

OREGON FIDUCIARY INCOME TAX RETURN

Form 41

1997

or other taxable year

- beginning _____, 1997
- ending _____

For office use only

Date received

Penalty Date

Payment

Prog.

Year

Period

Liab.

Name of Estate or Trust (first name, last name) — PRINT PLAINLY OR TYPE

Name of Fiduciary (first name, last name)

Street Address or P.O. Box

City

State

ZIP Code

1	2	3
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Business Identification Number

Federal Employer Identification Number

An extension is attached

- A. This return is for: An Estate: date of death _____ A Funeral Trust A Bankruptcy Estate A Trust
- B. This is: An Amended Return A First Return A Final Return
- C. This return is for: An Oregon Resident A Nonresident A Part-Year Trust (use Schedule P to compute the tax)
- D. Was an Oregon fiduciary return filed for 1996? Yes No — if No, explain: _____

ATTACH A COPY OF FEDERAL FORM 1041 AND APPLICABLE SCHEDULES

Attach W-2's and payments here

1. Revised distributable net income from line 23, page 2	1	<input type="text"/>	Beneficiary	Fiduciary
2. Distribution deduction from line 17, Schedule B, federal Form 1041, plus line 25, page 2	2	<input type="text"/>	↓	↓
a. Tax-exempt income deducted in computing distribution deduction from line 14, Schedule B, federal Form 1041	2a	<input type="text"/>		
b. Add lines 2 and 2a	2b	<input type="text"/>		
3. Percentage $\frac{\text{Line 2b } \$}{\text{Line 1 } \$} =$		<input type="text"/> %		
4. Revised taxable income of fiduciary from line 26, page 2	4	<input type="text"/>		
5. Fiduciary adjustment from line 38, page 2	5	<input type="text"/>		
Indicate whether to be <input type="checkbox"/> added or <input type="checkbox"/> subtracted				
a. Beneficiary's share (line 5 multiplied by % on line 3—see instructions)	5a	<input type="text"/>		
b. Fiduciary's share (subtract line 5a from line 5)	5b	<input type="text"/>		
6. Income to be reported by beneficiaries (Form 1041, K-1 attached—see line 6 instructions) Total of lines 2 and 5a	6	<input type="text"/>		
7. Oregon taxable income of fiduciary (total or net of lines 4 and 5b)	7	<input type="text"/>		
8. Tax from rate schedule on page 2, or from line 11, Schedule P	8	<input type="text"/>		
9. Tax credits (no prepayments, see instructions). Identify	9	<input type="text"/>		
10. Balance of tax (subtract line 9 from line 8)	10	<input type="text"/>		
11. Oregon income tax withheld (attach form W-2 to front of return)	11	<input type="text"/>		
12. Prepayments. Identify	12	<input type="text"/>		
13. Total prepayments (add lines 11 and 12)	13	<input type="text"/>		
14. Tax due (if line 10 is more than line 13, line 10 minus line 13)	14	<input type="text"/>		
15. Penalty and interest for filing or paying late (see instructions)	15	<input type="text"/>		
16. Total Due (add lines 14 and 15)	Total Due	<input type="text"/>		
17. Refund (if line 13 is more than line 10, line 13 minus line 10)	Refund	<input type="text"/>		

Mail this return on or before the 15th day of the fourth month after the end of the taxable year.

Mail to: Oregon Department of Revenue
PO Box 14110
Salem OR 97309-0910

Name of Estate or Trust

Federal Employer Identification Number

SCHEDULE 1 — OREGON CHANGES TO DISTRIBUTABLE NET INCOME (DNI) AND TAXABLE INCOME OF FIDUCIARY (TIF)
(refer to specific instructions)

	(Column A) DNI	(Column B) TIF
18. Distributable net income (from line 9, Schedule B, Form 1041)	18 <input type="text"/>	
19. Taxable income of fiduciary (from line 22, federal Form 1041)		19 <input type="text"/>
20. Changes in depreciation for Oregon	20 <input type="text"/>	20 <input type="text"/>
21. Other changes. Identify	21 <input type="text"/>	21 <input type="text"/>
22. Total of lines 20 and 21	22 <input type="text"/>	22 <input type="text"/>
23. Revised distributable net income (add lines 18 and 22, (Column A)) Enter here and on line 1, page 1	23 <input type="text"/>	
24. Total taxable income (add lines 19 and 22, (Column B))		24 <input type="text"/>
25. Changes included on line 22, (Column A), distributed (see instructions)		25 <input type="text"/>
26. Revised taxable income of fiduciary (total or net of lines 24 and 25) Enter here and on line 4, page 1		26 <input type="text"/>

SCHEDULE 2 — FIDUCIARY ADJUSTMENT
(refer to specific instructions)

		Subtractions
27. 1997 federal income tax subtraction—limited to \$3,000 (see instructions)	27	<input type="text"/>
28. Interest on U.S. obligations included in income on federal Form 1041 _____, less allocation of administration and miscellaneous expenses _____ (see instructions)	28	<input type="text"/>
29. Oregon income tax refund included as income on federal Form 1041	29	<input type="text"/>
30. Other subtractions (attach explanation)	30	<input type="text"/>
31. Total of lines 27 through 30	31	<input type="text"/>
		Additions
32. Oregon income tax deducted on 1997 federal Form 1041	32	<input type="text"/>
33. Interest on obligations of other states or their political subdivisions	33	<input type="text"/>
34. Depletion in excess of adjusted basis	34	<input type="text"/>
35. Estate taxes on income in respect of a decedent not taxable by Oregon	35	<input type="text"/>
36. Other additions (attach explanation)	36	<input type="text"/>
37. Total of lines 32 through 36	37	<input type="text"/>
38. Fiduciary adjustment (difference between lines 31 and 37)	38	<input type="text"/>

This fiduciary adjustment is to be added, or subtracted on line 5, page 1.

1997 RATE SCHEDULE
Compute the Tax Using the Following Rates

Taxable income is:	Tax is:
Not over \$2,250	5% of taxable income
Over \$2,250 but not over \$5,700	\$113 plus 7% of the excess over \$2,250
Over \$5,700	\$354 plus 9% of the excess over \$5,700

I declare under the penalties for false swearing that this return (and any accompanying schedules and statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.		Signature of Preparer Other Than Fiduciary X		Telephone Number	
Signature of Fiduciary X		Date		Street Address	
Title		Telephone Number		City	
				State	
				ZIP Code	