

2012 California Fiduciary Income Tax Return

541

For calendar year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

● Type of entity: (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		P AC A R RP	
	Name and title of all fiduciaries, see instructions			PBA Code		
	Address (suite, room, PO Box, or PMB no.)					
	City		State	ZIP Code		
	Check applicable boxes: ● <input type="checkbox"/> Initial tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> REMIC <input type="checkbox"/> Amended tax return. Attach explanation and schedules <input type="checkbox"/> Change in fiduciary's name or address					

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G, California Source Income and Deductions Apportionment on Side 3.

Income	1	Interest income	1	00
	2	Dividends	2	00
	3	Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040).	● 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 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
Tax and Payments	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
	21	a Regular tax; b Other taxes; c QSF tax; d Total	● 21	00
	22	Exemption credit. See instructions.	22	00

Tax and Payments	23	Credits. Attach worksheet. If one credit, enter code ●	23	00
		If more than one credit, see instructions.		
	24	Total. Add line 22 and line 23	● 24	00
	25	Subtract line 24 from line 21.	25	00
	26	Alternative minimum tax. Attach Schedule P (541)	● 26	00
	27	Mental Health Services Tax. See instructions.	● 27	00
	28	Tax liability. 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	2012 Withholding (Form 592-B and/or 593). See instructions.	● 31	00
Tax and Payments	32	2012 CA estimated tax, amount applied from 2011 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	Tax due. Subtract line 33 from line 28.	● 34	00

Tax and Payments	35	Overpaid tax. Subtract line 28 from line 33 from Side 1.	● 35	00
	36	Amount of line 35 to be credited to 2013 estimated tax.	● 36	00
	37	Amount of overpaid tax available this year. Subtract line 36 from line 35	● 37	00
	38	Use tax. See instructions	● 38	00
	39	Total voluntary contributions from line 61 below	39	00
	40	Refund or No Amount Due. See instructions.	40	00
	41	Amount Due. See instructions.	41	00
	42	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	● 42	00

Voluntary Contributions	Code			Amount	Code			Amount
	Alzheimer's Disease/Related Disorders Fund	▶ 401		00	Municipal Shelter Spay-Neuter Fund	▶ 412		00
	CA Fund for Senior Citizens	▶ 402		00	CA Cancer Research Fund	▶ 413		00
	Rare and Endangered Species Preservation Program	▶ 403		00	ALS/Lou Gehrig's Disease Research Fund	▶ 414		00
	State Children's Trust Fund for the Prevention of Child Abuse	▶ 404		00	Child Victims of Human Trafficking Fund	▶ 419		00
	CA Breast Cancer Research Fund	▶ 405		00	CA YMCA Youth and Government Fund	▶ 420		00
	CA Firefighters' Memorial Fund	▶ 406		00	CA Youth Leadership Fund	▶ 421		00
	Emergency Food For Families Fund	▶ 407		00	School Supplies for Homeless Children Fund	▶ 422		00
	CA Peace Officer Memorial Foundation Fund	▶ 408		00				
	CA Sea Otter Fund	▶ 410		00				

61 Total voluntary contributions. Add line 401 through line 422. Enter here and on line 39, above ● 61 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.	● 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 ● _____ b Name of Grantor(s) of Trust _____ (please attach an additional sheet if necessary)	5	Did the estate or trust receive tax-exempt income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach computation of the allocation of expenses.
2	a If an estate, was decedent a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No b Was decedent married at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____	6	Is this tax return for a short taxable year? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	If an estate, enter fair market value (FMV) of: a Decedent's assets at date of death _____ b Assets located in California _____ c Assets located outside California _____ Note: Income of final year is taxable to beneficiaries.	7	Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach federal Form 8886.
4	If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution . . . _____	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. <input checked="" type="radio"/> Yes <input type="radio"/> No
		9	During the year did the estate or trust defer any income from the disposition of assets? <input checked="" type="radio"/> Yes <input type="radio"/> No

Please 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		Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> ● PTIN
	Firm's name (or yours, if self-employed) and address. ▶ _____		● FEIN
			Telephone ()
	May the FTB discuss this return with the designee shown above (see instructions)? <input checked="" type="radio"/> Yes <input type="radio"/> 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 Schedule B (1041) instructions for line 11 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.

	A	B	C	D	E	F
Type of Income	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 return preparer fees		
15 a Other deduction not subject to 2% floor		
15 b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		