

Check box if amended

For the calendar year **2024** or fiscal year beginning **2024** and ending
MM DD MM DD YYYY

Name of Estate or Trust

Address

Name and Title of Fiduciary

City State ZIP Code

2-Digit County Code Federal Employer Identification Number

Foreign Country 2-Character Code

Please round entries

| | | | | |
|--|----------------------|----|----------------------|-----|
| 1. Taxable income of fiduciary from federal Form 1041 | <input type="text"/> | 1 | <input type="text"/> | .00 |
| 2. Indiana additions or add-backs, see line 2 instructions | <input type="text"/> | 2 | <input type="text"/> | .00 |
| 3. IRC Section 965 Income | <input type="text"/> | 3 | <input type="text"/> | .00 |
| 4. Net operating loss deduction from federal return | <input type="text"/> | 4 | <input type="text"/> | .00 |
| 5. Add lines 1 through 4 Total Income | <input type="text"/> | 5 | <input type="text"/> | .00 |
| 6. Interest on U.S. Government Obligations reported on federal return | <input type="text"/> | 6 | <input type="text"/> | .00 |
| 7. Non-Indiana fiduciary income | <input type="text"/> | 7 | <input type="text"/> | .00 |
| 8. Indiana portion of net operating loss deduction (enclose Schedule IT-40NOL, see instructions) | <input type="text"/> | 8 | <input type="text"/> | .00 |
| 9. Line 5 minus lines 6 through 8 State Taxable Income | <input type="text"/> | 9 | <input type="text"/> | .00 |
| 10. State Adjusted Gross Income Tax: multiply line 9 by .0305 | <input type="text"/> | 10 | <input type="text"/> | .00 |
| 11. Other Taxes from Form IT-41, Schedule 1, line 6 | <input type="text"/> | 11 | <input type="text"/> | .00 |
| 12. Add lines 10 and 11 Total Tax | <input type="text"/> | 12 | <input type="text"/> | .00 |
| 13. Fiduciary estimated tax paid | <input type="text"/> | 13 | <input type="text"/> | .00 |
| 14. Other Credits (You MUST enclose verification), see line 14 instructions | <input type="text"/> | 14 | <input type="text"/> | .00 |
| 15. Add lines 13 and 14 Total Credits | <input type="text"/> | 15 | <input type="text"/> | .00 |
| 16. If line 12 is greater than line 15, enter the difference Balance Due | <input type="text"/> | 16 | <input type="text"/> | .00 |
| 17. Penalty, see line 17 instructions | <input type="text"/> | 17 | <input type="text"/> | .00 |
| 18. Interest, see line 18 instructions | <input type="text"/> | 18 | <input type="text"/> | .00 |
| 19. Total Amount Due (Add lines 16 through 18) Payment Due | <input type="text"/> | 19 | <input type="text"/> | .00 |
| 20. Refund Due (If line 15 is greater than line 12, enter the difference) Refund | <input type="text"/> | 20 | <input type="text"/> | .00 |



Name of Estate or Trust

Federal Employer Identification Number

Check Applicable Boxes

First Return

Final Return

Fiduciary Name Change

Address Change

Federal Extension

State Extension

Retirement Plan

Estate

Simple Trust

Complex Trust

Bankruptcy Estate

ESBT

Grantor Trust

Other (Please Specify)

Additional Information – Please answer the following questions or provide the requested information.

1. Enter the total number of beneficiaries

2. Enter the number of nonresident beneficiaries

3. How many Schedule IN K-1s are included with this return?

4. If this is an estate return, enter the date of the decedent's death and Social Security number

Decedent's date of death

Decedent's Social Security Number

5. If this is a trust return, enter date the entity was created

6. Was a final individual return filed for decedent?

Yes

No

7. If this is a grantor trust return, enter the grantor's Social Security number

I authorize the department to discuss my return with my personal representative.

Yes

No

If yes, complete the information below.

Personal Representative's Name (please print)

Telephone Number

Email Address

Address

City

State

ZIP Code

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based upon all information of which the preparer has any knowledge.

Signature of Fiduciary or Officer

Telephone Number

Date

Signature of Preparer

Telephone Number

Date

Preparer's Address

Preparer's Identification Number

City

State

ZIP Code

Mail completed return with payment to:

Indiana
Department of Revenue
Fiduciary Section
P.O. Box 6192
Indianapolis, IN 46206-6192

Mail all other returns to:
Indiana

Department of Revenue
Fiduciary Section
P.O. Box 6079
Indianapolis, IN 46206-6079



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