

# California Allocation of Estimated Tax Payments to Beneficiaries

**2021**

**541-T**

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_ and ending (mm/dd/yyyy) \_\_\_\_\_

Name of estate or trust \_\_\_\_\_ FEIN \_\_\_\_\_

Name and title of fiduciary \_\_\_\_\_

Additional information (see instructions) \_\_\_\_\_

Street address of fiduciary (number and street) or PO box \_\_\_\_\_ Apt. no./ste. no. \_\_\_\_\_ PMB/private mailbox \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Calendar year trusts: File this form no later than March 7, 2022.**

If you are filing this form for the final year of the estate or trust, check this box

1 Total amount of estimated taxes to be allocated to beneficiaries ..... \$ \_\_\_\_\_

2 Allocation to beneficiaries:

(a) No.	(b) Beneficiary's name and address	(c) Beneficiary's SSN/ITIN or FEIN	(d) Amount of estimated tax payment allocated to beneficiary	(e) Proration percentage
1	— — — — —			%
2	— — — — —			%
3	— — — — —			%
4	— — — — —			%
5	— — — — —			%
6	— — — — —			%
7	— — — — —			%
8	— — — — —			%
9	— — — — —			%
10	— — — — —			%

3 Total from additional sheets ..... **3**

4 Total amounts allocated. (Must equal line 1, above) ..... **4**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this form notice by mail, call 800.338.0505 and enter form code 948 when instructed.

**Sign Here**

Under penalties of perjury, I declare that I have examined this allocation, 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 fiduciary or officer representing fiduciary \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_

**X**