	Form SC1041 Retu	ırn Summary	/	
For calendar year 2018		, and en		
	OF BLUE		26-9999999	
THE ESTATE	OL BLOLO			
Income Federal taxable income			-300	
Federal exemption		_	100	
Modifications related to gains allocated to p	principal	_		
Additions:		_	_	
State and local interest				
State / local taxes on fed. return	200			
Federal net operating loss				
Out-of state losses				
Other additions				
Total additions		200		
Subtractions				
Interest on U.S. obligations				
SC net operating loss Active trade / business inc. ded.				
Other subtractions Total subtractions				
Total adjustment		200		
Fiduciary adjustment from pass-thr	ough entities			
Beneficiary portion of fiduciary adju		200		
Fiduciary share of fiduciary a				
South Carolina exemption	•	_	100	
Taxable income		_		-300
Tax Computation			i	
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	200			
Estimated tax payments Estimated tax penalty	200			
Applied to next year's estimated tax				
Total payments / application		200		
Net tax			0	
Additions to Tax		_		
Interest on late payments				
Penalties				
Total additions		_		
Balance due				200
Refund			:	200
Next Year's Estimates		Miscellaneo	us Information	
1st quarter	Amended return		a. a	
2nd quarter		nents allocated to b	peneficiaries	_
3rd quarter	Number of ben			4
4th quarter	Number of Sch			4
Total	Return / extend	ed due date	<u>0</u>	$4/1\overline{5/19}$
	Form 41, Balan	ice due		



STATE OF SOUTH CAROLINA

DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041 (Rev. 10/11/17) 3084

	1 10	301/1111 1110011		_		3004		
For the ca	lendar year 2017 or Fiscal Taxable `	Year Beginning	and ending				20	<u> 17</u>
Name of E	Estate or Trust			FEIN				
	THE ESTATE (OF BLUTO		} 26-9999	9999			
Name and	Title of Fiduciary	Mailing Address	City		State ZIF	Code Cor	unty Cod	de
	MELLY JUNE	2 SWEET PEA LANE	CHARLE	STON	SC 294	401 Cha	arleston	
ATTACH	COPY OF FEDERAL FORM 1041 A	ND ALL ITS SCHEDULES, INC	CLUDING SCHEDU	LES K-1. Exte	ension Re	equested:	Yes	
A. Check	c If:	B. If trust, check whether:	C. Also check if:		D. Has	final distribution	on of ass	sets
} X Ad	dress change Simple trust	Testamentary	X Resident e	estate or trust	beei	n made during	the year	r?
An An	nended return X Complex trust	X Inter vivos	Nonreside	nt estate or trust		Yes X	No	
Fir	ial return Estate Grantor		_				•	
Ele	ecting Small Business Trust							
E. During	this taxable year, was this estate or	trust notified of any federal cha	ange for any prior ye	ars? YES o	r X NC) If YES, attach	n copy.	
F. Is a fee	deral Schedule K-1 attached for each bene	ficiary? X YES or NO If Y	YES, how many?	4		If NO, attac	h explana	ation.
If a NONRI	SIDENT estate or trust with income for	rom both South Carolina and Nor	n-South Carolina sou	rces - complete and	d attach Pa	art III, page 3 of	SC1041	<u> </u>
1. FEDE	RAL TAXABLE INCOME (Residents:	Federal Form 1041; Nonresidents: I	ine 22, column D, Par	t III)	} 1		-300	00
	al fiduciary exemption included in line				. 2		100	00
3. South	Carolina Modifications relating to ga	ins allocated to principal or rela-	ting to other items r	ot affecting federa	ı			
distrib	utable net income (attach explanatio	n)			3			00
4. Fiducia	ary's Share of SC Fiduciary Adjustme	ent (from line 1i, Part II)	Addition Sub	traction	4			00
5. NET (combine lines 1 to 4)				. 5		-200	00
6. South	Carolina fiduciary exemption (see in	nstructions)			6	<	100	00 >
7. SOUTH	I CAROLINA TAXABLE INCOME (line 5 le	ss line 6)			} _ 7		-300	00
8. SOUT	H CAROLINA TAX (see instructions	for tax computation schedule) .			8		0	00
9. TAX c	n Lump Sum Distribution (SC4972)	and/or Active Trade or Business	s Income (I-335)		} 9			00
10. Less I	NON-REFUNDABLE CREDITS (attach	ch SC1040TC)			} 10	<		00 >
	ne lines 8 - 10 and enter the results				11			00
	Carolina income tax withheld for no		art IV)		} 12			00
	L TAX (add lines 11 and 12 and ente	sc '-			13			00
14. Amount with: (a)		thholding }	00	Enter tota	al } 14			00
	, ,	00 Amt. applied from 2016 return: (b)	}	50 00 Enter tota	al } 15		200	-
	Payments (add lines 14 and 15)				16		200	
	ayment (line 16 less line 13)			Tasl en mu	} 17		200	
	ling and/or late payment: Penalties	00 Interest	}	00 Enter total h	, 			00
	y for Underpayment of Estimated Ta	, , , , , , , , , , , , , , , , , , , ,			} 19			00
	ce Due (line 13 less line 16 plus line	18 and 19, if applicable)		DALANOE BUE	1 00			_
•	full to SC Department of Revenue	Selected Tax		BALANCE DUE	≺⊢			00
	nt of line 17 to be credited to 2018 E			DEFUND	21		200	00
22. Net R	efund (subtract line 21 from line 17 at I declare that this return and all atta			of my knowledge		<u> </u>	200	00
Diagon	}		complete to the best	of thy knowledge	and belief	•		
Please	Signature of fiduciary or officer re	epresenting fiduciary Date	Tayr	payer's Email				—
Sign	I authorize the Director of the Departm			_	s Printed	Namo		\neg
Here	return, attachments and related tax mat	· ·		No Theparer	s Filliteu	INAITIE		
	•	l l	Date	Check if	Pre	parer's telepho	ne num	
Paid	Preparer's signature JEREMIAH GILLE	mm	11/08/18	self-employed }	[-	00-968-8		
Preparer's		TT RMFIRMFIRMFIRMFI		<u> </u>	PTIN or	30-300-0	1900	
Use Only	(or yours if \bar{\chi} \chi	SADDRESSADDRESSA			FEIN }	P1234567	78	
-	Sell-employed) —————	SADDKESSADDKESSA YCITYCITYCIA, MI	TUTACOUNT	בעעהטטוב	ZIP Code	_		

Name and FEIN on page 1 THE ESTATE OF BLUTO



Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

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 e. Other additions to income (see instr.) - ATT. AN EXPLANATION 1e 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 f. Total subtractions from federal taxable income (add lines 2a through 2e) 2f 200 3. Total (subtract line 2f from line 1f) 3 4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule) 4 200 5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition X or Subtraction 5

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.

Name of each beneficiary. Check box if ber receiving federal K-1 must be listed. Use at:	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. EMILY WATSON	X	241-61-7049		25.0000%	50
b. JACOB T. BELL	X	241-61-7017		25.0000%	50
C. MAGGIE RHODES	X	241-61-2986		25.0000%	50
d. ISAAC BELL	X	246-63-9144		25.0000%	50
e.				%	
f.				%	
g.				%	
h.				%	
i. Fiduciary				%	0
Totals				100%	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.

BENEFICIARY 1 SEE STATEMENT 1 NO TAXABLE INCOME

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

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

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

2018 For calendar year or tax year beginning and ending **}** 26-9999999 Beneficiary's identifying number **}** 241-61-7049 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 BLUTO EMILY WATSON MELLY JUNE 129 MAIN ST. 2 SWEET PEA LANE NC 12345 SC 29401 ANYCITY CHARLESTON Amended K-1 (3) X Nonresident Check if applicable: (1) XFinal 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 50 50l 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 50 50 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.)

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

BENEFICIARY 2 SEE STATEMENT 1 NO TAXABLE INCOME

STATE OF SOUTH CAROLINA

DEPARTMENT OF REVENUE

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

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

		Fan andrewdow	1.0		!	-,,				
Зе	nefi	For calendar year 20 iciary's identifying number	⊤ ۾	or tax year beginn 241-61-701		Estate or trust's FI		ending	2	6-9999999
_		ciary's name, address and ZIP code		,		Estate or trust's name		uciary's name, address		
						THE ESTATE	OE	F BLUTO		
JZ	AC(OB T. BELL				MELLY JUNE				
3418 RAFFERTY 2 SWEET PEA LANE										
HC	IWC	ELL MI	4	8843		CHARLESTON		SC	29	401
<u>- ا</u>	- old	# applicables (4) 37 Final K 4	(2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(2) [37] Nonrocident				
۱۱۰	CK	if applicable: (1) X Final K-1	(2) Amended K-1 (A)	(3) X Nonresident (B)		(C)	l .	(D)
26	nefi	iciary's Share of Current Year		Federal		Plus or Minus		Amounts Not		Amounts
		e, Deductions, Credits, etc.		K-1		SC Adjustments		Allocated or		Allocated or
	····	o, Boudollono, Orouno, oto.		Amounts		OO / tajaotimento		Apportioned to SC		Apportioned to SC
				7 tillourito						Tipportioned to CC
	1	Interest income	1		1	50	1	50	1	
	•	increase indefine	•		·		·		Ė	
2	2	Dividends	2		2		2		2	
	3	Net short-term capital gain	3		3		3		3	
SS)										
(Los	4	Net long-term capital gain	4		4		4		4	
Income										
	5	Other portfolio and nonbusiness income	5		5		5		5	
	6	Ordinary business income	6		6		6		6	
	_		_		_		_		_	
	7	Net rental real estate income	7		7		7		7	
	8	Other rental income	8		8		8		8	
	0	Other rental income	0		0		- 0		0	
	9	Directly apportioned deductions	9		9		9		9	
Sign	•	2 apperaisment academonic			Ŭ		Ť		Ť	
eductions	0	Estate tax deduction	10		10		10		10	
ĕ										
1	1	Final year deductions	11	50	11		11	50	11	
	•	Med Line of Control of the Control o		(00045						
1	2	Withholding tax for nonresident benefic							12	
		List applicable South Carolina tax cred	its.	Attach an additional s	neet	т needed.)				
1	3								13	
								_		
Credits 1	4							_	14	
ē										
1	5							_	15	
	_									
1	6								16	
4	7	Total South Carolina tay gradite							17	
1	7	Total South Carolina tax credits							17	

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

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The Family Privacy Protection Act

BENEFICIARY 3 SEE STATEMENT 1 NO TAXABLE INCOME

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

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

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

2018 For calendar year or tax year beginning and ending **}** 26-9999999 Beneficiary's identifying number **}** 241-61-2986 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 BLUTO MAGGIE RHODES MELLY JUNE 121251 2 SWEET PEA LANE ND 15122 SC 29401 CITY CHARLESTON Amended K-1 (3) X Nonresident Check if applicable: (1) XFinal 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 50 50 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 50 50 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.)

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

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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.

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The Family Privacy Protection Act

BENEFICIARY 4 SEE STATEMENT 1 NO TAXABLE INCOME

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

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

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

2018 For calendar year or tax year beginning and ending Beneficiary's identifying number **}** 246-63-9144 26-9999999 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 BLUTO ISAAC BELL MELLY JUNE 1515 NIKE LANE 2 SWEET PEA LANE HARTFORD CT 12512 SC 29401 CHARLESTON

Check	if applicable: (1) X Final K-1	(2)	Amended K-1	(3) X Nonresident				
	ficiary's Share of Current Year ne, Deductions, Credits, etc.	(A) Federal K-1 Amounts		(B) Plus or Minus SC Adjustments			(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC	
1	Interest income	1		1	50	1	50	1	
2	Dividends	2		2		2		2	
3	Net short-term capital gain	3		3		3		3	
ocome (Loss)	Net long-term capital gain	4		4		4		4	
Jucom 5	Other portfolio and nonbusiness income	5		5		5		5	
6	Ordinary business income	6		6		6		6	
7	Net rental real estate income	7		7		7		7	
8	Other rental income	8		8		8		8	
SU 9	Directly apportioned deductions	9		9		9		9	
Deductions 0	Estate tax deduction	10		10		10		10	
<u>11</u>	Final year deductions	11	50	11		11	50	11	
12	Withholding tax for nonresident benefit	ciary	(See SC1041 K-1 Ins	truc	tions)			12	
	List applicable South Carolina tax cred	lits. (A	attach an additional sl	heet	if needed.)				
13								13	
Credits								14	
ပ် 15	-							15	
16								16	
17	Total South Carolina tax credits							17	

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.

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

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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.

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The Family Privacy Protection Act

South Carolina Statements Emily Watson 241-61-7049

Description	_	Amount
Income taxes deduction on federal Form 1041	\$	50

South Carolina Statements Jacob T. Bell 241-61-7017

Description	Am	ount
Income taxes deduction on federal Form 1041	\$	50

South Carolina Statements Maggie Rhodes 241-61-2986

Description	_	Amount
Income taxes deduction on federal Form 1041	\$	50

South Carolina Statements Isaac Bell 246-63-9144

Description	 Amount	
Income taxes deduction on federal Form 1041	\$ 50	

₩ 1			f the Treasury—Interr	nal Revenue Service Return for E	stat	es and Trus	ts				201	8	ОМЕ	3 No. 1545-0092		
A (heck all th	at apply:	For calendar y	ear 2018 or fiscal y	ear be	ginning		, and	ending	-						
											Emp	ployer identification number				
H^{G}	ecedent's	estate		3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3		,						26-9999999				
	simple trust	İ	The Estat	te of Bluto						D		Date entity created				
X	Complex tru	ıst	Name and title of fiduciary									,				
Η	Qualified dis	sability trust	Melly Ju	•						E	None	exempt o	haritable a	and split-		
H	SBT (S po	ortion only)	Number street and	room or suite no. (If a P.C) hox se	ee the instructions)							s, check a			
Η	Grantor type	e trust	2 Sweet	,	,, 20x, 0						box(e	es), see	instruction	is.		
H	ankruptcy	estate-Ch. 7	City or town, state or i	province, country, and ZIP of	or foreian	postal code					Des	cribed in	n sec. 494	7(a)(1). Check here		
H	ankruptcy	estate-Ch. 11	Charlesto		SC	•				ا ا	_			u [
F	ooled inco	me fund									- 1		n sec. 494			
		Schedules K-1		Initial return	Σ	Final return		Amended	return					ng loss carryback		
	ttached (sensitive)		applicable boxes:	Change in trust's nam		Change in fiduciary	П	Change in	fiduciary's nam	e		7.7		fiduciary's address		
				ction 645 election			Trust T					<u> </u>	g			
	1	Interest in										1				
	2a											2a				
	b	Oualified di	vidends allocable to	o: (1) Beneficiaries		(2)	Fstate	or trust								
	3	Rusiness	income or (loss)	Attach Schedule C	or C-I		Lotato	or trust .				3				
ne	4	Canital na	in or (loss). Attac	ch Schedule D (For	m 104	1)						4				
ncome	5	Ponte rou	raltice partnershi	ps, other estates ar	nd true	to oto Attach Sch	odulo I	 = (Form				5				
<u> </u>	6	Form inco	ma or (loss) Atte	ps, ulilei estates ai	rm 10	15, etc. Attach Sch	edule i	_ (1 0111	1 1040)			6				
	1		rois or (loss). Atta	ach Schedule F (Fo	1111 102	+0)						7				
	7	Other in a	jain of (loss). All	ach Form 4797								<u> </u>				
	8	Other inco	ome. List type and	d amount								8				
	9	lotal inco	ome. Combine iir	nes 1, 2a, and 3 thro	ougn 8						<u>u</u>	9				
	10	Interest. Check if Form 4952 is attached u Taxes										10		200		
	11	Taxes										11				
	12	Fiduciary fees.	If only a portion is ded	luctible under section 67(e),	see instr	ructions						12				
	13	Charitable	le deduction (from Schedule A, line 7)									13				
ns	is deductible under section 67(e), see instructions 15a Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)									14						
. <u>ō</u>										15a						
Deductions	b			on. See instructions								15b				
ed	16		s 10 through 15b									16		200		
Δ	17			Subtract line 16 from							200					
	18	Income distrib	ution deduction (from So	ch. B, line 15). Attach Sche	dules K-1	(Form 1041)						18				
	19	Estate tax	deduction including	certain generation-skip	ping ta	xes (attach computati	on)					19				
	20	Exemption	١									20		100		
	21											21		100		
	22	Taxable in	come. Subtract I	ine 21 from line 17.	If a lo	oss, see instruction	s					22		-300		
	23		(from Schedule C									23				
	24	2018 net 9	965 tax liability pa	aid from Form 965-	A, Part	II, column (k), line	2					24				
40	25	Payments	: a 2018 estima	ated tax payments a	and am	nount applied from	2017 r	eturn				25a				
Payments	b	Estimated	tax payments al	located to beneficia	ries (fr	rom Form 1041-T)						25b				
ne			ne 25b from line									25c				
ž	d	Tax paid v	with Form 7004.	See instructions			<u>.</u>					25d				
	e	Federal in	come tax withhel	d. If any is from Fo	rm(s)	1099, check u]					25e				
and	f	2018 net 9	965 tax liability fro	om Form 965-A, Pa	ırt I, co	lumn (f), line 2						25f				
		Other pay	ments: g Form 2	2439		; h Form 4	136			; Tot	al ${f u}$	25i				
Тах	26			25c through 25f, a								26				
_	27		tax penalty. See									27				
	28			er than the total of	lines 2	3, 24, and 27, ente	er amou	unt owe	d			28				
	29			larger than the total								29				
	30	Amount of	line 29 to be. a	Credited to 2019	11				· h F	Refunde	d 11	30	_			
C:~	Un	nder penalties of	perjury, I declare that I	have examined this return, claration of preparer (other	including	accompanying schedules	and stater	ments, and	to the best of m	y knowledge	and _			the IRS discuss this		
Sig		iici, it is liue, co	пъст, ана сотприете. Det	ciaration of preparer (other	шан (ахр	ayer) is based oil all illioit	nauvii Vi \	willen bieb	arei nas any kno u	wieuge.			show	with the preparer n below (see instr.)?		
He			duciary or officer repre	esenting fiduciary		Date			EIN of fiducia	ry if a fina	ncial inst	titution		Yes No		
	- 1	t/Type prepare			Prepa	arer's signature				Date		Check	X if	PTIN		
Paid	Je	eremiah G		_, _,		emiah Gillett				11/08	3/18	self-emp		P12345678		
Prepa		n's name U		<u>FirmFirmFi</u>							Firm's	s EIN		3-1212121		
Use	Onlvl		AAddre	essAddress	Addı	ressAddres	ssAd	dres	sAddA		Phon	e no	800	-968-8900		

Sc	chedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund	d.						
1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions		1					
2								
3								
4								
5	Add lines 3 and 4	Г	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	Т	1			0		
2	Adjusted tax-exempt interest	ſ	2					
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	ſ	3			0		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	ſ	4					
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	ı	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	r	6					
7	Distributable net income. Combine lines	T	7			0		
8	1 through 6. If zero or less, enter -0- If a complex trust, enter accounting income for the tax year as	ı						
	determined under the governing instrument and applicable local law 8 (٦l						
9	Income required to be distributed currently	_	9			0		
10	Other amounts paid, credited, or otherwise required to be distributed	ŀ	10			0		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions		11					
12	Enter the amount of tax-exempt income included on line 11	ŀ	12					
13	Tentative income distribution deduction. Subtract line 12 from line 11	ŀ	13					
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	ŀ	14			0		
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18		15					
	chedule G Tax Computation (see instructions)	_	13					
1	Tax: a Tax on taxable income. See instructions 1a	Т						
•	b Tax on lump-sum distributions. Attach Form 4972 1b	┨						
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	7						
	d Total. Add lines 1a through 1c	4	1d			Λ		
2a		H	Iu					
b	Foreign tax credit. Attach Form 1116 General business credit. Attach Form 3800 2b	┨						
C	Credit for prior year minimum tax. Attach Form 8801 2c	┨						
d	Bond credits. Attach Form 8912 2d	┨						
e		┪	2e			0		
3	Total credits. Add lines 2a through 2d Subtract line 2e from line 1d. If zero or less, enter -0-	H	3			0		
4	Net investment income tay from Form 8060, line 21	ŀ	4					
5	Net investment income tax from Form 8960, line 21 Recapture taxes. Check if from: Form 4255 Form 8611	ŀ	5					
6	Household employment taxes. Attach Schedule H (Form 1040)	ŀ	6					
7	Total tax. Add lines 3 through 6.	ŀ						
′	· · · · · · · · · · · · · · · · · · ·		7			0		
	Enter here and on page 1, line 23 Other Information				Yes	No		
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses.				163	X		
•	Enter the amount of tax-exempt interest income and exempt-interest dividends u \$	• •				- 23		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any	• •						
_						X		
3	At any time during calendar year 2018, did the estate or trust have an interest in or a signature or other authority	• •				21		
3						Х		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	• •				25		
	foreign country and							
4	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					Х		
5	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	•				X		
e	the instructions for required attachment If this is an estate or a complex trust making the section 663(b) election, check here. See instructions	٠.				Λ		
6 7	To make a section 6/3(a)(3) election attach Schedule D (Form 10/1), and check here. See instructions	٠.		···· [H				
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	• •		····· 【 H				
۵	the estate, and check here Are any present or future trust beneficiaries skip persons? See instructions			· 🗀		X		
9 10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for	• •						
10						Х		
	Form 8938)?					77		

Beneficiary 1	X	Final K-1	Amend	ed K-1) با با با ط ط OMB No. 1545-0092
Schedule K-1 (Form 1041) 2018 For calendar year 2018, or tax year	Pa	art III	Beneficiary's Sha Deductions, Cree	are of dits, ar	Current Year Income, nd Other Items
Department of the Treasury	1	Interest		11	Final year deductions
nternal Revenue Service				A *	50
	_ ^{2a}	Ordinar	/ dividends		
beginning ending ending	2b	Qualifie	d dividends		
Beneficiary's Share of Income, Deductions, Credits, etc. u See back of form and instructions	s. 3	Net sho	rt-term capital gain		
Part I Information About the Estate or Trust			3.		
A Estate's or trust's employer identification number	4a	Net long	g-term capital gain		
26-9999999 B Estate's or trust's name	4b	28% rat	e gain	12	Alternative minimum tax adjustment
B Estate's or trust's name					
	4c	Unrecap	otured section 1250 gain		
	5		ortfolio and ness income		
The Estate of Bluto C Fiduciary's name, address, city, state, and ZIP code		none do.			
o Huddary's Harre, address, city, state, and zir code	6	Ordinan	/ business income	_	
		Oraman	y business moone		
Melly June	7	Net ren	al real estate income	-	
2 Sweet Pea Lane				13	Credits and credit recapture
Charleston SC 29401	8	Other re	ental income		
	9	Directly	apportioned deductions	\dashv	
D Check if Form 1041-T was filed and enter the date it was filed				14	Other information
				┤ '*	Other Information
E X Check if this is the final Form 1041 for the estate or trust					
	10	Estate t	ax deduction		
Part II Information About the Beneficiary				_	
F Beneficiary's identifying number				_	
241-61-7049 G Beneficiary's name, address, city, state, and ZIP code					
Emily Watson				_	
129 Main St.					
AnyCity NC 12345	*Se	e attac	hed statement for ad	ditional	information.
	No	te: A st	atement must be atta	ched sh	owing the
		-	's share of income ar		
	l l		from each business,	rental r	eal estate, and
	oth	er renta	al activity.		
	술				
	O Q				
	s Us				
	For IRS Use Only				
H X Domestic beneficiary Foreign beneficiary	_ <u>ē</u>				

Beneficiary 2	X	Final K-1	Amende	ed K-1) با با با ط ط OMB No. 1545-0092
Schedule K-1 (Form 1041) 2018 For calendar year 2018, or tax year	Pa	art III	Beneficiary's Sha Deductions, Cred	re of lits, ar	Current Year Income,
Department of the Treasury	1	Interest		11	Final year deductions
nternal Revenue Service				A *	50
	2a	Ordinary	dividends		
beginning ending ending ending	2b	Qualifie	d dividends		
Beneficiary's Share of Income, Deductions, Credits, etc.	3	Net sho	rt-term capital gain		
Part I Information About the Estate or Trust			3		
A Estate's or trust's employer identification number	4a	Net long	ı-term capital gain		
26-999999 B Estate's or trust's name	4b	28% rat	e gain	12	Alternative minimum tax adjustment
B Estate's or trust's name		ļ.,.			
	4c		tured section 1250 gain		
	5	1	ortfolio and ness income		
The Estate of Bluto C Fiduciary's name, address, city, state, and ZIP code	-				
Tradicity of name, address, only, state, and all occess	6	Ordinary	business income	\dashv	
Melly June	7	Net rent	al real estate income		
2 Sweet Pea Lane				13	Credits and credit recapture
Charleston SC 29401	8	Other re	ental income		
	9	Directly	apportioned deductions		
D Check if Form 1041-T was filed and enter the date it was filed				4	
D Check if Form 1041-T was filed and enter the date it was filed				14	Other information
				\dashv	
E X Check if this is the final Form 1041 for the estate or trust					
	10	Estate t	ax deduction		
Part II Information About the Beneficiary F Beneficiary's identifying number					
241-61-7017					
G Beneficiary's name, address, city, state, and ZIP code					
Jacob T. Bell 3418 Rafferty					
Howell MI 48843	*\$6	e attac	hed statement for add	l litional	I information
			atement must be attac		
			s share of income an		· ·
		-	from each business,		
	oth	er renta	l activity.		
	<u>></u>				
	o Or				
	n Ost				
	I For IRS Use Only				
H X Domestic beneficiary Foreign beneficiary	For				

X	Final K-1	[Amended	K-1	6611
1				11 A *	Final year deductions 50
┨ 。	Net Sho	п-четт саркаг данг			
4a	Net long	g-term capital gain			
4b	28% rat	e gain		12	Alternative minimum tax adjustment
4c	Unrecap	otured section 1250	gain		
5					
6	Ordinary	/ business income			
7	Net ren	al real estate incom	e	13	Credits and credit recapture
8	Other re	ental income		<u> </u>	Credits and Credit recapture
9	Directly	apportioned deduct	ions		
				<u> </u>	
				14	Other information
10	Estate t	ax deduction		$\frac{1}{1}$	
				П	
4					
*See attached statement for additional information. Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.					
I For IRS Use Only					
	1 2a 2b 3 4a 4b 4c 5 7 8 9 10 ber decoth	2a Ordinary 2b Qualified 3 Net sho 4a Net long 4b 28% rat 4c Unrecap 5 Other penonbusi 6 Ordinary 7 Net rent 8 Other re 9 Directly *See attace Note: A st beneficiary deductions other renta	Part III Beneficiar Deduction 1 Interest income 2a Ordinary dividends 2b Qualified dividends 3 Net short-term capital gain 4a Net long-term capital gain 4b 28% rate gain 4c Unrecaptured section 1250 5 Other portfolio and nonbusiness income 6 Ordinary business income 7 Net rental real estate income 8 Other rental income 9 Directly apportioned deduct 10 Estate tax deduction *See attached statement must beneficiary's share of indeductions from each be other rental activity.	Part III Beneficiary's Shar Deductions, Credi 1 Interest income 2a Ordinary dividends 2b Qualified dividends 3 Net short-term capital gain 4a Net long-term capital gain 4b 28% rate gain 4c Unrecaptured section 1250 gain 5 Other portfolio and nonbusiness income 6 Ordinary business income 7 Net rental real estate income 8 Other rental income 9 Directly apportioned deductions *See attached statement for addi Note: A statement must be attach beneficiary's share of income and deductions from each business, reother rental activity.	Part III Beneficiary's Share of Deductions, Credits, ar 1 Interest income 11 A * 2a Ordinary dividends 2b Qualified dividends 3 Net short-term capital gain 4a Net long-term capital gain 4b 28% rate gain 12 4c Unrecaptured section 1250 gain 5 Other portfolio and nonbusiness income 6 Ordinary business income 13 8 Other rental income 9 Directly apportioned deductions 14 14 10 Estate tax deduction 15 See attached statement must be attached sh beneficiary's share of income and direct deductions from each business, rental rental activity.

Beneficiary 4			Final K-1	Amende	d K-1	OMB No. 1545-0092
Schedule K-1 (Form 1041)	2018	P	art III	Beneficiary's Sha Deductions, Cred	re of lits. ar	Current Year Income, nd Other Items
Department of the Treasury	For calendar year 2018, or tax year	1	Interest	income	11	Final year deductions
nternal Revenue Service					A *	50
		2a	Ordinar	y dividends		30
beginning	ending	2b	Oualifie	ed dividends		
Beneficiary's Share of Credits, etc.	f Income, Deductions,	25	Qualifie	a dividends		
	U See back of form and instructions.	3	Net sho	ort-term capital gain		
Part I Information Al	bout the Estate or Trust				↓	
A Estate's or trust's employer identification	number	4a	Net Ion	g-term capital gain		
26 0000000		4b	28% ra	te gain	12	Alternative minimum tax adjustment
26-999999 B Estate's or trust's name		-		g	'-	/ itemative minimum tax adjustment
		4c	Unreca	ptured section 1250 gain	+	
		5	1	portfolio and		
The Estate of E	Bluto		nonbus	iness income		
C Fiduciary's name, address, city, state, an	d ZIP code					
		6	Ordinar	y business income	<u> </u>	
		7	Not ron	atal real estate income	4	
Melly June		'	INEL IEII	ital feal estate income	13	Credits and credit recapture
2 Sweet Pea Lane Charleston	SC 29401	8	Other r	ental income	┤ 'ँ	Oredits and Great recapture
Charlescon	SC 29401		00.	ona moone		
		9	Directly	apportioned deductions	\dashv	
D Check if Form 1041-T was filed and	enter the date it was filed					
					14	Other information
					<u> </u>	
E X Check if this is the final Form 1041	for the estate or trust	10	Entoto	tax deduction	4	
Part II Information A	hout the Depolicions	10	Estate	tax deduction	<u> </u>	
F Beneficiary's identifying number	bout the Beneficiary				\dashv	
246-63-9144						
G Beneficiary's name, address, city, state, a	and ZIP code	1				
Isaac Bell						
1515 Nike Lane						
Hartford	CT 12512	*Se	ee attac	ched statement for add	litional	information.
				tatement must be attac		~
			-	share of income an		
				s from each business,	rental r	'eal estate, and
		Oth	er renta	al activity.		
		>				
		Onl				
		Jse				
		ารเ				
		I For IRS Use Only				
H Domestic beneficiary	Foreign beneficiary	l R				

Form 1041	South Carolina Financial T	ransaction Record		2018
	For calendar year 2018, or tax year beginning	, and ending		
Name			Employer Id	entification Number
THE ESTATE	OF BLUTO		26-999	9999

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	Y
Routing Transit Number	$04100012\overline{4}$
Bank Account Number	123456789
Type of Account	CHECKING
Taxpayer Phone Number	
Requested Payment Date	
Requested Payment Date Amount of Tax Payment	
Refund to be Deposited	200

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