



For calendar year or other taxable year beginning _____, 2017, and ending _____, 20__.

| | | | |
|--|--|--|----------------------|
| Check applicable box: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Pooled income fund <input type="checkbox"/> _____ | Name of Estate or Trust | Federal Employer Identification Number | |
| | Name and Title of Fiduciary | Date Entity Created | |
| | Address of Fiduciary (Number and Street or P.O. Box) | | Room or Suite Number |
| | City, State and ZIP Code | | Telephone Number |
| Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Amended return <input type="checkbox"/> Final return | Number of Schedules K-1 attached. ➤ _____ (Copies Must Be Attached) | | |

➤ **Attach a copy of the federal return including all schedules and statements.**

| | | | |
|--|----|--|--|
| 1 Federal adjusted total income (federal Form 1041, line 17)..... | 1 | | |
| 2 Additions (from page 2, Schedule M, line 4) | 2 | | |
| 3 Enter the portion of deductions allocable to line 2 | 3 | | |
| 4 Subtract line 3 from line 2 | 4 | | |
| 5 Add lines 1 and 4..... | 5 | | |
| 6 Subtractions (from page 2, Schedule M, line 8) | 6 | | |
| 7 Enter the portion of deductions allocable to line 6 | 7 | | |
| 8 Subtract line 7 from line 6..... | 8 | | |
| 9 Subtract line 8 from line 5. This is your Kentucky adjusted total income (loss) . Enter here and on page 2, Schedule B, line 1..... | 9 | | |
| 10 Income distribution deduction (from page 2, Schedule B, line 15) (attach Schedule(s) K-1) | 10 | | |
| 11 Pension income exclusion (attach Schedule P, if more than \$41,110) | 11 | | |
| 12 Federal estate tax deduction (attach computation)..... | 12 | | |
| 13 Add lines 10, 11 and 12 | 13 | | |
| 14 Total income of fiduciary (subtract line 13 from line 9) | 14 | | |

INTANGIBLE INCOME ATTRIBUTABLE TO NONRESIDENTS 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 attributable 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 income | 16 | |

TAX COMPUTATION

| | | |
|--|-------|--|
| 17 Tax: (a) tax rate schedule _____ (b) Form 4972-K <input type="checkbox"/> ; Sch. RC-R <input type="checkbox"/> ; Sch. DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/> _____ Total 17(c) | | |
| 18 Nonrefundable credit(s) (specify and attach 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 payments | 21(a) | |
| (b) Withholding (attach wage and tax statements) | 21(b) | |
| (c) Refundable Certified Rehabilitation Credit..... | 21(c) | |
| (d) Film Industry Tax Credit..... | 21(d) | |
| (e) Nonresident Withholding from Form PTE-WH, line 9 | 21(e) | |
| (f) Total of amounts on Line 21(a) through 21(e)..... | 21(f) | |
| 22 Subtract line 21(f) from line 20. Enter amount of <input type="checkbox"/> tax due <input type="checkbox"/> refund <input type="checkbox"/> credit forward..... | 22 | |

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.

| | | |
|---|---|-------------------|
| Signature of Fiduciary or Agent _____ | PTIN or Identification Number of Fiduciary or Agent _____ | Date Signed _____ |
| Typed or Printed Name of Preparer Other Than Fiduciary or Agent _____ | Identification Number of Preparer _____ | Date Signed _____ |



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 (attach schedule) | 2 |
| 3 | Other additions (attach 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 (attach schedule)..... | 5 |
| 6 | Enter subtractions from partnerships, fiduciaries and S corporations (attach schedule) | 6 |
| 7 | Other subtractions (attach 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 2016?
 Yes No. If "No," state reason.

- 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," attach 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.)

- 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.
- During the taxable year did you make an accumulation distribution as defined in Sec. 665(b), Internal Revenue Code? Yes No. If "Yes," attach federal Schedule J (Form 1041).
- If this is an amended return, check the appropriate box on page 1. Explain changes below. Attach a separate page if necessary.

