Schedule B, Part 1, Line e, Column 5)

6. Gross taxable income of fiduciary as modified (Add Line 4 and Line 5)

(Rev. 12/03)

FORM CT-1041 SCHEDULE C



00

00

Name of Trust or Estate

Federal Employer ID Number

:

▶ 5

6

All resident estates and full-year resident trusts (*except for those that meet the Quick-File Requirements*) must complete this schedule to determine the status of any nonresident beneficiaries and to calculate Connecticut taxable income. Attach *Schedule C* to the back of Form CT-1041.

| С | heck applicable box: | | | | | |
|----|------------------------|--|----|--|--|--|
| | 1 | Resident estate without any nonresident beneficiaries, or Full-year resident trust without any nonresident beneficiaries: Complete Lines 4 through 6: then go to Line 14. Resident estates or full-year resident trusts that meet the Quick-File Requirements, see Page 13. | | | | |
| | 2 | Resident estate with one or more nonresident beneficiaries, or Full-year resident testamentary trust with one or more nonresident beneficiaries, or Full-year resident inter vivos trust with one or more nonresident beneficiaries but without any nonresident noncontingent beneficiaries: First complete and attach Schedule CT-1041FA, Parts 3 and 2; Then complete Lines 4 through 6; then go to Line 14. Full-year resident inter vivos trust with one or more nonresident noncontingent beneficiaries: First complete and attach Schedule CT-1041FA, Parts 3 and 2; Then complete Lines 4 through 14. | | | | |
| | _ 3 | | | | | |
| 4. | Federal taxable incom | e of fiduciary (from federal Form 1041, Line 22) 4 | 00 | | | |
| 5. | Fiduciary's share of C | Connecticut fiduciary adjustment (from Form CT-1041, | | | | |

Full-year resident inter vivos trusts with one or more nonresident noncontingent beneficiaries, complete Lines 7 through 14; all others go to Line 14

| 7. | Enter the fiduciary's share of income from Cor | 7 | | 00 | | |
|-----|--|------|----|----|--|--|
| 8a. | Enter the amount from <i>Schedule CT-1041FA</i> , Part 3, Line 4, Column b | | 00 | | | |
| 8b. | Enter the amount from <i>Schedule CT-1041FA</i> , Part 3, Line 18, Column b | 8 b | 00 | | | |
| 8c. | Subtract Line 8b from Line 8a | 8c | | 00 | | |
| 9. | Income from Connecticut sources of fiduciary a | 9 | | 00 | | |
| 10. | Connecticut taxable income of fiduciary from n modified (Subtract Line 9 from Line 6) | • 10 | | 00 | | |
| 11. | Enter as a decimal, the percentage of resident (from Form CT-1041, Schedule B, Part 2, Line | • 11 | • | | | |
| 12. | Connecticut taxable portion of non-Connecticut (Multiply Line 10 by Line 11) | 12 | | 00 | | |
| 13. | Connecticut taxable income of fiduciary of a res one or more nonresident noncontingent benefic | 13 | | 00 | | |
| 14. | Connecticut taxable income of fiduciary. If an ir nonresident noncontingent beneficiaries, enter Otherwise, enter the amount from Line 6 above must also be entered on Form CT-1041, Line 1 | • 14 | | 00 | | |