

2021 California Fiduciary Income Tax Return

541

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

● Type of entity. Check all that apply.

(1) Decedent's estate

(2) Simple trust

(3) Complex trust

(4) Grantor trust

(5) Bankruptcy estate - Chapter 7

(6) Bankruptcy estate - Chapter 11

(7) Pooled income fund

(8) ESBT

(9) QSST

(10) Apportioning trust

Name of estate or trust _____ FEIN _____

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 9) _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Check applicable boxes: ● Initial tax return Final tax return REMIC Protective claim
 Amended tax return Change in fiduciary's name or address

Complete Schedule G on Side 3 if trust has nonresident trustees and/or nonresident beneficiaries.

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

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

| | | | | |
|------------------|--|--|------|----|
| Tax and Payments | 21 | a Regular tax _____; b Other taxes _____; c QSF tax _____; d Total | ● 21 | 00 |
| | 22 | Exemption credit. See instructions | 22 | 00 |
| | 23 | Credits. Attach worksheet. Enter code _____ and amount | ● 23 | 00 |
| | 24 | Total. Add line 22 and line 23 | ● 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) | ● 26 | 00 |
| | 27 | Mental Health Services Tax. See instructions | ● 27 | 00 |
| | 28 | Total tax. Add line 25, line 26, and line 27 | ● 28 | 00 |
| | 29 | California income tax withheld. See instructions | ● 29 | 00 |
| | 30 | California income tax previously paid. See instructions | ● 30 | 00 |
| 31 | Withholding Form 592-B and/or 593. See instructions | ● 31 | 00 | |
| 32 | 2021 CA estimated tax, amount applied from 2020 tax return, and payment with form FTB 3563 | ● 32 | 00 | |
| 33 | Total payments. Add line 29, line 30, line 31, and line 32 | 33 | 00 | |
| 34 | Use tax. See instructions | ● 34 | 00 | |

Tax and Payments

Table with 3 columns: Description, Amount, and Balance. Rows include Payments balance, Use tax balance, Tax Due, Overpaid tax, Amount on line 38, Amount of overpaid tax, Total voluntary contributions, Refund or no amount due, Amount due, and Underpayment of estimated tax.

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. See instructions.

Table with 3 columns: Description, Amount, and Balance. Rows include Amounts paid for charitable purposes, Tax-exempt income allocable to charitable contributions, Charitable deduction, and Capital gains for the tax year.

Other Information

- 1 Date trust was created or, if an estate, date of decedent's death: a (mm/dd/yyyy), b Name of Grantor(s) of Trust. 2 a If an estate, was decedent a California resident? b Was decedent married at date of death? c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: 3 If an estate, enter fair market value (FMV) of: a Decedent's assets at date of death, b Assets located in California, c Assets located outside California. Note: Income of final year is taxable to beneficiaries. 4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution. 5 Did the estate or trust receive tax-exempt income? 6 Is this tax return for a short taxable year? 7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? 8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust? 9 During the year did the estate or trust defer any income from the disposition of assets?

Sign Here: Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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, Date, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name (or yours, if self-employed) and address, Firm's FEIN, Telephone, May the FTB discuss this tax return with the preparer shown above (see instructions)?

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) | (B) | (C) | (D) | (E) | (F) |
|--------------------------|--------------------------|------------------------------|---|---|---|---|
| | California Source Income | Non-California Source Income | Apportioned Income # CA Trustees X B # Total Trustees | Remaining Non-California Source Income Col. B – Col. C | Apportioned Income # CA Beneficiaries X D # Total Beneficiaries | 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 | | |

Voluntary Contributions

| | Code | Amount |
|---|-------------|---------------|
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | 00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | 00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | 00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | 00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | 00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | 00 |
| California Sea Otter Voluntary Tax Contribution Fund | ● 410 | 00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | 00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | 00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | 00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | 00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | 00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | 00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | 00 |
| Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | 00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | 00 |
| Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | 00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | 00 |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | 00 |
| 61 Total voluntary contributions. Add codes 401 through 446. Enter the total here and on Side 2, line 41. | ● 61 | 00 |