		OREGON	For office use only									
		Form	Date received									
		FIDUCIARY INCOME										
		TAX RETURN	Payment									
		or Fiscal Year Mo / Day / Year Mo / Day / Year	Penalty date:									
	NI	• Beginning: / 02 • Ending: /										
	ivan	ne of Estate or Trust (first name, middle initial, last name) — PRINT PLAINLY OR TYPE	1 2 3									
	Nam	me of Fiduciary (first name, last name)	Business Identification Number									
	I	To of Floudity (mot fluine, last fluine)	•									
	Stre	eet Address or P.O. Box	Federal Employer Identification Number									
	City	State ZIP Code										
			Form 24 is attached									
		——————————————————————————————————————										
,		This return is for:	L A Funeral Trust L A Trust									
	В.	This is: \square An Amended Return \square A First Return \square A Final Return										
	C.	. This return is for: \square An Oregon Resident \square A Nonresident \square A Part-Year Trust (use	Schedule P to compute the tax)									
		<u> </u>	conceder to compute the tax,									
	D.	. If exempt organization, check federal form filed: 990-T Other: Specify —————										
	E.	E. Check here to donate your kicker refund to the State School Fund (see General information, page 1):										
		ATTACH A COPY OF FEDERAL FORM 1041 AND APPLICABLE SCH	EDULES									
			Beneficiary Fiduciary									
	1	Revised distributable net income from Form 41, page 2, line 27 1	T T									
		Distribution deduction from federal Form 1041, Schedule B,	•									
		line 15, plus Form 41, page 2, line 29										
ē		a. Tax-exempt income deducted in computing distribution										
W-2s and payments here		deduction from federal Form 1041, Schedule B, line 12 2a										
ints		b. Add lines 2 and 2a										
Ĕ		5. 7 kg miss 2 and 2a										
pa	3.	Percentage Line 2b \$ = 9										
and		Line 1 \$ 3										
2s ;	4.	Revised taxable income of fiduciary from Form 41, page 2, line 30	4									
	5.	Fiduciary adjustment from Form 41, page 2, line 42										
ach		Indicate whether to be added or subtracted 5										
Att		a. Beneficiary's share (line $5 \times \%$ on line 3—see instructions)										
		b. Fiduciary's share (line 5 minus line 5a)	5b									
	6.	Income to be reported by beneficiaries (Form 1041, K-1										
	_	attached—see line 6 instructions) Line 2 plus line 5a										
	7.	Oregon taxable income of fiduciary (total or net of lines 4 and 5b)	7									
		Tax using rate schedule on page 2, or from Schedule P, line 11										
		NLTCG from column B, line 25: 9a × 0.05										
	10.	Total tax (add lines 8 and 9b)	10									
	11.	Tax credits (no prepayments, see instructions). Identify	11									
	12.	Balance of tax (line 10 minus line 11)	•12									
	40	Orangan in some tax withhold (attach forms M/O to front of ration) 642										
		Oregon income tax withheld (attach form W-2 to front of return) •13										
		Prepayments and claim of right credit (see instructions)	15									
		Total payments (line 13 plus line 14)										
		Tax due. Is line 12 more than line 15? If so, line 12 minus line 15										
		Overpayment. Is line 15 more than line 12? If so, line 15 minus line 12										
		Penalty for filing or paying late (see instructions)										
		Interest due with this return (see instructions)										
		Total Due (line 16 plus lines 18 and 19)										
	∠ 1.	Refund (line 17 minus lines 18 and 19)	Ketund 21									

150-101-041 (Rev. 1-03) Web Mail this return on or before the 15th day of the fourth month after the end of the taxable year.

Federal Employer Identification Number

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

		(refer to sp	ecine man	uctions)			
					(Column DNI	A)	(Column B) TIF
22.	Distributable net income (from federa	al Form 1041, Schedu	le B, line	7) 22			
	Taxable income of fiduciary (from fed			=			23
	Changes in depreciation for Oregon		-				24
	Other changes. Identify						25
	Line 24 plus line 25						26
	Revised distributable net income (Col						
	Enter here and on page 1, line 1						
28	Total taxable income (Column B, line						28
	Changes included on Column A, line	·					
				istructions)			29
3 0.	Revised taxable income of fiduciary (t		-				30
_	Enter here and on page 1, line 4						30 [
		SCHEDULE 2 — F	IDUCIARY	ADJUSTMENT			
		(refer to sp	ecific instr	uctions)			0.14
							Subtractions
	2002 federal income tax subtraction—			•			31 [
32.	Interest on U.S. obligations included i						
	less allocation of administration and n						
	Oregon income tax refund included as						
	Other subtractions (attach explanation	•					
35.	Add lines 31 through 34						35
37. 38. 39. 40. 41.	Oregon income tax deducted on 2002 Interest on obligations of other states Depletion in excess of adjusted basis Estate taxes on income in respect of other additions (attach explanation) Add lines 36 through 40	or their political subdivate of their political subdivate of the subdivate	visions	n			37 38 39 40 41
		2002 R A	TE SCHE	OULF			
		Compute the Tax U					
	If your taxable income is: Not over \$2,500 Over \$2,500 but not over \$6 Over \$6,250	,250	Yo 5% \$1	our tax is: 6 of taxable income 25 plus 7% of the e			
me	clare under the penalties for false swea and, to the best of my knowledge and		, and comp	olete.	s and state	ements) ha	as been examined by
_	ature of Preparer Other Than Fiduciary		Telepho	ne Number			
X				()			
Sigr	nature of Fiduciary	Date	Street Addre	ess			
Χ							
Title	, In	elephone Number	1	City		State	ZIP Code
. 1410		()		 7		2.0.0	0000