

ALABAMA DEPARTMENT OF REVENUE
Fiduciary Income Tax Return

For the calendar year 1998 or fiscal year beginning _____, 1998, and ending _____, 19____

RECEIVING STAMP
Employer Identification Number
Name of Estate or Trust
Name and Title of Fiduciary
Address of Fiduciary (number and street)
City, State, and Zip Code
DO NOT WRITE IN THIS SPACE
Comp _____ Rev _____
Date _____
Add'l Tax \$ _____
Interest \$ _____
Total Add'l \$ _____
▶ FN
IMPORTANT PLEASE GIVE ALL INFORMATION REQUESTED
First Return Amended Return Final Return

Date of creation of trust or decedent's death _____ Check Whether ESTATE or TRUST
If a Trust, state whether Revocable or Irrevocable. Is This Return Filed on Cash Basis or Accrual Basis?

Table with 15 rows for tax calculations: 1 TOTAL INCOME, 2 TOTAL DEDUCTIONS, 3 NET INCOME SUBJECT TO DISTRIBUTION, 4 Less: Amount Distributable to Beneficiaries, 5 NET INCOME TO FIDUCIARY, 6 Less: Exemption credit, 7 AMOUNT TAXABLE, 8-10 COMPUTATION OF TAX, 11 TOTAL TAX DUE, 12 Credits, 13 Total Credits, 14 NET TAX DUE, 15 NET REFUND.

BENEFICIARIES' SHARES OF INCOME (For official use only)

Table with columns: Name, Address, City and State, Social Security Number, Distributive Share of Net Income Reported on line 4 (A. Nontaxable Income to Nonresidents, B. Taxable Income). Rows a through g.

Total amount distributable to beneficiaries (add lines a through g, columns A and B). Enter here and on line 4

Returns with payment must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327444, Montgomery, AL 36132-7444. Returns without payments must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327440, Montgomery, AL 36132-7440, on or before April 15, 1999.

Please Sign Here
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of fiduciary or officer representing fiduciary Date Daytime Telephone No. Social Security Number

Paid Preparer's Use Only
Preparer's signature Date Check if self-employed Preparer's Social Security Number
Firm's name (or yours, if self-employed) and address E.I. No. ZIP Code

