

## Other Income

Enter any [other income](#) this trust received or accrued.

Other Income	Amount
1099-R Box 2a	1,000.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Back

Continue

For calendar year 2015 or fiscal year beginning \_\_\_\_\_, 2015 and ending \_\_\_\_\_, 20\_\_

Name of Estate or Trust (if a grantor type trust, see the instructions)

**Test Trust**

Fiduciary First Name **Fid** Fiduciary Last Name **Uciary** Fiduciary Title \_\_\_\_\_

No., Street, and Room or Suite No. (if a P.O. box, see the instructions)

**1 Fiduciary Ln**

City or Town, State or Province, Country, and ZIP or Foreign Postal Code

**Fiduciary FL 33333**

**A** Check all that apply:

- Decedent's estate — date of death, \_\_\_\_\_
- Simple trust
- Complex trust
- Qualified disability trust
- ESBT (S portion only)
- Grantor type trust → QuickZoom
- Bankruptcy estate — Chapter 7
- Bankruptcy estate — Chapter 11
- Pooled income fund

**QuickZoom** to Pooled income Explanation Statement Explain

**B** Number of Schedules K-1 attached ▶ **1**

**C** Employer identification number **11-111111**

**D** Date entity created **11-11-2011**

**E** Nonexempt charitable and split-interest trusts, check applicable boxes:

- Described in Section 4947(a)(1)
- Check here if not a private foundation
- Described in Section 4947(a)(2)

**F** Check applicable boxes:

- Initial return
- Final return
- Amended return **QuickZoom** to Amended Explanation Stmt Explain
- Net operating loss carryback
- Change in trust's name
- Change in fiduciary
- Change in fiduciary's name
- Change in fiduciary's address

**G** Check here if the estate or filing trust made a Section 645 election ▶

Trust tax identification number ▶ \_\_\_\_\_

**Income**

<b>1</b> Interest income	_____	<b>1</b>	_____
<b>2a</b> Total ordinary dividends	_____	<b>2a</b>	_____
<b>b</b> Qualified dividends allocable to:			
<b>(1)</b> Beneficiaries	_____		
<b>(2)</b> Estate or trust	_____		
<b>3</b> Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	_____	<b>3</b>	_____
<b>4</b> Capital gain or (loss). Attach Schedule D (Form 1041)	_____	<b>4</b>	_____
<b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	_____	<b>5</b>	_____
<b>6</b> Farm income or (loss). Attach Schedule F (Form 1040)	_____	<b>6</b>	_____
<b>7</b> Ordinary gain or (loss). Attach Form 4797	_____	<b>7</b>	_____
<b>8</b> Other income. List type and amount:			
<b>1099-R Box 2a</b>	_____		<b>1,000.</b>
_____	_____		_____
_____	_____		_____
_____	_____		_____
<b>Total other income</b>	_____	<b>8</b>	<b>1,000.</b>