

**A** Check all that apply:

Decedent's estate  
 Simple trust  
 Complex trust  
 Qualified disability trust  
 ESBT (S portion only)  
 Grantor type trust  
 Bankruptcy estate—Ch. 7  
 Bankruptcy estate—Ch. 11  
 Pooled income fund

For calendar year 2018 or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20

Name of estate or trust (If a grantor type trust, see the instructions.)

Name and title of fiduciary

Number, street, and room or suite no. (If a P.O. box, see the instructions.)

City or town, state or province, country, and ZIP or foreign postal code

**C** Employer identification number

**D** Date entity created

**E** Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.  
 Described in sec. 4947(a)(1). Check here if not a private foundation . . .   
 Described in sec. 4947(a)(2)

**B** Number of Schedules K-1 attached (see instructions) ▶

**F** Check applicable boxes:  
 Initial return     Final return     Amended return  
 Change in trust's name     Change in fiduciary     Change in fiduciary's name  
 Net operating loss carryback  
 Change in fiduciary's address

**G** Check here if the estate or filing trust made a section 645 election . . . ▶  Trust TIN ▶

<b>Income</b>	<b>1</b> Interest income . . . . .	<b>1</b>		
	<b>2a</b> Total ordinary dividends . . . . .	<b>2a</b>		
	<b>b</b> Qualified dividends allocable to: <b>(1)</b> Beneficiaries _____ <b>(2)</b> Estate or trust _____			
	<b>3</b> Business income or (loss). Attach Schedule C or C-EZ (Form 1040) . . . . .	<b>3</b>		
	<b>4</b> Capital gain or (loss). Attach Schedule D (Form 1041) . . . . .	<b>4</b>		
	<b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) . . . . .	<b>5</b>		
	<b>6</b> Farm income or (loss). Attach Schedule F (Form 1040) . . . . .	<b>6</b>		
	<b>7</b> Ordinary gain or (loss). Attach Form 4797 . . . . .	<b>7</b>		
	<b>8</b> Other income. List type and amount _____	<b>8</b>		
<b>9</b> <b>Total income.</b> Combine lines 1, 2a, and 3 through 8 . . . . . ▶	<b>9</b>			
<b>Deductions</b>	<b>10</b> Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/>	<b>10</b>		
	<b>11</b> Taxes . . . . .	<b>11</b>		
	<b>12</b> Fiduciary fees. If only a portion is deductible under section 67(e), see instructions . . . . .	<b>12</b>		
	<b>13</b> Charitable deduction (from Schedule A, line 7) . . . . .	<b>13</b>		
	<b>14</b> Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions . . . . .	<b>14</b>		
	<b>15a</b> Other deductions (attach schedule). See instructions for deductions allowable under section 67(e) . . . . .	<b>15a</b>		
	<b>b</b> Net operating loss deduction. See instructions . . . . .	<b>15b</b>		
	<b>16</b> Add lines 10 through 15b . . . . . ▶	<b>16</b>		
	<b>17</b> Adjusted total income or (loss). Subtract line 16 from line 9 . . . . . <b>17</b>			
	<b>18</b> Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041) . . . . .	<b>18</b>		
	<b>19</b> Estate tax deduction including certain generation-skipping taxes (attach computation) . . . . .	<b>19</b>		
<b>20</b> Exemption . . . . .	<b>20</b>			
<b>21</b> Add lines 18 through 20 . . . . . ▶	<b>21</b>			
<b>Tax and Payments</b>	<b>22</b> Taxable income. Subtract line 21 from line 17. If a loss, see instructions . . . . .	<b>22</b>		
	<b>23</b> <b>Total tax</b> (from Schedule G, line 7) . . . . .	<b>23</b>		
	<b>24</b> 2018 net 965 tax liability paid from Form 965-A, Part II, column (k), line 2 . . . . .	<b>24</b>		
	<b>25</b> <b>Payments:</b> a 2018 estimated tax payments and amount applied from 2017 return . . . . .	<b>25a</b>		
	<b>b</b> Estimated tax payments allocated to beneficiaries (from Form 1041-T) . . . . .	<b>25b</b>		
	<b>c</b> Subtract line 25b from line 25a . . . . .	<b>25c</b>		
	<b>d</b> Tax paid with Form 7004. See instructions . . . . .	<b>25d</b>		
	<b>e</b> Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	<b>25e</b>		
	<b>f</b> 2018 net 965 tax liability from Form 965-A, Part I, column (f), line 2 . . . . .	<b>25f</b>		
	Other payments: <b>g</b> Form 2439 _____; <b>h</b> Form 4136 _____; Total ▶	<b>25i</b>		
<b>26</b> <b>Total payments.</b> Add lines 25c through 25f, and 25i . . . . . ▶	<b>26</b>			
<b>27</b> Estimated tax penalty. See instructions . . . . .	<b>27</b>			
<b>28</b> <b>Tax due.</b> If line 26 is smaller than the total of lines 23, 24, and 27, enter amount owed . . . . .	<b>28</b>			
<b>29</b> <b>Overpayment.</b> If line 26 is larger than the total of lines 23, 24, and 27, enter amount overpaid . . . . .	<b>29</b>			
<b>30</b> Amount of line 29 to be: <b>a Credited to 2019</b> ▶ _____; <b>b Refunded</b> ▶ _____	<b>30</b>			

**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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary \_\_\_\_\_ Date \_\_\_\_\_ EIN of fiduciary if a financial institution \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

**Schedule A Charitable Deduction.** Don't complete for a simple trust or a pooled income fund.

Table with 7 rows for Schedule A Charitable Deduction. Columns include line numbers (1-7), descriptions, and input fields.

**Schedule B Income Distribution Deduction**

Table with 15 rows for Schedule B Income Distribution Deduction. Columns include line numbers (1-15), descriptions, and input fields.

**Schedule G Tax Computation** (see instructions)

Table with 7 main rows for Schedule G Tax Computation. Includes sub-rows (1a-1d, 2a-2e) for tax calculations. Columns include line numbers, descriptions, and input fields.

**Other Information**

Table with 10 rows for Other Information. Columns include line numbers (1-10), questions, and Yes/No checkboxes.