

**FIDUCIARY
TAX RETURN**

(OR FISCAL YEAR BEGINNING , 2003, ENDING)



Federal employer identification number		
Name of estate or trust		
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**

<p>TYPE OF ENTITY</p> <p>1. <input type="checkbox"/> Decedent's estate</p> <p>2. <input type="checkbox"/> Simple trust</p> <p>3. <input type="checkbox"/> Complex trust</p> <p>▶ 4. <input type="checkbox"/> Grantor type trust</p> <p>5. <input type="checkbox"/> Bankruptcy estate</p> <p>6. <input type="checkbox"/> Qualified funeral trust</p> <p>7. <input type="checkbox"/> Pooled income fund</p>	<p>DECEDENT'S ESTATE INFORMATION</p> <p>If Decedent's estate:</p> <p>Date of death _____</p> <p>Domicile of decedent _____</p> <p>Decedent's social security no. _____</p> <p>▶ <input type="checkbox"/> Check here if final return</p>	<p>RESIDENT STATUS</p> <p>Check box if: <input type="checkbox"/> Resident Complete code, county and city, town or taxing area boxes below.</p> <table border="1"> <tr> <td>Subdivision code</td> <td>County</td> <td>City, town or taxing area</td> </tr> <tr> <td>▶</td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> Nonresident</p>	Subdivision code	County	City, town or taxing area	▶		
Subdivision code	County	City, town or taxing area						
▶								

COMPUTATION OF TAXABLE INCOME AND TAX OF FIDUCIARY

21.	Federal taxable income of fiduciary (from line 22 of federal Form 1041)	21.	
22.	Exemption claimed on federal return	22.	
23.	Line 21 plus line 22	▶ 23.	
24.	Fiduciary's share of Maryland modifications (from back of return)	▶ 24.	
25.	Line 23 plus or minus line 24	25.	
26.	Nonresident deduction (from line 12)	▶ 26.	
27.	Maryland income (Subtract line 26 from line 25)	27.	
S	28. Maryland exemption (See Instruction 11)	28.	
t	29. Maryland and local net taxable income of fiduciary (Subtract line 28 from line 27)	29.	
a	30. Maryland tax (Use rate schedule in instructions)	30.	
p	31. Local tax Multiply the net taxable income from line 29 by • 0 (See Instruction 15)	31.	
l	32. Total Maryland and local tax (Add lines 30 and 31)	32.	
e	33. Contribution to Chesapeake Bay and Endangered Species Fund	▶ 33.	
	34. Contribution to Fair Campaign Financing Fund	▶ 34.	
C	35. Total Maryland income tax, local income tax and contributions (Add lines 32, 33 and 34)	35.	
h	36. Maryland and local tax withheld (See Instruction 17)	▶ 36.	
e	37. Estimated tax payments and payments made with extension request	▶ 37.	
c	38. Credit for fiduciary income tax paid to another state (from line 20) and/or credit for preservation and conservation easements (See Instruction 17)	▶ 38.	
k	39. Business and Heritage Structure Rehabilitation tax credits (Attach Form 500CR and Form 502H)	▶ 39.	
	40. Total payments and credits (Add lines 36 through 39)	40.	
H	41. Balance due (If line 35 is more than line 40)	▶ 41.	
e	42. Overpayment (If line 35 is less than line 40)	▶ 42.	
r	43. Amount of overpayment to be applied to 2004 estimated tax	▶ 43.	
e	44. Amount of overpayment to be refunded (Subtract line 43 from line 42)	▶ Refund 44.	
	45. Interest charges from Form 504UP _____ or for late filing _____ .Total	▶ 45.	
	46. TOTAL AMOUNT DUE (Add lines 41 and 45)	46.	

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: Checking Savings

47b. Routing number ▶ _____ 47c. Account number ▶ _____

Daytime telephone no. (Fiduciary)

CODE NUMBER

FOR OFFICE USE ONLY

Preparer's SSN or PTIN

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 TAX RETURN
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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	<input type="text"/>	
2. Income taxes deducted on federal return	<input type="text"/>	
3. Other additions to income (Specify)	<input type="text"/>	
4. Total additions (Add lines 1 through 3)		<input type="text"/>

SUBTRACTIONS

5. Income from U.S. obligations	<input type="text"/>	
6. Other subtractions (Specify)	<input type="text"/>	
7. Total subtractions (Add lines 5 and 6)		<input type="text"/>
8. Net Maryland modifications (Line 4 less line 7)		<input type="text"/>
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

$$\text{Undistributed income factor} \times \text{Line 8} = \text{Enter here and on line 24}$$

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)	<input type="text"/>
11. Related expenses	<input type="text"/>
12. Nonresident deduction (Subtract line 11 from line 10.) Enter on line 26	<input type="text"/>

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. Net taxable income (from line 29)	<input type="text"/>
14. Net taxable income of fiduciary in other state	<input type="text"/>
15. Revised net income (Subtract line 14 from line 13. If less than 0, write 0)	<input type="text"/>
16. Maryland tax (from line 30)	<input type="text"/>
17. Tax on amount on line 15 (Use rate schedule.)	<input type="text"/>
18. Tentative tax credit (Line 16 less line 17)	<input type="text"/>
19. State tax shown on return filed with the state of _____ (Attach copy of return filed with the other state.)	<input type="text"/>
20. Credit for tax paid to the other state (Enter the lesser of line 18 or 19 here and on line 38)	<input type="text"/>

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the box and draw a line through any barcodes on the front. 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 _____