

KENTUCKY FIDUCIARY INCOME TAX RETURN

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

| | | • | 2001 and onding | 2 | 002 | 2001 |
|------------------------------------|---|-------------------------------|---|--------------------|------------|--------------------------------|
| | | | , 2001, and ending | , 2 | | |
| Check applicable box: | | Name of Estate or Trust | | | Federal E | Employer Identification Number |
| ☐ Decedent's estate ☐ Simple trust | | | | | | |
| | | Name and Title of Fiduciary | | | Date Enti | Date Entity Created |
| ☐ Complex trust | | Name and Title of Fluuciary | y | | Date Litti | ny Greateu |
| | Grantor trust | | | | | |
| | Bankruptcy estate | Address of Fiduciary (Num | her and Street or P.O. Box) | | | Room or Suite Number |
| | Pooled income fund | Tradiciss of Fradeliary (Num | ber and otreet or 1.0. Boxy | | | Room of Suite Humber |
| | | | | | | |
| Chac | k applicable boxes: | City, State and ZIP Code | | | To | elephone Number |
| _ | | | | | | |
| | Initial return Amended return | | | | | |
| | Final return | Number of Cohodu | loo K 1 attached | | | |
| | Final return | Number of Schedu | les K-1 attached. > | | | |
| | | | | | | |
| 1. | Federal adjusted total inc | come (Form 1041, line 17 | ") | | | 1 |
| 2. | Additions (from page 2, \$ | Schedule M, line 4) | · | 2 | | |
| | | | | | | 4 |
| | | | | | | |
| | | | | | | 5 |
| O | Subtractions (norn page | z, scriedule IVI, IIIIe o) |) | b | | |
| | | | | | | Q |
| | | | adjusted total income (loss). | | | 0 |
| | | | aujusteu totai iricome (ioss). | | | 9 |
| | Income distribution dedu | | | | | 7 |
| | | | | 10 | | |
| | • | | nore than \$37,500) | | | |
| | | • |) | | | |
| | | | | <u> </u> | | 13 |
| | | | | | | |
| 14. | Total income of fiduciary | (subtract line 13 from li | ne 9) | | 1 | 14 |
| INTA | NGIBLE INCOME ATTRI | BUTABLE TO NONRESID | ENTS INCLUDED IN LINE 14 | | | |
| 15. | Trusts or estates with in | come attributable to noi | nresident beneficiaries . Enter | the portion of | | |
| | • | | outable to nonresident benefi | | | |
| | Enter zero if not applicab | le. See instructions | | | | 15 |
| | | | | _ | | |
| | | ary (subtract line 15 fron | n line 14) This is your taxable | income | | 16 |
| | COMPUTATION Tax: (a) tax rate schedule | <u> </u> | (b) Form 4972-K | | Total 17 | 70 |
| | ` ' | | (D) FOITH 4972-K | | | |
| | • | | | | | |
| | | | (b) Withholding _ | | | |
| | (c) Other credit(s) (spec | | (b) Withholding _ | | Total 20 | nd l |
| | Subtract line 20d from ling | | ☐ tax due ☐ refund ☐ | credit forward | | |
| | I declare under the pen | alties of perjury that this r | eturn (including any accompan true, correct and complete ret | ying schedules | | |
| Signat | ure of fiduciary or agent | | PTIN or identification number of | fiduciary or agent | | Date |
| Types | or printed name of property | | Islantification | hor | | Date |
| | or printed name of preparer er than fiduciary or agent | | Identification num of preparer | nei | | Date |

| For | m 741 (2001) | Page |
|--------------------------------------|---|--|
| 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 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 federal Form 1041, Schedule A. Enter here and include on Schedule M, line 3 | |
| SCI | HEDULE B—INCOME DISTRIBUTION DEDUCTION (See federal instructions.) | |
| | Adjusted total income (enter amount from page 1, line 9) | 1 |
| 2. 3. 4. 5. 6. 7. 8. 10. 11. 12. 13. | Adjusted tax-exempt interest | 2 3 4 5 5 6 7 8 9 10 11 12 13 13 1 |
| | Income distribution deduction (enter the smaller of line 13 or line 14 here and on page 1, line 10) | 15 |
| SCI | HEDULE M (FORM 741) | |
| Par | t I—Additions to Federal Adjusted Total Income | |
| 2. 3. | Enter interest from bonds issued by other states and their political subdivisions Enter additions from partnerships, fiduciaries and S corporations (attach schedule) Other additions (attach schedule) Total additions. Enter here and on page 1, line 2 | 2 3 |
| Par | t II—Subtractions from Federal Adjusted Total Income | |
| 6. 7. | Enter interest from U.S. government obligations (attach schedule) | 6 7 |
| | DITIONAL INFORMATION REQUIRED 3. Did the estate or trust have any | e loss(es) on Form 8582- Limitations, to determin |
| | 4. If a federal audit changed the tax reported for any prior year, a co | |

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.

- ly 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."