

FIDUCIARY TAX RETURN



(OR FISCAL YEAR BEGINNING , 2001, ENDING)

Please Print Blue or Black Ink Only

Name of estate or trust, Federal Employer identification number, Name and title of fiduciary, Address of fiduciary (number and street), City or town, State, Zip code

CHECK BOX IF: NAME OR ADDRESS HAS CHANGED THIS IS AN AMENDED RETURN (ATTACH EXPLANATION) AMENDED RETURN

TYPE OF ENTITY, DECEDENT'S ESTATE INFORMATION, RESIDENT STATUS. Includes checkboxes for estate types and resident status, and fields for subdivision code, county, and city.

COMPUTATION OF TAXABLE INCOME AND TAX OF FIDUCIARY

Staple check here

Table with 4 columns: Line number, Description, Amount, and Taxable amount. Rows 21-46 include federal taxable income, exemptions, Maryland tax, local tax, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 18) Please be sure the account information is correct.

47. To choose the direct deposit option, complete the following information: 47a. Type of account: 47b. Routing number: 47c. Account number:

Daytime telephone no. (Fiduciary), CODE NUMBER, FOR OFFICE USE ONLY, Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

Make checks payable to: COMPTROLLER OF MARYLAND. Write federal employer identification no. on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

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FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS

(a) Do not complete lines 1 through 9 if the fiduciary distributes all of the income during the taxable year. (b) Complete lines 1 through 8 and enter on line 24 if the fiduciary retains 100% of the income for the taxable year. (c) Complete lines 1 through 9 if a partial distribution of income is made by the fiduciary during the taxable year. Write a minus sign (-) in front of any negative numbers.

ADDITIONS

1. Interest on state and local obligations other than Maryland	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
2. Income taxes deducted on federal return	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
3. Other additions to income (Specify)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
4. Total additions (Add lines 1 through 3)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		

SUBTRACTIONS

5. Income from U.S. obligations	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
6. Other subtractions (Specify)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
7. Total subtractions (Add lines 5 and 6)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
8. Net Maryland modifications (Line 4 less line 7)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		

9. Fiduciary's share of net Maryland modifications. Divide the total distribution from federal Form 1041 by the distributable net income, expressing the answer in decimal form. Subtract the decimal from 1 and multiply the difference by line 8.

$$1 - \left(\frac{\text{Total distribution}}{\text{Distributable net income}} \right) = \text{Undistributed income factor}$$

Line 11, Schedule B, federal Form 1041
Line 7, Schedule B, federal Form 1041

$$\frac{\text{Undistributed income factor}}{\text{Line 8}} =$$

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Enter here and on line 24

NONRESIDENT DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland

10. Income from intangible personal property accumulated for a nonresident (See Instruction 9)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
11. Related expenses	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
12. Nonresident deduction (Subtract line 11 from line 10.) Enter on line 26	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		

CREDIT FOR TAXES PAID TO OTHER STATES

Complete this area if the fiduciary is a resident and is liable for income tax to another state. Attach a copy of the return filed with the other state.

13. Taxable net income (from line 29)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
14. Taxable net income of fiduciary in other state	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
15. Revised net income (Subtract line 14 from line 13. If less than 0, write 0)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
16. Maryland tax (from line 30)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
17. Tax on amount on line 15 (Use rate schedule.)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
18. Tentative tax credit (Line 16 less line 17)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
19. State tax shown on return filed with the state of _____ (Attach copy of return filed with the other state.)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		
20. Credit for tax paid to the other state (Enter the lesser of line 18 or 19 here and on line 38)	<table border="1" style="width: 100px; height: 20px;"><tr><td></td><td></td></tr></table>		

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the box on the front and explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended.

EXPLANATION OF CHANGES

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your preparer to discuss this return with us.

MAIL TO: **COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MARYLAND 21411-0001**

Signature of fiduciary or officer representing fiduciary

Date

Signature of preparer other than fiduciary

Date

Address and telephone of preparer