

MARYLAND FORM 504 FIDUCIARY INCOME TAX RETURN



OR FISCAL YEAR BEGINNING _____ 2013, ENDING _____

Please Print Using Blue or Black Ink Only

Federal Employer Identification Number		
Name of estate or trust		
Name and title of fiduciary		
Address of fiduciary (number and street)		
City or town	State	ZIP code

TYPE OF ENTITY	DECEDENT'S ESTATE INFORMATION	RESIDENT STATUS	AMENDED RETURN
Check the box(es) on the return corresponding to your federal return.	If Decedent's estate:	Check box if resident and complete the following:	Check applicable box(es).
1. <input type="checkbox"/> Decedent's estate	Date of death _____	Subdivision Code ▶ _____	This is an amended return. (Attach explanation.) <input type="checkbox"/>
2. <input type="checkbox"/> Simple trust	Domicile of decedent _____	County _____	Net operating loss is being carried back. <input type="checkbox"/>
3. <input type="checkbox"/> Complex trust	Decedent's Social Security Number _____	City, town or taxing area _____	Name or address has changed. <input type="checkbox"/>
▶ 4. <input type="checkbox"/> Grantor type trust	▶ <input type="checkbox"/> Check here if final return.	Check box if nonresident: <input type="checkbox"/>	
5. <input type="checkbox"/> Bankruptcy estate		See Form 504NR.	
6. <input type="checkbox"/> Qualified funeral trust			
7. <input type="checkbox"/> Electing Small Business Trust			
8. <input type="checkbox"/> Other			

14. Federal taxable income of fiduciary (from line 22 of federal Form 1041) See Instruction 10	14	
15. Exemption claimed on federal return	15	
16. Line 14 plus line 15	▶ 16	
17. Fiduciary's share of Maryland modifications (Enter the positive or negative number from page 2.)	▶ 17	
18. Line 16 plus or minus line 17	18	
19. Nonresident beneficiary deduction (from line 13).	▶ 19	
20. Maryland adjusted gross income (Subtract line 19 from line 18.)	20	
21. Maryland exemption (See Instruction 11.)	21	
22. Fiduciary's Maryland taxable net income. (Subtract line 21 from line 20.) (Nonresident fiduciary see instruction for Form 504NR.)	22	
23. Maryland tax (Use rate schedule in instructions or enter amount from Form 504NR, line 21.)	23	
24. Local or special nonresident tax Multiply the taxable net income from line 22 by <u>0</u> (or from Form 504NR, line 22) (See Instruction 15.)	24	
25. Total Maryland and local tax (Add lines 23 and 24.)	25	
26. Contribution to Chesapeake Bay and Endangered Species Fund	▶ 26	
27. Contribution to Developmental Disabilities Waiting List Equity Fund	▶ 27	
28. Contribution to Maryland Cancer Fund	▶ 28	
29. Total Maryland income tax, local income tax and contributions (Add lines 25 through 28.)	29	
30. Maryland and local tax withheld (See Instruction 17.)	▶ 30	
31. Estimated tax payments and payments made with extension request and with Form MW506NRS	▶ 31	
32. Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements (Attach Form 502CR.)	▶ 32	
33. Nonresident tax paid by pass-through entities. (Attach Maryland Schedule K-1.)	▶ 33	
34. Business and/or Sustainable Communities tax credits (Attach Form 504CR and/or Form 502S.)	▶ 34	
35. Total payments and credits (Add lines 30 through 34.)	35	
36. Balance due (If line 29 is more than line 35, enter the difference.)	▶ 36	
37. Overpayment (If line 29 is less than line 35, enter the difference.)	▶ 37	
38. Amount of overpayment to be applied to 2014 estimated tax	▶ 38	
39. Amount of overpayment to be refunded (Subtract line 38 from line 37.) See line 42	▶ 39	REFUND
40. Interest charges from Form 504UP _____ or for late filing _____	▶ 40	Total
41. TOTAL AMOUNT DUE (Add lines 36 and 40.)	41	

DIRECT DEPOSIT OF REFUND (See Instruction 18.) Please be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. To comply with banking rules, please check here if this refund will go to an account outside the United States. If checked, see Instruction 18.

42. For direct deposit option, complete the following information clearly and legibly: ▶ 42a. Type of account: Checking Savings

42b. Routing number (9-digits) ▶ _____ 42c. Account number ▶ _____

Make checks payable to and mail to: **Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001 (Write your FEIN on check using blue or black ink.)**

Preparer's PTIN (required by law) ▶ **049** CODE NUMBERS (3 digits per box)
Daytime telephone number (Fiduciary) _____



135040149

FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS

(a) Unless the fiduciary is an ESBT, you are not required to complete lines 1 through 10g if the fiduciary distributes all of the income for the tax year. See instructions. (b) Complete lines 1 through 8 and enter on line 17 (Page 1) if the fiduciary retains 100% of the income for the tax year. (c) Complete lines 1 through 8, and **lines 9a through 9d or 10a through 10g** if a partial distribution of income is made by the fiduciary during the tax year. Enter the result on line 17 (page 1) as a positive or negative number accordingly. Write a minus sign (-) in front of any negative numbers.

ADDITIONS

1. Interest on state and local obligations other than Maryland 1 _____

2. Income taxes deducted on federal return 2 _____

3. Income from Electing Small Business Trust (ESBT) 3 _____

3a. Other additions to income (Specify.) 3a _____

4. Total additions (Add lines 1 through 3a.) 4 _____

SUBTRACTIONS

5. Income from U.S. obligations 5 _____

6. Other subtractions (Specify.) (Do not include non-MD source income as a subtraction.) 6 _____

7. Total subtractions (Add lines 5 and 6.) 7 _____

8. Net Maryland modifications (Subtract line 7 from line 4.) 8 _____

FIDUCIARY'S SHARE OF NET MARYLAND MODIFICATIONS

(You may choose to allocate your modifications based upon the formula method or alternative method below. You may not use both methods.)

Formula Method

9a. Federal Distributable Net Income (DNI from federal schedule B, Form 1041) 9a _____

9b. Fiduciary's share of the federal DNI 9b _____

9c. Fiduciary's percentage of federal DNI (Divide 9b by 9a.) 9c _____

9d. Fiduciary's share of net Maryland modification (Multiply line 8 by line 9c; enter here and on line 17.) 9d _____

Alternative Method

In the alternative, net Maryland modifications may be allocated based on how the fiduciary has allocated all of its income.

	(A) Name of Beneficiary	(B) Social Security Number & Domicile state code	(C) Share of Net MD Modifications
If there are more than 4 beneficiaries, use and attach a separate statement.			
	Example: Beneficiary Name	999-99-4321 MD	\$
10a.			\$
10b.			\$
10c.			\$
10d.			\$
10e.	Beneficiaries subtotal from separate attached statement (if any)		\$
10f.	Fiduciary (Enter here and on line 17.)		\$
10g.	Total:		\$

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 9 for required supporting documents to submit with Form 504. Attach Form 504 Schedule K-1 for each beneficiary.

11. Income from intangible personal property accumulated for a nonresident (See Instruction 9.) 11 _____

12. Related expenses 12 _____

13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than 0, enter 0.) Enter on line 19 (page 1) . . . 13 _____

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any bar codes on the front. Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.

EXPLANATION OF CHANGES

Check here if you authorize your preparer to discuss this return with us. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**Mail To: Comptroller Of Maryland
 Revenue Administration Division
 110 Carroll Street
 Annapolis, Maryland 21411-0001**

Signature of preparer other than fiduciary _____ Date _____

Signature of fiduciary or officer representing fiduciary _____ Date _____

Address and telephone of preparer _____