Department of Revenue Services State of Connecticut

Schedule CT-1041B Fiduciary Adjustment Allocation

2019

(Rev. 12/19)

Read the instructions in the **Form CT-1041 instruction booklet** before completing this schedule. 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).

| form must be submitted to the Department of | Revenue Services (I | DRS). | | | , | - | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|--------|----------------------------|-----------------------------------------------|--------|--|
| Name of trust or estate Federal I | | | | eral Employe | al Employer Identification Number (FEIN) | | |
| If you have a Connecticut fiduciary adjustment beneficiary's share of the Connecticut fiducia part-year resident inter vivos trusts with one or r beneficiary percentage. Attach Schedule CT- | ry adjustment. Sched nore nonresident, nor | dule CT-1041B, Part 2 ncontingent beneficiar | 2, sho | ould only b calculate t | e completed by full-y he resident, noncont | ear or | |
| Part 1 – Shares of Connecticut Fiduciary A Estate or a Resident Trust, Part-Ye | | | | | | | |
| (1) Name and Address of Each Beneficiary Check box below if beneficiary is a nonresident of Connecticut. | (2) Identifying Number of Each Beneficiary (SSN or FEIN) | Shares of Federal Distributable Net Income: See instructions. | | | (5) | | |
| | | (3) Amount | | (4) Percent | Shares of Connecticut Fiduciary Adjustment | | |
| a) | | | .00 | | | .00 | |
| b) | | | 00 | | | 00 | |
| | | | .00 | | | .00 | |
| c) | | | .00 | | | .00 | |
| d) | | | | | | | |
| | | | .00 | | | .00 | |
| e) Trust or estate Resident estate or full-year resident trust Carry the amount from Column 5 to Schedule CT-1041C, Line 5; or Nonresident estate or trust or a part-year resident trust Carry the amount from Column 5 to Schedule CT-1041FA, Part 1, Line 2. | | | .00 | | | .00 | |
| f) Total The amount entered on Schedule CT-1041B, Part should be the same as the amount entered on For Schedule A, Line 13. See instructions. | | .00 | | | .00 | | |
| The fiduciary must provide of Share of Certain Connecticution | | | | | | | |
| Part 2 – Percentage of Resident Noncontin | gent Beneficiaries: | See instructions. | | | | | |
| Enter the number, if any, of resident , noncontingent beneficiaries. | | | | 1. | | | |
| 2. Enter the number of nonresident , noncontingent beneficiaries. | | | | 2. | | | |
| 3. Add Line 1 and Line 2. | | | | 3. | | | |
| 4. Divide Line 1 by Line 3 and enter as a decimal. Round to four decimal places. See instructions. | | | | | • | | |
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