Form **741**

42A741 Department of Revenue

For calendar year or other taxable year



	KENTUCKY
. 2010.	FIDUCIARY INCOMETAX RETURN



beginning	, 2009, and ending	, 2010.	FIDUCIARY INC	UCIARY INCOMETAX RETURN 2003					
Check applicable box:	Name of Estate or Trust			Federal Employer	Identification Number				
☐ Decedent's estate									
☐ Simple trust									
☐ Complex trust	Name and Title of Fiduciary	/		Date Entity Create	ed .				
☐ ESBT (S portion o	only)								
☐ Grantor trust									
☐ Bankruptcy estate	Address of Fiduciary (Num	ber and Street or P.O. Be	ox)	Roo	om or Suite Number				
☐ Pooled income fu	nd								
				<u> </u>					
Check applicable boxes	City, State and ZIP Code			Telephone	Number				
☐ Initial return									
☐ Amended return									
☐ Final return	Number of Schedu	les K-1 attached	>	(Copies Must Be	Attached)				
A 44 1-				-					
	a copy of the federal retui	_							
	total income (federal Form 1041			1					
	page 2, Schedule M, line 4)								
· ·	of deductions allocable to line 2								
	om line 2								
				5					
	m page 2, Schedule M, line 8)								
	of deductions allocable to line 6								
	om line 6			8					
	om line 5. This is your Kentucky	-		0					
	chedule B, line 1on deduction (from page 2, Scho			9					
	on deduction (from page 2, Scho (s) K-1)		10						
	exclusion (attach Schedule P, if n								
	deduction (attach computation								
	ind 12			13					
10. 7tdd iii100 10, 11 d	12								
14. Total income of fi	iduciary (subtract line 13 from li	ne 9)		14					
	ATTRIBUTABLE TO NONRESIDE								
15. Trusts or estates with income attributable to nonresident beneficiaries. Enter the portion of									
intangible income	e included in line 14 that is attrib	outable to nonreside	nt beneficiaries.						
Enter zero if not a	applicable. See instructions			15					
16. Taxable income of	of fiduciary (subtract line 15 from	n line 14) This is you	r taxable income	16					
TAX COMPUTATION									
17. Tax: (a) tax rate se			c) Schedule RC-R	Total 17(d)					
	redit(s) (specify and attach supp	-		18					
	(\$2 for a trust; \$20 for an estate).								
	lines 18 and 19 from line 17d; if			r -0-)20					
	x payments								
_	(attach wage and tax statement								
	Withholding from Form PTE-Whes 21(a), (b) and (c))			24/4/					
	d) from line 20. Enter amount of								
I declare under	the penalties of perjury that this roof my knowledge and belief, is a t	eturn (including any	accompanying schedules a		een examined by me				
Signature of Fiduciary or Agen			n Number of Fiduciary or Agent		Date				
Typed or Printed Name of Pren	arer OtherThan Fiduciary or Agent	Identification	on Number of Preparer		Date				



SCI	HEDULE A—CHARITABLE DEDUCTION (Do not complete for a simple trust or pooled income fund.)								
	mplete Schedule A only if you made additions to or subtractions from total income on page 1, lines 2 or 6 a	ar	nd claimed a charitable						
	duction on federal Form 1041.								
1.	Kentucky taxable income that was paid or set aside for charitable purposes and was not reported on federal	Т							
	Form 1041, Schedule A, including additional capital gains. Enter here and include on Schedule M, line 7 1	- 1							
2.	Kentucky tax-exempt income that was paid or set aside for charitable purposes that was reported on	Ī							
	federal Form 1041, Schedule A. Enter here and include on Schedule M, line 3	2							
SCHEDULE B—INCOME DISTRIBUTION DEDUCTION (See federal instructions.)									
1.	Adjusted total income (enter amount from page 1, line 9)	1							
2.	Adjusted tax-exempt interest	2							
3.	Net gain shown on Schedule D, Form 741, column 1, line 17 (if net loss, enter zero)	3							
4.	Enter amount included from federal Schedule A, line 4	4							
5.	Enter net capital gains included on Kentucky Schedule A, line 1 or line 2	5							
6.	Enter any Kentucky gains included on page 1, line 9 as a negative figure. If capital loss, enter as a								
	positive figure. (Kentucky gain/loss includes federal figures plus Kentucky adjustments.)	õ							
7.	Distributable net income (combine lines 1 through 6)	7							
8.	If complex trust, enter accounting income for tax years as determined under the governing								
	instrument and applicable law	3							
9.	Amount of income required to be distributed currently9	э							
10.	Other amounts paid, credited or otherwise required to be distributed	5							
11.	Total distributions (add lines 9 and 10) (If greater than line 8, see federal instructions.)	1							
12.	Enter the amount of tax-exempt income included on line 11	2							
13.	Tentative income distribution deduction (subtract line 12 from line 11)	3							
14.	Tentative income distribution deduction (subtract line 2 from line 7)	4							
15.	Income distribution deduction (enter the smaller of line 13 or line 14 here and on page 1, line 10)	ō							
SCHEDULE M (FORM 741)									
Par	t I—Additions to Federal Adjusted Total Income								
1.	Enter interest from bonds issued by other states and their political subdivisions	1							
2.	Enter additions from partnerships, fiduciaries and S corporations (attach schedule)	2							
3.	Other additions (attach schedule)	3							
4.	Total additions. Enter here and on page 1, line 2	4							
Par	t II—Subtractions from Federal Adjusted Total Income								
5.	Enter interest from U.S. government obligations (attach schedule)	5							
	Enter subtractions from partnerships, fiduciaries and S corporations (attach schedule)								
	Other subtractions (attach schedule)	L							

ADDITIONAL INFORMATION REQUIRED

- Was a Kentucky fiduciary income tax return filed for 2008?
 □Yes □ No. If "No," state reason.
- 2. If the fiduciary has income not taxed by Kentucky, have you deducted only that portion of expenses allocable to taxable income?

 No. If "Yes," attach computation.
- 3. Did the estate or trust have any passive activity loss(es)?

 ☐Yes ☐ No. (If "Yes," enter the loss(es) on Form 8582-K,
 Kentucky Passive Activity Loss Limitations, to determine
 the allowable loss.)

- 4. If a federal audit changed the taxable income as originally reported for any prior year, a copy of the Revenue Agent's Report must be submitted to the Department of Revenue. Do not attach to this return.
- During the taxable year did you make an accumulation distribution as defined in Sec. 665(b), Internal Revenue Code? □Yes □No. If "Yes," attach federal Schedule J (Form 1041)
- If this is an amended return, check the appropriate box on page 1. Explain changes below. Attach a separate page if necessary.