Fiduciary Income Tax Return


Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| Authorized officer signature | Print name |  | Date | Telephone number |
| :---: | :---: | :---: | :---: | :---: |
| Paid preparer signature | Print name |  | Date | Telephone number |
| Paid preparer address | City, town or post office | State | ZIP Code | PTIN |

## SCHEDULE I

BENEFICIARY INFORMATION
(All estates and trusts must complete this schedule)

State of
Residence Social Security Number


If more space is needed, please attach the required information on a separate sheet of paper.
SCHEDULE II ALLOCATION AND MODIFICATION (To be completed by trusts and estates with nonresident beneficiaries)

|  |  | - | Column A | Column B | Column C | Column D |  | Column E |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Percent of beneficiaries' | Column A times total federal income page 1, line 1 | Column A times total net modifications page 1, line 4 | Combine Columns B and (add net increases or subtract net decrease |  | Residents enter amount from col D. Nonresidents enter RI source income from col B. |
|  |  |  | (must equal 100\%) | Total Federal Income | Modifications to Federal Income | Modified Federal Inc |  | Total RI Source Income |
|  | 23 | Beneficiary ... |  |  |  |  |  |  |
| $\pm \stackrel{\mathscr{L}}{\stackrel{\omega}{\omega}}$ |  | Beneficiary ... |  |  |  |  |  |  |
| $\mathscr{\square} \stackrel{\rightharpoonup}{\Phi}$ |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary.... |  |  |  |  |  |  |
| $\stackrel{\rightharpoonup}{0} \frac{0}{0} \frac{.0}{\sigma}$ |  | Beneficiary ... |  |  |  |  |  |  |
| Co |  | Beneficiary ... |  |  |  |  |  |  |
|  |  | Beneficiary.. |  |  |  |  |  |  |
| 31 | Total | I .................. | 100\% |  |  |  |  |  |
| 32 | Modif | fications to Rho | de Island source | income. Enter amount | from column C that is included | in column E .............. | 32 |  |
| 33 | Modif | fied Rhode Islan | d source income | Combine lines 31, col | and 32 (add net increases - s | ubtract net decreases) | 33 |  |
| 34 | RI allo | ocation. Divide | line 33 by line 31 | , col D (not greater than | 1.000). Enter here and on RI | 1041, page 1, line 9.. | 34 |  |

## SCHEDULE III CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

| (resident estates or trusts only) |
| :--- |
| 35 |
| 36 |

