Form **741**

42A741 Department of Revenue



KENTUCKY
EIDLICIADY INCOMETAY BETLIDNI



For calendar year or other taxa beginning, 2015		, 2016.		FIDUCIA	KENTUCK' RY INCOMET		RN 2015
Check applicable box: Decedent's estate Simple trust	Name of Estate or Trust				Fed	deral Employ	er Identification Number
☐ Complex trust ☐ ESBT (S portion only) ☐ Grantor trust	Complex trust Date Entity ESBT (S portion only)					te Entity Crea	ted
☐ Bankruptcy estate ☐ Pooled income fund ☐	Address of Fiduciary (Number	er and Street or	P.O. Box)		1	R	oom or Suite Number
Check applicable boxes: Initial return Amended return Final return	City, State and ZIP Code Number of Schedule	es K-1 attac	hed. ➤		(Copie		e Number
➤ Attach a copy	y of the federal return				•		
Federal adjusted total inc		_				1	
2. Additions (from page 2,							
	uctions allocable to line 2						
	2					4	
						<u> </u>	
	2, Schedule M, line 8)			_			
	uctions allocable to line 6						
	6					8	
9. Subtract line 8 from line	5. This is your Kentucky ac	ljusted total i	ncome (los	s). Enter he	re		
	B, line 1	-				9	
10. Income distribution dedu	uction (from page 2, Sched	ule B, line 15)				
(attach Schedule(s) K-1)				10			
11. Pension income exclusion	on (attach Schedule P, if mo	re than \$41,1	10)	11			
12. Federal estate tax deduc	tion (attach computation)			12			
13. Add lines 10, 11 and 12						13	
14. Total income of fiduciary	(subtract line 13 from line	9)				14	
INTANGIBLE INCOME ATTRIE	BUTABLE TO NONRESIDEN	ITS INCLUDE	D IN LINE 1	14			
15. Trusts or estates with inc	come attributable to nonre	sident benef	iciaries . En	ter the portio	on of		
intangible income includ	led in line 14 that is attribu	table to nonr e	esident ber	neficiaries.			
	ole. See instructions						
	ary (subtract line 15 from l	ine 14) This i s	s your taxa	ble income		16	
TAX COMPUTATION							
17. Tax: (a) tax rate schedule					Tota		
	(specify and attach suppor	_				18	
	a trust; \$10 for an estate). T					<u> </u>	
	8 and 19 from line 17d; if lir				u, enter -0-)	20	
	ents			_			
•	wage and tax statements)			_			
	d Rehabilitation Credit (KRS edit (KRS 141.383)			<u> </u>			
	edit (KKS 141.383)lding from Form PTE-WH,			<u> </u>			
	Line 21(a) through 21(e)			_		21/f\	
(f) Total of amounts on22. Subtract line 21(f) from I			☐ refund		orward		
22. Juditact IIIIE 21(1) 1101111	mo zv. Linter amount of L	tax uud L	- reruttu	- CIECULIO	,, wai a	∠∠	

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return.

PTIN or Identification Number of Fiduciary or Agent

Date

Signature of Fiduciary or Agent



	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 as	nd claimed a charitable
dec	duction on federal Form 1041.	
1.	Kentucky taxable income that was paid or set aside for charitable purposes and was not reported on federal	
	Form 1041, Schedule A, including additional capital gains. Enter here and include on Schedule M, line 7 1	
2.	Kentucky tax-exempt income that was paid or set aside for charitable purposes that was reported on	
	federal Form 1041, Schedule A. Enter here and include on Schedule M, line 3	
SCI	HEDULE B—INCOME DISTRIBUTION DEDUCTION (See federal instructions.)	
1.	Adjusted total income (enter amount from page 1, line 9)	
2.	Adjusted tax-exempt interest	
3.	Net gain shown on Schedule D, Form 741, column 1, line 19 (if net loss, enter zero)	
4.	Enter amount included from federal Schedule A, line 4	
5.	Enter net capital gains included on Kentucky Schedule A, line 1 or line 2	
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.)	
7.	Distributable net income (combine lines 1 through 6)	
8.	If complex trust, enter accounting income for tax years as determined under the governing	
	instrument and applicable law	
9.	Amount of income required to be distributed currently	
10.	Other amounts paid, credited or otherwise required to be distributed	
11.	Total distributions (add lines 9 and 10) (If greater than line 8, see federal instructions.)	
12.	Enter the amount of tax-exempt income included on line 11	
13.	Tentative income distribution deduction (subtract line 12 from line 11)	
14.	Tentative income distribution deduction (subtract line 2 from line 7)	
15.	Income distribution deduction (enter the smaller of line 13 or line 14 here and on page 1, line 10)	
SCI	HEDULE 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	
2.	Enter additions from partnerships, fiduciaries and S corporations (attach schedule)	
3.	Other additions (attach schedule)	
4.	Total additions. Enter here and on page 1, line 2	
Par	t II—Subtractions from Federal Adjusted Total Income	
5	Enter interest from U.S. government obligations (attach schedule)	
	Enter subtractions from partnerships, fiduciaries and S corporations (attach schedule)	
	Other subtractions (attach schedule)	
	Total subtractions. Enter here and on page 1, line 6	
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ADDITIONAL INFORMATION REQUIRED

- Was a Kentucky fiduciary income tax return filed for 2014?
 □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? ☐ Yes ☐ 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.