



OR FISCAL YEAR BEGINNING , 2010, ENDING

Please Print Using Blue or Black Ink Only

Form with fields: 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

Section with columns: TYPE OF ENTITY, DECEDENT'S ESTATE INFORMATION, RESIDENT STATUS, AMENDED RETURN. Includes checkboxes for estate types, decedent info, resident status, and amended return options.

Main calculation section with lines 21-48. Includes descriptions of income, deductions, taxes, and payments, with corresponding line numbers and a vertical bar on the right.

DIRECT DEPOSIT OF REFUND (See Instruction 18) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 588. In order to comply with new banking rules, please, check [] here if this refund will go to an account outside the United States. If checked, see Instruction 18.

49. For direct deposit option, complete the following information clearly and legibly: 49a. Type of account: [] Checking [] Savings 49b. Routing number (9-digit) 49c. Account number

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001. CODE NUMBERS (3 digits per box) 049



NAME FEIN

FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS

(a) Do not complete lines 1 through 10g if the fiduciary distributes all of the income from the tax year. See Instructions. (b) Complete lines 1 through 8 and enter on line 24 (Page 1) if the fiduciary retains 100% of the income for the tax year. (c) Complete lines 1 through 8, and lines 9a through 9d or 10a through 10g if a partial distribution of income is made by the fiduciary during the tax year. Enter the result on line 24 (page 1) as a positive or negative number accordingly. Write a minus sign (-) in front of any negative numbers.

ADDITIONS

1. Interest on state and local obligations other than Maryland
2. Income taxes deducted on federal return
3. Other additions to income (Specify)
4. Total additions (Add lines 1 through 3)

SUBTRACTIONS

5. Income from U.S. obligations
6. Other subtractions (Specify) (Do not include non-Maryland source income as a subtraction)
7. Total subtractions (Add lines 5 and 6)
8. Net Maryland modifications (subtract line 7 from line 4)

FIDUCIARY'S SHARE OF NET MARYLAND MODIFICATIONS

(You may choose to allocate your modifications based upon the formula method or alternative method below. You may not use both methods)

Formula Method:

9a. Federal Distributable Net Income (DNI from federal schedule B, Form 1041)
9b. Fiduciary's share of the federal DNI
9c. Fiduciary's percentage of federal DNI (divide 9b by 9a)
9d. Fiduciary's share of net Maryland modification (multiply line 8 by line 9c; enter here and on line 24)

Alternative Method:

In the alternative, net Maryland modifications may be allocated based on how the fiduciary has allocated all of its income.

Table with 3 columns: (A) Name of Beneficiary, (B) Social Security Number & Domicile state code, (C) Share of Net MD Modifications. Includes rows for 10a-10g and a Total row.

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 9 for required supporting documents to submit with Form 504. Attach Form 504 Schedule K-1 for each beneficiary.

11. Income from intangible personal property accumulated for a nonresident (See Instruction 9)
12. Related expenses
13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than 0, enter 0.) Enter on line 26 (page 1)

Lines 14 through 20 are reserved.

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the applicable boxes 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, and any other required documentation.

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 preparer other than fiduciary Date
Signature of fiduciary or officer representing fiduciary Date
Address and telephone of preparer