

2015 California Fiduciary Income Tax Return

541

For calendar year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

<input checked="" type="checkbox"/> Type of entity. Check all that apply. (1) <input type="checkbox"/> Decedent's estate (2) <input type="checkbox"/> Simple trust (3) <input type="checkbox"/> Complex trust (4) <input type="checkbox"/> Grantor trust (5) <input type="checkbox"/> Bankruptcy estate - Chapter 7 (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	
	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
	City (If you have a foreign address, see page 7)			State ZIP code
	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"/> Amended tax return <input type="checkbox"/> Change in fiduciary's name or address			

Trusts that have nonresident trustees and/or nonresident beneficiaries must first complete Schedule G on Side 3.

Income	1	Interest income	1	00
	2	Dividends	2	00
	3	Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	<input checked="" type="checkbox"/> 3	00
	4	Capital gain or (loss). Attach Schedule D (541)	<input checked="" type="checkbox"/> 4	00
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	<input checked="" type="checkbox"/> 5	00
	6	Farm income or (loss). Attach federal Schedule F (Form 1040)	<input checked="" type="checkbox"/> 6	00
	7	Ordinary gain or (loss). Attach Schedule D-1	<input checked="" type="checkbox"/> 7	00
	8	Other income. See instructions. State nature of income _____	<input checked="" type="checkbox"/> 8	00
	9	Total income. Add line 1 through line 8. (Apportioning fiduciaries: Complete Schedule G on Side 3)	<input checked="" type="checkbox"/> 9	00

Deductions	10	Interest	10	00
	11	Taxes	11	00
	12	Fiduciary fees	<input checked="" type="checkbox"/> 12	00
	13	Charitable deduction. Enter the amount from Side 2, Schedule A, line 5	<input checked="" type="checkbox"/> 13	00
	14	Attorney, accountant, and tax return preparer fees	14	00
	15	a Other deductions not subject to 2% floor. Attach Schedule	<input checked="" type="checkbox"/> 15a	00
		b Allowable misc. itemized deductions subject to 2% floor	<input checked="" type="checkbox"/> 15b	00
		c Total. Add line 15a and line 15b	<input checked="" type="checkbox"/> 15c	00
	16	Total. Add line 10 through line 14 and line 15c. (Apportioning fiduciaries: Complete Schedule G on Side 3)	<input checked="" type="checkbox"/> 16	00
	17	Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 3, Schedule B, line 1	<input checked="" type="checkbox"/> 17	00
18	Income distribution deduction from Side 3, Schedule B, line 15. Attach Schedule K-1 (541)	<input checked="" type="checkbox"/> 18	00	
20	a Taxable income of fiduciary. Subtract line 18 from line 17	<input checked="" type="checkbox"/> 20a	00	
	b ESBT taxable income (S-portion only) See instructions	<input checked="" type="checkbox"/> 20b	00	

Tax and Payments	21	a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total	<input checked="" type="checkbox"/> 21	00
	22	Exemption credit. See instructions	22	00
	23	Credits. Attach worksheet. Enter code <input type="checkbox"/> and amount	<input checked="" type="checkbox"/> 23	00
	24	Total. Add line 22 and line 23	<input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 26	00
	27	Mental Health Services Tax. See instructions	<input checked="" type="checkbox"/> 27	00
	28	Total tax. Add line 25, line 26, and line 27	<input checked="" type="checkbox"/> 28	00
	29	California income tax withheld. See instructions	<input checked="" type="checkbox"/> 29	00
	30	California income tax previously paid. See instructions	<input checked="" type="checkbox"/> 30	00
	31	Withholding Form 592-B and/or 593	<input checked="" type="checkbox"/> 31	00
	32	2015 CA estimated tax, amount applied from 2014 tax return, and payment with form FTB 3563	<input checked="" type="checkbox"/> 32	00
	33	Total payments. Add line 29, line 30, line 31, and line 32	33	00
	34	Use tax. See instructions	<input checked="" type="checkbox"/> 34	00

Tax and Payments	35	Payments balance. If line 33 is more than line 34, subtract line 34 from line 33	<input checked="" type="radio"/> 35	00
	36	Use tax balance. If line 34 is more than line 33, subtract line 33 from line 34	<input checked="" type="radio"/> 36	00
	37	Tax Due. If line 28 is more than line 35, subtract line 35 from line 28	<input checked="" type="radio"/> 37	00
	38	Overpaid tax. If line 35 is more than line 28, subtract line 28 from line 35	<input checked="" type="radio"/> 38	00
	39	Amount on line 38 to be credited to 2016 estimated tax	<input checked="" type="radio"/> 39	00
	40	Amount of overpaid tax available this year. Subtract line 39 from line 38	<input checked="" type="radio"/> 40	00
	41	Total voluntary contributions from line 61 below	<input checked="" type="radio"/> 41	00
	42	Refund or no amount due. See instructions	<input type="radio"/> 42	00
	43	Amount due. See instructions	<input checked="" type="radio"/> 43	00
	44	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions	<input checked="" type="radio"/> 44	00

	Code		Amount			
Voluntary Contributions	Alzheimer's Disease/Related Disorders Fund	<input checked="" type="radio"/> 401	00	School Supplies for Homeless Children Fund	<input checked="" type="radio"/> 422	00
	Rare and Endangered Species Preservation Program	<input checked="" type="radio"/> 403	00	Protect Our Coast and Oceans Fund	<input checked="" type="radio"/> 424	00
	CA Breast Cancer Research Fund	<input checked="" type="radio"/> 405	00	Keep Arts in Schools Fund	<input checked="" type="radio"/> 425	00
	CA Firefighters' Memorial Fund	<input checked="" type="radio"/> 406	00	California Senior Legislature Fund	<input checked="" type="radio"/> 427	00
	Emergency Food For Families Fund	<input checked="" type="radio"/> 407	00	Habitat For Humanity Fund	<input checked="" type="radio"/> 428	00
	CA Peace Officer Memorial Foundation Fund	<input checked="" type="radio"/> 408	00	California Sexual Violence Victim Services Fund	<input checked="" type="radio"/> 429	00
	CA Sea Otter Fund	<input checked="" type="radio"/> 410	00	State Children's Trust Fund for the Prevention of		
	CA Cancer Research Fund	<input checked="" type="radio"/> 413	00	Child Abuse	<input checked="" type="radio"/> 430	00
	Child Victims of Human Trafficking Fund	<input checked="" type="radio"/> 419	00	Prevention of Animal Homelessness & Cruelty Fund	<input checked="" type="radio"/> 431	00
	61 Total voluntary contributions. Add line 401 through line 431. Enter here and on line 41, above.	<input checked="" type="radio"/> 61				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	<input type="radio"/> 1a	00
b	Amounts permanently set aside for charitable purposes from gross income. See instructions	<input checked="" type="radio"/> 1b	00
c	Total. Add line 1a and line 1b	<input type="radio"/> 1c	00
2	Tax-exempt income allocable to charitable contributions. See instructions	<input type="radio"/> 2	00
3	Subtract line 2 from line 1c	<input type="radio"/> 3	00
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	<input type="radio"/> 4	00
5	Charitable deduction. Add line 3 and line 4. Enter here and on Side 1, line 13	<input type="radio"/> 5	00

Other Information.

<p>1 Date trust was created or, if an estate, date of decedent's death:</p> <p>a <input checked="" type="radio"/> (mm/dd/yyyy) _____</p> <p>b Name of Grantor(s) of Trust _____ (attach an additional sheet if necessary)</p> <p>2 a If an estate, was decedent a California resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b Was decedent married at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: _____</p> <p>3 If an estate, enter fair market value (FMV) of:</p> <p>a Decedent's assets at date of death _____</p> <p>b Assets located in California _____</p> <p>c Assets located outside California _____</p> <p>Note: Income of final year is taxable to beneficiaries.</p>	<p>4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution . . . _____</p> <p>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.</p> <p>6 Is this tax return for a short taxable year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>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 checked="" type="radio"/> Yes <input type="checkbox"/> No</p> <p>9 During the year did the estate or trust defer any income from the disposition of assets? <input checked="" type="radio"/> Yes <input type="checkbox"/> No</p>
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Sign Here	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
Paid Preparer's Use Only	Preparer's signature X	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="radio"/> PTIN
	Firm's name (or yours, if self-employed) and address.		<input checked="" type="radio"/> FEIN
			Telephone ()
May the FTB discuss this tax return with the preparer shown above (see instructions)? <input checked="" type="radio"/> 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 $\frac{\# \text{ CA Trustees } \times \text{ B}}{\# \text{ Total Trustees}}$	(D) Remaining Non-California Source Income Col. B – Col. C	(E) Apportioned Income $\frac{\# \text{ CA Beneficiaries } \times \text{ D}}{\# \text{ Total Beneficiaries}}$	(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		