South Carolina Diagnostics

Prepared by: Jeremiah Gillett 11/08/2018 10:57 AM u0077140

Platform Version: 18.0.17 Federal Version: 18.0.16 South Carolina Version: 18.0.16

Critical Messages								
None								
Electronic Filing								
None								
Informational Messages								
Enter type of trust (Inter vivos / Testamentary) on federal Screen OthInfo. Attach state copy of W-2(s) or 1099(s). Extension previously printed; verify extended due date and payment information on Screen Pay. Specify if the taxing authority may discuss return with preparer on Screen Gen. South Carolina fiduciary income tax return is marked to be electronically filed. Return does not qualify for electronic signature for the following reasons: Email address is missing								

Form SC1041 Return Summary

For calendar year 2018, or tax year to	beginning , and	ending	
		57-9999999	
THE ESTATE OF BRUC	TE WAYNE		
Income	CE WAINE		
Federal taxable income		-3,837	
Federal exemption		3,037	
Modifications related to gains allocated to principal			
Additions:			
State and local interest			
	200		
	200		
Federal net operating loss			
Out-of state losses Other additions 10,0	000		
Total additions	10,200		
Subtractions			
Interest on U.S. obligations			
State / local refunds on fed. return			
SC net operating loss			
Active trade / business inc. ded.			
Other subtractions			
Total subtractions			
Total adjustment	10,200		
Fiduciary adjustment from pass-through entities			
Beneficiary portion of fiduciary adjustment			
Fiduciary share of fiduciary adjustment			
South Carolina exemption			2 225
Taxable income			
Tax Computation			
Tax on taxable income			
Tax on electing small business trust inc			
Other taxes			
Nonrefundable credits			
Nonresident beneficiary withholding			
Total tax			
Extension payment and other credits	<u>664</u>		
Estimated tax payments			
Estimated tax penalty			
Applied to next year's estimated tax	<u>64</u>		
Total payments / application	600		
Net tax		0	
Additions to Tax			
Interest on late payments			
Penalties			
Total additions			
Balance due			
Refund			600
Next Year's Estimates	Miscellar	neous Information	
1st quarter	Amended return		_
2nd quarter	Estimated payments allocated t	o beneficiaries	
3rd quarter	Number of beneficiaries		1
4th quarter	Number of Schedule(s) K-1		1
Total	Return / extended due date	($04/1\overline{5/19}$
	Form 41, Balance due		



STATE OF SOUTH CAROLINA

DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041 (Rev. 10/11/17)

		ГІР	UCIA	VI IIVOO		I AA I		LIA] 3	084	
For the ca	alendar year 20°	17 or Fiscal Taxable	Year Begin	ning	aı	nd ending					20)17
Name of E	Estate or Trust						FEIN					
		THE ESTATE	OF BRUC	CE WAYNE			} 5	7-999	9999	ı		
Name and	Title of Fiduciary			Mailing Address		City				ZIP Code	County Co	de
riamo ana	This of Fladdidity			ŭ		'					1 -	-40
ATT 4 011	2227 25 552	TRUSTEE 1011		400 GOTHAM DRIVE			YORK	.	NY	22466	Out of SC	—
		ERAL FORM 1041						I. Ext		Requested:		
A. Check			B. If tru	st, check whether	: C. <u>A</u>	Iso check	if:		1	las final distri		
} ∐ Ad	ldress change	Simple trust		Testamentary		Resider	nt estate o	r trust	b	een made du	uring the year	ar?
} An	nended return	X Complex trust		Inter vivos	2	Nonresi	dent estate	e or trust		Yes	X No	
} ∏ Fir	nal return 🔲 [Estate Grantor				_					_	
	ecting Small Bus	— Hust										
	-	ear, was this estate	or truct notifi	od of any fodoral	chango fo	r any prior	voore?	YES	- V	NO If YES, a	attach copy	
		·	_	· ´—	Ū		' _ ')ı [Z	-	. ,	_4!
F. Is a fee	derai Schedule K-	1 attached for each be	neticiary? X	YES OF NO	If YES, ho	w many? _				If NO,	attach explan	ation.
		or trust with income								Part III, page		
		INCOME (Residents								1	-3,837	00
2. Feder	al fiduciary exer	mption included in li	ne 1 above							2		00
		ications relating to g										П
		me (attach explanat			ŭ			Ü		3		00
		SC Fiduciary Adjust	′	ne 1i Part II)	Addition	,	ubtraction		⊢	4		00
	-			_	_					5	-3,837	-
	combine lines 1											-
6. South	Carolina fiducia	ary exemption (see	instructions)							6 <	0	-
7. SOUTH	1 CAROLINA TAX	ABLE INCOME (line 5	less line 6)						•	7	-3,837	00
		TAX (see instruction								8	0	00
9. TAX c	on Lump Sum D	Distribution (SC4972) and/or Acti	ve Trade or Busir	ess Incon	ne (I-335)			}	9		00
		ABLE CREDITS (at							l l	0 <		00
11. Comb	ine lines 8 - 10	and enter the resul	ts here BUT	NOT LESS THAN					1	1		00
12. South	Carolina incom	e tax withheld for r	onresident b	eneficiaries (From	Part IV)					_		00
		s 11 and 12 and er								3		00
Amount	naid >		(b) SC Withholding						≺⊢		661	+
14. with: (a)		404 00				SEE S	 	Enter tot	≺⊢	4	664	+-1
	Payments: (a) }			pplied from 2016 return:				Enter tot	al } 1	5		00
16. Total	Payments (add	lines 14 and 15)							. } <u> </u> 1		664	
17. Overp	ayment (line 16	i less line 13) <u></u>		 	· · · · <u>· · · · · · · · · · · · · · · </u>				. } <u> 1</u>	7	664	00
		ayment:Penalties } L		00 Inter				Enter total h	nere 1	8		00
19. Penalt	ty for Underpay	ment of Estimated	Tax (Attach \$	SC2210)					<u>} 1</u>	9		00
		less line 16 plus lin							-			
Pay in	full to SC Dep	artment of Revenue	:				BALA	ANCE DUE	} 2	o		00
21. Amou	nt of line 17 to	be credited to 2018	Estimated T	ax					} 2		64	00
		line 21 from line 17						REFUND	. ≺ —	2	600	
ZZ. NOUN		this return and all a				to to the h	oct of my l					100
ъ.	1 deciare man	illis letuill allu all a	llaciiiieiils a	le liue, correct ar	ia comple		est of filly r	Tiowieuge	and be	ilei.		
Please) <u></u>	· C		- Calacaiana - Da				F				
Sign		fiduciary or officer				_ _	axpayer's					
Here		Director of the Depart		•	liscuss this	Vaa		Preparer	's Printe	ed Name		
	return, attachme	ents and related tax m	atters with the	preparer.		Yes	No L					
<u></u>	Preparer's				Date		Check	if		Preparer's tel	ephone num	nber
Paid	signature }	JEREMIAH GILI	ETT		11.	/08/18	3 self-em	nployed }	X	800-968	8-8900	
Preparer's	Firm's name			MFIRMFIRM				/IFIA	PTIN			
Use Only	(or yours if	y yyddae		ESSADDRES					FEIN) } P1234	5678	
	self-employed) and address	ACITYCI:			<u> </u>				ZIP C		30-1234	-
	Lana addiess	ACTITUE		TICEP, PIL						TOI.	JU 14J4	_

10,200

10

2f

3

4

5

Name and FEIN on page 1 THE ESTATE OF BRUCE WAYNE

f. Total subtractions from federal taxable income (add lines 2a through 2e)

4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)

5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition X or Subtraction

3. Total (subtract line 2f from line 1f)

Adjustments to amount included in federal distributable net income 1. Additions to federal taxable income: a. State and local interest 1a b. State or local taxes measured by income deducted on the federal return 200 1b c. Federal net operating loss carryover 1c 1d d. Out-of state losses 10,000 e. Other additions to income (see instr.) - ATT. AN EXPLANATION SEE STMT 2 1e 10,200 Total additions to federal income (add lines 1a through 1e) 1f 2. Subtractions from federal taxable income a. Interest on US Government obligations 2a b. State income tax refunds reported as income on federal return 2b C. South Carolina net operating loss carryover (attach schedule) 2c d. Active Trade or Business Income Deduction (I-335, line 5) 2d e. Other subtractions from inc. (see instr.) - ATT. AN EXPLANATION 2e

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. N	Name of each beneficiary. Check box if beneficiary is a nonreside eceiving federal K-1 must be listed. Use attachment if more than	ent. All beneficiaries eight beneficiaries.	Shares of F Distributable Ne		Shares of South Carolina Fiduciary Adjustment Addition or Subtraction
		Social Security Number	2. Amount	3. Percent	X
a. :	JUNE BUG X	515-12-1512		%	
b.				%	
c.				%	
d.				%	
e.				%	
f.				%	
g.				%	
h.				%	
i. F	Fiduciary			100.0000%	10,200
Т	Totals			100%	10,200

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.



THE ESTATE OF BRUCE WAYNE

57-9999999

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

Page 3

		SOUTH CAROL	INA SOURCES		- age o
Α.	Thes	se items correspond to page 1. Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
	1.	Interest income			
	2.	Dividends			
	3.	Business income or (loss)	-3,837	-3,837	-3,837
빌	4.	Capital gain or (loss)			
NCOME	5.	Rents, royalties, partnerships, other estates and trusts, etc.			
ž	6.	Farm income or (loss)			
	7.	Ordinary gain or (loss)			
	8.	Other income			
	9.	Total income (combine lines 1 through 8)	-3,837	-3,837	-3,837
	10.	Interest			
44	11.	Taxes	200		
Š	12.	Fiduciary fees			
Ĕ	13.	Charitable deduction			
DEDUCTIONS	14.	Attorney, accountant, and return preparer fees			
Ħ	15a.	Other deductions NOT subject to the 2% floor			
	15b.	Allowable miscellaneous itemized deductions subject to the 2% floor			
	16.	Total (add lines 10 through 15b)	200		
	17.	Subtract line 16 from line 9	-4,037	-3,837	-3,837
	18.	Distributions to beneficiaries			
	19.	Federal estate tax (fiduciary)			
		Federal estate tax (beneficiary)			
	20.	Exemption	100		
	21.	Total (add lines 18 through 20)	100		
	22.	Taxable income (subtract line 21 from line 17)	-4,137	-3,837	-3,837
	23.	Total percent of all nonresident beneficiaries			
		(from Part II, page 2)		%	
	24.	Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)			

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a. June Bug 515-12-1512					
b.					
C.					
d.					
e.					
TOTALS	%				

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1.	Exemption allowance claimed on Federal Form 1041	1	100
2.	Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	100.0000%
3.	South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	100

1055

BENEFICIARY 1

For calendar year

2018

NO ADJUSTMENTS / TAXABLE INCOME

and ending

STATE OF SOUTH CAROLINA

DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

or tax year beginning

SC1041 K-1 (Rev. 6/4/15) 3516

17

} 57-9999999 Beneficiary's identifying number **}** 515-12-1512 Estate or trust's FEIN Beneficiary's name, address and ZIP code Estate or trust's name, fiduciary's name, address and ZIP code THE ESTATE OF BRUCE WAYNE JUNE BUG ALFRED 9393 NEWBERRY LANE 400 GOTHAM DRIVE AR 41212 NY 22466 BERRYVILLE NEW YORK Amended K-1 (3) X Nonresident Check if applicable: Final K-1 (2) (A) (B) (C) (D) Beneficiary's Share of Current Year Federal Plus or Minus Amounts Not Amounts Income, Deductions, Credits, etc. K-1 SC Adjustments Allocated or Allocated or Amounts Apportioned to SC Apportioned to SC 1 Interest income 2 Dividends 3 3 Net short-term capital gain 3 (Loss) Net long-term capital gain 4 4 5 5 5 Other portfolio and nonbusiness income Ordinary business income 6 Net rental real estate income 7 Other rental income 8 Directly apportioned deductions 9 9 Estate tax deduction 10 10 10 10 10 11 11 11 Final year deductions Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions) 12 12 List applicable South Carolina tax credits. (Attach an additional sheet if needed.) 13 14 15 15 16 16

Total South Carolina tax credits

SC1041 K-1

General purpose - SC1041 K-1 is prepared by the estate or trust to show each beneficiary's share of the entity's income. Each item of income is adjusted as required by South Carolina law and allocated or apportioned to South Carolina or to states other than South Carolina.

INSTRUCTIONS

Column A, lines 1 through 11 - Enter amounts from the federal Schedule K-1.

Column B, lines 1 through 11 - Enter the beneficiary's share of plus or minus South Carolina adjustments to federal taxable income (loss). See SC1041 instructions.

Column C, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to states other than South Carolina. See SC1041 instructions.

Column D, lines 1 through 11 - Enter the beneficiary's share of income (loss) or deductions allocated or apportioned to South Carolina.

Line 12 - Estates or trusts are required to withhold 7% of the South Carolina taxable income of nonresident beneficiaries. Estates or trusts must provide nonresident beneficiaries a Federal Form 1099 MISC with "South Carolina Only" written at the top showing respective amounts of income and tax withheld. Enter the tax withholding amount on line 12.

Line 13 through 16 - List the beneficiary's share of applicable South Carolina credits.

Instructions for Estate or Trust - Include SC1041 K-1 with your SC1041 Fiduciary Income Tax Return. Provide a copy to the beneficiary.

Instructions for Beneficiary - If filing a paper return, attach to your Income Tax Return. If filing electronically, keep with your records.

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

South Carolina Statements

Statement 1 - Form SC1041, Page 1, Line 14 - Extension Payment and Other Credits

Description		Amount
Extension Payment	\$	464
South Carolina Income Tax Withheld		200
Total	\$	664

Statement 2 - Form SC1041, Page 2, Part I, Line 1e - Other Additions to Income

Description	 Amount
Other Adds To make Balance Due	\$ 10,000
Total	\$ 10,000

Рош	041	Department of U.S. In	of the Treasury—Into	ernal Revenue Service Return for E	sta	tes and Tru	ısts				201	8	ОМВ	No. 1545-0092				
A	Check al	I that apply:		year 2018 or fiscal y				, and	ending	I			<u> </u>					
				rust (If a grantor type trust, se				,		С	C Employer identification number							
П		t's estate									57-9999999							
3.7	Simple tr		The Estate of Bruce Wayne										D Date entity created					
\Box	Complex		Name and title of t	fiduciary														
\Box		disability trust	Alfred,	Trustee						E	None	exempt c	haritable a	nd split-				
\Box	,	portion only)	Number, street, an	d room or suite no. (If a P.C	. box, s	see the instructions.)							, check ap					
\Box	Grantor t	•	400 Got1	ham Drive							box(e	es), see	instructions	š.				
\Box		cy estate-Ch. 7	City or town, state of	or province, country, and ZIP of	r foreigi	n postal code					Des	scribed in	sec. 4947	7(a)(1). Check he	ere _			
		cy estate-Ch. 11	NEW YOR	K	NY	22466					if not a p	orivate fo	undation		u [
ш	Pooled in	ncome fund									- 1		sec. 4947					
		of Schedules K-1		Initial return		Final return		Amended	return			N	let operatin	ng loss carrybac	:k			
	attached instructio		applicable boxes:	Change in trust's name	e [Change in fiducia	ary	Change in	fiduciary's na	ame		c	hange in f	iduciary's addres	ss			
G	Check he	ere if the estate or	filing trust made a s	section 645 election		u	Trus	st TIN u										
	1	Interest in	ncome									1						
	2	a Total ordi	nary dividends									2a						
	1	b Qualified di		to:(1) Beneficiaries														
4	3	Business	income or (loss). Attach Schedule C	or C	-EZ (Form 1040)		•				3		-3,	837			
Ĕ	4	Capital ga	nin or (loss). Atta	ach Schedule D (For	n 104	11)						4						
ncome	5	Rents, roy	alties, partners	hips, other estates ar	nd tru	sts, etc. Attach S	chedul	e E (Form	1040)			5						
_	6			ttach Schedule F (Fo								6						
	7	Ordinary of	gain or (loss). A	ttach Form 4797		,						7						
	8		ome. List type a	and amount								8						
	9		,,	lines 1, 2a, and 3 thro								9		-3,	837			
	10	Interest. C	Check if Form 4	952 is attached u								10						
	11	——————————————————————————————————————										11			200			
	12			eductible under section 67(e),								12						
	13	Charitable	deduction (from	m Schedule A, line 7)								13						
	14	Attorney, acco	ountant, and return pre	parei lees. Il offiy a portion								14						
Deductions	15	is deductible i	under section 67(e), s	ee instructions See instructions for deduction		ahla undar saction 67(a)						15a						
: ;	13	b Net opera	ating loss deduc	tion See instructions	is allow	able under section of (e)						15b						
Ę	16	Add lines	10 through 15h	tion. See instructions								16			200			
ě	17									-4,		10			200			
_	18	Aujusteu to	ution deduction (from	s). Subtract line 16 from I	IIIC 7.	1 /Form 10/1)			<u> </u>			18						
	1	Estate tax	doduction includin	Sch. B, line 15). Attach Scher	ning t	oves (ettech comput	otion)					19						
	19			g certain generation-skip								20			100			
	20	Exemption													100			
	21	Add lines	18 through 20.								<u>. u</u>	21		-4,				
	22			t line 21 from line 17.								22		-4 ,	<u> 137</u>			
	23		(from Schedule									23						
	24	2018 net	965 tax liability	paid from Form 965-A	A, Pai	rt II, column (k), II	ne 2					24						
ý	25	Payments	s: a 2018 estin	nated tax payments a	ind ai	mount applied fro	m 201.	return				25a						
and Pavments				allocated to beneficia								25b						
Ĕ			ne 25b from lin									25c						
Š	`	d Tax paid	with Form 7004	. See instructions			<u></u>					25d						
<u> </u>		e Federal in	come tax withh	eld. If any is from Fo	rm(s)	1099, check u	∟					25e						
J.				from Form 965-A, Pa								25f						
×		Other pay	ments: g Form	n 2439		; h Form	4136 .			; To	tal u	25i						
Tax				es 25c through 25f, a	nd 25	ii					u	26						
	27		tax penalty. Se									27						
	28			aller than the total of I								28						
	29			is larger than the tota								29						
30 Amount of line 29 to be: a Credited to 2019 u Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information								ntomet- '	; b	Refunde	d u	30						
Sig	an 🛴	belief, it is true, co	perjury, i declare that prrect, and complete. [। । nave examined this return, Declaration of preparer (other t	ıncıudını han tax	y accompanying schedul payer) is based on all in	es and st formation	atements, and of which prepared	ιο the best of arer has any k	my knowledg nowledge.	e and		return	ne IRS discuss to with the prepare	er			
He	-	>							u				shown	below (see inst	tr.)?			
	<u> </u>	Signature of fi Print/Type prepare	duciary or officer rep	presenting fiduciary	Dron	Dat parer's signature	е		EIN of fiduo	ciary if a fina Date	ncial inst		32	Yes PTIN	No			
Paid	- 1	Jeremiah (remiah Gillet	+			11/0	0/10	Check self-emp	X if	P1234567	7Ω			
Prep		Firm's name L						irmFi	rmFiD		T			-12121				
	Only			essAddress								ne no.		-968-89				

Sc	chedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund	l				
1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	T	1			
2	Tax-exempt income allocable to charitable contributions. See instructions		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	Add lines 3 and 4		5			
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions		6			
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13		7			
Sc	chedule B Income Distribution Deduction					
1	Adjusted total income. See instructions	Ŀ	1			0
2	Adjusted tax-exempt interest	\perp	2			
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	<u>_</u> ;	3			0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	-	4			
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	-	5			0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	\vdash	6			
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	L.	7			0
8	If a complex trust, enter accounting income for the tax year as					
	determined under the governing instrument and applicable local law 8	1				0
9	Income required to be distributed currently	_	9			0
10	Other amounts paid, credited, or otherwise required to be distributed		10			0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	\vdash	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 15	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	-	14 15			0
15 Sc	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 Tax Computation (see instructions)		13			
1	Tax: a Tax on taxable income. See instructions 1a					
•	b Tax on lump-sum distributions. Attach Form 4972 1b	1				
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1				
	d Total. Add lines 1a through 1c	1	ld			0
2a	Foreign tax credit. Attach Form 1116					
b	General business credit. Attach Form 3800 2b	1				
С	Credit for prior year minimum tax. Attach Form 8801 2c	1				
d	Bond credits. Attach Form 8912					
е	Total credits. Add lines 2a through 2d	2	2e			0
3	Subtract line 2e from line 1d. If zero or less, enter -0-		3			0
4	Net investment income tax from Form 8960, line 21		4			
5	Recapture taxes. Check if from:	_	5			
6	Household employment taxes. Attach Schedule H (Form 1040)	\perp	6			
7	Total tax. Add lines 3 through 6.					
	Enter here and on page 1, line 23		7			0
	Other Information				Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses.					X
•	Enter the amount of tax-exempt interest income and exempt-interest dividends u \$					
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any					v
_	individual by reason of a contract assignment or similar arrangement?					X
3	At any time during calendar year 2018, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?					Х
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the					Λ
	·					
4	foreign country u During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a					
	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see					Х
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment					Х
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions					23
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions			▶		
8	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing			▶		
9	the estate, and check here Are any present or future trust beneficiaries skip persons? See instructions			' 🗀		Х
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for	•••				
	Form 8938)?		<u></u>			Х

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

u Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Internal Revenue Service 09 u Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Social security number (SSN) Name of proprietor The Estate of Bruce Wayne Principal business or profession, including product or service (see instructions) Enter code from instructions Business Loss C Business name. If no separate business name, leave blank. Employer ID number (EIN) (see instr.) 12-1212112 Bad Business.com Business address (including suite or room no.) ${f u}$ City, town or post office, state, and ZIP code F (1) X Cash (2) Accrual (3) Uther (specify) u Accounting method: Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses G н Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) No If "Yes," did you or will you file required Forms 1099? . Yes No Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked $oxed{u}$ Returns and allowances Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 8 Advertising 8 18 Office expense (see instructions) 3,837 Pension and profit-sharing plans 19 Car and truck expenses (see instructions) 20 9 Rent or lease (see instructions): Commissions and fees Vehicles, machinery, and equipment 10 10 а Other business property Contract labor (see instructions) 11 11 b 20b Depletion Repairs and maintenance 12 21 21 12 Supplies (not included in Part III) Depreciation and section 179 22 13 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 13 24 Travel and meals: instructions) Employee benefit programs а Travel (other than on line 19) 14 Deductible meals (see Insurance (other than health) 15 15 instructions) Interest (see instructions): 25 16 Utilities Mortgage (paid to banks, etc.) Wages (less employment credits) 26 а 16a b 16b 27a 27a Other expenses (from line 48) 17 b Reserved for future use 17 27b Legal and professional services. **Total expenses** before expenses for business use of home. Add lines 8 through 27a ${f u}$ 28 Tentative profit or (loss). Subtract line 28 from line 7 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. 31 If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -3.837• If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

Estates and trusts, enter on Form 1041, line 3.

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR,

line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions).

at risk

All investment is at risk.

Some investment is not

32a

32b

Beneficiary 1			Final K-1	L	Amended h	<-1	OMB No	. 1545-0092
Schedule K-1 (Form 1041)	2018 or calendar year 2018, or tax year	Pa	art III	Beneficiary Deductions	y's Share s, Credit	of s, a	Current Year Inconnd Other Items	ne,
Department of the Treasury	on calendar year 2016, or tax year	1	Interest			11	Final year deductions	
nternal Revenue Service NO TAXABLE INCOME								
		2a	Ordinary	dividends				
beginning endi	•	2b	Qualified	dividends				
Beneficiary's Share of Incomo Credits, etc.	e, Deductions,							
us	See back of form and instructions.	3	Net sho	rt-term capital gain				
Part I Information About the	Estate or Trust							
A Estate's or trust's employer identification number		4a	Net long	-term capital gain				
F7 000000		4b	28% rate	e gain		12	Alternative minimum tax adjus	ment
57-9999999 B Estate's or trust's name				, J.			, memane milinam tak dajab	
		4c	Unrecap	tured section 1250 g	ain			
		5	-	ortfolio and ness income				
The Estate of Bruce V	Vayne		Horibadii	icos income				
riduciary's fiame, address, city, state, and zir code		6	Ordinary	business income				
Alfred			Ordinary	Duomicoo moome	-			
Trustee		7	Net rent	al real estate income				
400 Gotham Drive					Ī	13	Credits and credit recapture	
NEW YORK NY	22466	8	Other re	ntal income				
			Directly	apportioned deduction	200			
		9	Directly	apportioned deduction	JIIS -			
D Check if Form 1041-T was filed and enter the date i	t was filed							
					ŀ	14	Other information	
E Check if this is the final Form 1041 for the estate or	trust							
	5	10	Estate ta	ax deduction				
F Beneficiary's identifying number	Beneficiary							
515-12-1512					-			
G Beneficiary's name, address, city, state, and ZIP code								
					Ī			
June Bug								
9393 Newberry Lane	41212							
Berryville AR	41212			ned statement				
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		For IRS Use Only						
H X Domestic beneficiary	oreign beneficiary	ĽĽ						

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Form 1041	South Carolina Financial To	ransaction Record	2018
	For calendar year 2018, or tax year beginning	, and ending	
Name		Employer	Identification Number
THE ESTAT	E OF BRUCE WAYNE	57-99	99999

Electronic Funds Withdrawal or Direct Deposit

This record is included with the South Carolina electronic file for taxpayers who elect to pay their tax balance by electronic funds withdrawal or who choose to have their refund deposited directly into their bank account

Electronic Funds Withdrawal (Direct Debit)	
Direct Deposit of Refund	X
Routing Transit Number	$04100012\overline{4}$
Bank Account Number	<u> 5541212112112129</u>
Type of Account	_SAVINGS
Taypayar Phone Number	<u>810-266-6388</u>
Requested Payment Date	
Amount of Tax Payment	
Refund to be Deposited	600

DO NOT SUBMIT THIS DOCUMENT TO THE SOUTH CAROLINA DEPARTMENT OF REVENUE

Form **SC1041**

SC Allocation of Expenses by Income Type

and ending

2018

For calendar year 2018, or tax year beginning

Name Taxpayer Identification Number 57-9999999 ESTATE OF BRUCE WAYNE **Dividends** Other Interest Total income Interest Taxes Fiduciary fees Charitable deduction Attorney and accountant fees Other deductions Misc. deductions subject to 2% Total deductions Net income before loss reclassification Reclassified losses Net income Net income (Force) **Business** Rental Real Estate Other Rental -3,837Total income Interest Taxes Fiduciary fees Charitable deduction Attorney and accountant fees Other deductions Misc. deductions subject to 2% Total deductions Net income before loss reclassification -3,837Reclassified losses 3,837 Net income Net income (Force) **Short-Term Gains** Long-Term Gains Total income Interest Taxes Fiduciary fees Charitable deduction Attorney and accountant fees Other deductions Misc. deductions subject to 2% Total deductions Net income Net income (Force)

Form	SC ₁	04^{1}
LOHIL	-	\mathbf{v}

Net income (Force)

SC Allocation of Expenses by Business Type

2018

For calendar year 2018, or tax year beginning and ending Name Taxpayer Identification Number 57-9999999 ESTATE OF BRUCE WAYNE **Business** Partnership / S Corp Estate / Trust Total income -3,837 Interest Taxes Fiduciary fees Charitable deduction Attorney and accountant fees Other deductions Misc. deductions subject to 2% Total deductions Net income before loss reclassification -3,837Reclassified losses Net income Net income (Force) Farm Summary -3,837 Total income Interest Taxes Fiduciary fees Charitable deduction _____ Attorney and accountant fees Other deductions Misc. deductions subject to 2% Total deductions Net income before loss reclassification -3,837Reclassified losses 3,837 Net income