



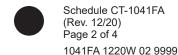
Schedule CT-1041FA Fiduciary Allocation

2020



Complete this schedule in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS). Do not use staples.

COI	cot year	3 form mast be submitted to the Department of Nevertide Services (BNO). Do not us	oc otapic	,		
	Na	me of trust or estate	Fed	eral E	Employer ID Number (FEIN)	
(Complet	e this schedule as follows:				
		Resident estate or trust with one or more nonresident beneficiaries: Complete Part 3, the	nen comp	lete	Part 2.	
		Resident estate or trust with only resident beneficiaries: Complete Part 2, Column 4, if a	applicable	θ.		
		Nonresident estate or trust and part-year resident trust: Complete Part 3, then Part 2, a	nd then I	Part 1	L Attach Schedule CT-1041FA to	0
		the back of Form CT-1041, Connecticut Income Tax Return for Trusts and Estates.				
Pa	rt 1 ₋ C	Computation of Connecticut Tax of a Nonresident Estate or T	riiet ai	nd I	Part-Voar Rosidont Tru	ıet
1 4	101-0	omputation of connecticut rax of a nomesident Estate of T	i ust a	iiu i	art-rear Resident Ira	JJL
1.		taxable income of trust or estate from federal Form 1041, Line 23, and ESBT Tax Worksheet.	1.	•		.00
2.	Trust or	r estate's share of Connecticut fiduciary adjustment from Schedule CT-1041B ,		ŕ		
	Part 1,	Line e, Column 5.	2.	•		.00
3.	Connec	cticut gross taxable income as modified: Add Line 1 and Line 2.	3.			.00
4.	Connec	cticut taxable income from Connecticut sources: See instructions.	4.			.00
Cor	mplete Lir	nes 5 through 8 only if a part-year resident inter vivos trust with one or more nonresident, no	onconting	gent k	peneficiaries. Otherwise, go to Li	ine 9.
5.	Enter a	s a decimal the percentage of resident, noncontingent beneficiaries from				
6		ule CT-1041B, Part 2, Line 4. Round to four decimal places. sticut taxable income from non-Connecticut sources during the residency	5.	•		
	portion	of the taxable year as modified: See instructions.	6.	•		.00
7.		cticut taxable portion of non-Connecticut-sourced income during the residency of the taxable year: Multiply Line 6 by Line 5.	7.			.00
8.		cticut taxable income of a part-year resident inter vivos trust with nonresident, tingent beneficiaries: Add Line 4 and Line 7.	8.			.00
9.	If a part	t-year resident inter vivos trust with one or more nonresident,				
		tingent beneficiaries, enter the amount from Line 8. Otherwise, ne greater of Line 3 or Line 4.	9.			.00
10.	Connec	ticut income tax: Multiply Line 9 by 6.99% (.0699). If Line 9 is zero or less, enter	·0." 10.			.00
11.	Part-ve	ear resident inter vivos trusts with one or more nonresident, noncontingen	ıt			
	benefic	ciaries: If Line 9 is greater than zero, enter 1.0000. If Line 9 is zero or less, enter	er "0."			
	If Line 4	ers: If Line 4 is greater than zero and greater than or equal to Line 3, enter 1.00 if is less than Line 3, divide Line 4 by Line 3 and enter the result as a decimal or	า			
	Line 11	. Round to four decimal places. If Line 4 is zero or less, enter "0."	11.			
12.	Allocate	ed Connecticut tax: Multiply Line 10 by Line 11. Enter here and on Form CT-1041, Lin	e 3. 12.	•		.00





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Part 2 - Trust or Estate's and Beneficiary's Share of Income From Connecticut Sources: See instructions.

Beneficiary List in same order as on Schedule CT-1041B, Part 1. **Shares of Federal Distributable Net Income** Column 3 Column 1 Column 2 Column 4 Beneficiary's Connecticut Shares of Income From SSN or FÉIN PE Tax Credit Beneficiary's name and address resident Amount Percentage Connecticut Sources A. .00 . .00 .00 В. .00 . .00 .00 C. .00 . .00 .00 D. .00 . .00 .00 Trust or estate's name and address E. .00 .00 .00 .00 100 Total .00 .00

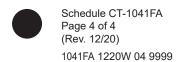
Enter the amount from Schedule CT-1041B, Part 1, Line f, Column 3, on the Total line of Schedule CT-1041FA, Part 2, Column 1. Enter the amount from Schedule CT-1041FA, Part 3, Line 24, Column B, on the Total line of Schedule CT-1041FA, Part 2, Column 3. See instructions for Column 4. The fiduciary must provide to each beneficiary a **Schedule CT-1041 K-1**, *Beneficiary's Share of Certain Connecticut Items*.



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Part 3 - Details of Federal Distributable Net Income and Amounts From Connecticut Sources: See instructions.

Lines 1 - 17, Column (A), are based on the entries on federal Form 1041, Page 1, with modifications as specified in instructions.			(A) Federal Amount as Modified		(B) Amount of Column (A) From Connecticut Sources	
ı	1. Interest income: See instructions for modifications.	1.		.00		.00
N C O M E	2. Dividends: See instructions for modifications.	2.		.00		.00
	3. Business income (loss)	3.		.00		.00
	4. Capital gain (loss)	4.		.00		.00
	Rents, royalties, partnerships, S corporations, other trusts, and estates	5.		.00		.00
	6. Farm income (loss)	6.		.00		.00
	7. Ordinary gain (loss)	7.		.00		.00
D E D U C T I O N	Other income (specify): See instructions for modifications.	8.		.00		.00
	9. Total income: Add Lines 1 through 8.	9.		.00		.00
	10.Interest	10.		.00		.00
	11.Taxes	11.		.00		.00
	12.Fiduciary fees	12.		.00		.00
S	13. Charitable deductions from federal Form 1041, Schedule A, Line 7	13.		.00		.00
	14.Attorney, accountant, and return preparer's fees	14.		.00		.00
	15.Other deductions: See instructions.	15.		.00		.00
	16. Total deductions: Add Lines 10 through 15.	16.		.00		.00
	17. Adjusted total income (loss): Subtract Line 16 from Line 9.	17.		.00		.00





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Part 3 - Details of Federal Distributable Net Income and Amounts From Connecticut Sources: See instructions.

Lines 18 through 24 are based on entries from federal Form 1041 schedules.		(A) Federal Amount as Modified		(B) Amount of Column (A) From Connecticut Sources	
18.Enter the amount from federal Form 1041, Schedule B, Line 3. 19.Enter long-term capital gain and short-term	18.		.00		.00
capital gain included on federal Form 1041, Schedule B, Line 5.	19.		.00		.00
20.Enter the amount from federal Form 1041, Schedule B, Line 4.	20.		.00		.00
21.If amount on Line 4 above is a loss, enter amount here as a positive number.	21.		.00		.00
22. Total: Add Lines 17 through 21.	22.		.00		.00
23.If amount on Line 4 above is a gain, enter amount here. 24.Distributable net income:	23.		.00		.00
Subtract Line 23 from Line 22. Enter Column B amount on Part 2, Column 3, Total line.	24.		.00		.00