



For the calendar year 2016 or fiscal year beginning

• \_\_\_\_\_, 2016, and ending • \_\_\_\_\_, \_\_\_\_\_

Type of entity (see instructions): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate - Ch. 7 <input type="checkbox"/> Bankruptcy estate - Ch. 11 <input type="checkbox"/> Pooled income fund	Employer Identification Number ● Name of Estate or Trust ● Name and Title of Fiduciary ● Address of Fiduciary (number and street) ● City State Zip Code ●	ADOR  <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return
<input type="checkbox"/> Address change <input type="checkbox"/> Entity has income from more than one state <input type="checkbox"/> Fiduciary or name change <input type="checkbox"/> Return is filed on Cash Basis		

Date entity created ● \_\_\_\_\_ Number of K-1s attached ● \_\_\_\_\_ Number of Schedule Gs attached ● \_\_\_\_\_

Resident estate or trust   
  Nonresident estate or trust   
 If a trust, state whether  revocable or  irrevocable  
 If decedent's estate please provide Social Security Number of deceased ● \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**COMPUTATION OF ALABAMA TAXABLE INCOME AND NET TAX DUE**

1 Alabama Adjusted Total Income or (Loss) (Schedule C, Line 18c) .....			1		00
2 Alabama Income Distribution Deduction (Schedule A, Line 15) .....	2				00
3 Exemption (Allowed the Estate or Trust by 40-18-19, Code of Alabama 1975) .....	3				00
4 Total of Special Trust Deductions (Total of Lines 2 and 3) .....			4		
5 Alabama Taxable Income (Line 1 less Line 4) .....			5		00
6 a. Non ESBT tax due. Alternate Tax Method... <input type="checkbox"/> Crat/Crut... <input type="checkbox"/> NOL .....			6a		00
b. ESBT Income tax due (Schedule ESBT, Line 21)... <input type="checkbox"/> ESBT .....			6b		00
c. Total tax due sum of lines 6a plus 6b .....			6c		00
7 a. Total credits allowable (per Schedule FC, Part C, Line 1) .....	7a				00
b. Alabama income tax withheld (from Form W-2 and/or Form 1099) .....	7b				00
c. Automatic extension payments/payments made with original return .....	7c				00
d. Composite payments. Paid by ● _____ FEIN ● _____	7d				00
e. Composite payments allocated to beneficiary .....	7e	● (    )			00
8 Total Credits (Total of Lines 7a through 7e) .....			8		00
9 NET TAX DUE/(REFUND) (Subtract Line 8 from sum of Line 6c) .....			9		00
10 Reduction/Applications of Overpayment					
a. Credit to 2017 estimate tax .....	10a				00
b. Interest (Computed on tax due only) .....	10b				00
c. Penalties (See instructions) .....	10c				00
d. Total reductions (Total of Lines 10a through 10c) .....			10d		00
11 TOTAL AMOUNT DUE/(REFUND) (Total of Line 10d and Line 9) .....			11		00

If paying by check or money order, **FORM FDT-V MUST ACCOMPANY PAYMENT.** If you paid electronically, check here

Returns with payments must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327444, Montgomery, AL 36132-7444. Returns without payments must be filed with the Alabama Department of Revenue, Individual and Corporate Tax Division, P.O. Box 327440, Montgomery, AL 36132-7440, on or before April 18, 2017. (Fiscal Year Returns must be filed on or before the 15th day of the fourth month following the close of the fiscal year.)

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
**Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are 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	Daytime Telephone No.	Social Security Number
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Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
Firm's name (or yours, if self-employed) and address	Tel. (    )	E.I. No. ▶	ZIP Code ▶

**A complete copy of the Federal Form 1041 must be attached for this return to be considered complete.**



Name of estate or trust

Employer identification number

Name and title of fiduciary

**SCHEDULE A – COMPUTATION OF ALABAMA INCOME DISTRIBUTION DEDUCTION**

1	Alabama Adjusted Total Income (Page 1, Line 1) . . . . .	1 ●	00
2	The amount of gain from the sale of capital assets, but only if the gain was allocated to corpus and <u>not</u> paid, credited, or required to be distributed to any beneficiary during the taxable year ( <i>See instructions</i> ). . . . .	2 ●	00
3	Subtract the amount entered on Line 2 from the amount entered on Line 1, and enter in Line 3 . . . . .	3 ●	00
4	The amount of loss from the sale of capital assets – entered as a positive number, only if the loss was not considered in the determination of the amount to be paid, credited, or required to be distributed to any beneficiary during taxable year . . . . .	4 ●	00
5	Amount of tax exempt interest income excluded in computing Alabama taxable income . . . . .	5 ●	00
6	Other adjustments – see instructions . . . . .	6 ●	00
7	<b>Alabama Distributable Net Income</b> ( <i>Sum of Lines 3 through 6</i> ) . . . . .	7 ●	00
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law . . . . .	8 ●	00
9	Income required to be distributed currently . . . . .	9 ●	00
10	Other amounts paid, credited, or otherwise required to be distributed . . . . .	10 ●	00
11	Total distributions. Add Lines 9 and 10 . . . . .	11 ●	00
12	Enter the amount of tax-exempt income included on Line 11 . . . . .	12 ●	00
13	Tentative income distribution deduction. Subtract Line 12 from Line 11 . . . . .	13 ●	00
14	Tentative income distribution deduction. Subtract Line 5 from Line 7. If zero or less, enter -0- . . . . .	14 ●	00
15	<b>Alabama Income Distribution Deduction.</b> Enter the smallest of Line 13 or Line 14 on this line and on Page 1, Line 2. (Do not enter less than zero.) . . . . .	15 ●	00

**SCHEDULE B – ALABAMA CHARITABLE DEDUCTION. Do not complete for a simple trust or a pooled income fund.**

1	Amounts paid or permanently set aside for charitable purposes from gross income . . . . .	1 ●	00
2	Alabama tax-exempt income allocable to charitable contributions . . . . .	2 ●	00
3	Subtract line 2 from line 1 . . . . .	3 ●	00
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes . . . . .	4 ●	00
5	<b>Alabama Charitable Deduction.</b> Add Line 3 and Line 4. Enter total here and on Page 3, Schedule C, Line 13, Column C . . . . .	5 ●	00



Name of estate or trust	Employer identification number
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<b>SCHEDULE C – COMPUTATION OF ALABAMA ADJUSTED TOTAL INCOME</b>						
			Column A AS REPORTED ON FEDERAL FORM 1041	Column B ALABAMA ADJUSTMENTS	Column C ALABAMA AMOUNT	
1 Interest income .....	1	●	00	00	00	00
2 Ordinary dividends .....	2	●	00	00	00	00
3 Capital gain or (loss) .....	3	●	00	00	00	00
4 Business income or (loss) .....	4	●	00	00	00	00
5a Rents, royalties, partnerships, and S Corporations .....	5a	●	00	00	00	00
5b Estates and Trusts .....	5b	●	00	00	00	00
6 Farm income or (loss) .....	6	●	00	00	00	00
7 Ordinary gain or (loss) from Form 4797 .....	7	●	00	00	00	00
8 Other income .....	8	●				
9 <b>Total Income</b> (total of Lines 1 through 8) .....	9	●	00	00	00	00
<b>Ordinary Deductions:</b>						
10 Interest .....	10	●	00	00	00	00
11 Taxes .....	11	●	00	00	00	00
12 Fiduciary fees .....	12	●	00	00	00	00
13 Charitable deduction .....	13	●	00	00	00	00
14 Attorney, accountant, and return preparer fees .....	14	●	00	00	00	00
15 Other deductions not subject to the 2% floor .....	15	●	00	00	00	00
16 Allowable miscellaneous itemized deductions subject to the 2% floor ...	16	●	00	00	00	00
17 <b>Total Ordinary Deductions</b> (total of Lines 10 through 16) .....	17	●	00	00	00	00
18a <b>Federal Adjusted Total Income</b> .....	18a	●	00			
18b Net Alabama Adjustments (Column B, Line 9 less Line 17) .....	18b	●		00		
18c Alabama Adjusted Total Income (Column C, Line 9 less Line 17). Enter here and on Page 1, Line 1 .....	18c	●			00	
19 <b>Alabama Tax Exempt Income</b> .....	19	●	00	00	00	00



Name of estate or trust

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**SCHEDULE K – SUMMARY OF K-1 INFORMATION**

	TOTAL ALABAMA AMOUNT		Enter on Alabama Schedule K-1, Form 41
1 Interest income .....	1 ●	00	Part III, Line 1
2 Total dividends .....	2 ●	00	Part III, Line 2
3 Capital gain or (loss) .....	3 ●	00	Part III, Line 3
4 Business income or (loss) .....	4 ●	00	Part III, Line 4
5a Rents, royalties, partnerships, and S Corporations .....	5a ●	00	Part III, Line 5a
5b Estates and Trusts .....	5b ●	00	Part III, Line 5b
6 Farm income or (loss) .....	6 ●	00	Part III, Line 6
7 Ordinary gain or (loss) from Form 4797 .....	7 ●	00	Part III, Line 7
8 Other income .....	8 ●	00	Part III, Line 8
9 Alabama Income Distribution Deduction (Sum of lines 1-8) .....	9 ●	00	
10 Alabama Tax Exempt Income .....	10 ●	00	Part III, Line 10
<b>Directly apportioned deductions:</b>			
11 Depreciation .....	11 ●	00	Part III, Line 11
12 Depletion .....	12 ●	00	Part III, Line 12
13 Amortization .....	13 ●	00	Part III, Line 13
14 Allocated Composite Payment .....	14 ●	00	Part III, Line 14