## **TAXABLE YEAR** California Allocation of Estimated Tax **Payments to Beneficiaries**

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	20	2	1 Payments to Beneficiaries	541-T				
_			ar year 2021 or fiscal year beginning (mm/dd/yyyy)	and ending (n	nm/dd/yy			
Nam	ie ot	esta	te or trust		FEIR	N		
Nam	ne an	d title	e of fiduciary		-			
Addi	tiona	ıl info	ormation (see instructions)					
Stre	et ad	dres	s of fiduciary (number and street) or PO box		Apt.	no./ste. no.	PMB/priva	ate mailbox
City				State	ate ZIP code			
Foreign country name Foreign provi		Foreign provi	nce/state/county		Foreign po	netal code		
i oreign country name			i viergii provii	noc/state/obunity	- Consignification of the constant of the cons			
.,			Calendar year trusts: File this fo					
			ng this form for the final year of the estate or trust, check this box.  ount of estimated taxes to be allocated to beneficiaries					
			n to beneficiaries:			,		
	(a) No.		(b) Beneficiary's name and address	(c) Beneficiary's		(d) Amount of estimated		(e) Proration
			beneficiary a nume and address	SSN/ITIN or FEIN		payment allo beneficiar	cated to	percentage
	1	_						%
	2							
	3							%
								%
	4							%
	5	_						%
	6	_						%
	7	_						%
	8	_						%
	9							
	10							%
		,			•			%
			m additional sheets		3			
4	Total		ounts allocated. (Must equal line 1, above)		4	who are a star	totow 1	
			Our privacy notice can be found in annual tax booklets or online. Goftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Ft 800.338.0505 and enter form code 948 when instructed.					
			Under penalties of perjury, I declare that I have examined this allocal knowledge and belief, it is true, correct, and complete. Declaration cany knowledge.					
			Signature of fiduciary or officer representing fiduciary			Date		
			v			Telephone		
			X					