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Oregon Department of Revenue



Office use only

Date received

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•	oo-u i-22, ver. u i) gan Eiduaian/Inaa	me Toy Detrum			Payment
ore	gon Fiduciary Inco	ille lax neturn			.,,
					Penalty date
		Submit origina	l form—do not submit	photocopy	
_	_	Fiscal year Month Day Ye	ear	Month Day Year	1
•	Amended	• beginning: / /	● Ending	, ,	•
	return		● Trus	st or estate federal employer identifi	cation number (FEIN)
	 If amending for a net oper period end date the NOL 		ear –	-	Check if new FEIN
● Tru	st or estate name-print clearly	or type	• [New name	Extension to file
• Exe	ecutor or trustee name		• [New name	Form OR-24 is
• Titl	e (TTEE or PR)				included
• Str	eet address or PO Box		• [New address	
• City	у	● State	ZIP code	Phone	
				() –	
	• A. Check only one bo	ox:	B. This is:	C. Check one box:	 D. If exempt organization,
	An estate—date of deat	th:/			check federal form filed:
	Decedent SSN:		A first	An Oregon resident	
			return		990-T—Specify
	A bankruptcy estate	A funeral trust A trust		A nonresident	your due date:
			A final		
	A trust filing as an estate	. Include federal Form 8855.	return	A part-year trust (use	Other—Specify:
	Date of death:/	/		Schedule OR-SCH-P	
	Decedent SSN:			to compute the tax)	
		eginning with page 3, Sch	edules 1 and 2. I	nclude a copy of federa	al Form 1041, Schedule
K- 1:	s, applicable scriedu	les, 1099s, and W-2s.		Beneficiary column	Fiduciary column
1	Revised distributable ne	at .		Beneficiary column	Fluuciary coluinii
١.	income from Form OR				
	Schedule 1, line 4		. 00		
2	•	see instructions)		.00	
	a. Tax-exempt income		2.		
	deducted in comput				
	line 2		. 00		
	b. Add lines 2 and 2a.		.00		
3.	Percentage (line 2b divi	ded by line 1) ● 3.	- %	(Round to four decimal places) _	
4.	• •	e of fiduciary from Form OR-4		, , , , , , , , , , , , , , , , , , , ,	. 0 0
5.		om Form OR-41, Schedule 2	· ·		
	line 19 (enter as a posit	tive, whole number).			
	Indicate whether it shou	uld be:			
				0.0	
	Added or	Subtracted	• 5. <u> </u>	. 0 0	
		o			
	=	(line $5 \times \text{percent}$ on line $3-\text{see}$. 00	
	•				.00
_	•	ne 5 minus line 5a)		● 5b. L	. 0 0
6.		by beneficiaries (Form 1041,	-4		
		-see instructions; total or net	of • 6	. 00	
	111165 2 aliu dal		D.	. 0 0	

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7. Oregon taxable income of fiduciary (total or net of lines 4 and 5b)		e or trust name		FEIN
Oregon tax 8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11 ● 8				_
8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11	7.	Oregon taxable income of fiduciary (total or net of lines 4 and 5b)	7.	.00
8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11				
9. Reduced-rate tax amount and qualifying source(s)	Ore	gon tax		
● 9a.				
Standard and carryforward credits 10. Standard and carryforward credits 11. Total standard credits from Schedule OR-ASC-FID, Section 3	9.	Reduced-rate tax amount and qualifying source(s)	9.	. 00
Standard and carryforward credits 11. Total standard credits from Schedule OR-ASC-FID, Section 3		• 9a. NLTCG • 9b. PTE		
11. Total standard credits from Schedule OR-ASC-FID, Section 3	10.	Total tax (add lines 8 and 9)●	10.	.00
12. Tax minus standard credits (line 10 minus line 11; if line 11 is more than line 10, enter 0)				
13. Total carryforward credits from Schedule OR-ASC-FID, Section 4				
Payments and refundable credits 15. Oregon income tax withheld (include Forms 1099 or W-2)				
Payments and refundable credits 15. Oregon income tax withheld (include Forms 1099 or W-2)				
15. Oregon income tax withheld (include Forms 1099 or W-2)	14.	Tax after standard and carryforward credits (line 12 minus line 13)	14.	. 00
16. Payments with OR-18-WC or OR-19 (don't include copies of Forms OR-18-WC or OR-19) • 16. 17. Payments prior to filing your return. Include any extension payment made • 17. 18. Reserved	Pay	ments and refundable credits		
17. Payments prior to filing your return. Include any extension payment made	15.	Oregon income tax withheld (include Forms 1099 or W-2)●	15.	
18. Reserved	16.	Payments with OR-18-WC or OR-19 (don't include copies of Forms OR-18-WC or OR-19) ●	16.	
19. Total refundable credits from Schedule OR-ASC-FID, Section 5	17.	Payments prior to filing your return. Include any extension payment made	17.	.00
Tax to pay or refund 21. Tax due. Is line 14 more than line 20? If so, line 14 minus line 20	18.	Reserved	18.	
Tax to pay or refund 21. Tax due. Is line 14 more than line 20? If so, line 14 minus line 20	19.	Total refundable credits from Schedule OR-ASC-FID, Section 5●	19.	
21. Tax due. Is line 14 more than line 20? If so, line 14 minus line 20	20.	Total payments and refundable credits (add lines 15 through 19)	20.	.00
21. Tax due. Is line 14 more than line 20? If so, line 14 minus line 20	Tax	to now or refund		
22. Overpayment. Is line 20 more than line 14? If so, line 20 minus line 14Overpayment 23. Penalty for filing or paying late (see instructions)			21	- 00
23. Penalty for filing or paying late (see instructions) 23. 24. Interest due with this return (see instructions) 24. 25. Total due (line 21 plus lines 23 and 24) Total due 25.				
24. Interest due with this return (see instructions)				
25. Total due (line 21 plus lines 23 and 24)				

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			(Column A) DNI		(Column B) TIF
1.	Distributable net income (see instructions)		.00		
2.	Taxable income of fiduciary (see instructions)		•••••••••••••••••••••••••••••••••••••••	2.	. 00
3.	Other changes. Identify:	• 3. T	.00	3.	.00
4.	Revised distributable net income (column A,	J	. 0 0	o	. 0 0
٦.	line 1 plus line 3); enter here and on page 1,				
	line 1	4.	.00		
5.	Total taxable income (column B, line 2 plus line	3)		5.	.00
6.	Changes included on column A, line 3, that wer	e distributed		6	.00
7.	Revised taxable income of fiduciary (line 5 minu	us 6); enter here and	l on page 1, line 4 •	7.	.00
11.	allocable administration and miscellaneous exp Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASO Add lines 8 through 11	on federal Form 104 C-FID, Section 2	¥1	10. 11. 12.	.00
Addi	tions				
13.	Oregon income tax deducted on 2022 federal F	orm 1041		13	. 0 0
14.	Interest on obligations of other states or their pe	olitical subdivisions		14.	.00
15.	Depletion in excess of adjusted basis				.00
16.		-			.00
	Total other additions from Schedule OR-ASC-F			17.	.00
	Add lines 13 through 17			18.	. 0 0
40	Fiduciary adjustment (difference between lines number). Indicate whether it should be:		•	19.	.00
19.	marribor). Indicate whether it should be			10.	***
19.	Added or Subtracted. En	ter amount on page	1, line 5.		

2022 rate schedule-compute the tax using the following rates (see instructions)

If your taxable income is:	Your tax is:
Not over \$3,750	4.75% of taxable income
Over \$3,750 but not over \$9,450	\$178 plus 6.75% of the excess over \$3,750
Over \$9,450 but not over \$125,000	\$563 plus 8.75% of the excess over \$9,450
Over \$125,000	\$10,674 plus 9.9% of the excess over \$125,00

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Estate or trust name		FE	IN	
			_	
Under penalty of false swearing, I declare that the inform	ation in this return and any included	forms or statements is true	, correct,	and complete.
Executor or trustee signature	Print name			
X				
Title (if applicable)	P	hone	Date	
) —	/	/
Check the box to authorize the following individual	dual(s) to receive and provide confide	ential tax information relating	to this re	eturn.
Preparer name (print)	Title		Prepare	rer license number
Preparer mailing address	City		State	ZIP code
Preparer signature	F	Phone	Date	

See instructions for mailing addresses.