Karren, Hendrix, Stagg, Allen & Company 111 E Broadway Ste 250 Salt Lake City, UT 84111-5225 801-521-7620

September 30, 2022

CONFIDENTIAL

We have prepared the following returns from information provided by you without verification or audit.

U.S. Income Tax Return for Estates and Trusts (Form 1041) Utah Fiduciary Income Tax Return (Form TC-41)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Form 1041, U.S. Income Tax Return for Estates and Trusts

Your Form 1041 for the tax year ended 12/31/21 shows no balance due.

You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-F, IRS e-file Signature Authorization, should be signed and dated by the fiduciary or by an officer representing the fiduciary and returned as soon as possible to:

Karren, Hendrix, Stagg, Allen & Company 111 E Broadway Ste 250 Salt Lake City, UT 84111-5225

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1041 to the IRS it will delay processing your return.

Utah Filing Instructions

Form TC-41, Utah Fiduciary Income Tax Return

Your Form TC-41 for the tax year ended 12/31/21 shows no balance due.

Utah does not require an electronic filing signature document. Your return is being filed electronically with the Utah State Tax Commission and is not required to be mailed. If you mail a paper copy of Form TC-41 to the Utah State Tax Commission it will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.
If you have any questions, or if we can be of assistance in any way, please call.
Sincerely,
Douglas G. Carlson

IRS *e-file* Signature Authorization for Form 1041

For calendar year	r 2021 or fic	cal year beginning	, ending	
i di Galeridai yea	1 2021, 01 113	cai year begiririi ig	, cilding	

▶ Don't send to the IRS. Keep for your records.

OMB No. 1545-0967

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8879F for the latest information.

Name of estate or trust Employer identification number Name and title of fiduciary Part I Tax Return Information (Whole Dollars Only) Total income (Form 1041, line 9) Income distribution deduction (Form 1041, line 18) 2 3 Taxable income (Form 1041, line 23) 3 Total tax (Form 1041, line 24) Tax due or overpayment (Form 1041, line 28 or 29) 5 Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or Part II trust's return) Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2021 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal. Fiduciary's PIN: check one box only to enter my PIN as my signature ERO firm name Don't enter all zeros on the estate's or trust's 2021 electronically filed income tax return. As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2021 electronically filed income tax return. Signature of fiduciary or officer representing Date > 09/30/22 the fiduciary Certification and Authentication Part III **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2022.

> ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-F** (2021)

Date - 09/30/22

ERO's signature

U.S. Income Tax Return for Estates and Trusts Go to www.lrs.gov/Form1041 for instructions and the latest information.

<u>ш</u>	. •	• •	GO to ww	w.irs.gov/Form1041	for instructions and th	e latest illioni	nation.									
Α	Check	all tha	it apply:	For calendar ye	ear 2021 or fiscal y	ear beginn	ing		, and ϵ	ending						
П				Name of estate or trus	st (If a grantor type trust, s	ee the instruction	ons.)				C	Employe	r iden	tification	number	
Н		lent's e	estate													
	Simple										D	Date entit	tv crea	ted		
X	Complex trust Name and title of fiduciary															
Ш	Qualifi	ied disa	ability trust	rianie and the or na	addially						E	Nonovom	nt cha	ritable a	nd split-inter	roet
Ц	ESBT	(S por	tion only)	Number street and	room or suite no (If a D	O hay ass th	instructions \				┥-	trusts, ch				031
Ц	Granto	or type	trust	Number, street, and	room or suite no. (If a P	O. DOX, See II	ie iristructions.)					See instr	uctions	3.		
Ш	Bankrı	uptcy e	state-Ch. 7	City or town state or	province, country, and ZIP	or foreign noct	tal cada				\dashv \vdash	7 December	ممائلت	1017	(a\(d\) Chaa	l. hava
	Bankrı	uptcy e	estate-Ch. 11	•			8 41 03				-	_			(a)(1). Chec	k nere
	Pooled	d incom	ne fund	SALT LAK	E CIII	01 (04103				lr				on	
В	Numbe	or of S	chedules K-1	F Check	laitial astrona	П.	Circl nations		^			Describe		ec. 4947	. , . ,	
_	attach	ed (see	ę "	applicable	Initial return		Final return	\vdash	Amended			-	1	•	ing loss c	•
_		ctions)			Change in trust's					n fiduciary's n	ame		Ch	ange in	fiduciary's	address
<u>G</u>	- 1				ction 645 election		<u> </u>	Trust T	IN P							
			Interest in									<u> </u>	1			
													2a			
					o:(1) Beneficiaries											
•	וע	3	Business i	ncome or (loss).	. Attach Schedule	C (Form 10	040)					🗀	3			
٤		4	Capital ga	in or (loss). Attad	ch Schedule D (Fo	rm 1041) _.						🚅	4			
Š	걸	5	Rents, roy	alties, partnershi	ips, other estates a	and trusts,	etc. Attach	Schedule I	E (Form	1040)		📑	5			
Income	=	6	Farm inco	me or (loss). Atta	ach Schedule F (F	orm 1040)						🕒	6			
		7	Ordinary g	ain or (loss). Att	tach Form 4797								7			
		8	Other inco	me. List type an	nd amount								В			
		9	Total inco	me. Combine lir	nes 1, 2a, and 3 th	rough 8						▶ 5	9			
	1	10			52 is attached ▶	1 1							0			
	1	11	Taxes									4	1			
		12			ductible under section 67(e								2			
		13	Charitable	deduction (from	Schedule A, line	7)						1	3			
	1	14	Attorney, a	accountant. and	return preparer fee	s. If only a	a portion is	deductible (under se	ection 67(e).		····				
	۱ ۵		see instru	otiono		•	•			, ,		1	4			
وبرائمرالمول	<u> </u>	15a			See instructions for deduct								5a			
7	5				on. See instruction								5b			
Ę	3 1	16	Add lines	10 through 15b								▶ 1	6			
٥					. Subtract line 16 from											
					ch. B, line 15). Attach Sch							1	8			
		19	Estate tax of	deduction including	certain generation-sk	nning taxes	(attach com	nutation)				···· 1	9			
					deduction. Attach								20			
		21	Exemption									···· ⊢	21			
			•									· · · · ·	22			
	\neg	23	Taxable in	come. Subtract I	line 22 from line 17	7. If a loss	see instru	ctions		<u></u>		7 2	23			
Š	<u> </u>				G, Part I, line 9)								24			
Daymonte	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓				ability paid from Fo	965-∆	Part II col	(k) (se	e instru	ctions)			25			
Š	<u>ק</u> ק				nedule G, Part II, li								26			
				tax penalty. See								ء ا	7		-	
200	<u> </u>				ler than the total of					 I		· · · · ·	28			
, >	2 /				s larger than the tot	-						… ⊢	29			
Š	<u> </u>				Credited to 2022		24, 25, and	1 21, 61161 6	arriourit (efunded	· · · · ·	30			
_	\rightarrow	Und	der penalties of	perjury, I declare that I	have examined this returned larger (other	, including acco	ompanying sche	dules and stater	nents, and	to the best of my	knowledge		, U	May the	RS discus	ss this
Si	gn	belie	et, it is true, co	rrect, and complete. De	eclaration of preparer (other	than taxpayer)) is bašeď on all I	I information of v	which prepa	rer has any knov •	vledge.			return v	vith the prep See instruc	parer shown
H	ere	7 5	Signature of fic	duciary or officer repre	esenting fiduciary			Date		EIN of fiduciar	y if a finan	cial institutio	n		X Yes	No
		_	Type prepare		,	Preparer's	s signature				Date	Che	ſ	if	PTIN	
Paid	d	DOUG	GLAS G.	CARLSON							09/30	/22 self-		_ "		
Pre	parer	Firm's	s name	KARREI				LLEN	& CO	MPANY		Firm's Ell		•		
Use	Only	'			BROADWAY	STE						Phone no	o. 8	301-	521-	7620
			s address		LAKE CITY			-5225								
For	Pap	erwo	rk Reducti	ion Act Notice,	see the separate	instruction	ns.								Form 1 ()41 (2021)

FOIII	1041 (2021)			Page 2
Sc	Charitable Deduction. Don't complete for a simple trust or a poor		<u> </u>	
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			
7	purposes. See instructions Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13		7	
7 Sc	charlable deduction. Subtract line of normline 5. Enter here and on page 1, line 15		1	
1	Adjusted total income. See instructions		1	
2	Adjusted tax-exempt interest		2	
3	Total and prin from Orbertal D. (Form 4044). For 40 column (4). One instructions		3	
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	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss a			
	positive number		6	
7	Distributable net income. Combine lines 1-6. If zero or less, enter -0-		7	
8	If a complex trust, enter accounting income for the tax year as determined			
	under the governing instrument and applicable local law			
9	Income required to be distributed currently		9	
10	Other amounts paid, credited, or otherwise required to be distributed		10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions		11	
12	Enter the amount of tax-exempt income included on line 11		12	
13	Tentative income distribution deduction. Subtract line 12 from line 11		13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-		14	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18		15	
	chedule G Tax Computation and Payments (see instructions)			
	I — Tax Computation			
1	Tax: Tax on taxable income. See instructions 1a			
a b	Toward house given distributions Attack Forms 4070			
C	Alternative minimum tax (from Schedule I (Form 1041), line 54)	0		
d	Total Add lines de through de		1d	0
2a	Foreign tax credit. Attach Form 1116 2a		Iu	
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		-	
е	Total credits. Add lines 2a through 2d	•	2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-		3	0
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	
6	Recapture taxes. Check if from: Form 4255 Form 8611		6	
7	Household employment taxes. Attach Schedule H (Form 1040)		7	
8	Other taxes and amounts due		8	
9	Total tax. Add lines 3 through 8.			
	Enter here and on page 1, line 24	<u></u>	9	0
Par	t II — Payments			
10	2021 estimated tax payments and amount applied from 2020 return		10	
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)		11	
12	Subtract line 11 from line 10		12	_
13	Tax paid with Form 7004. See instructions		13	0
14			14	
15	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)		15	
16	Other payments: a Form 2439 ; b Form 4136		16c	
17	Credit for qualified sick and family leave wages for leave taken before April 1, 2021		17	
18	Credit for qualified sick and family leave wages for leave taken after March 31, 2021		18	
19	Total payments. Add lines 12 through 15 and 16c through 18. Enter here and on page 1, line 26		19	

Form 1041 (2021) Page **3**

Oth	er Information	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses.		
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any		
	individual by reason of a contract assignment or similar arrangement?		
3	At any time during calendar year 2021, did the estate or trust have an interest in or a signature or other authority		
	over a bank, securities, or other financial account in a foreign country?		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		
	foreign country ▶		
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see		
	the instructions for the required attachment		
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the		
	estate, and check here		
9	Are any present or future trust beneficiaries skip persons? See instructions		
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for		
	Form 8938)?		
11a	Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?		
b	If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions		
12	Did the estate or trust make a section 965(i) election for S corporation stock held on the last day of the tax year?		
	See instructions		
13	ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		
14	ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions		

Form **1041** (2021)

SCHEDULE I (Form 1041)

Name of estate or trust

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

Department of the Treasury Internal Revenue Service

▶Go to www.irs.gov/Form1041 for instructions and the latest information.

2021

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions 2 2 Interest 3 4 4 Refund of taxes Depletion (difference between regular tax and AMT) 5 5 Net operating loss deduction. Enter as a positive amount 6 6 Interest from specified private activity bonds exempt from the regular tax 7 7 Qualified small business stock (see instructions) 8 Exercise of incentive stock options (excess of AMT income over regular tax income) 9 9 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 10 Disposition of property (difference between AMT and regular tax gain or loss) 11 11 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 12 12 Passive activities (difference between AMT and regular tax income or loss) 13 13 Loss limitations (difference between AMT and regular tax income or loss) Circulation costs (difference between regular tax and AMT) 15 15 Long-term contracts (difference between AMT and regular tax income) 16 Mining costs (difference between regular tax and AMT) 17 17 Research and experimental costs (difference between regular tax and AMT) 18 Income from certain installment sales before January 1, 1987 19 19 Intangible drilling costs preference 20 20 Other adjustments, including income-based related adjustments 21 21 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 22 22 Adjusted alternative minimum taxable income. Combine lines 1 through 22 23 23 Note: Complete Part II below before going to line 24. Income distribution deduction from Part II, line 42 26 Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 27

- \$25,700 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$25,700, but less than \$188,450, go to line 43.
- \$188,450 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions

	ESBTs, see instructions		
Pa	Income Distribution Deduction on a Minimum Tax Basis		
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	(
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero		
	or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) 2021

Schedule I (Form 1041) 2021 Page 2

Pa	rt II Income Distribution Deduction on a Minimum Tax Basis (contir	nued)		<u> </u>
	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from		<u> </u>		
	or less, enter -0-			41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of line 40	or line	e 41.		
	Enter here and on line 24			42	
Pa	rt III Alternative Minimum Tax				
43	Exemption amount			43	
44	Enter the amount from line 27	44			
45	Phase-out of exemption amount	45			
46	Subtract line 45 from line 44. If zero or less, enter -0-	46			
47	Multiply line 46 by 25% (0.25)			47	
48	Subtract line 47 from line 43. If zero or less, enter -0-			48	
49	Subtract line 48 from line 44			49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends	or has	a gain		
	on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AM	T, if ne	cessary).		
	Otherwise, if line 49 is:				
	• \$199,900 or less, multiply line 49 by 26% (0.26).				
	• Over \$199,900, multiply line 49 by 28% (0.28) and subtract \$3,998 from the result			50	
51	Alternative minimum foreign tax credit (see instructions)			51	
52	Tentative minimum tax. Subtract line 51 from line 50			52	
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from ${\bf S}$	Schedu	le G, line 2a)	53	
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0 Enter				
_	Form 1041, Schedule G, line 1c			54	
	rt IV Line 50 Computation Using Maximum Capital Gains Rates				
	on: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax World				
	fied Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions be	efore co	ompleting		
this p					
	Enter the amount from line 49			55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the				
	Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT,				
	if necessary)	EG			
57	if necessary) Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as	56		-	
31	refigured for the AMT, if necessary). If you didn't complete Schedule D for the				
	regular tay or the AMT, enter O	57			
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the			1	
00	AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	58			
59	Enter the smaller of line 55 or line 58			59	
60	Subtract line 59 from line 55			60	
61	If line 60 is \$199,900 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60				
	and subtract \$3,998 from the result			61	
62	Maximum amount subject to the 0% rate	62			
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the				
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet				
	in the Instructions for Form 1041, whichever applies (as figured for the regular				
	tax). If you didn't complete Schedule D or either worksheet for the regular tax,				
	enter the amount from Form 1041, line 23; if zero or less, enter -0-	63			
64	Subtract line 63 from line 62. If zero or less, enter -0-	64			
65	Enter the smaller of line 55 or line 56	65			
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66			
67	Subtract line 66 from line 65	67			

Schedule I (Form 1041) 2021 Page 3

Pa	rt IV Line 50 Computation Using Maximum Capital Gains	Rates (continued)	
68	Maximum amount subject to rates below 20%	68	
69	Enter the amount from line 64	60	
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the		
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax		
	Worksheet, whichever applies (as figured for the regular tax). If you didn't		
	complete Schedule D or either worksheet for the regular tax, enter the amount		
	from Form 1041, line 23; if zero or less, enter -0-	▶ 70	
71	Add line 69 and line 70	74	
72	Subtract line 71 from line 68. If zero or less, enter -0-	72	
73	Enter the smaller of line 67 or 72	73	
74	Multiply line 73 by 15% (0.15)		▶ 74
75	Add lines 66 and 73	_	
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81.		
76	Subtract line 75 from line 65	76	
77	Multiply line 76 by 20% (0.20)		▶ 77
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Othe		
78	Add lines 60, 75, and 76	78	
79	Subtract line 78 from line 55		
80	Multiply line 79 by 25% (0.25)	•••••	▶ 80
81	Add lines 61, 74, 77, and 80		81
82	If line 55 is \$199,900 or less, multiply line 55 by 26% (0.26). Otherwise, multiply		
	and subtract \$3,998 from the result		82
83	Enter the smaller of line 81 or line 82 here and on line 50		

Schedule I (Form 1041) 2021

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Name	of estate or trust				Employer id	entification number
If "Ye	ou dispose of any investment(s) in a qualified opps," attach Form 8949 and see its instructions for	additional requirements for	•	ss.	Yes	No
Pa	rt I Short-Term Capital Gains an		y Assets Held One	Year or Lo	ess (see in	estructions)
lines be	tructions for how to figure the amounts to enter on the slow. In may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjus to gain o Form(s) 8	g) stments r loss from 1949, Part I, solumn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
3	Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 468	4. 6252, 6781, and 8824			4	
5 6 7	Net short-term gain or (loss) from partnerships, Short-term capital loss carryover. Enter the amo Carryover Worksheet Net short-term capital gain or (loss). Combine line 17, column (3) on the back rt II Long-Term Capital Gains and	S corporations, and other unt, if any, from line 9 of the lines 1a through 6 in column	he 2020 Capital Loss umn (h). Enter here and or		5 6	()
See ins	tructions for how to figure the amounts to enter on the slow. In may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjus to gain o Form(s) 8	g) trments r loss from 949, Part II, solumn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	51	73			
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	9,247	3,598			
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 243	9, 4684, 6252, 6781, and	8824		11	
12 13		S corporations, and other e			13	
14 15	Long-term capital loss carryover. Enter the amou	•	the 2020 Capital Loss		15	(
16	Net long-term capital gain or (loss). Combine	lines 8a through 15 in col	umn (h). Enter here and o		▶ 16	

20

Pa	art III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this	oart.	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year EXP. 289	18a			
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet. as necessary.

Part IV Capital Loss Limitation

- Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the **smaller** of:
 - **a** The loss on line 19, column (3) **or b** \$3,000

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 9	190- I , Part I, line11)	21			
22	Enter the smaller of line 18a or 19 in column (2) but not					
	less than zero	22				
23	Enter the estate's or trust's qualified dividends from					
	Form 1041, line 2b(2) (or enter the qualified dividends					
	included in income in Part I of Form 990-T)	23				
24		24				
25	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0-	25				
26	Subtract line 25 from line 24. If zero or less, enter -0-		26			
27	Cultivast line OC from line O1 If your or lose enter O		27			
28	Enter the ameliar of the amount on line 21 or \$2.700		28			
29	Foton the annual and the annual and Page 07 on Page 00		29			
30	Subtract line 29 from line 28. If zero or less, enter -0 This				30	
31	Enter the smaller of line 21 or line 26		31			
32	0.14 4 11 00 6 11 00		32			
33	Enter the smaller of line 21 or \$13,250		33			
34	Add lines 27 and 30		34			
35	Subtract line 34 from line 33. If zero or less, enter -0-		35			
36	Enter the smaller of line 32 or line 35		36			
37	Multiply line 36 by 15% (0.15)				37	
38	Enter the amount from line 31		38			
39	Add lines 30 and 36		39			
40	Subtract line 39 from line 38. If zero or less, enter -0-		40			
41	Multiply line 40 by 20% (0.20)			▶ _	41	
42	Figure the tax on the amount on line 27. Use the 2021 Ta	ax Rate Schedule for Estates				
	and Trusts (see the Schedule G instructions in the Instruc	ctions for Form 1041)	42			
43	Add lines 37, 41, and 42		43			
44	Figure the tax on the amount on line 21. Use the 2021 Ta	ax Rate Schedule for Estates				
	and Trusts (see the Schedule G instructions in the Instruc	ctions for Form 1041)	44			
45	Tax on all taxable income. Enter the smaller of line 43	or line 44 here and on Form 1	041, Schedule			
	G Part I line 1a (or Form 990-T Part II line 2)			•	45	

Form 8949 (2021) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or
more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(a) (b) - · · · - · · ·		(e) Cost or other basis. See the Note below	If you enter an enter a co	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	disposed of (color price)	(sales price)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
2 Totals. Add the amounts in negative amounts). Enter ea Schedule D, line 8b (if Box above is checked), or line	ach total here and incl	ude on your), line 9 (if Box E	51	73			-22

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)

Form 8949 (2021)

Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). corate instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
				Instructions	instructions	adjustment	with column (g)
	02/05/08	05/10/21					
	08/12/04	05/10/21					
	01/06/09	VARIOUS			м		
Totals. Add the amounts in negative amounts). Enter ea Schedule D, line 8b (if Boy above is checked), or line 2	ich total here and incli CD above is checked	ude on your), line 9 (if Box E					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

BENEFICIARY 1		Final K-1 Amende	d K-1	
Schedule K-1 (Form 1041) Schedule K-1 (Form 1041) For calendar year 2021, or tax year	Pa	Beneficiary's Sha Deductions, Cred		Current Year Income, nd Other Items
Department of the Treasury Internal Revenue Service	1	Interest income	11	Final year deductions
Illieniai Nevelue Gerrice	2a	Ordinary dividends		
beginning ending	24	Ordinary dividends		
Beneficiary's Share of Income, Deductions, Credits, etc.	2b	Qualified dividends		
See back of form and instructions.	3	Net short-term capital gain		
Part I Information About the Estate or Trust A Estate's or trust's employer identification number	1-	No.		
A Estate's or trust's employer identification number	4a	Net long-term capital gain		Ab
B Estate's or trust's name	4b	28% rate gain	12	Alternative minimum tax adjustment
	4c	Unrecaptured section 1250 gain		
	5	Other portfolio and nonbusiness income		
C Fiduciary's name, address, city, state, and ZIP code	6	Ordinary business income		
	7	Net rental real estate income	1	
SALT LAKE CITY UT 84103	8	Other rental income	13	Credits and credit recapture
		Directly, appositioned deducations		
	9	Directly apportioned deductions		
D Check if Form 1041-T was filed and enter the date it was filed				
			14	Other information
E Check if this is the final Form 1041 for the estate or trust	10	Estate tax deduction	-	
Part II Information About the Beneficiary				
F Beneficiary's identifying number			\vdash	
G Beneficiary's name, address, city, state, and ZIP code	1			
		ee attached statement for add		
		te: A statement must be attac		•
		neficiary's share of income and ductions from each business,		
		er rental activity.	Cittai	real estate, and
	Ā			
	l ŏ			
) S			
	For IRS Use Only			
H X Domestic beneficiary Foreign beneficiary	F ₀			

BENEFICIARY 2		Final K-1 Amende	ed K-1	
Schedule K-1 (Form 1041) 2021	Pa	Beneficiary's Sha	re of	Current Year Income,
Department of the Treasury For calendar year 2021, or tax year	1	Deductions, Cred	11 S, a I	Final year deductions
Internal Revenue Service				
	2a	Ordinary dividends		
Beneficiary's Share of Income, Deductions, Credits, etc.	2b	Qualified dividends		
Part I Information About the Estate or Trust	3	Net short-term capital gain		
A Estate's or trust's employer identification number	4a	Net long-term capital gain		
B Estate's or trust's name	4b	28% rate gain	12	Alternative minimum tax adjustment
	4c	Unrecaptured section 1250 gain		
	5	Other portfolio and nonbusiness income		
C Fiduciary's name, address, city, state, and ZIP code	6	Ordinary business income		
	7	Net rental real estate income	-	
	8	Other rental income	13	Credits and credit recapture
	9	Directly apportioned deductions		
D Check if Form 1041-T was filed and enter the date it was filed				
			14	Other information
E Check if this is the final Form 1041 for the estate or trust	10	Estate tax deduction		
Part II Information About the Beneficiary				
F Beneficiary's identifying number			\vdash	
G Beneficiary's name, address, city, state, and ZIP code	1			
		ee attached statement for add		
	ber dec	te: A statement must be attacheficiary's share of income and ductions from each business,	d direc	tly apportioned
	oth	er rental activity.		
	Only			
	For IRS Use Only			
	- RS			
H X Domestic beneficiary Foreign beneficiary	For			

BENEFICIARY 3		Final K-1	Amend	ded K-1	
Schedule K-1 (Form 1041) 2021		art III	Beneficiary's Sh Deductions, Cre		Current Year Income, and Other Items
Department of the Treasury Internal Revenue Service For calendar year 2021, or tax ye	1	Interest in		11	Final year deductions
	2a	Ordinary	dividends		
beginning ending					
Beneficiary's Share of Income, Deductions,	2b	Qualified	dividends		
Credits, etc. ▶ See back of form and instruction	ions. 3	Net short-	term capital gain		
Part I Information About the Estate or Trust A Estate's or trust's employer identification number	4a	Not long t	orm conital gain		
Laction and a second control of the second c	144	Net long-t	erm capital gain		
	4b	28% rate	gain	12	Alternative minimum tax adjustment
B Estate's or trust's name	4c	Unrecaptu	red section 1250 gain		
			-		
	5	Other por nonbusine	tfolio and ess income		
C Fiduciary's name, address, city, state, and ZIP code					
	6	Ordinary I	ousiness income		
	7	Net rental	real estate income		
				13	Credits and credit recapture
	8	Other ren	tal income		
	9	Directly a	pportioned deductions		
_					
D Check if Form 1041-T was filed and enter the date it was filed				14	Other information
				┤"	outer information
E Check if this is the final Form 1041 for the estate or trust		F-t-t- t-	alada afaa		
Part II Information About the Beneficiary	10	Estate tax	deduction		
F Beneficiary's identifying number					
G Beneficiary's name, address, city, state, and ZIP code					
, ,					
	*Se	e attach	ed statement for ad	 Iditional	information.
			tement must be atta		
		•	share of income a from each business,		• • •
		er rental		Territar i	ear estate, and
	Only				
	Use				
	For IRS Use Only				
H X Domestic beneficiary Foreign beneficiary	For				



Enter amount from line 22 on page 2, line 23

Utah State Tax Commission Utah Fiduciary Income Tax Return

2021 TC-41

For calendar year 2021 or fiscal year ending (mm/yy)

	None of outside control	Amended Return - enter code (1-5)	• "X" if federal form	8886 filed ●
	Name of estate or trust		EIN or SSN	
	Name of fiduciary			
	Fiduciary address		"X" if this is an SSN:	
	City SALT LAKE CITY	State Zip + 4 UT 84103	Foreign country (if not U.S.)	
1	Type of return - enter code		2 Status code 3	"X" if this estate or trust
	A = Bankruptcy estate Ch. 7	· ·		has any
•		trust (QFT) T = ESBT	R = Resident • R	nonresident •
	C = Complex trust G = Grantor type trust C = Complex trust	t	N = Nonresident	beneficiaries
	D = Qualified disability trust H = Charitable trust		P = Part-year resident	
4	Federal total income from federal form 1041 line 9 or 10)41-QFT line 5	• 4	
5	Additions to income from TC-41A, Part 1 (only include a	imounts taxed at the trust level)	• 5	
6	Total adjusted income - add line 4 and line 5		6	
7	Fiduciary fees for administering estate or trust and dedu	cted on federal return (1041, line	e 12) • 7	
8	Income distribution deduction (1041, line 18)		• 8	
9	Estate tax deduction, including certain generation-skipping	ng transfer taxes (1041, line 19)	• 9	
10	Exemption (1041, line 21)		• 10	
11	State tax refund included in federal total income		• 11	
12	Subtractions from income from TC-41A, Part 2. Only inc	clude amounts that apply to incor	me taxed at trust level. • 12	
13	Total deductions - add lines 7 through 12		13	
14	Utah taxable income (loss) - subtract line 13 from line 6		• 14	
15	Utah tax - multiply line 14 by 4.95% (.0495) (not less that	an zero)	• 15	
16	Allowable deductions for estate or trust credit (from wor	rksheet) •16		
17	Initial credit before phase-out - multiply line 16 by 6% (.	06) • 17		
18	Base phase-out amount	18		
19	Income subject to phase-out - subtract line 18 from line	14 (not less than zero) 19		
20	Phase-out amount - multiply line 19 by 1.3% (.013)	•20		
21	Estate or trust tax credit - subtract line 20 from line 17 (not less than zero)	• 21	
22	Utah income tax - subtract line 21 from line 15 (not les	s than zero)	22	

093022

KARREN, HENDRIX, STAGG, ALLEN & COMPANY

STE 250

84111-5225

111 E BROADWAY

SALT LAKE CITY, UT

Preparer's EIN

Paid

Preparer's

Section

Firm's name and address

Schedule K - Beneficiaries' Share of Income, Deductions and Credits

TC-41K

EIN or SSN Estate/trust name 2021

_	•	Number of Schedules K-1 attached to this return:	3	
Income (Loss)	1a 1b 1c 2 3 4 5 6	U.S. government interest income Municipal bond interest income Other interest income Ordinary dividends Net short-term capital gain Net long-term capital gain Other portfolio and nonbusiness income Ordinary business income	Federal Amount	Utah Amount
	8	Other rental income		
	9	Directly apportioned deductions (describe)		
Deductions and Other Information	11	Estate tax deduction Final year deductions (describe) Other information		
	13	Utah nonrefundable credits - enter the name of the Utah credit	Code	Credit Amount
Utah Credits	14	Utah refundable credits - enter the name of the Utah credit	Code •	Credit Amount
			•	

15 Total Utah tax withheld on behalf of all beneficiaries from Schedule N, column J

Schedule K-1 - Beneficiary's Share of Income, Deductions and Credits

EIN or SSN

BENEFICIARY 1

Estate/trust name

Estate or Trust Information	Beneficiary's Share of Utah Income, Deductions and Credits
	1a Utah U.S. government interest income
A Estate or trust EIN or SSN:	1b Utah taxable municipal bond interest income
	1c Utah other interest income
B Estate or trust name	2 Utah ordinary dividends
	3 Utah net short-term capital gain
	4 Utah net long-term capital gain
Fiduciary Information	
	5 Utah portfolio and nonbusiness income
C Fiduciary name, address, city, state, and ZIP code	6 Utah ordinary business income
	7 Utah net rental real estate income
	8 Utah other rental income
	9 Utah directly apportioned deductions (describe)
Beneficiary Information	otali directly apportioned deductions (describe)
Zononolary Information	
D Beneficiary's EIN or SSN	
E Beneficiary's name, address, city, state, and ZIP code	
	10 Estate tax deduction
	11 Final year Utah deductions (describe)
F Beneficiary's phone number	
G Percent of Utah income distributed to	12 Other Utah information
the beneficiary	12 010 010 110 110 110 110 110 110 110 1
H Dependent Beneficiary - enter "X"	
"Statement of Dependent Beneficiary Income" on file with trustee	
(See Schedule N instructions for definition of dependent beneficiary.)	
Other Information	
	13 Utah nonrefundable credits distributed to beneficiary
	Name of credit Code Amount
	14 Utah refundable credits distributed to beneficiary
	Name of Credit Code Amount
Tax Commission Use Only:	
	de likely top withhold on helpelf of hear-finish
	15 Utah tax withheld on behalf of beneficiary
	"X" if withholding waiver applied for

Schedule K-1 - Beneficiary's Share of Income, Deductions and Credits

EIN or SSN **BENEFICIARY 2**

Estate/trust name

TC-41K-1 2021

Estate or Trust Information	Beneficiary's Share of Utah Income, Deductions and Credits
	1a Utah U.S. government interest income
A Estate or trust EIN or SSN:	1b Utah taxable municipal bond interest income
	1c Utah other interest income
B Estate or trust name	2 Utah ordinary dividends
D Lotate of tract harms	2 Start Startlary dividends
	3 Utah net short-term capital gain
	4 Utah net long-term capital gain
Fiduciary Information	Otan not long term capital gain
radially information	5 Utah portfolio and nonbusiness income
C Fiduciary name, address, city, state, and ZIP code	6 Utah ordinary business income
o Fiducially Hame, address, dity, state, and Zii Code	O Otali Ordinary business income
	7 Utah net rental real estate income
	8 Utah other rental income
UT 84103	o otali otilei rentai income
01 04103	O Litab directly apportioned deductions (describe)
Danaficiam, Informacian	9 Utah directly apportioned deductions (describe)
Beneficiary Information	
D. Barafisian in FIN on CCN	
D Beneficiary's EIN or SSN	
E. Donofision to make address site, state and ZID and	
E Beneficiary's name, address, city, state, and ZIP code	
	10 Estate tax deduction
	11 Final year Utah deductions (describe)
5 5 6: 1 1	
F Beneficiary's phone number	
O. Descript of High Secript of the	Other High information
G Percent of Utah income distributed to	12 Other Utah information
the beneficiary	
H Dependent Beneficiary - enter "X"	
"Statement of Dependent Beneficiary Income" on file with trustee	
(See Schedule N instructions for definition of dependent beneficiary.)	
Other Information	
	13 Utah nonrefundable credits distributed to beneficiary
	Name of credit Code Amount
	14 Utah refundable credits distributed to beneficiary
	Name of Credit Code Amount
Tax Commission Use Only:	
	15 Utah tax withheld on behalf of beneficiary
	"X" if withholding waiver applied for

Schedule K-1 - Beneficiary's Share of Income, Deductions and Credits

EIN or SSN **BENEFICIARY** Estate/trust name

TC-41K-1

Estate or Trust Information Beneficiary's Share of Utah Income, Deductions and Credits Utah U.S. government interest income Estate or trust EIN or SSN: 1b Utah taxable municipal bond interest income Utah other interest income 1c В Estate or trust name 2 Utah ordinary dividends 3 Utah net short-term capital gain 4 Utah net long-term capital gain **Fiduciary Information** 5 Utah portfolio and nonbusiness income C Fiduciary name, address, city, state, and ZIP code 6 Utah ordinary business income 7 Utah net rental real estate income 8 Utah other rental income 9 Utah directly apportioned deductions (describe) **Beneficiary Information** D Beneficiary's EIN or SSN Beneficiary's name, address, city, state, and ZIP code 10 Estate tax deduction 11 Final year Utah deductions (describe) F Beneficiary's phone number G Percent of Utah income distributed to Other Utah information the beneficiary H Dependent Beneficiary - enter "X" "Statement of Dependent Beneficiary Income" on file with trustee (See Schedule N instructions for definition of dependent beneficiary.) Other Information Utah nonrefundable credits distributed to beneficiary Name of credit Code **Amount** Utah refundable credits distributed to beneficiary 14 Name of Credit Amount Tax Commission Use Only: Utah tax withheld on behalf of beneficiary 15 "X" if withholding waiver applied for