## **Form 741**

## KENTUCKY FIDUCIARY INCOME TAX RETURN

42A741

REVENUE CABINET

➤ Attach a copy of the federal return including all schedules and statements.

	For calendar year o	or other taxable year				2000	
	beginning	, 2000 and end	ding ,	2001.		2000	
Check applicable box:	Name of Estate or Trust			Feder	al Employe	r Identification Number	
_							
Decedent's estate							
☐ Simple trust	i Name and Title of Fluddiary			Date I	te Entity Created		
<ul><li>☐ Complex trust</li><li>☐ Grantor trust</li></ul>							
☐ Bankruptcy estate							
☐ Pooled income fund	Address of Fiduciary (Numb	er and Street or P.O. Box)			Ro	oom or Suite Number	
	011 0111 1 1 7 1 0 1 1				<b>+</b> 1 1 1	- N l	
Check applicable boxes:	City, State and ZIP Code				Lelephon	e Number	
☐ Initial return							
☐ Amended return							
☐ Final return	Number of Schedul	es K-1 attached.	•				
			<u> </u>				
Federal adjusted total ir	ncome (Form 1041, line 17)				1		
2. Additions (from page 2,							
3. Enter the portion of ded							
4. Subtract line 3 from line					4		
5. Add lines 1 and 4							
6. Subtractions (from page	e 2, Schedule M, line 8)		6				
7. Enter the portion of ded							
8. Subtract line 7 from line					8		
9. Subtract line 8 from line	5. This is your Kentucky a	djusted total income	(loss). Enter here				
and on page 2, Schedul	e B, line 1				9		
10. Income distribution ded							
11. Pension income exclusi							
12. Federal estate tax deduc							
13. Add lines 10, 11 and 12					. 13		
		•					
14. Total income of fiduciar					. 14		
INTANGIBLE INCOME ATTR							
15. Trusts or estates with in			•				
	ncome included in line 14 t ble. See instructions				15		
Eriter zero il riot applica	bie. See iristructions	•••••			13		
16. Taxable income of fiduo	ciary (subtract line 15 from	line 14) This is your t	axable income		16		
TAX COMPUTATION	many (castilate in to it cities	mie i i y i i iie ie yeur i					
17. Tax: (a) tax rate schedu	e	(b) Form 4972-K		Total	17c		
18. Enter Tax Credit (\$2 for							
19. TOTAL TAX (subtract lin	ne 18 from line 17c)				19		
20. (a) Estimated tax payn	nents	(b) Withhold	ing				
(c) Other credit(s) (spe				Total	20d		
21. Subtract line 20d from I	ine 19. Enter amount of $\Box$	tax due 🔲 refund	credit forward		21		
	nalties of perjury that this re knowledge and belief, is a t			and statem	ents) has	been examined by me	
Signature of fiduciary or agent		PTIN or identification nu	ımber of fiduciary or agent			Date	
Typed or printed name of preparer		Identifica	tion number			Date	
other than fiduciary or agent			eparer			Date	

For	m 741 (2000)		Page
SC	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 o duction on federal Form 1041.	6 and claimed	a charitab
	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 Kentucky tax-exempt income that was paid or set aside for charitable purposes that was reported on	1	
	federal Form 1041, Schedule A. Enter here and include on Schedule M, line 3	2	
SC	HEDULE B—INCOME DISTRIBUTION DEDUCTION (See federal instructions.)		
	Adjusted total income (enter amount from page 1, line 9)		
	Adjusted tax-exempt interest		
	Net gain shown on Schedule D, Form 741, column 1, line 17 (if net loss, enter zero)		
	Enter amount included from federal Schedule A, line 4		
	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	,	
7	positive figure. (Kentucky gain/loss includes federal figures plus Kentucky adjustments.)		
	Distributable net income (combine lines 1 through 6)	<b>'</b>	
ð.	If complex trust, enter accounting income for tax years as determined under the governing instrument and applicable law	0	
0	Amount of income required to be distributed currently		
	Other amounts paid, credited or otherwise required to be distributed		
	Total distributions (add lines 9 and 10) (If greater than line 8, see federal instructions.)		
	Enter the amount of tax-exempt income included on line 11		
	Tentative income distribution deduction (subtract line 12 from line 11)		
	Tentative income distribution deduction (subtract line 2 from line 7)		
	Income distribution deduction (enter the smaller of line 13 or line 14 here and on page 1, line 10)		
	HEDULE M (FORM 741)		
— Par	t I—Additions to Federal Adjusted Total Income		
1	Enter interest from hands issued by other states and their nalitical subdivisions	1	
	Enter interest from bonds issued by other states and their political subdivisions		
	Other additions (attach schedule)		
	Total additions. Enter here and on page 1, line 2		
	t II—Subtractions from Federal Adjusted Total Income		
	Enter interest from U.S. government obligations (attach schedule)		
	Enter subtractions from partnerships, fiduciaries and S corporations (attach schedule)		
	Other subtractions (attach schedule)		
8.	Total subtractions. Enter here and on page 1, line 6	8	
ΑD	DITIONAL INFORMATION REQUIRED  3. Did the estate or trust have any ☐ Yes ☐ No. (If "Yes," enter the		
1.	Was a Kentucky fiduciary income tax return filed for 1999?  ☐ Yes ☐ No. (if Yes, effect the Kentucky Passive Activity Loss the allowable loss.)		

١.	☐ 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.

- 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 Revenue Cabinet. 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).
- 6. If this is an amended return, check the appropriate box on page 1. Write the word "AMENDED" at top of page 1 and attach a copy of original return clearly identified as "COPY OF ORIGINAL."