202<del>1</del>

## Beneficiary's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

K-1 (541)

For calendar year 2021, or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)																
Fiduciaries: Complete a separate Schedule K-1 (541) for each beneficiary.																
Beneficiaries: Refer to the instructions for Schedule K-1 (541).																
Name	of	estate or trust														
Beneficiary's SSN/ITIN, California corporation no., California SOS file no., or FEIN					Estate's or trust's FEIN											
									Beneficiary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code					Fiduciary's name, address (number and street, suite, Apt., PO box, or PMB no.), City, State, and ZIP code. If there is more than one fiduciary or trustee, list all of the		
or i MB no.,; only, onde, and 211 code				fiduciaries or trustees' names, addresses, and indicate if fiduciary is a nonresident. If												
				more space is needed, add an attachment. Include the estate's or trust's FEIN at the top of each separate attachment.												
									A Beneficiary's percentage of distribution at year end%							
									B Check here if this is:							
C What type of entity is this beneficiary? ● (1) ☐ Individual (2) ☐ Estate/Trust (3) ☐ Qualified Exempt Organization (4) ☐ Other																
D Is this beneficiary a resident of California?																
E Is the fiduciary a resident of California?							. Yes ► □ No									
		Allocable share item	Amount fi		California	Total amounts using	California									
			federal Sch K-1 (Form		adjustments	California law Combine col. (b) and col. (c)	source amounts and credits									
Income (Loss)	1	Interest				•	•									
	2	Dividends				•	•									
		Net capital gain or (loss)				•	•									
		Other portfolio and nonbusiness income					•									
		Ordinary business income			\ <u>'</u>	•	•									
	1	Net rental real estate income														
Directly apportioned deduction	ď	Other rental income														
	3	b Depletion														
		c Amortization														
Final year deduction		a Excess deduction on termination														
		(Attach computation)														
		<b>b</b> Capital loss carryover	X													
		c Net operating loss (NOL) carryover for regular														
		tax purposes														
		d NOL carryover for alternative minimum														
		tax purposes														
Alternative minimum tax adjustment		<b>a</b> Adjustment for alternative minimum tax purposes														
		<b>b</b> Accelerated depreciation														
		c Depletion														
		e Exclusion items.														
		a Trust payments of estimated tax credited														
Credits	."	to beneficiary														
		<b>b</b> Total withholding (equals amount on Form 592-B,														
		if calendar year)														
		c Taxes paid to other states. Attach Schedule S														
		d Other credits. Attach schedule														
	1	a Tax-exempt interest														
	1	<b>b</b> Net investment income														
	1	c Gross farm and fishing income														
		d Other information														