

2024 California Fiduciary Income Tax Return

541

For calendar year 2024 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Form 541-PR Section 1: Type of entity, Name of estate or trust, FEIN, Name and title of all fiduciaries, Additional information, Street address, Apt no./suite no., PMB/private mailbox, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code, Check applicable boxes.

Complete Schedule G on Side 3 if trust has nonresident trustees and/or nonresident beneficiaries.

Table with 3 columns: Line number, Description, Amount. Rows 1-9: Interest income, Dividends, Business income, Capital gain, Rents, Farm income, Ordinary gain, Other income, Total income.

Table with 3 columns: Line number, Description, Amount. Rows 10-20: Deductions including Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney fees, Other deductions, Total deductions, Adjusted total income, Income distribution deduction, Taxable income.

Table with 3 columns: Line number, Description, Amount. Rows 21-32: Tax and Payments including Regular tax, Exemption credit, Credits, Total tax, California income tax withheld, California income tax previously paid, Withholding Form, 2024 CA estimated tax.

Tax and Payments	33	Total payments. Add line 29, line 30, line 31, and line 32 . . . . .	33	00
	34	Use tax. See instructions . . . . .	● 34	00
	35	Payments balance. If line 33 is more than line 34, subtract line 34 from line 33 . . . . .	● 35	00
	36	Use tax balance. If line 34 is more than line 33, subtract line 33 from line 34 . . . . .	● 36	00
	37	Tax Due. If line 28 is more than line 35, subtract line 35 from line 28 . . . . .	● 37	00
	38	Overpaid tax. If line 35 is more than line 28, subtract line 28 from line 35 . . . . .	● 38	00
	39	Amount on line 38 to be credited to 2025 estimated tax . . . . .	● 39	00
	40	Amount of overpaid tax available this year. Subtract line 39 from line 38. . . . .	● 40	00
	41	Total voluntary contributions from Side 4, line 61 . . . . .	41	00
	42	Refund or no amount due. See instructions . . . . .	42	00
	43	Amount due. See instructions . . . . .	● 43	00
	44	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached. See instructions. . . . .	● 44	00

**Schedule A Charitable Deduction. Do not** complete for a simple trust or a pooled income fund. See instructions.

1	a	Amounts paid for charitable purposes from gross income. . . . .	1a	00
	b	Amounts permanently set aside for charitable purposes from gross income. See instructions . . . . .	● 1b	00
	c	Total. Add line 1a and line 1b . . . . .	1c	00
2		Tax-exempt income allocable to charitable contributions. See instructions. . . . .	2	00
3		Subtract line 2 from line 1c . . . . .	3	00
4		Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes. . . . .	4	00
5		Charitable deduction. Add line 3 and line 4. Enter here and on Side 1, line 13 . . . . .	5	00

**Other Information**

- 1 a Date trust was created or, if an estate, date of decedent's death (mm/dd/yyyy) . . . . . ● 1a \_\_\_\_\_
- b Name of Grantor(s) of Trust (attach an additional sheet if necessary) . . . . . 1b \_\_\_\_\_
- 2 a If an estate, was decedent a California resident? . . . . .  Yes  No
- b Was decedent married at date of death? . . . . .  Yes  No
- c If "Yes," enter surviving spouse's/RDP's social security number (or ITIN) and name: \_\_\_\_\_
- 3 If an estate, enter fair market value (FMV) of:
  - a Decedent's assets at date of death . . . . . 3a \_\_\_\_\_
  - b Assets located in California . . . . . 3b \_\_\_\_\_
  - c Assets located outside California . . . . . 3c \_\_\_\_\_
- Note:** Income of final year is taxable to beneficiaries.
- 4 If this is the final tax return of an estate, enter date of court order, if applicable, authorizing the final distribution . . . . . 4 \_\_\_\_\_
- 5 Did the estate or trust receive tax-exempt income? . . . . .  Yes  No  
If "Yes," attach computation of the allocation of expenses.
- 6 Is this tax return for a short taxable year? . . . . .  Yes  No
- 7 Has the estate or trust included a Reportable Transaction, or Listed Transaction within this tax return? . . . . .  Yes  No  
If "Yes," complete and attach federal Form 8886.
- 8 Does this trust have a beneficial interest in a trust or is it a grantor of another trust? Attach schedule of trusts and federal IDs. . . . . ●  Yes  No
- 9 During the year did the estate or trust defer any income from the disposition of assets? . . . . . ●  Yes  No

<b>Sign Here</b>	Our privacy notice can be found in annual tax booklets or online. Go to <a href="http://ftb.ca.gov/privacy">ftb.ca.gov/privacy</a> to learn about our privacy policy statement, or go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.		
	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary		Date
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> ● PTIN
	Firm's name (or yours, if self-employed) and address		● Firm's FEIN
			Telephone
	May the FTB discuss this tax return with the preparer shown above (see instructions)? . . . . . ● <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Schedule B Income Distribution Deduction.**

1	Adjusted total income. Enter amount from Side 1, line 17	1	00
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions.	2	00
3	Net gain shown on Schedule D (541), line 9, column (a). If net loss, enter -0-. See instructions	3	00
4	Enter amount from Schedule A, line 4	4	00
5	Enter capital gain included on Schedule A, line 1c	5	00
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6	00
7	Distributable net income. Combine line 1 through line 6	7	00
8	Income for the taxable year determined under the governing instrument (accounting income)	8	00
9	Income required to be distributed currently (IRC Section 651)	9	00
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	00
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041, Schedule B, line 11 instructions to see if you must complete Schedule J (541)	11	00
12	Enter the total amount of tax-exempt income included on line 11	12	00
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	00
14	Tentative income distribution deduction. Subtract line 2 from line 7	14	00
15	<b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15	00

**Schedule G California Source Income and Deduction Apportionment.** Complete line 1a through line 1f before Part II.

**Part I:** If a trust, enter the number of:

- 1 a California resident trustees ● \_\_\_\_\_
- b Nonresident trustees ● \_\_\_\_\_
- c Total number of trustees (line a plus line b) ● \_\_\_\_\_
- d California resident beneficiaries ● \_\_\_\_\_
- e Nonresident beneficiaries ● \_\_\_\_\_
- f Total number of beneficiaries (line d plus line e) ● \_\_\_\_\_

**Part II: Income Allocation.** Complete column A through column F. Enter the amounts from lines 1-9, column F, on Form 541, Side 1, lines 1-9.

Type of Income	(A)	(B)	(C)	(D)	(E)	(F)
	California Source Income	Non-California Source Income	Apportioned Income # CA Trustees X B # Total Trustees	Remaining Non-California Source Income Col. B – Col. C	Apportioned Income # CA Beneficiaries X D # Total Beneficiaries	Income Reportable to California (Col. A+C+E)
1 Interest	●	●				
2 Dividends	●	●				
3 Business income	●	●				
4 Capital gain	●	●				
5 Rents, royalties, etc.	●	●				
6 Farm income	●	●				
7 Ordinary gain	●	●				
8 Other income	●	●				
9 Total income	●	●				

**Deduction Allocation.** Complete column G and column H. Enter the amounts from lines 10-15b, column H, on Form 541, Side 1, lines 10-15b.

Type of Deduction	(G) Total Deductions	(H) Amounts Allocable To California
10 Interest		
11 Taxes		
12 Fiduciary fees		
13 Charitable deduction		
14 Attorney, accountant, and tax return preparer fees		
15 a Other deduction not subject to 2% floor		
b Allowable misc. itemized deductions subject to 2% floor		
16 Total deductions		

**Voluntary Contributions**

	<b>Code</b>	<b>Amount</b>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	00
California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	● 408	00
California Sea Otter Voluntary Tax Contribution Fund . . . . .	● 410	00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	00
School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	● 422	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	● 445	00
California ALS Research Network Voluntary Tax Contribution Fund . . . . .	● 447	00
<b>61 Total voluntary contributions.</b> Add codes 401 through 447. Enter the total here and on Side 2, line 41. . . . .	● 61	00