

2025

California Fiduciary Income Tax Return

541

For calendar year 2025 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

<input checked="" type="checkbox"/> Type of entity. Check all that apply.	Name of estate or trust		FEIN	A
(1) <input type="checkbox"/> Decedent's estate	Name and title of all fiduciaries, see instructions			R
(2) <input type="checkbox"/> Simple trust				RP
(3) <input type="checkbox"/> Complex trust	Additional information (see instructions)			
(4) <input type="checkbox"/> Grantor trust				PBA code
(5) <input type="checkbox"/> Bankruptcy estate - Chapter 7				
(6) <input type="checkbox"/> Bankruptcy estate - Chapter 11	Street address (number and street) or PO box	Apt no./suite no.	PMB/private mailbox	
(7) <input type="checkbox"/> Pooled income fund	City (If you have a foreign address, see page 9)		State ZIP code	
(8) <input type="checkbox"/> ESBT	Foreign country name	Foreign province/state/county	Foreign postal code	
(9) <input type="checkbox"/> QSST				
(10) <input type="checkbox"/> Apportioning trust	Check applicable boxes: ●			
(11) <input type="checkbox"/> ING trust	<input type="checkbox"/> Initial tax return	<input type="checkbox"/> Final tax return		
(12) <input type="checkbox"/> ING trust w/ election	<input type="checkbox"/> REMIC	<input type="checkbox"/> Protective claim		
(13) <input type="checkbox"/> Qualified disability trust	<input type="checkbox"/> Amended tax return	<input type="checkbox"/> Change in fiduciary's name or address		

Complete Schedule G on Side 3 if trust has nonresident trustees and/or nonresident beneficiaries.

Income	1 Interest income.	1	00
	2 Dividends	2	00
	3 Business income or (loss). Attach federal Schedule C (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 tax 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
	17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	● 17	00
Tax and Payments	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 QSFT tax _____; d Total	● 21	00
	22 Exemption credit. See instructions	22	00
	23 Credits. Attach worksheet. Enter code ● [] and amount	● 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. If less than zero, enter -0-	25	00
	26 Alternative minimum tax. Attach Schedule P (541)	● 26	00
	27 Behavioral Health Services Tax. See instructions	● 27	00
	28 Total tax. 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 Withholding Form 592-B and/or 593. See instructions	● 31	00	
32 2025 CA estimated tax, amount applied from 2024 tax return, and payment with form FTB 3563	● 32	00	

Tax and Payments

33	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	● 33	00
34	Total payments. Add line 29, line 30, line 31, line 32, and line 33	34	00
35	Use tax. See instructions	● 35	00
36	Payments balance. If line 34 is more than line 35, subtract line 35 from line 34	● 36	00
37	Use tax balance. If line 35 is more than line 34, subtract line 34 from line 35	● 37	00
38	Tax Due. If line 28 is more than line 36, subtract line 36 from line 28	● 38	00
39	Overpaid tax. If line 36 is more than line 28, subtract line 28 from line 36	● 39	00
40	Amount on line 39 to be credited to 2026 estimated tax	● 40	00
41	Amount of overpaid tax available this year. Subtract line 40 from line 39	● 41	00
42	Total voluntary contributions from Side 4, line 61	42	00
43	Refund or no amount due. See instructions	43	00
44	Amount due. See instructions	● 44	00
45	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions	● 45	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	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	a Date trust was created or, if an estate, date of decedent's death (mm/dd/yyyy)	● 1a	_____
	b Name of Grantor(s) of Trust (attach an additional sheet if necessary)	1b	_____
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: _____		
3	If an estate, enter fair market value (FMV) of:		
	a Decedent's assets at date of death	3a	_____
	b Assets located in California	3b	_____
	c Assets located outside California	3c	_____
	Note: Income of final year is taxable to beneficiaries.		
4	If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution	4	_____
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.		
6	Is this tax return for a short taxable year?	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		
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 type="checkbox"/> Yes <input type="checkbox"/> No
9	During the year did the estate or trust defer any income from the disposition of assets?	●	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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 X	Date	Date
Paid Preparer's Use Only	Preparer's name ●	Check if self-employed <input type="checkbox"/>	● PTIN
	Preparer's signature X		● Firm's FEIN
	Firm's name (or yours, if self-employed) and address _____		● Telephone
May the FTB discuss this tax return with the preparer shown above (see instructions)?			● <input type="checkbox"/> Yes <input type="checkbox"/> 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 Form 1041, Schedule B, line 11 instructions 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.

Type of Income	(A) California Source Income	(B) Non-California Source Income	(C) Apportioned Income # CA Trustees # Total Trustees	(D) Remaining Non-California Source Income Col. B - Col. C	(E) Apportioned Income # CA Beneficiaries # Total Beneficiaries	(F) 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 tax return preparer fees		
15 a Other deduction not subject to 2% floor		
b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

Voluntary Contributions

	<u>Code</u>	<u>Amount</u>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.....	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	00
California Cancer Research Voluntary Tax Contribution Fund.....	● 413	00
School Supplies for Homeless Children Voluntary Tax Contribution Fund.....	● 422	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund.....	● 431	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	00
California ALS Research Network Voluntary Tax Contribution Fund.....	● 447	00
California Pediatric Cancer Research Voluntary Tax Contribution Fund	● 448	00
Parkinson's Disease Research Voluntary Tax Contribution Fund.....	● 449	00
61 Total voluntary contributions. Add codes 401 through 449. Enter the total here and on Side 2, line 42.	● 61	00