Form **741**

42A741 Department of Revenue

For calendar year or other taxable year

KENTUCKY FIDUCIARY INCOMETAX RETURN

Kentuc	ky
201	6

beginning, 2016	, and ending, 2017. FIDUCIARY INCOME	TAX RETUR	N 2016
Check applicable box:	Name of Estate or Trust Fe	ederal Employe	r Identification Number
☐ Decedent's estate			
☐ Simple trust			
☐ Complex trust	Name and Title of Fiduciary Da	ate Entity Creat	ed
☐ ESBT (S portion only)			
☐ Grantor trust			
☐ Bankruptcy estate	Address of Fiduciary (Number and Street or P.O. Box)	Ro	om or Suite Number
☐ Pooled income fund			
Charle applicable bayes	City, State and ZIP Code	Telephone	e Number
Check applicable boxes:			
☐ Initial return ☐ Amended return			
☐ Final return	Number of Schedules K-1 attached. ➤ (Copi	ioe Muet R	e Attached)
			e Attacheu)
• •	γ of the federal return including all schedules and statements.		
	ome (federal Form 1041, line 17)	1	
	Schedule M, line 4) 2		
•	ctions allocable to line 2		
	2		
		5	
	2, Schedule M, line 8) 6		
	ctions allocable to line 6 7		
	6	8	
	5. This is your Kentucky adjusted total income (loss) . Enter here		
	B, line 1	9	
	ction (from page 2, Schedule B, line 15)		
	n (attach Schedule P, if more than \$41,110)		
	ion (attach computation) 12		
	(subtract line 13 from line 9)	14	
	UTABLE TO NONRESIDENTS INCLUDED IN LINE 14		
	ome attributable to nonresident beneficiaries. Enter the portion of		
_	ed in line 14 that is attributable to nonresident beneficiaries .	15	
	le. See instructions		
TAX COMPUTATION	ary (subtract line 15 from line 14) This is your taxable income	10	
17. Tax: (a) tax rate schedule			
	RC-R : Sch. DS-R : Angel Investor Recapture :	tal 17(c)	
	specify and attach supporting documents)	18	
	trust; \$10 for an estate). This credit is not refundable	_	
	and 19 from line 17d; if line 18 plus line 19 is more than line 17d, enter -0-)		
	ents21(a)	20	
·	wage and tax statements)21(b)		
	Rehabilitation Credit (KRS 141.382(1)(b))21(c)		
• •	odit (KRS 141.383)21(d)		
•	ding from Form PTE-WH, line 921(e)		
	Line 21(a) through 21(e)	21(f)	
	ne 20. Enter amount of \square tax due \square refund \square credit forward		
✓ I declare under the pena	lties of perjury that this return (including any accompanying schedules and state nowledge and belief, is a true, correct and complete return.		peen examined by me
Signature of Fiduciary or Agent	PTIN or Identification Number of Fiduciary or Agent		Date
Typed or Printed Name of Preparer Other	Than Fiduciary or Agent Identification Number of Preparer		Date



SCI	HEDULE A—CHARITABLE DEDUCTION (Do not complete for a simple trust or pooled income fund.)	
Coi	mplete Schedule A only if you made additions to or subtractions from total income on page 1, lines 2 or 6 a	nd claimed a charitable
ded	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.)11	
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	
	Enter additions from partnerships, fiduciaries and S corporations (attach schedule)	
	Other additions (attach schedule)	
	Total additions. Enter here and on page 1, line 2	
rar	t II—Subtractions from Federal Adjusted Total Income	

ADDITIONAL INFORMATION REQUIRED

- Was a Kentucky fiduciary income tax return filed for 2015?
 □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.