

2020 Form OR-41

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(Rev. 07-30-20, ver. 01)

Oregon Department of Revenue



Office use only	
Date received	●
Payment	
Penalty date	

Oregon Fiduciary Income Tax Return

Submit original form—do not submit photocopy

<input type="checkbox"/> Amended return ● If amending for a net operating loss (NOL), period end date the NOL was generated: _____	Fiscal year Month Day Year ● beginning: / / ● Ending: / /	● Federal employer identification number (FEIN) of trust or estate — ● <input type="checkbox"/> Check if new FEIN
	● Name of trust or estate—print clearly or type ● Name of executor or trustee ● Title (TTEE or PR) ● Street address or PO Box ● City ● State ● ZIP code ● Phone () -	● <input type="checkbox"/> New name ● <input type="checkbox"/> New name ● <input type="checkbox"/> New address

<input type="checkbox"/> ● A. Check only one box: An estate—date of death: / / Decedent's SSN: - - <input type="checkbox"/> A bankruptcy estate <input type="checkbox"/> A funeral trust <input type="checkbox"/> A trust <input type="checkbox"/> A trust filing as an estate. Include federal Form 8855. Date of death: / / Decedent's SSN: - -	B. This is: <input type="checkbox"/> A first return <input type="checkbox"/> A final return	C. Check one box: <input type="checkbox"/> An Oregon resident <input type="checkbox"/> A nonresident <input type="checkbox"/> A part-year trust (use Schedule OR-SCH-P to compute the tax)	D. If exempt organization, check federal form filed: <input type="checkbox"/> 990-T—Specify your due date: / / <input type="checkbox"/> Other—Specify: _____
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Complete this form by beginning with page 3, Schedule 1. Include a copy of federal Form 1041, Schedule K-1s, applicable schedules, 1099s, and W-2s.

	Beneficiary column	Fiduciary column
1. Revised distributable net income from Form OR-41, Schedule 1, line 4 ● 1.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
2. Distribution deduction (see instructions)..... ● 2.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
a. Tax-exempt income deducted in computing line 2..... ● 2a.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
b. Add lines 2 and 2a..... ● 2b.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
3. Percentage (line 2b divided by line 1)..... ● 3.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
4. Revised taxable income of fiduciary from Form OR-41, Schedule 1, line 7 ● 4.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
5. Fiduciary adjustment from Form OR-41, Schedule 2, line 19 (enter as a positive, whole number). Indicate whether it should be: ● <input type="checkbox"/> Added or ● <input type="checkbox"/> Subtracted..... ● 5.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
a. Beneficiary's share (line 5 × percent on line 3—see instructions)..... ● 5a.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
b. Fiduciary's share (line 5 minus line 5a)..... ● 5b.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
6. Income to be reported by beneficiaries (Form 1041, Schedule K-1 included—see instructions; total or net of lines 2 and 5a)..... ● 6.	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

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Name of estate or trust

FEIN

7. Oregon taxable income of fiduciary (total or net of lines 4 and 5b) 7. .00

Oregon tax

8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11 8. .00
9. Reduced-rate tax amount and qualifying source(s)..... 9. .00

• 9a. NLTCG • 9b. PTE

10. Total tax (add lines 8 and 9) 10. .00

Standard and carryforward credits

11. Total standard credits from Schedule OR-ASC-FID, Section 3 11. .00
12. Tax minus standard credits (line 10 minus line 11; if line 11 is more than line 10, enter 0) .. 12. .00
13. Total carryforward credits from Schedule OR-ASC-FID, Section 4 13. .00
14. Tax after standard and carryforward credits (line 12 minus line 13) 14. .00

Payments and refundable credits

15. Oregon income tax withheld (include Forms 1099 or W-2)..... 15. .00
16. Payments with OR-18-WC or OR-19 (don't include copies of Forms OR-18-WC or OR-19) ... 16. .00
17. Payments prior to filing your return. Include any extension payment made 17. .00
18. Reserved..... 18.
19. Total refundable credits from Schedule OR-ASC-FID, Section 5 19. .00
20. Total payments and refundable credits (add lines 15 through 19)..... 20. .00

Tax to pay or refund

21. **Tax due.** Is line 14 more than line 20? If so, line 14 minus line 20 **Tax due** • 21. .00
22. **Overpayment.** Is line 20 more than line 14? If so, line 20 minus line 14 **Overpayment** • 22. .00
23. Penalty for filing or paying late (see instructions) • 23. .00
24. Interest due with this return (see instructions)..... • 24. .00
25. **Total due** (line 21 plus lines 23 and 24) **Total due** • 25. .00
26. **Refund** (line 22 minus lines 23 and 24) (see instructions)..... **Refund** • 26. .00

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Schedule 1—Oregon changes to distributable net income (DNI) and taxable income of fiduciary (TIF)

		(Column A)			(Column B)
		DNI			TIF
1.	Distributable net income (see instructions)..... ●	1. <input type="text" value=".00"/>			
2.	Taxable income of fiduciary (see instructions)		●	2.	<input type="text" value=".00"/>
3.	● Other changes. Identify:				
 ●	3. <input type="text" value=".00"/>	●	3.	<input type="text" value=".00"/>
4.	Revised distributable net income (column A, line 1 plus line 3); enter here and on page 1, line 1	4. <input type="text" value=".00"/>			
5.	Total taxable income (column B, line 2 plus line 3)		●	5.	<input type="text" value=".00"/>
6.	Changes included on column A, line 3, that were distributed.....		●	6.	<input type="text" value=".00"/>
7.	Revised taxable income of fiduciary (line 5 minus 6); enter here and on page 1, line 4.....		●	7.	<input type="text" value=".00"/>

Schedule 2—Fiduciary adjustment (see instructions)

Subtractions

8.	2020 federal income tax subtraction (see instructions, 0 to \$6,950).....	●	8.	<input type="text" value=".00"/>
9.	Interest on U.S. obligations included in income on federal Form 1041 net of allocable administration and miscellaneous expenses	●	9.	<input type="text" value=".00"/>
10.	Oregon income tax refund included as income on federal Form 1041	●	10.	<input type="text" value=".00"/>
11.	Total other subtractions from Schedule OR-ASC-FID, Section 2	●	11.	<input type="text" value=".00"/>
12.	Add lines 8 through 11	●	12.	<input type="text" value=".00"/>

Additions

13.	Oregon income tax deducted on 2020 federal Form 1041	●	13.	<input type="text" value=".00"/>
14.	Interest on obligations of other states or their political subdivisions	●	14.	<input type="text" value=".00"/>
15.	Depletion in excess of adjusted basis	●	15.	<input type="text" value=".00"/>
16.	Estate taxes on income in respect to a decedent not taxable by Oregon	●	16.	<input type="text" value=".00"/>
17.	Total other additions from Schedule OR-ASC-FID, Section 1	●	17.	<input type="text" value=".00"/>
18.	Add lines 13 through 17	●	18.	<input type="text" value=".00"/>
19.	Fiduciary adjustment (difference between lines 12 and 18; enter as a positive, whole number). Indicate whether it should be:	●	19.	<input type="text" value=".00"/>

● Added or ● Subtracted. Enter amount on page 1, line 5.

2020 rate schedule—compute the tax using the following rates (see instructions)

If your taxable income is:..... Your tax is:

Not over \$3,600	4.75% of taxable income
Over \$3,600 but not over \$9,050.....	\$171 plus 6.75% of the excess over \$3,600
Over \$9,050 but not over \$125,000.....	\$539 plus 8.75% of the excess over \$9,050
Over \$125,000	\$10,685 plus 9.9% of the excess over \$125,000

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00472001040000

Name of estate or trust	FEIN
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Under penalty of false swearing, I declare that the information in this return and any included forms or statements is true, correct, and complete.

Signature of executor or trustee	Print name		
X			
Title (if applicable)	Phone	Date	
	() -	/ /	

● Check the box to authorize the following individual(s) to receive and provide confidential tax information relating to this return.

Preparer's name (print)	Title	● License number	
Preparer's mailing address	City	State	ZIP code
Signature of preparer	Phone	Date	
X	() -	/ /	

See instructions for mailing addresses.