

U.S. Income Tax Return for Electing Alaska Native Settlement Trusts

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form1041N for instructions and the latest information.

For calendar year _____ or short year beginning _____, 20____, and ending _____, 20____.

Part I General Information

1 Name of trust		2 Employer identification number	
3a Name and title of trustee		4 Name of sponsoring Alaska Native Corporation	
3b Number, street, and room or suite no. (If a P.O. box, see the instructions.)			
3c City or town, state, and ZIP code		5 Was Form 1041 filed in the prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Check applicable boxes: <input type="checkbox"/> Amended return <input type="checkbox"/> Final return <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address			

Part II Tax Computation

Income	1a Interest income		1a	
	b Tax-exempt interest. Don't include on line 1a	1b		
	2a Total ordinary dividends		2a	
	b Qualified dividends (see instructions)	2b		
	3 Capital gain or (loss) (Schedule D)		3	
4 Other income. List type and amount ▶		4		
5 Total income. Combine lines 1a, 2a, 3, and 4		5		
Deductions	6 Taxes		6	
	7 Trustee fees		7	
	8 Attorney, accountant, and return preparer fees		8	
	9 Other deductions (attach schedule)		9	
	10 Reserved for future use		10	
	11 Exemption (see instructions)		11	
12 Total deductions. Add lines 6 through 11		12		
Tax and Payments	13 Taxable income. Subtract line 12 from line 5		13	
	14 Tax. If line 13 is a (loss), enter -0-. Otherwise, see the instructions and check the applicable box: <input type="checkbox"/> Multiply line 13 by 10% (0.10) or <input type="checkbox"/> Schedule D		14	
	15 Credits (see instructions). Specify ▶		15	
	16 Subtract line 15 from line 14		16	
	17 Reserved for future use		17	
	18 Total tax. Add line 16 and line 17. See instructions		18	
	19 Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)		19	
	20 Payments. See instructions		20	
	21 Tax due. If line 20 is smaller than the total of lines 18 and 19, enter amount owed		21	
	22 Overpayment. If line 20 is larger than the total of lines 18 and 19, enter amount overpaid		22	
	23 Amount of line 22 to be: a Credited to next year's estimated tax ▶ b Refunded ▶		23	

Part III Other Information

1 During the tax year, did the trust receive property or an assignment of income from an Alaska Native Corporation? If "Yes," see the instructions for the required attachments	Yes	No
2 During the year, did the trust receive a distribution from, or was it the grantor of, or the transferor to, a foreign trust?		
3 At any time during the calendar year, did the trust have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶		
4 Was the trust a specified domestic entity required to file Form 8938 for the tax year? See Instructions for Form 8938		
5 To make a section 643(e)(3) election, complete Schedule D and check here. See instructions	<input type="checkbox"/>	

Sign Here
Under penalties of perjury, I declare that I have examined this 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 trustee) is based on all information of which preparer has any knowledge. Also, under section 646(c)(2) of the Internal Revenue Code, if this is the initial Form 1041-N filed for the above-named Alaska Native Settlement Trust, signing and filing this return will serve as the statement by the trustee electing to treat such trust as an Electing Alaska Native Settlement Trust.

Signature of trustee or officer representing trustee	Date	May the IRS discuss this return with the preparer shown below? See instr. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Schedule D Capital Gains and Losses

Part I—Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year (col. (d) less col. (e))
1					
2 Short-term capital gain or (loss) from other forms or schedules					2
3 Short-term capital loss carryover					3 ()
4 Net short-term capital gain or (loss). Combine lines 1 through 3 in column (f)					4

Part II—Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year (col. (d) less col. (e))
5					
6 Long-term capital gain or (loss) from other forms or schedules					6
7 Capital gain distributions					7
8 Enter gain, if applicable, from Form 4797					8
9 Long-term capital loss carryover					9 ()
10 Net long-term capital gain or (loss). Combine lines 5 through 9 in column (f)					10

Schedule K Distributions to Beneficiaries				Page	of
(a) Beneficiary's name, street address, city, state, and ZIP code		(b) Beneficiary's SSN		(g) Total distributions (Add amounts in (c) through (f))	
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distributions	(f) Tier IV distributions		
(a) Beneficiary's name, street address, city, state, and ZIP code		(b) Beneficiary's SSN		(g) Total distributions (Add amounts in (c) through (f))	
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distributions	(f) Tier IV distributions		
(a) Beneficiary's name, street address, city, state, and ZIP code		(b) Beneficiary's SSN		(g) Total distributions (Add amounts in (c) through (f))	
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