



155040049

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

Federal Employer Identification Number (9 digits)

Name of estate or trust

Name and title of fiduciary

Street Address of fiduciary

City or town

State

ZIP code

+4

TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.

- 1. Decedent's estate, 2. Simple trust, 3. Complex trust, 4. Grantor type trust, 5. Bankruptcy estate, 6. Qualified funeral trust, 7. Electing Small Business Trust, 8. Other

DECEDENT'S ESTATE INFORMATION

If Decedent's estate:

Date of death

Domicile of decedent

Decedent's Social Security Number

Check here if final return.

(do not enter / or -)

RESIDENT STATUS

Check box if resident and complete the following

Subdivision Code

County

City, town or taxing area

Check box if nonresident. See Form 504NR

AMENDED RETURN

Check applicable box(es).

- This is an amended return. (Attach explanation.)
Net operating loss is being carried back.
Name or address has changed.

Table with 13 rows for tax calculations: 1. Federal taxable income of fiduciary, 2. Exemption claimed, 3. Income from Electing Small Business Trust, 4. Federal taxable income plus nonallocable additions, 5. Fiduciary's Share of Maryland Modifications, 6. Line 4 plus or minus line 5, 7. Nonresident beneficiary deduction, 8. Maryland adjusted gross income, 9. Maryland exemption, 10. Fiduciary's Maryland taxable net income, 11. Maryland tax, 12. Special nonresident tax, 13. Total Maryland tax.

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STAPLE CHECK HERE



155040149

NAME _____ FEIN _____

14.	Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements from Part J, line 1 and Part J, line 6 of Form 502CR (Attach Form 502CR.)	14.	_____ . ____
15.	Enter the Nonrefundable Business Tax Credits from Part W of Form 504CR	▶ 15.	_____ . ____
16.	Total credits (Add lines 14 and 15)	16.	_____ . ____
17.	Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero).	17.	_____ . ____
18.	Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by .0 _____). See Instruction 15. Non-residents: enter zero.	18.	_____ . ____
19.	Local Credit for fiduciary income tax paid to another state from Part K of Form 502CR.	19.	_____ . ____
20.	Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero	20.	_____ . ____
21.	Total Maryland and local tax. (Add lines 17 and 20.)	21.	_____ . ____
22.	Contribution to Chesapeake Bay and Endangered Species Fund	▶ 22.	_____ . ____
23.	Contribution to Developmental Disabilities Services and Support Fund.	▶ 23.	_____ . ____
24.	Contribution to Maryland Cancer Fund	▶ 24.	_____ . ____
25.	Contribution to Fair Campaign Financing Fund	▶ 25.	_____ . ____
26.	Total Maryland income tax, local income tax and contributions (Add lines 21 through 25.)	26.	_____ . ____
27.	Maryland and local tax withheld. See Instruction 17.	▶ 27.	_____ . ____
28.	Estimated tax payments and payments made with extension request and with Form MW506NRS.	▶ 28.	_____ . ____
29.	Nonresident tax paid by pass-through entities. (Attach Maryland Schedule K-1 (510).)	▶ 29.	_____ . ____
30.	Refundable Business and/or Sustainable Communities tax credits (Attach Form 504CR and/or Form 502S.)	▶ 30.	_____ . ____
31.	Total payments and credits (Add lines 27 through 30.)	31.	_____ . ____
32.	Balance due (If line 26 is more than line 31, enter the difference.)	▶ 32.	_____ . ____
33.	Overpayment (If line 26 is less than line 31, enter the difference.)	▶ 33.	_____ . ____
34.	Amount of overpayment to be applied to 2016 estimated tax.	▶ 34.	_____ . ____
35.	Amount of overpayment to be refunded (Subtract line 34 from line 33.)	▶ 35.	_____ . ____
36.	Interest charges from Form 504UP _____ or for late filing _____ Total	▶ 36.	_____ . ____
37.	TOTAL AMOUNT DUE (Add lines 32 and 36.)	37.	_____ . ____

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.



155040249

NAME _____ FEIN _____

DIRECT DEPOSIT OF REFUND See Instruction 18.

Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 18.

38. For the direct deposit option, complete the following information clearly and legibly:

38a. Type of account: **▶ 38a.** Checking Savings

38b. Routing Number (9-digits): **▶ 38b.** _____

38c. Account number: **▶ 38c.** _____

SIGNATURE AND VERIFICATION

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.

Signature of fiduciary or officer representing fiduciary Date

Signature of preparer other than fiduciary Date

Address and telephone number of preparer

▶ _____
Preparer's PTIN (required by law)

▶ _____
Daytime telephone number (Fiduciary)

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your Federal Employer Identification Number On Check
Using Blue Or Black Ink.)

▶ _____
CODE NUMBERS (3 digits per line)



155040349

NAME _____ FEIN _____

SCHEDULE A - FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS

- (a) If the fiduciary distributes all of the income for the tax year, then the fiduciary is not required to complete lines 1 through 10g. See instructions.
- (b) If the fiduciary retains 100% of the income for the tax year, complete lines 1 through 8 and enter on line 5 (Page 1).
- (c) If the fiduciary makes a partial distribution of income during the tax year, complete lines 1 through 8, and **lines 9a through 9d or 10a through 10g**. Enter the result on line 5 (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. Other additions to income (Specify.) 3. _____ . ____
- 4. Total additions (Add lines 1 through 3.) 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 5 (page 1).) 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 5.)	\$
10g.	Total:	\$

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 8 for required supporting documents to submit with Form 504. Attach Maryland Schedule K-1 (504) for each beneficiary.

- 11. Income from intangible personal property accumulated for a nonresident. See Instruction 8. 11. _____ . ____
- 12. Related expenses 12. _____ . ____
- 13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than zero, enter zero.) Enter here and on line 7 (Page 1) 13. _____ . ____