach Maryland Schedule K-1 (504) for each beneficiary.

- 11. Income from intangible personal property accumulated for a nonresident. See Instruction 8. 11. _____
- 12. Related expenses 12. _____
- 13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than zero, enter zero.) Enter here and on line 7 of Form 504 13. _____