Form IT-41 Indiana Department of Revenue State Form 11458 Fiduciary Income Tax Return (R20 / 8-24) Check box if amended For the calendar year 2024 or fiscal year beginning and ending MM DD MM DD YYYYName of Estate or Trust Address Name and Title of Fiduciary City State ZIP Code XX XXXXXXXXXXXXXX 2-Digit County Code Foreign Country 2-Character Code Federal Employer Identification Number XX XX Please round entries 1. Taxable income of fiduciary from federal Form 1041 2. Indiana additions or add-backs, see line 2 instructions 3. IRC Section 965 Income 4. Net operating loss deduction from federal return **Total Income** 5. Add lines 1 through 4 6. Interest on U.S. Government Obligations reported on federal return 7. Non-Indiana fiduciary income 8. Indiana portion of net operating loss deduction (enclose Schedule IT-40NOL, see instructions) 9. Line 5 minus lines 6 through 8 State Taxable Income 10. State Adjusted Gross Income Tax: multiply line 9 by .0305 11. Other Taxes from Form IT-41, Schedule 1, line 6 12. Add lines 10 and 11 **Total Tax** 13. Fiduciary estimated tax paid 14. Other Credits (You MUST enclose verification), see line 14 instructions **Total Credits** 15. Add lines 13 and 14 **Balance Due** 16. If line 12 is greater than line 15, enter the difference 17. Penalty, see line 17 instructions 18. Interest, see line 18 instructions 19. Total Amount Due (Add lines 16 through 18) **Payment Due** Refund 20 20. Refund Due (If line 15 is greater than line 12, enter the difference) 



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	000001111111111122222222222					
04	67890123456789012345678901	23456/890123	456/890123456/890	012345678901	234567890123	
05	Name of Estate or Trust		Fadara	I Contover Identification	Number	
06	Name of Estate or Trust Federal Employer Identification Number					
07	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXX	99999999	9	
08	Chaok Applicable Poyes				04-4-	
09	Check Applicable Boxes First Return Final Return	Fiduciary Name Cha	ange Address Change	Federal Extension	State Extension	
10	i ilot rodini	r ladolary Hamo One	ange / tudiess change			
12	X	X	X	X	X	
4.0	Retirement Plan Estate Simple Trust Co	mplex Trust Bankru	ptcy Estate ESBT	Grantor Trust Other (	Please Specify)	
14				Ciditor Trust Other (	ricase openity)	
15	X X X	X	X	X XXX	XXXXXX	
16	Additional Information – Please answer the followi	na guestions or provide t	he requested information			
17 18			no requested information.			
19	1. Enter the total number of beneficiaries 99	9999				
20		999999				
21	Enter the number of nonresident beneficiaries	999999				
22	3. How many Schedule IN K-1s are included with the	nis return? 999				
23	S. Homing Contagno IIV IC 13 ale Illoladed Will II	no rotarri				
24	4. If this is an estate return, enter the date of the de	cedent's death and Socia	al Security number			
26				2000000		
27	Decedent's date of death 99999999	Decedent's Soc	cial Security Number 9	9999999		
28	5. If this is a trust return onter data the entity was s	reated 99999999				
29	5. If this is a trust return, enter date the entity was o	realed				
30	6. Was a final individual return filed for decedent?	Yes X No X				
31						
33	7. If this is a grantor trust return, enter the grantor's	Social Security number	99999999			
34	I authorize the department to discuss my retu	rn with my paraonal	Email			
35	representative.	ini with my personal	Address 99999999999999999999999999999999999	99999999999	9999999	
36	V 7 N V 16		Address			
37	Yes X No X If yes, complete the info	ormation below.	XXXXXXXXXXXXXXXX		YYY	
39				12 12 12 12 12 12 12 12 12 12 12 12 12 1	. 12 12 1	
40	Personal Representative's Name (please prin	t)	City			
41	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXX		
42	Telephone		State	ZIP Code		
43	Number 999999999999		XX	99999	0000	
44 45			ΔΛ	99999	9999	
	Under penalties of perjury, I declare that I have	ovamined this return	including accompanying scho	dules and statements	and to the	
	best of my knowledge and belief it is true, corre					
	based upon all information of which the prepar	er has any knowledge				
49	Signature of Fiduciary or Officer	Telephone Number	Date	Mail complete		
50		9999999	99 9999999	payme India		
51 52				Department	of Revenue	
53	Signature of Preparer	Telephone Number	Date	Fiduciary P.O. Bo	Section	
54		99999999	99 9999999	Indianapolis, II		
55	Preparer's Address	Preparer's Identification	n Number			
56				Mail all othe		
J /	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		9999999	Department	Department of Revenue	
58 59	City	State ZIP Code			Fiduciary Section P.O. Box 6079	
	xxxxxxxxxxxxxxxxx	XX	99999999	Indianapolis, II		
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