

Beneficiary's Share of Income, Deductions, Credits, etc.

2021

K-1 (541)

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

Fiduciaries: Complete a **separate** Schedule K-1 (541) for each beneficiary.

Beneficiaries: Refer to the instructions for Schedule K-1 (541).

Name of estate or trust

TRUST NAME

Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN
456-55-4567

Estate's or trust's FEIN
86-1234567

Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code

BENEFICIARY1 ONE
RED RIVER ROAD
ALTADENA, CA 91001

Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.

700 W PARK ROAD
SAN GABRIEL, CA 91775

- A** Beneficiary's percentage of distribution at year end 50 %
- B** Check here if this is: (1) A final Schedule K-1 (541) (2) An amended Schedule K-1 (541)
- C** What type of entity is this beneficiary? ... (1) Individual (2) Estate/Trust (3) Qualified Exempt Organization (4) Other
- D** Is this beneficiary a resident of California? Yes No
- E** Is the fiduciary a resident of California? Yes No

	(a) Allocable share item	(b) Amount from federal Schedule K-1 (Form 1041)	(c) California adjustments	(d) Total amounts using California law Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Interest			●	●
	2 Dividends			●	●
	3 Net capital gain or (loss)			●	●
	5 Other portfolio and nonbusiness income	37,500		● 37,500	●
	6 Ordinary business income			●	●
	7 Net rental real estate income				
	8 Other rental income				
	Directly apportioned deduction	9 a Depreciation			
b Depletion					
c Amortization					
Final year deduction	11 a Excess deduction on termination (Attach computation)				
	b Capital loss carryover				
	c Net operating loss (NOL) carryover for regular tax purposes				
	d NOL carryover for alternative minimum tax purposes				
Alternative minimum tax adjustment	12 a Adjustment for alternative minimum tax purposes				
	b Accelerated depreciation				
	c Depletion				
	d Amortization				
	e Exclusion items				
Credits	13 a Trust payments of estimated tax credited to beneficiary				
	b Total withholding (equals amount on Form 592-B, if calendar year)			25,000	
	c Taxes paid to other states. Attach Schedule S				
	d Other credits. Attach schedule				
Other Information	14 a Tax-exempt interest				
	b Net investment income	37,500		37,500	
	c Gross farm and fishing income				
	d Other Information				