



# Addendum: Introduction to Estates and Form 1041

## Revision 1:

Correct the description of Form 1041, Box D, "Date entity created."

### Page 21

The description of Box D incorrectly states that the date the estate entity was created is the day after the decedent's death. For a decedent's estate, Box D reports the date of the decedent's death.

**Box D** is the date the estate entity was created.

**Date of revision:** 08-26-2026

## Revision 2:

Correct the date entered in Form 1041, Box D, on the later completed returns.

### Pages 75 and 145

Elaine Clemmons died July 31, 2025. On the completed Forms 1041 on Pages 75 and 145, change Box D, "Date entity created," from 07/31/2022 to 07/31/2025.

The fiscal tax year shown on each return remains 08/01/2025 through 07/31/2026.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
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| Department of the Treasury—Internal Revenue Service<br><b>U.S. Income Tax Return for Estates and Trusts</b><br><small>Go to <a href="http://www.irs.gov/Form1041">www.irs.gov/Form1041</a> for instructions and the latest information.</small>                                                                                                                                                                                                          |                                                                                                                       | <b>2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OMB No. 1545-0092 |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>Form 1041</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>A</b> Check all that apply:                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| For calendar year 2025 or fiscal year beginning <b>08/01/25</b> , 2025, and ending <b>07/31/26</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <input checked="" type="checkbox"/> Decedent's estate<br><input type="checkbox"/> Simple trust<br><input type="checkbox"/> Complex trust<br><input type="checkbox"/> Qualified disability trust<br><input type="checkbox"/> ESBT (S portion only)<br><input type="checkbox"/> Grantor type trust<br><input type="checkbox"/> Bankruptcy estate—Ch. 7<br><input type="checkbox"/> Bankruptcy estate—Ch. 11<br><input type="checkbox"/> Pooled income fund |                                                                                                                       | Name of estate or trust (If a grantor type trust, see the instructions.)<br><b>Estate of Elaine Clemmons</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| Name and title of fiduciary<br><b>James Tenden, Representative</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | <b>C</b> Employer identification number<br><b>**-***9999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| Number and street (If a P.O. box, see the instructions.)<br><b>1500 North Tombstone Way</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | <b>D</b> Date entity created<br><b>07/31/2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| Room or suite no.<br>City or town<br><b>Anytown</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | <b>E</b> Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.<br><input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation <input type="checkbox"/><br><input type="checkbox"/> Described in sec. 4947(a)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| State or province<br><b>WI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| ZIP or foreign postal code<br><b>54911</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | <b>F</b> Check applicable boxes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>B</b> Number of Schedules K-1 attached (see instructions) <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | <input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Change in trust's name<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Change in fiduciary<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Change in fiduciary's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>G (1)</b> Check here if the estate or filing trust made a section 645 election                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | <b>G (2)</b> Trust TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>Income</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 85%;">Interest income</td> <td style="width: 5%;">1</td> <td style="width: 5%;">500</td> </tr> <tr> <td>2a</td> <td>Total ordinary dividends</td> <td>2a</td> <td>1,000</td> </tr> <tr> <td>b</td> <td>Qualified dividends allocable to (1) Beneficiaries <b>1,000</b> (2) Estate or trust</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Business income or (loss). Attach Schedule C (Form 1040)</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>Capital gain or (loss). Attach Schedule D (Form 1041)</td> <td>4</td> <td>12,000</td> </tr> <tr> <td>5</td> <td>Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)</td> <td>5</td> <td>8,379</td> </tr> <tr> <td>6</td> <td>Farm income or (loss). Attach Schedule F (Form 1040)</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>Ordinary gain or (loss). Attach Form 4797</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>Other income. List type and amount <b>See Statement 1</b></td> <td>8</td> <td>132,258</td> </tr> <tr> <td>9</td> <td><b>Total income.</b> Combine lines 1, 2a, and 3 through 8</td> <td>9</td> <td>154,137</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 1  | Interest income                                                            | 1  | 500    | 2a | Total ordinary dividends                           | 2a | 1,000 | b   | Qualified dividends allocable to (1) Beneficiaries <b>1,000</b> (2) Estate or trust             |     |  | 3  | Business income or (loss). Attach Schedule C (Form 1040)                                             | 3   |  | 4  | Capital gain or (loss). Attach Schedule D (Form 1041)                                                                 | 4  | 12,000 | 5   | Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)      | 5   | 8,379 | 6  | Farm income or (loss). Attach Schedule F (Form 1040)                                                  | 6   |       | 7  | Ordinary gain or (loss). Attach Form 4797                                                                    | 7  |        | 8  | Other income. List type and amount <b>See Statement 1</b>              | 8   | 132,258 | 9                                                                                                                                                                                             | <b>Total income.</b> Combine lines 1, 2a, and 3 through 8                                                     | 9  | 154,137 |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Interest income                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 500               |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total ordinary dividends                                                                                              | 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,000             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Qualified dividends allocable to (1) Beneficiaries <b>1,000</b> (2) Estate or trust                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Business income or (loss). Attach Schedule C (Form 1040)                                                              | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Capital gain or (loss). Attach Schedule D (Form 1041)                                                                 | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12,000            |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)                          | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8,379             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Farm income or (loss). Attach Schedule F (Form 1040)                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ordinary gain or (loss). Attach Form 4797                                                                             | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other income. List type and amount <b>See Statement 1</b>                                                             | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 132,258           |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Total income.</b> Combine lines 1, 2a, and 3 through 8                                                             | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 154,137           |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>Deductions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">10</td> <td style="width: 85%;">Interest. Check if Form 9952 is attached <input type="checkbox"/></td> <td style="width: 5%;">10</td> <td style="width: 5%;"></td> </tr> <tr> <td>11</td> <td>Taxes</td> <td>11</td> <td>9,000</td> </tr> <tr> <td>12</td> <td>Fiduciary fees. If only a portion is deductible under section 67(e), see instructions</td> <td>12</td> <td></td> </tr> <tr> <td>13</td> <td>Charitable deduction (from Schedule A, line 7)</td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions</td> <td>14</td> <td>4,935</td> </tr> <tr> <td>15a</td> <td>Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)</td> <td>15a</td> <td></td> </tr> <tr> <td>b</td> <td>Net operating loss deduction. See instructions</td> <td>15b</td> <td></td> </tr> <tr> <td>16</td> <td>Add lines 10 through 15b</td> <td>16</td> <td>13,935</td> </tr> <tr> <td>17</td> <td>Adjusted total income or (loss). Subtract line 16 from line 9</td> <td>17</td> <td>140,202</td> </tr> <tr> <td>18</td> <td>Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) <b>See Statement 2</b></td> <td>18</td> <td>128,202</td> </tr> <tr> <td>19</td> <td>Estate tax deduction including certain generation-skipping taxes (attach computation)</td> <td>19</td> <td></td> </tr> <tr> <td>20</td> <td>Qualified business income deduction. Attach Form 8995 or 8995-A</td> <td>20</td> <td></td> </tr> <tr> <td>21</td> <td>Exemption</td> <td>21</td> <td>600</td> </tr> <tr> <td>22</td> <td>Add lines 18 through 21</td> <td>22</td> <td>128,802</td> </tr> </table> |                   | 10 | Interest. Check if Form 9952 is attached <input type="checkbox"/>          | 10 |        | 11 | Taxes                                              | 11 | 9,000 | 12  | Fiduciary fees. If only a portion is deductible under section 67(e), see instructions           | 12  |  | 13 | Charitable deduction (from Schedule A, line 7)                                                       | 13  |  | 14 | Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions | 14 | 4,935  | 15a | Other deductions (attach schedule). See instructions for deductions allowable under section 67(e) | 15a |       | b  | Net operating loss deduction. See instructions                                                        | 15b |       | 16 | Add lines 10 through 15b                                                                                     | 16 | 13,935 | 17 | Adjusted total income or (loss). Subtract line 16 from line 9          | 17  | 140,202 | 18                                                                                                                                                                                            | Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) <b>See Statement 2</b> | 18 | 128,202 | 19 | Estate tax deduction including certain generation-skipping taxes (attach computation) | 19 |  | 20 | Qualified business income deduction. Attach Form 8995 or 8995-A | 20 |  | 21 | Exemption | 21 | 600 | 22 | Add lines 18 through 21 | 22 | 128,802 |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Interest. Check if Form 9952 is attached <input type="checkbox"/>                                                     | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Taxes                                                                                                                 | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9,000             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fiduciary fees. If only a portion is deductible under section 67(e), see instructions                                 | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charitable deduction (from Schedule A, line 7)                                                                        | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4,935             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 15a                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)                     | 15a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Net operating loss deduction. See instructions                                                                        | 15b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Add lines 10 through 15b                                                                                              | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13,935            |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Adjusted total income or (loss). Subtract line 16 from line 9                                                         | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 140,202           |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) <b>See Statement 2</b>         | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 128,202           |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Estate tax deduction including certain generation-skipping taxes (attach computation)                                 | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Qualified business income deduction. Attach Form 8995 or 8995-A                                                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Exemption                                                                                                             | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600               |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Add lines 18 through 21                                                                                               | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 128,802           |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>Tax and Payments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">23</td> <td style="width: 85%;">Taxable income. Subtract line 22 from line 17. If a loss, see instructions</td> <td style="width: 5%;">23</td> <td style="width: 5%;">11,400</td> </tr> <tr> <td>24</td> <td><b>Total tax</b> (from Schedule G, Part I, line 9)</td> <td>24</td> <td>1,404</td> </tr> <tr> <td>25a</td> <td>Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)</td> <td>25a</td> <td></td> </tr> <tr> <td>b</td> <td>First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15</td> <td>25b</td> <td></td> </tr> <tr> <td>26</td> <td><b>Total payments</b> (from Schedule G, Part II, line 19)</td> <td>26</td> <td></td> </tr> <tr> <td>27</td> <td>Estimated tax penalty. See instructions</td> <td>27</td> <td></td> </tr> <tr> <td>28</td> <td><b>Tax due.</b> If line 26 is smaller than the total of lines 24, 25a, 25b, and 27, enter amount owed</td> <td>28</td> <td>1,404</td> </tr> <tr> <td>29</td> <td><b>Overpayment.</b> If line 26 is larger than the total of lines 24, 25a, 25b, and 27, enter amount overpaid</td> <td>29</td> <td></td> </tr> <tr> <td>30</td> <td>Amount of line 29 to be: <b>a Credited to 2026</b> ; <b>b Refunded</b></td> <td>30b</td> <td></td> </tr> <tr> <td colspan="2">           If completing line 30b, also complete lines 30c, 30d, and 30e.<br/>           c Routing number _____ d Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br/>           e Account number _____         </td> <td colspan="2"></td> </tr> </table>                                                                                                                                                        |                   | 23 | Taxable income. Subtract line 22 from line 17. If a loss, see instructions | 23 | 11,400 | 24 | <b>Total tax</b> (from Schedule G, Part I, line 9) | 24 | 1,404 | 25a | Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions) | 25a |  | b  | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15 | 25b |  | 26 | <b>Total payments</b> (from Schedule G, Part II, line 19)                                                             | 26 |        | 27  | Estimated tax penalty. See instructions                                                           | 27  |       | 28 | <b>Tax due.</b> If line 26 is smaller than the total of lines 24, 25a, 25b, and 27, enter amount owed | 28  | 1,404 | 29 | <b>Overpayment.</b> If line 26 is larger than the total of lines 24, 25a, 25b, and 27, enter amount overpaid | 29 |        | 30 | Amount of line 29 to be: <b>a Credited to 2026</b> ; <b>b Refunded</b> | 30b |         | If completing line 30b, also complete lines 30c, 30d, and 30e.<br>c Routing number _____ d Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>e Account number _____ |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Taxable income. Subtract line 22 from line 17. If a loss, see instructions                                            | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11,400            |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Total tax</b> (from Schedule G, Part I, line 9)                                                                    | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,404             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 25a                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)                       | 25a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                        | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15                  | 25b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Total payments</b> (from Schedule G, Part II, line 19)                                                             | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Estimated tax penalty. See instructions                                                                               | 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Tax due.</b> If line 26 is smaller than the total of lines 24, 25a, 25b, and 27, enter amount owed                 | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,404             |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Overpayment.</b> If line 26 is larger than the total of lines 24, 25a, 25b, and 27, enter amount overpaid          | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Amount of line 29 to be: <b>a Credited to 2026</b> ; <b>b Refunded</b>                                                | 30b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| If completing line 30b, also complete lines 30c, 30d, and 30e.<br>c Routing number _____ d Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>e Account number _____                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| <b>Sign Here</b><br>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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.                                                                                                               |                                                                                                                       | May the IRS discuss this return with the preparer shown below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | Preparer's name _____ Date <b>08/24/26</b> Check <input type="checkbox"/> if self-employed PTIN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |
| Paid Preparer Use Only<br>Firm's name <b>Natl Assn Of Tax Prof</b><br>PO Box 8002<br>Appleton, WI 54912                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | Firm's EIN _____ Phone no. <b>920-749-1040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |    |                                                                            |    |        |    |                                                    |    |       |     |                                                                                                 |     |  |    |                                                                                                      |     |  |    |                                                                                                                       |    |        |     |                                                                                                   |     |       |    |                                                                                                       |     |       |    |                                                                                                              |    |        |    |                                                                        |     |         |                                                                                                                                                                                               |                                                                                                               |    |         |    |                                                                                       |    |  |    |                                                                 |    |  |    |           |    |     |    |                         |    |         |

DAA

Form 1041 (2025)

Date of revision: 08-26-2026

Revision 3:

Correct the deductible attorney fee and the resulting Form 1041 and Schedule B amounts.

Pages 75, 145 and 146

The case study allocates \$65 of the \$5,000 attorney fee to tax-exempt income, leaving \$4,935 deductible. The completed return incorrectly uses \$4,936.

Because of this change, other lines on the form are affected. See the updated pages of Form 1041:

| Form <b>1041</b> U.S. Income Tax Return for Estates and Trusts                                                                                                                                                                                                                                                                                                                                                                                           |  | 2025                                                                                                                                                                                                                                                                                                                                                                                | OMB No. 1545-0092                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Department of the Treasury—Internal Revenue Service<br>Go to <a href="https://www.irs.gov/Form1041">www.irs.gov/Form1041</a> for instructions and the latest information.                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| <b>A</b> Check all that apply: For calendar year 2025 or fiscal year beginning <u>08/01/25</u> , 2025, and ending <u>07/31/26</u>                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| <input checked="" type="checkbox"/> Decedent's estate<br><input type="checkbox"/> Simple trust<br><input type="checkbox"/> Complex trust<br><input type="checkbox"/> Qualified disability trust<br><input type="checkbox"/> ESBT (S portion only)<br><input type="checkbox"/> Grantor type trust<br><input type="checkbox"/> Bankruptcy estate—Ch. 7<br><input type="checkbox"/> Bankruptcy estate—Ch. 11<br><input type="checkbox"/> Pooled income fund |  | <b>C</b> Employer identification number<br><b>**-***9999</b><br><b>D</b> Date entity created<br><b>07/31/2025</b><br><b>E</b> Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.<br><input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation<br><input type="checkbox"/> Described in sec. 4947(a)(2) |                                                                    |
| <b>B</b> Number of Schedules K-1 attached (see instructions) <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| <b>F</b> Check applicable boxes:<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Change in trust's name<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Change in fiduciary<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Change in fiduciary's name<br><input type="checkbox"/> Net operating loss carryback<br><input type="checkbox"/> Change in fiduciary's address  |  | <b>G(1)</b> Check here if the estate or filing trust made a section 645 election<br><b>G(2)</b> Trust TIN                                                                                                                                                                                                                                                                           |                                                                    |
| <b>Income</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| 1 Interest income                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1                                                                                                                                                                                                                                                                                                                                                                                   | 500                                                                |
| 2a Total ordinary dividends                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2a                                                                                                                                                                                                                                                                                                                                                                                  | 1,000                                                              |
| b Qualified dividends allocable to (1) Beneficiaries <b>1,000</b> (2) Estate or trust                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| 3 Business income or (loss). Attach Schedule C (Form 1040)                                                                                                                                                                                                                                                                                                                                                                                               |  | 3                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |
| 4 Capital gain or (loss). Attach Schedule D (Form 1041)                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4                                                                                                                                                                                                                                                                                                                                                                                   | 12,000                                                             |
| 5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)                                                                                                                                                                                                                                                                                                                                                           |  | 5                                                                                                                                                                                                                                                                                                                                                                                   | 8,379                                                              |
| 6 Farm income or (loss). Attach Schedule F (Form 1040)                                                                                                                                                                                                                                                                                                                                                                                                   |  | 6                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |
| 7 Ordinary gain or (loss). Attach Form 4797                                                                                                                                                                                                                                                                                                                                                                                                              |  | 7                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |
| 8 Other income. List type and amount <b>See Statement 1</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | 8                                                                                                                                                                                                                                                                                                                                                                                   | 132,258                                                            |
| 9 <b>Total income.</b> Combine lines 1, 2a, and 3 through 8                                                                                                                                                                                                                                                                                                                                                                                              |  | 9                                                                                                                                                                                                                                                                                                                                                                                   | 154,137                                                            |
| <b>Deductions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| 10 Interest. Check if Form 4952 is attached <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     |  | 10                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 11 Taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11                                                                                                                                                                                                                                                                                                                                                                                  | 9,000                                                              |
| 12 Fiduciary fees. If only a portion is deductible under section 67(e), see instructions                                                                                                                                                                                                                                                                                                                                                                 |  | 12                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 13 Charitable deduction (from Schedule A, line 7)                                                                                                                                                                                                                                                                                                                                                                                                        |  | 13                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 14 Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions                                                                                                                                                                                                                                                                                                                                 |  | 14                                                                                                                                                                                                                                                                                                                                                                                  | 4,935                                                              |
| 15a Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)                                                                                                                                                                                                                                                                                                                                                    |  | 15a                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| b Net operating loss deduction. See instructions                                                                                                                                                                                                                                                                                                                                                                                                         |  | 15b                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| 16 Add lines 10 through 15b                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 16                                                                                                                                                                                                                                                                                                                                                                                  | 13,935                                                             |
| 17 Adjusted total income or (loss). Subtract line 16 from line 9                                                                                                                                                                                                                                                                                                                                                                                         |  | 17                                                                                                                                                                                                                                                                                                                                                                                  | 140,202                                                            |
| 18 Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) <b>See Statement 2</b>                                                                                                                                                                                                                                                                                                                                         |  | 18                                                                                                                                                                                                                                                                                                                                                                                  | 128,202                                                            |
| 19 Estate tax deduction including certain generation-skipping taxes (attach computation)                                                                                                                                                                                                                                                                                                                                                                 |  | 19                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 20 Qualified business income deduction. Attach Form 8995 or 8995-A                                                                                                                                                                                                                                                                                                                                                                                       |  | 20                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 21 Exemption                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 21                                                                                                                                                                                                                                                                                                                                                                                  | 600                                                                |
| 22 Add lines 18 through 21                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 22                                                                                                                                                                                                                                                                                                                                                                                  | 128,802                                                            |
| <b>Tax and Payments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| 23 Taxable income. Subtract line 22 from line 17. If a loss, see instructions                                                                                                                                                                                                                                                                                                                                                                            |  | 23                                                                                                                                                                                                                                                                                                                                                                                  | 11,400                                                             |
| 24 <b>Total tax</b> (from Schedule G, Part I, line 9)                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24                                                                                                                                                                                                                                                                                                                                                                                  | 1,404                                                              |
| 25a Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)                                                                                                                                                                                                                                                                                                                                                      |  | 25a                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| b First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15                                                                                                                                                                                                                                                                                                                                                   |  | 25b                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| 26 <b>Total payments</b> (from Schedule G, Part II, line 19)                                                                                                                                                                                                                                                                                                                                                                                             |  | 26                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 27 Estimated tax penalty. See instructions                                                                                                                                                                                                                                                                                                                                                                                                               |  | 27                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 28 <b>Tax due.</b> If line 26 is smaller than the total of lines 24, 25a, 25b, and 27, enter amount owed                                                                                                                                                                                                                                                                                                                                                 |  | 28                                                                                                                                                                                                                                                                                                                                                                                  | 1,404                                                              |
| 29 <b>Overpayment.</b> If line 26 is larger than the total of lines 24, 25a, 25b, and 27, enter amount overpaid                                                                                                                                                                                                                                                                                                                                          |  | 29                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |
| 30 Amount of line 29 to be: a <b>Credited to 2026</b> ; b <b>Refunded</b>                                                                                                                                                                                                                                                                                                                                                                                |  | 30b                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| c Routing number                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | d Type:                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| e Account number                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| <b>Sign Here</b> 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |
| Signature of fiduciary or officer representing fiduciary                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date                                                                                                                                                                                                                                                                                                                                                                                | EIN of fiduciary if a financial institution                        |
| Preparer's name                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date                                                                                                                                                                                                                                                                                                                                                                                | Check <input checked="" type="checkbox"/> if PTIN self-employed    |
| Firm's name <b>Natl Assn Of Tax Prof</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Firm's EIN                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |
| PO Box 8002                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Phone no. <b>920-749-1040</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                    |
| Firm's address <b>Appleton, WI 54912</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |

| <b>Schedule A Charitable Deduction.</b> Don't complete for a simple trust or a pooled income fund. |                                                                                                                           |   |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---|--|
| 1                                                                                                  | Amounts paid or permanently set aside for charitable purposes from gross income. See instructions                         | 1 |  |
| 2                                                                                                  | Tax-exempt income allocable to charitable contributions. See instructions                                                 | 2 |  |
| 3                                                                                                  | Subtract line 2 from line 1                                                                                               | 3 |  |
| 4                                                                                                  | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes              | 4 |  |
| 5                                                                                                  | Add lines 3 and 4                                                                                                         | 5 |  |
| 6                                                                                                  | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions | 6 |  |
| 7                                                                                                  | <b>Charitable deduction.</b> Subtract line 6 from line 5. Enter here and on page 1, line 13                               | 7 |  |

  

| <b>Schedule B Income Distribution Deduction</b> |                                                                                                                                    |    |         |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1                                               | Adjusted total income. See instructions                                                                                            | 1  | 140,202 |
| 2                                               | Adjusted tax-exempt interest                                                                                                       | 2  | 1,935   |
| 3                                               | Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions                                                  | 3  | 0       |
| 4                                               | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)                                                  | 4  |         |
| 5                                               | Capital gains for the tax year included on Schedule A, line 1. See instructions                                                    | 5  | 0       |
| 6                                               | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number        | 6  | -12,000 |
| 7                                               | <b>Distributable net income.</b> Combine lines 1-6. If zero or less, enter -0-                                                     | 7  | 130,137 |
| 8                                               | If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law | 8  |         |
| 9                                               | Income required to be distributed currently                                                                                        | 9  | 0       |
| 10                                              | Other amounts paid, credited, or otherwise required to be distributed                                                              | 10 | 200,000 |
| 11                                              | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions                                                  | 11 | 200,000 |
| 12                                              | Enter the amount of tax-exempt income included on line 11                                                                          | 12 | 1,935   |
| 13                                              | Tentative income distribution deduction. Subtract line 12 from line 11                                                             | 13 | 198,065 |
| 14                                              | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-                                   | 14 | 128,202 |
| 15                                              | <b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on page 1, line 18                          | 15 | 128,202 |

  

| <b>Schedule G Tax Computation and Payments</b> (see instructions) |                                                                                           |    |       |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----|-------|
| <b>Part I — Tax Computation</b>                                   |                                                                                           |    |       |
| 1                                                                 | <b>Tax:</b>                                                                               |    |       |
| a                                                                 | Tax on taxable income. See instructions                                                   | 1a | 1,223 |
| b                                                                 | Tax on lump-sum distributions. Attach Form 4972                                           | 1b |       |
| c                                                                 | Alternative minimum tax (from Schedule I (Form 1041), line 54)                            | 1c | 0     |
| d                                                                 | Amount from Form 4255, Part I, line 3, column (q)                                         | 1d |       |
| e                                                                 | <b>Total.</b> Add lines 1a through 1d                                                     | 1e | 1,223 |
| 2a                                                                | Foreign tax credit. Attach Form 1116                                                      | 2a |       |
| b                                                                 | General business credit. Attach Form 3800                                                 | 2b |       |
| c                                                                 | Credit for prior year minimum tax. Attach Form 8801                                       | 2c |       |
| d                                                                 | Bond credits. Attach Form 8912                                                            | 2d |       |
| e                                                                 | <b>Total credits.</b> Add lines 2a through 2d                                             | 2e | 0     |
| 3                                                                 | Subtract line 2e from line 1e. If zero or less, enter -0-                                 | 3  | 1,223 |
| 4                                                                 | Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions | 4  |       |
| 5                                                                 | Net investment income tax from Form 8960, line 21                                         | 5  | 181   |
| 6a                                                                | Amount from Form 4255, Part I, line 3, column (r)                                         | 6a |       |
| b                                                                 | Recapture tax from Form 8611                                                              | 6b |       |
| c                                                                 | Other recapture taxes:                                                                    | 6c |       |
| 7                                                                 | Household employment taxes. Attach Schedule H (Form 1040)                                 | 7  |       |
| 8                                                                 | Other taxes and amounts due                                                               | 8  |       |
| 9                                                                 | <b>Total tax.</b> Add lines 3 through 8. Enter here and on page 1, line 24                | 9  | 1,404 |

Form **1041** (2025)

## Revision 4:

Depreciation was omitted from William Clemmon's K-1 on page 117, while it was included on page 165. The federal statements on page 166, however, did not include the depreciation information.

Depreciation was omitted from Max Power's K-1 as well as the supporting federal statements.

**Page 117:** On William Clemmons's Schedule K-1, \$4,356 in Box 9, Code A, for directly apportioned depreciation was added.

| Beneficiary 1<br>Schedule K-1<br>(Form 1041)                                                                                                                                                           |  | 2025                                                                                                                                                                                                                                              |                                                          | 661117<br>OMB No. 1545-0092 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|--|
| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                 |  | For calendar year 2025, or tax year                                                                                                                                                                                                               |                                                          |                             |  |
| beginning <u>08/01/2025</u> ending <u>07/31/2026</u><br><b>Beneficiary's Share of Income, Deductions, Credits, etc.</b><br>See back of form and instructions.                                          |  | <input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1                                                                                                                                                                           |                                                          |                             |  |
| <b>Part I Information About the Estate or Trust</b>                                                                                                                                                    |  | <b>Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items</b>                                                                                                                                                  |                                                          |                             |  |
| <b>A</b> Estate's or trust's employer identification number<br><br><b>** - ** 9999</b>                                                                                                                 |  | <b>1</b> Interest income<br><br><b>227</b>                                                                                                                                                                                                        | <b>11</b> Final year deductions                          |                             |  |
| <b>B</b> Estate's or trust's name<br><br><b>Estate of Elaine Clemmons</b>                                                                                                                              |  | <b>2a</b> Ordinary dividends<br><br><b>454</b>                                                                                                                                                                                                    |                                                          |                             |  |
| <b>C</b> Fiduciary's name, address, city, state, and ZIP code<br><br><b>James Tenden<br/>Representative<br/>1500 North Tombstone Way<br/>Anytown WI 54911</b>                                          |  | <b>2b</b> Qualified dividends<br><br><b>454</b>                                                                                                                                                                                                   |                                                          |                             |  |
| <b>D</b> <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed<br><br><b>E</b> <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust |  | <b>3</b> Net short-term capital gain                                                                                                                                                                                                              |                                                          |                             |  |
|                                                                                                                                                                                                        |  | <b>4a</b> Net long-term capital gain                                                                                                                                                                                                              |                                                          |                             |  |
|                                                                                                                                                                                                        |  | <b>4b</b> 28% rate gain                                                                                                                                                                                                                           | <b>12</b> Alternative minimum tax adjustment<br><b>A</b> | <b>4,500</b>                |  |
|                                                                                                                                                                                                        |  | <b>4c</b> Unrecaptured section 1250 gain                                                                                                                                                                                                          | <b>B</b>                                                 | <b>32</b>                   |  |
|                                                                                                                                                                                                        |  | <b>5</b> Other portfolio and nonbusiness income<br><br><b>60,057</b>                                                                                                                                                                              | <b>J</b>                                                 | <b>4,500</b>                |  |
|                                                                                                                                                                                                        |  | <b>6</b> Ordinary business income                                                                                                                                                                                                                 |                                                          |                             |  |
|                                                                                                                                                                                                        |  | <b>7</b> Net rental real estate income<br><br><b>* 3,364 STMT</b>                                                                                                                                                                                 | <b>13</b> Credits and credit recapture                   |                             |  |
|                                                                                                                                                                                                        |  | <b>8</b> Other rental income                                                                                                                                                                                                                      |                                                          |                             |  |
|                                                                                                                                                                                                        |  | <b>9</b> Directly apportioned depreciation<br><br><b>A * 4,356 STMT</b>                                                                                                                                                                           |                                                          |                             |  |
|                                                                                                                                                                                                        |  | <b>10</b> Estate tax deduction                                                                                                                                                                                                                    | <b>E *</b>                                               | <b>681 STMT</b>             |  |
| <b>Part II Information About the Beneficiary</b>                                                                                                                                                       |  | <b>14</b> Other information<br><b>A</b> <b>968</b>                                                                                                                                                                                                |                                                          |                             |  |
| <b>F</b> Beneficiary's identifying number<br><br><b>*** - ** - 9999</b>                                                                                                                                |  | <b>H *</b> <b>-60,057 STMT</b>                                                                                                                                                                                                                    |                                                          |                             |  |
| <b>G</b> Beneficiary's name, address, city, state, and ZIP code<br><br><b>William Clemmons<br/>125 Apple Way<br/>Anytown WI 54911</b>                                                                  |  | <b>I *</b> <b>4,190 STMT</b>                                                                                                                                                                                                                      |                                                          |                             |  |
| <b>H</b> <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary                                                                                         |  | *See attached statement for additional information.<br><b>Note:</b> A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity. |                                                          |                             |  |
|                                                                                                                                                                                                        |  | For IRS Use Only                                                                                                                                                                                                                                  |                                                          |                             |  |

**Page 166:** The supporting statement for William's Box 9, Code A depreciation of \$4,356 was added to the Federal Statements.

ESTATEELCL Estate of Elaine Clemmons

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**Federal Statements**

FYE: 7/31/2026

**William Clemmons**

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**Schedule K-1, Box 7 - Rental Real Estate Income**

| Description                            | Amount   |
|----------------------------------------|----------|
| 6200 West Terror St (Passive Activity) | \$ 4,190 |
| Less Allocated Expenses                | -826     |
| Total                                  | \$ 3,364 |

**Schedule K-1, Box 9 - Directly Apportioned Deductions**

| Description  | Amount   |
|--------------|----------|
| Depreciation | \$ 4,356 |

**Schedule K-1, Box 14, Code E - Net Investment Income Information**

| Description     | Amount |
|-----------------|--------|
| Interest Income | \$ 227 |
| Dividend Income | 454    |
|                 | \$ 681 |

**Schedule K-1, Box 14, Code H - Section 1411 Adjustment**

| Description                              | Amount     |
|------------------------------------------|------------|
| Net Investment Income:                   |            |
| Interest Income                          | 454        |
| Qualified Dividends                      | 908        |
| Rental Real Estate                       | 6,727      |
| Long-Term Gains                          | 12,000     |
| Total Net Investment Income              | \$ 20,089  |
| Beneficiary Portion of Investment Income | 4,045      |
| Income Reported on Schedule K-1          | 64,102     |
| Section 1411 Adjustment                  | \$ -60,057 |

**Page 169:** On Max Power's Schedule K-1, Box 9, Code A depreciation was missing. Added \$4,356 to his K-1. Added his supporting statement on Page 169.

ESTATEELCL Estate of Elaine Clemmons

8/26/2026 5:36 PM

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## Federal Statements

FYE: 7/31/2026

Max Power

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### Schedule K-1, Box 7 - Rental Real Estate Income

| Description                            | Amount          |
|----------------------------------------|-----------------|
| 6200 West Terror St (Passive Activity) | \$ 4,189        |
| Less Allocated Expenses                | -826            |
| Total                                  | <u>\$ 3,363</u> |

### Schedule K-1, Box 9 - Directly Apportioned Deductions

| Description  | Amount   |
|--------------|----------|
| Depreciation | \$ 4,356 |

### Schedule K-1, Box 14, Code E - Net Investment Income Information

| Description     | Amount        |
|-----------------|---------------|
| Interest Income | \$ 227        |
| Dividend Income | 454           |
|                 | <u>\$ 681</u> |

### Schedule K-1, Box 14, Code H - Section 1411 Adjustment

| Description                              | Amount            |
|------------------------------------------|-------------------|
| Net Investment Income:                   |                   |
| Interest Income                          | 454               |
| Qualified Dividends                      | 908               |
| Rental Real Estate                       | 6,727             |
| Long-Term Gains                          | 12,000            |
| Total Net Investment Income              | <u>\$ 20,089</u>  |
| Beneficiary Portion of Investment Income | 4,044             |
| Income Reported on Schedule K-1          | <u>64,100</u>     |
| Section 1411 Adjustment                  | <u>\$ -60,056</u> |

Date of revision: 08-26-2026