

2021

California Fiduciary Income Tax Return

541

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

● Type of entity. Check all that apply. (1) <input type="checkbox"/> Decedent's estate (2) <input type="checkbox"/> Simple trust (3) <input checked="" type="checkbox"/> Complex trust (4) <input type="checkbox"/> Grantor trust (5) <input type="checkbox"/> Bankruptcy estate - Chapter 7 - Chapter 11 (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		A R RP	
	TRUST NAME		86-1234567			
	Name and title of all fiduciaries, see instructions					
	Additional information (see instructions)			PBA code		
	Street address (number and street) or PO box		Apt no./suite no.	PMB/private mailbox		
	700 W PARK ROAD					
	City (If you have a foreign address, see page 9)		State	ZIP code		
	SAN GABRIEL		CA	91775		
	Foreign country name		Foreign province/state/county			Foreign postal code
Check applicable boxes: ● <input type="checkbox"/> Initial tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> REMIC <input type="checkbox"/> Protective claim <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 <u>1099R - IRA/SEP/SIMPLE</u>	● 8	75,000 00
	9	Total income. Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	● 9	75,000 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	75,000 00
18	Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	● 18	75,000 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	

Tax and Payments	21	a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total	● 21	00
	22	Exemption credit. See instructions	22	1 00
	23	Credits. Attach worksheet. Enter code ● <input type="checkbox"/> and amount	● 23	00
	24	Total. Add line 22 and line 23	● 24	1 00
	25	Subtract line 24 from line 21. If less than zero, enter -0-	25	0 00
	26	Alternative minimum tax. Attach Schedule P (541)	● 26	00
	27	Mental 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	50,000 00	
32	2021 CA estimated tax, amount applied from 2020 tax return, and payment with form FTB 3563	● 32	00	
33	Total payments. Add line 29, line 30, line 31, and line 32	33	50,000 00	
34	Use tax. See instructions	● 34	00	