



For the calendar year 2022 or fiscal year beginning _____, 2022, and ending _____, _____

| | | |
|---|--|---|
| Type of entity (see instructions): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate - Ch. 7 <input type="checkbox"/> Bankruptcy estate - Ch. 11 <input type="checkbox"/> Pooled income fund <input type="checkbox"/> Qualified funeral trust (QFT) | Federal Employer Identification Number ● _____ Name of Estate or Trust ● _____ Name and Title of Fiduciary ● _____ Address of Fiduciary (number and street) ● _____ Suite, Floor, Etc. ● _____ City State Zip Code ● _____ ● _____ ● _____ | <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return |
|---|--|---|

Address change
 Entity has income from more than one state
 Fiduciary or name change
 Return is filed on cash basis

Date entity created ● _____
 Number of K-1s attached ● _____
 Number of Schedule Gs attached ● _____
 Resident estate or trust
 Nonresident estate or trust
 If a trust, state whether Revocable or Irrevocable
 If decedent's estate please provide Social Security Number of deceased ● _____ - _____ - _____

COMPUTATION OF ALABAMA TAXABLE INCOME AND NET TAX DUE

| | | |
|---|-----|-------------|
| 1 Alabama Adjusted Total Income or (Loss) (Schedule C, Line 18c) | 1 | ● |
| 2 Alabama Income Distribution Deduction (Schedule A, Line 15) | 2 | ● |
| 3 Exemption (Allowed the Estate or Trust by 40-18-19, <i>Code of Alabama 1975</i>) | 3 | ● |
| 4 Total of Special Trust Deductions (Total of Lines 2 and 3) | 4 | ● |
| 5 Alabama Taxable Income (Line 1 less Line 4) | 5 | ● |
| a. Non ESBT tax due... <input type="checkbox"/> CRAT/CRUT/Tax Exempt Organization... <input type="checkbox"/> NOL... <input type="checkbox"/> QFT | 5a | ● |
| 6 Total ESBT Income (Schedule ESBT, Line 19b) | 6 | ● |
| a. ESBT Income tax due ... <input type="checkbox"/> ESBT NOL | 6a | ● |
| 7 Total tax due (Sum of lines 5a plus 6a) | 7 | ● |
| 8 a. Total credits allowable (per Schedule FC, Section F, Line 3) | 8a | ● |
| b. Alabama income tax withheld (from Form W-2 and/or Form 1099) | 8b | ● |
| c. Overpayment from 2021 | 8c | ● |
| d. Estimated, Extension, and WNR-V payments | 8d | ● |
| e. Payments made with original return | 8e | ● |
| f. Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) (from Schedule CP-B, Section B, line 3) | 8f | ● |
| g. Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) allocated to beneficiary | 8g | ● (_____) |
| h. 2017 Alabama Historic Rehabilitation Tax Credit (from Schedule FC, Section G, line 1) | 8h | ● |
| i. Railroad Modernization Act of 2019 (from Schedule FC, Section G, line 2) | 8i | ● |
| 9 Total Credits (Total of Lines 8a through 8i) | 9 | ● |
| 10 NET TAX DUE/(REFUND) (Subtract Line 9 from sum of Line 7) | 10 | ● |
| 11 Reduction/Applications of Overpayment | | |
| a. Credit to 2023 estimate tax | 11a | ● |
| b. Interest (Computed on tax due only) | 11b | ● |
| c. Penalties (See instructions) | 11c | ● |
| d. Total reductions (Total of Lines 11a through 11c) | 11d | ● |
| 12 TOTAL AMOUNT DUE/(REFUND) (Total of Line 11d and Line 10) | 12 | ● |

If paying by check or money order, **FORM FDT-V MUST ACCOMPANY PAYMENT**. If you paid electronically, check here

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---------------|--|---------------------------------|
| Signature of fiduciary or officer representing fiduciary _____ | Date _____ | Daytime Telephone No. (_____) _____ | Social Security Number _____ |
|---|---------------|--|---------------------------------|

| | | | |
|---|----------------------|---|--------------------------|
| Preparer's signature _____ | Date _____ | Check if self-employed <input type="checkbox"/> | Preparer's PTIN _____ |
| Firm's name (or yours, if self-employed) and address _____ | Tel. (_____) _____ | E.I. No. _____ | ZIP Code _____ |

A complete copy of the Federal Form 1041 must be attached for this return to be considered complete.

Returns with payments must be filed with the Alabama Department of Revenue, Income Tax Administration Division, P.O. Box 327444, Montgomery, AL 36132-7444. Returns without payments must be filed with the Alabama Department of Revenue, Income Tax Administration Division, P.O. Box 327440, Montgomery, AL 36132-7440, on or before April 15, 2023. (Fiscal Year Returns must be filed on or before the 15th day of the fourth month following the close of the fiscal year.)



| | |
|-----------------------------|--|
| Name of estate or trust | Federal Employer identification number |
| Name and title of fiduciary | |

SCHEDULE A – COMPUTATION OF ALABAMA INCOME DISTRIBUTION DEDUCTION

| | | |
|--|----|---|
| 1 Alabama Adjusted Total Income or (Loss) (Page 1, Line 1) | 1 | ● |
| 2 The amount of gain from the sale of capital assets, but only if the gain was allocated to corpus and <u>not</u> paid, credited, or required to be distributed to any beneficiary during the taxable year (<i>See instructions</i>) | 2 | ● |
| 3 Subtract the amount entered on Line 2 from the amount entered on Line 1, and enter in Line 3 | 3 | ● |
| 4 The amount of loss from the sale of capital assets – entered as a positive number, only if the loss was not considered in the determination of the amount to be paid, credited, or required to be distributed to any beneficiary during taxable year | 4 | ● |
| 5 Amount of tax exempt interest income excluded in computing Alabama taxable income | 5 | ● |
| 6 Other adjustments – see instructions | 6 | ● |
| 7 Alabama Distributable Net Income (<i>Sum of Lines 3 through 6</i>) | 7 | ● |
| 8 If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law ... | 8 | ● |
| 9 Income required to be distributed currently | 9 | ● |
| 10 Other amounts paid, credited, or otherwise required to be distributed | 10 | ● |
| 11 Total distributions. Add Lines 9 and 10 | 11 | ● |
| 12 Enter the amount of tax-exempt income included on Line 11 | 12 | ● |
| 13 Tentative income distribution deduction. Subtract Line 12 from Line 11 | 13 | ● |
| 14 Tentative income distribution deduction. Subtract Line 5 from Line 7. If zero or less, enter -0- | 14 | ● |
| 15 Alabama Income Distribution Deduction. Enter the smallest of Line 13 or Line 14 on this line and on Page 1, Line 2. (Do not enter less than zero.) | 15 | ● |

SCHEDULE B – ALABAMA CHARITABLE DEDUCTION. Do not complete for a simple trust or a pooled income fund.

| | | |
|---|---|---|
| 1 Amounts paid or permanently set aside for charitable purposes from gross income | 1 | ● |
| 2 Alabama tax-exempt income allocable to charitable contributions | 2 | ● |
| 3 Subtract line 2 from line 1 | 3 | ● |
| 4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes | 4 | ● |
| 5 Alabama Charitable Deduction. Add Line 3 and Line 4. Enter total here and on Page 3, Schedule C, Line 13, Column C | 5 | ● |



| | |
|-----------------------------|--|
| Name of estate or trust | Federal Employer identification number |
| Name and title of fiduciary | |

SCHEDULE C – COMPUTATION OF ALABAMA ADJUSTED TOTAL INCOME

| | Column A AS REPORTED ON FEDERAL FORM 1041 | Column B ALABAMA ADJUSTMENTS | Column C ALABAMA AMOUNT |
|--|---|------------------------------------|----------------------------|
| 1 Interest income | 1 ● | ● | ● |
| 2 Ordinary dividends | 2 ● | ● | ● |
| 3 Capital gain or (loss) (attach Schedule D) | 3 ● | ● | ● |
| 4 Business income or (loss) | 4 ● | ● | ● |
| 5a Rents, royalties, partnerships, and S Corporations (attach Schedule E) | 5a ● | ● | ● |
| 5b Estates and Trusts (attach Schedule E.) | 5b ● | ● | ● |
| 6 Farm income or (loss) | 6 ● | ● | ● |
| 7 Ordinary gain or (loss) from Form 4797 | 7 ● | ● | ● |
| 8 Other income | 8 ● | ● | ● |
| 9 Total Income/(loss) (total of Lines 1 through 8) | 9 ● | ● | ● |
| Ordinary Deductions: | | | |
| 10 Interest | 10 ● | ● | ● |
| 11 Taxes | 11 ● | ● | ● |
| 12 Fiduciary fees | 12 ● | ● | ● |
| 13 Charitable deduction | 13 ● | ● | ● |
| 14 Attorney, accountant, and return preparer fees | 14 ● | ● | ● |
| 15 Other deductions not subject to the 2% floor | 15 ● | ● | ● |
| 16 Allowable miscellaneous itemized deductions subject to the 2% floor | 16 ● | ● | ● |
| 17 Total Ordinary Deductions (total of Lines 10 through 16) | 17 ● | ● | ● |
| 18a Federal Adjusted Total Income | 18a ● | | |
| 18b Net Alabama Adjustments (Column B, Line 9 less Column B, Line 17) | 18b ● | | |
| 18c Alabama Adjusted Total Income or (Loss) (Column C, Line 9 less Column C, Line 17). Enter here and on Page 1, Line 1 | 18c ● | | |
| 19 Alabama Tax Exempt Income | 19 ● | ● | ● |



Name of estate or trust

Federal Employer identification number

Name and title of fiduciary

SCHEDULE K – SUMMARY OF K-1 INFORMATION

| | Column A Alabama Distributable Income | Column B Nonresident Non-Alabama Source Income | Column C Reportable Alabama Income | Enter on Alabama Schedule K-1 |
|---|---|--|--|-------------------------------------|
| 1 Interest income | 1 ● | ● | ● | Line 1 |
| 2 Total dividends | 2 ● | ● | ● | Line 2 |
| 3 Capital gain or (loss) | 3 ● | ● | ● | Line 3 |
| 4 Business income or (loss) | 4 ● | ● | ● | Line 4 |
| 5a Rents, royalties, partnerships, and S Corporations | 5a ● | ● | ● | Line 5a |
| 5b Estates and Trusts | 5b ● | ● | ● | Line 5b |
| 6 Farm income or (loss) | 6 ● | ● | ● | Line 6 |
| 7 Ordinary gain or (loss) from Form 4797 | 7 ● | ● | ● | Line 7 |
| 8 Other income | 8 ● | ● | ● | Line 8 |
| 9 Alabama Income Distribution Deduction (Sum of lines 1-8 Column A) | 9 ● | | | |
| 10 Total Nonresident Non-Alabama Source Income (Sum of lines 1-8 Column B) | | 10 ● | | |
| 11 Alabama Tax Exempt Income | | | 11 ● | Line 11 |
| Directly apportioned deductions/credits: | | | | |
| 12 Depreciation | | | 12 ● | Line 12 |
| 13 Depletion | | | 13 ● | Line 13 |
| 14 Amortization | | | 14 ● | Line 14 |
| 15 Composite Payment/Electing Pass-Through Entity Credit | | | 15 ● | Line 15 |
| 16 Total Credits allocated to the Beneficiary (Attach Schedule FC) | | | 16 ● | Line 16 |