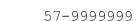


STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1041 (Rev. 7/15/20)

| | dor.sc.gov | FIDU | CIARY | INCOM | ME T | AX R | ET | JRN | | | | 084 | |
|---------------------------|--------------------------|----------------------------|-----------------|--------------------|------------|--------------|-----------|-------------|----------|--------|---------------------|----------------|--------|
| For the c | alendar year 2020 o | | | | | d ending | | | | | | | 20 |
| Name of | estate or trust | | | | | | FEII | V | | | | | |
| | TF | HE ESTATE OF | BRUCE V | VAYNE | | | • | 57-99 | 9999 | 9 | | | |
| Name and | title of fiduciary ALFF | RED | Maili | ing address | | City | | | State | e ZII | P | County Co | de |
| | TRU | STEE | 400 (| GOTHAM DRIVE | | NEW Y | ORK | | NY | 10 | 001 | Out of SC | |
| ATTACH | COPY OF FEDERA | AL FORM 1041 AND | | | UDING S | | | E | | | equested: | 1 | |
| A. Chec | k all that apply: | | B. Trusts - cl | neck if: | C. Cl | neck if: | | | D. | Was | the final di | stribution | |
| ▶ _ Ad | ddress change | Simple trust | Testa | mentary | | Resident | estate | or trust | | | ssets made year? | during | |
| ıA 📗 | mended return X | Complex trust | Inter | vivos | X | Nonreside | ent esta | ate or trus | t | | Yes | X No | |
| Fi | nal return 🔲 Estat | te Grantor trust | | | _ | • | | | | | | | |
| E | ecting small busines | s trust | | | | | | | | | | | |
| E. Durin | g this taxable year, v | was this estate or tru | ust notified of | any federal ch | nange for | any prior y | ears? | Yes | X | No | If yes, a | ttach copy. | |
| F. Is a fe | ederal Schedule K-1 atta | ached for each beneficia | ary? X Yes | No I | f yes, how | many? | 1 | | | - | | attach explana | ation. |
| If a nonre | sident estate or trust | with income from bo | oth South Care | olina and non | South Car | olina source | es, com | plete and | attach F | art II | | | |
| Feder | ral Taxable Income (| Residents: Federal 10 | 41; Nonresiden | ts: Part III, line | 22, colum | n D) | | | | 1 | | -3,837 | 00 |
| | ral fiduciary exemption | | ahaya | | | | | | | 2 | | | 00 |
| 3. South | Carolina modification | ons relating to gains | | | | | | | | | | | |
| distrib | outable net income (| attach explanation) | | | | | | | | 3 | 0. | | 00 |
| 4. Fiduc | iary's share of SC fi | duciary adjustment (| from Part II, I | ine 1i) | Addition | Sub | otraction | 1 | | 4 | - | | 00 |
| | add lines 1 through 4 | | | | | | | | | 5 | | -3,837 | 00 |
| 6. South | Carolina fiduciary | exemption (see instr | uctions) | | | | | | | 6 | < | 100 | _ |
| 7. South | Carolina taxable income | e (subtract line 6 from li | | | | | | | | 7 | | | _ |
| | Carolina tax (see in | | omputation so | chedule) | | | | | | 8 | | 0 | 00 |
| 9. Tax o | n Lump Sum Distrib | ution (SC4972) and | or Active Tra | de or Busines | s Income | (I-335) | | | | 9 | | | 00 |
| 10. Nonre | fundable credits (at | tach SC1040TC) | | | | | | | | 10 | < | | 00 |
| | ne 8 through line 10 | | t but not less | than zero | | | | | | 11 | | | 00 |
| 12. South | Carolina income ta | x withheld for nonre | sident benefic | ciaries (from P | art IV) | | | | | 12 | | | 00 |
| 13. Total | tax (add lines 11 and | d 12) | | | | | | | | 13 | | | 00 |
| | | Extension | 464 | 00 (b) SC withhol | Iding > | | 200 | 00 | | 14 | | 664 | 00 |
| 15. Estima | ated Tax Payments | | | | | | | SEE SI | MT 1 | | | | П |
| (a) Es | stimated Tax paymer | nts | | | | | | | | 15a | | | 00 |
| (b) Ar | mount applied from 2 | 2019 return | | | | | | | | 15b | | | 00 |
| (c) Mo | otor Fuel Income Tax | x Credit | | | | | | | | 15c | | | 00 |
| Total | (add line 15a throug | h line 15c) | | | | | | | | 15 | | | 00 |
| 16. Total | payments (add line | 14 and line 15) | | | | | | | | 16 | | 664 | 00 |
| 17. Overp | ayment (subtract line | e 13 from line 16). | | | <u></u> | | | | | 17 | | 664 | 00 |
| 18. Late fil | le/pay penalty | 00 | o interest | | 00 | | | | | 18 | | | 00 |
| 19. Penal | ty for underpayment | of Estimated Tax (/ | Attach SC221 | 0) | | | | | • | 19 | | | 00 |
| | | | | | | | | | | | | | |
| 20. Balan | ce (subtract line 16 | from line 13. Add lin | e 18 and line | 19, if applicat | ole) | | BAL | ANCE D | JE | 20 | | | 00 |
| | nt of line 17 to be co | | | | | | | | | 21 | | 64 | 00 |
| 22. Net re | fund (subtract line 2 | .1 from line 17) | | | | | | REFUN | | 22 | | 600 | 00 |
| | I declare that this r | return and all attachr | ments are true | e, correct, and | complete | e to the bes | st of my | knowled | ge and | belie | f. | | |
| Sign | | | | | | Bru | ıce@ba | tman.co | m | | | | |
| Here | Signature of fidu | ciary or officer repre | senting fiduci | iary Date | | Tax | payer's | email | | | | | |
| | A | ctor of the SCDOR or o | - | uss this return, | | V [] | [| Prepar | er's pri | nted | name | | |
| | attachments, and rela | ated tax matters with the | ne preparer. | 3. | | Yes | No | | | | | | |
| Paid | Preparer's | | | | Date | | Check | | | Pre | parer's pho | one number | |
| Preparer's | | REMIAH GILLETT | | | | 24/20 | | mployed | X | 8 | 00-968 | 3-8900 | |
| Use Only | Firm's name (or yours if | AFIRMFIRM | | | | | | | PTIN | l or | | | _ |
| | self-employed) | AADDRESSA | DDRESSA | ADDRESSA | ADDRE | SSADDE | RESS | ADDA | FEIN | 1 | P1234 | 5678 | |
| | and address | ACITYCITYCI | TYCITYC | TA, MT | | | | | 7IP | | 4813 | 30-1234 | |





Name and FEIN on page 1 THE ESTATE OF BRUCE WAYNE 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 200 b. State or local taxes measured by income deducted on the federal return 1b c. Federal net operating loss carryover 1c d. Out-of state losses 1d e. Other additions to income (attach schedule) 1e f. Total additions to federal income (add line 1a through line 1e) 1f 200 2. Subtractions from federal taxable income: 2a a. Interest on US obligations b. State Income Tax refunds reported as income on federal return 2b 2c C. South Carolina net operating loss carryover (attach schedule) d. Active Trade or Business Income Deduction (I-335, line 5) 2d e. Other subtractions from income (attach schedule) 2e f. Total subtractions from federal taxable income (add line 2a through line 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 5. South Carolina fiduciary adjustment (add line 3 and line 4) Addition | X | or Subtraction 5 200

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 the 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.

| | | paration of mooning. | | | | |
|----|--|----------------------|---|--------------------------------|---|-----|
| | Name of each beneficiary. Check box if beneficiary is a non receiving federal K-1 must be listed. Use attachment if more | resident | dent. All beneficiaries n eight beneficiaries. | Shares of F Distributable N | Shares of South Carolina Fiduciary Adjustment Addition or Subtraction | |
| | | | Social Security Number | 2. Amount | 3. Percent | X |
| 8 | a. JUNE BUG | X | 515-12-1512 | | % | |
| t | D. | | | | % | |
| | C. | | | | % | |
| C | d. | | | | % | |
| e | 9. | Γ | | | % | |
| f | f. | | | | % | |
| ç | g. | | | | % | |
| ŀ | n. | | | | % | |
| į. | i. Fiduciary | | | | 100.0000% | 200 |
| _ | Totals | | | | 100% | 200 |

COLUMN 2: Total federal distributable net income must be equal to the federal 1041, Schedule B, line 7.

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

COLUMN 4: Enter South Carolina fiduciary adjustment from Part I, line 5 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 the federal 1041, Schedules B and Schedule 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 page 1, line 4.



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

2020

Page 3

| A. | Thes | se items correspond to page 1 of the federal 1041. | | В. | Total income as reported on federal 1041 | from Sc | Portion plumn E puth Ca purces | 3 | portion | onresident fiduciary's n of Column C and apital gains not distributed |
|--|--|--|--------------------------------------|--------|---|--|---|--|-------------|--|
| | 1. | Interest income | | | | | 72 | | | |
| | 2. | Dividends | | | | | | | | |
| | 3. | Business income or (loss) | | | -3,83 | 7 | -3 | ,837 | | -3,837 |
| 띪 | 4. | Capital gain or (loss) | | | | | | | | |
| INCOME | 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 (add line 1 through line 8) | | | -3,83 | 7 | -3 | ,837 | | -3,837 |
| | 10. | Interest | | | | | | | | |
| " | 11. | Taxes | | | 20 | 0 | | | | |
| Š | 12. | Fiduciary fees | | | | | | | | |
| Ĕ | 13. | Charitable deduction | | | | | | | | |
| \tilde{g} | 14. | Attorney, accountant, and return preparer fees | | | | | | | | |
| DEDUCTIONS | 15a. | Other deductions NOT subject to the 2% floor | | | | | | | | |
| _ | 15b. | Net operating loss deduction | - [| | | | | | | |
| | 16. | Total (add line 10 through line 15b) | | | 20 | 0 | | | | |
| | 17. | Subtract line 16 from line 9 | | | -4,03 | 7 | -3 | ,837 | | -3,837 |
| | 18. | Distributions to beneficiaries | | | | | | | | |
| | 19. | Federal Estate Tax (fiduciary) | | | 2 | | | | | |
| | | Federal Estate Tax (beneficiary) | | | | | | | | |
| | 20. | Exemption | | | 10 | 0 | | PERM | | |
| | 21. | Total (add line 18 through line 20) | | | 10 | 0 | | | | |
| | 22. | Taxable income (subtract line 21 from line 17) | | | -4,13 | 7 -3,837 | | | -3,837 | |
| | 23. | 3. Total percent of all nonresident beneficiaries (from Part II, page 2) | | | | | | | | |
| | | | | | | | | % | | |
| | 24. Total South Carolina income of nonresident beneficia | | | | | | | | | |
| | | (multiply line 22 by line 23) | | | | | | | | 7 |
| | | Part IV - NONRESIDENT BEN | EFICIAR | IES' | SHARES OF | INCOME A | AND (| CREDIT | S | |
| | | A. Name | B. Benefic percentaç from Pari | je | C. South Carolina capital gain (Part III, line 4, column C x column B) | D. South Card ordinary income (I line 22, column less capital ga x Column B. | Part III, n C iins | E. Less ar exempt f withholdin I-41 Affic | rom g by | F. Tax to be withheld (net amount of column C, column D, and column E x 7%) |
| а. | June B | ug 515-12-1512 | | | | | | | | |
| 0. | | | | | | | | | | |
| <u>. </u> | | | | | | | | | | |
| <u>d.</u> | | | | | | | | | | |
| 9. | | | | | | | | 0.40 | | |
| TC | TAL | S | | % | | | | | | |
| | | Part V - NONRESIDENT | ГЕХЕМ | | N ALLOWAN | CE FOR F | IDUCI | IARY | | Lance and the same |
| 1. | Exem | nption allowance claimed on federal 1041 | | | | | | 1 | | 100 |
| 2. | Ratio | of total South Carolina income (Part III, line 9, column D) to tota | I federal inc | ome (F | Part III, line 9, column | B) | | 2 | , | 100.0000 % |
| 3. | | Carolina nonresident fiduciary exemption (multiply line | | | | | | 3 | | 100 |

NO ADJUSTMENTS / TAXABLE INCOME

7055

dor.sc.gov

STATE OF SOUTH CAROLINA

DEPARTMENT OF REVENUE

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

SC1041 K-1 (Rev. 6/10/20) 3516

2020 or tax year beginning For calendar year and ending Beneficiary's identifying number **▶** 515-12-1512 Estate or trust's FEIN 57-9999999 Beneficiary's name, address, and ZIP Estate or trust's name, fiduciary's name, address, and ZIP THE ESTATE OF BRUCE WAYNE JUNE BUG ALFRED 9393 NEWBERRY LANE 400 GOTHAM DRIVE AR 41212 BERRYVILLE NEW YORK NY 10001 Check if applicable: (1) Final K-1 (2) Amended K-1 (3) X Nonresident Check if the beneficiary is exempt from nonresident withholding because they filed an I-41 affidavit with the trust or estate (A) (B) (C) (D) Beneficiary's Share of Current Year Federal Plus or Amounts Not Amounts Income, Deductions, Credits, etc. K-1 Allocated or Allocated or Minus **Amounts** SC Adjustments Apportioned to SC Apportioned to SC 1 Interest income 1 1 Dividends 2 2 2 Net short-term capital gain 3 3 3 3 ncome (Loss) Net long-term capital gain 4 4 4 5 5 5 Other portfolio and nonbusiness income 5 Ordinary business income 6 6 6 6 Net rental real estate income 7 7 7 7 Other rental income 8 8 8 8 9 9 Directly apportioned deductions 9 9 9 Estate Tax deduction 10 10 10 10 11 Final year deductions . 11 11 Withholding Tax for nonresident beneficiary (See SC1041 K-1 Instructions) 12 List applicable South Carolina tax credits. (Attach an additional sheet if needed.) 13 13 14 15 16 16 17 Total South Carolina tax credits 17

INSTRUCTIONS FOR SC1041 K-1

General purpose: The estate or trust prepares the SC1041 K-1 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.

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

Column B, line 1 through line 11 - Enter the beneficiary's share of South Carolina adjustments to federal taxable income (loss). Show additions as a positive number and subtractions in brackets as a negative number. See the SC1041 instructions at dor.sc.gov/forms.

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

Column D, line 1 through line 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. Prepare an SC41 Fiduciary Report of Nonresident Beneficiary Tax Withheld for each nonresident beneficiary with an amount withheld. The SC41 is located in the SC1041 instructions. Find the SC1041 at dor.sc.gov/forms. Enter the Withholding Tax amount for each nonresident beneficiary on line 12 of their SC1041 K-1. Provide a copy of the SC41 and the SC1041 K-1 to each nonresident beneficiary so they may attach them to their South Carolina Income Tax returns.

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 an SC1041 K-1 to each 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 if you are an individual taxpayer. 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 SCDOR must 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 SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, 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.

57-9999999

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 | |