ullet Amended return



Tax year				
20	1	5		

_				
Tax year	Date received			
004E	•			
1013	Payment			

For office use only			
Date received			
•			
Payment	1		

	Fiduciary Income Tax Return				Payment	Payment			
			onth Day	Year		Month Day Year	Penalty of	date	
Name	of trust or estate (first name, initial		rly or ty			Check if new name	1	2	3
•						Oneok ii new name	•	•	•
Name	e of fiduciary (first name, initial, last	name)			•	Check if new name	Federal e	employer identifica	ation number (FEIN)
•							of trust o	or estate	
Title (TTEE or PR)						•		Check if new FEIN
•							Oregon b	business identifica	ation number (BIN)
Stree	t address or PO Box				•	Check if new address			
•					_		●□ Ext	ension to file	
City				State	ZIP code		●□ For	m 24 is included	
•				•	•				
• A.	Check only one box:			●B. This i		C. Check one bo			t organization,
□Ar	estate-date of death:			☐ A fi	rst return.	☐ An Oregon r	esident.	check fed	eral form filed:
	ecedent's SSN:			□Afi	nal return.	☐ A nonreside	nt.	□ 990-T-	
1	oankruptcy estate. \square A fund					☐ A part-year t		your du	ıe date:
	rust filing as an estate. Includ	de IRS Form 8855.				(use Schedu			·
	of death:					compute the	e tax).	☐ Other-	-Specify:
	edent's SSN:		<u> </u>						<u> </u>
	ude a copy of federal		hedu	le K-1s, a	pplicabl	· · · · · · · · · · · · · · · · · · ·			
	Revised distributable net ind					Beneficiary co	olumn	Fiducia	ry column
	Form 41, Schedule 1, line								
	Distribution deduction from							_	
	olus Form 41, Schedule 1,								
ć	a. Tax-exempt income dedu			ion deductio	n trom ted	deral			
	Form 1041, Schedule B								
	o. Add lines 2 and 2a	······································		••		<u></u>			
3. 1	Percentage = Line 2b \$		=	• •3		<u>%</u>			
4 1	Line 1 \$	Cal			l' 00		•	4	
	Revised taxable income of t				line 30			4	
	Fiduciary adjustment from I	·	-	e 42		\neg			
	Show as an● ☐ addition or ●			uotiona)	A 5			\neg	
	a. Beneficiary's share (line s b. Fiduciary's share (line 5 r	o × % on line 3—se	e msu	uctions)	• 5	a	A E	'h	
							• 5	םם[
0. 1	ncome to be reported by boncluded—see instructions)	enencianes (Form	1041, i	ochequie K	- 1	6		\neg	
	Oregon taxable income of fi							7	
	Tax using rate schedule o r								
	NLTCG from Schedule 1, lin								
10.	Total tax (add lines 8 and 9								
11.	Tax credits. (Enter payment								
12.	Balance of tax (line 10 min								
	Oregon income tax withhe							_	
	Payments with OR-18 or C	•						7	
14.	Payments and claim of right					credit (kicker) (see ir	nstr) •14	4b	
	If you elect to donate you					, , ,	,		
15.	Total payments (add lines								
16.	Tax due. Is line 12 more th								
17.	Overpayment. Is line 15 m								
18.	Penalty for filing or paying								
19.	Interest due with this return								
20.	Total due (line 16 plus line	,							
21.	Refund (line 17 minus line								
	ation: Oregon surplus credi] and mile

lame of estate or trust	FEIN



Schedule 1—Oregon changes to distributable net income (DNI) and taxable income of fiduciary (TIF) (see instructions) (Column A) (Column B) DNI TIF 22. Distributable net income (from federal Form 1041, Schedule B, line 7)...... ● 22 23. Taxable income of fiduciary (from federal Form 1041, line 22)...... • 23 • 24 • 25 25. Other changes, Identify: ● 26. Line 24 plus line 25...... 26 26 27. Revised distributable net income (column A, line 22 plus line 26); 29. Changes included on column A. line 26. that were distributed _________ 929 30. Revised taxable income of fiduciary (total or net of lines 28 and 29); enter here and on page 1, line 4......● 30 Schedule 2—Fiduciary adjustment (see instructions) Subtractions 32. Interest on U.S. obligations included in income on federal Form 1041:● \$ less allocation of administration and miscellaneous expenses: • \$____ 34. Other subtractions (include Oregon Schedule ASC-FID)..........● 34 Additions 36. Oregon income tax deducted on 2015 federal Form 1041● 36 This fiduciary adjustment is to be: •□ added or ■ subtracted. Enter amount on page 1. line 5. 2015 rate schedule - compute the tax using the following rates (see instructions) Over \$3,350 but not over \$8,400......\$168 plus 7% of the excess over \$3,350 Over \$8,400 but not over \$125,000......\$521 plus 9% of the excess over \$8,400 Over \$125,000\$11,015 plus 9.9% of the excess over \$125,000 Under penalty of false swearing, I declare that the information in this return and any included forms or statements is true, correct, and complete. Signature of fiduciary Print name X Title (if applicable) Daytime phone ■ Check the box to authorize the following individual(s) to receive and provide confidential tax information relating to this return. Preparer's name (print) License number Preparer's mailing address City State ZIP code

Phone

Signature of preparer