



For the calendar year 2025 or fiscal year beginning • \_\_\_\_\_, 2025, and ending • \_\_\_\_\_,

## Type of entity (see instructions):

- Decedent's estate
- Simple trust
- Complex trust
- Qualified disability trust
- ESBT (S portion only)
- Grantor type trust
- Bankruptcy estate – Ch. 7
- Bankruptcy estate – Ch. 11
- Pooled income fund
- Qualified funeral trust (QFT)

## FEDERAL EMPLOYER IDENTIFICATION NUMBER

• \_\_\_\_\_

## NAME OF ESTATE OR TRUST

• \_\_\_\_\_

## NAME AND TITLE OF FIDUCIARY

• \_\_\_\_\_

## ADDRESS OF FIDUCIARY (NUMBER AND STREET)

• \_\_\_\_\_

## SUITE, FLOOR, ETC.

• \_\_\_\_\_

## CITY

• \_\_\_\_\_

## STATE

• \_\_\_\_\_

## ZIP CODE

• \_\_\_\_\_

- Initial Return
- Amended Return
- Final Return

•  ADDRESS CHANGE•  ENTITY HAS INCOME FROM MORE THAN ONE STATE•  FIDUCIARY OR NAME CHANGE•  RETURN IS FILED ON CASH BASIS

DATE ENTITY CREATED • \_\_\_\_\_ NUMBER OF K-1S ATTACHED • \_\_\_\_\_ NUMBER OF SCHEDULE GS ATTACHED • \_\_\_\_\_

•  RESIDENT ESTATE OR TRUST •  NONRESIDENT ESTATE OR TRUST IF A TRUST, STATE WHETHER •  REVOCABLE OR •  IRREVOCABLE

IF DECEDENT'S ESTATE PLEASE PROVIDE SOCIAL SECURITY NUMBER OF DECEASED • \_\_\_\_\_

**COMPUTATION OF ALABAMA TAXABLE INCOME AND NET TAX DUE**

1 Alabama Adjusted Total Income or (Loss) (Schedule C, Line 18c) .....	1 •
2 Alabama Income Distribution Deduction (Schedule A, Line 15) .....	2 •
3 Exemption (Allowed the Estate or Trust by 40-18-19, <i>Code of Alabama 1975</i> ) .....	3 •
4 Total of Special Trust Deductions ( <i>Total of Lines 2 and 3</i> ) .....	4 •
<b>5 Alabama Taxable Income (Line 1 less Line 4)</b> .....	5 •
a. Non ESBT tax due.... • <input type="checkbox"/> CRAT/CRUT/Tax Exempt Organization... • <input type="checkbox"/> NOL... • <input type="checkbox"/> QFT.....	5a •
6 Total ESBT Income (Schedule ESBT, Line 19b) .....	6 •
a. ESBT Income tax due ...• <input type="checkbox"/> ESBT NOL.....	6a •
7 Total tax due (Sum of lines 5a plus 6a) .....	7 •
8 a. Total credits allowable (per Schedule FC, Section F, Line 3) .....	8a •
b. Alabama income tax withheld (from Form W-2 and/or Form 1099) .....	8b •
c. Overpayment from 2024 .....	8c •
d. Estimated, Extension, and WNR-V payments .....	8d •
e. Payments made with original return .....	8e •
f. Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) (from Schedule CP-B, Section B, line 3) .....	8f •
g. Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) allocated to beneficiary .....	8g • ( )
h. 2017 Alabama Historic Rehabilitation Tax Credit (from Schedule FC, Section G, line 1) .....	8h •
i. Railroad Modernization Act of 2019 (from Schedule FC, Section G, line 2) .....	8i •
j. Childcare Facility Tax Credit (from Schedule FC, Section G, line 3) .....	8j •
k. Employer Provider Credit (from Schedule FC, Section G, line 4) .....	8k •
9 Total Credits ( <i>Total of Lines 8a through 8k</i> ) .....	9 •
<b>10 NET TAX DUE/(REFUND) (Subtract Line 9 from sum of Line 7)</b> .....	10 •
<b>11 Reduction/Applications of Overpayment</b>	
a. Credit to 2026 estimate tax .....	11a •
b. Interest (Computed on tax due only) .....	11b •
c. Penalties ( <i>See instructions</i> ) .....	11c •
d. Total reductions ( <i>Total of Lines 11a through 11c</i> ) .....	11d •
<b>12 TOTAL AMOUNT DUE/(REFUND) (Total of Line 11d and Line 10)</b> .....	12 •

•  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

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

**Please  
Sign  
Here**

Signature of fiduciary or officer representing fiduciary

Date

Daytime Telephone No.

Social Security Number

**Paid  
Preparer's  
Use Only**Preparer's  
signature

Firm's name (or yours, • if self-employed)

Firm's address

Date

Check if  
self-employed► 

•

Preparer's PTIN

E.I. No. ►

ZIP Code ►

**A complete copy of the Federal Form 1041 must be attached for this return to be considered complete.**



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**Alabama Fiduciary  
Income Tax Return**

Name of estate or trust

Federal Employer identification number

Name and title of fiduciary

**SCHEDULE A – COMPUTATION OF ALABAMA INCOME DISTRIBUTION DEDUCTION**

1 Alabama Adjusted Total Income or ( Loss) (Page 1, Line 1).....	1 •
2 The amount of gain from the sale of capital assets, but only if the gain was allocated to corpus and <u>not</u> paid, credited, or required to be distributed to any beneficiary during the taxable year (See instructions) .....	2 •
3 Subtract the amount entered on Line 2 from the amount entered on Line 1, and enter in Line 3 .....	3 •
4 The amount of loss from the sale of capital assets – entered as a positive number, only if the loss was not considered in the determination of the amount to be paid, credited, or required to be distributed to any beneficiary during taxable year .....	4 •
5 Amount of tax exempt interest income excluded in computing Alabama taxable income .....	5 •
6 Other adjustments – see instructions.....	6 •
<b>7 Alabama Distributable Net Income (Sum of Lines 3 through 6) .....</b>	7 •
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 •
10 Other amounts paid, credited, or otherwise required to be distributed.....	10 •
11 Total distributions. Add Lines 9 and 10 .....	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 5 from Line 7. If zero or less, enter -0-.....	14 •
<b>15 Alabama Income Distribution Deduction.</b> Enter the smallest of Line 13 or Line 14 on this line and on Page 1, Line 2. (Do not enter less than zero.) .....	15 •

**SCHEDULE B – ALABAMA CHARITABLE DEDUCTION. Do not complete for a simple trust or a pooled income fund.**

1 Amounts paid or permanently set aside for charitable purposes from gross income .....	1 •
2 Alabama tax-exempt income allocable to charitable contributions .....	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 •
<b>5 Alabama Charitable Deduction.</b> Add Line 3 and Line 4. Enter total here and on Page 3, Schedule C, Line 13, Column C .....	5 •



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**SCHEDULE C – COMPUTATION OF ALABAMA ADJUSTED TOTAL INCOME**

	Column A AS REPORTED ON FEDERAL FORM 1041	Column B ALABAMA ADJUSTMENTS	Column C ALABAMA AMOUNT
1 Interest income .....	1 •	•	•
2 Ordinary dividends.....	2 •	•	•
3 Capital gain or (loss) (attach Schedule D) .....	3 •	•	•
4 Business income or (loss).....	4 •	•	•
5a Rents, royalties, partnerships, and S Corporations (attach Schedule E).....	5a •	•	•
5b Estates and Trusts (attach Schedule E).....	5b •	•	•
6 Farm income or (loss).....	6 •	•	•
7 Ordinary gain or (loss) from Form 4797 .....	7 •	•	•
8 Other income .....	8 •	•	•
<b>9 Total Income/(loss) (total of Lines 1 through 8) .....</b>	<b>9 •</b>	<b>•</b>	<b>•</b>
<b>Ordinary Deductions:</b>			
10 Interest .....	10 •	•	•
11 Taxes .....	11 •	•	•
12 Fiduciary fees.....	12 •	•	•
13 Charitable deduction.....	13 •	•	•
14 Attorney, accountant, and return preparer fees .....	14 •	•	•
15 Other deductions not subject to the 2% floor .....	15 •	•	•
16 Allowable miscellaneous itemized deductions subject to the 2% floor...	16 •	•	•
<b>17 Total Ordinary Deductions (total of Lines 10 through 16) .....</b>	<b>17 •</b>	<b>•</b>	<b>•</b>
<b>18a Federal Adjusted Total Income.....</b>	<b>18a •</b>		
18b Net Alabama Adjustments (Column B, Line 9 less Column B, Line 17).....	18b •		
18c Alabama Adjusted Total Income or (Loss) (Column C, Line 9 less Column C, Line 17). Enter here and on Page 1, Line 1.....		18c •	
<b>19 Alabama Tax Exempt Income .....</b>	<b>19 •</b>	<b>•</b>	<b>•</b>



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**Alabama Fiduciary  
Income Tax Return**

Name of estate or trust

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Name and title of fiduciary

**SCHEDULE K – SUMMARY OF K-1 INFORMATION**

	Column A Alabama Distributable Income	Column B Nonresident Non-Alabama Source Income	Column C Reportable Alabama Income	Enter on Alabama Schedule K-1
1 Interest income.....	1 ●	●	●	Line 1
2 Total dividends.....	2 ●	●	●	Line 2
3 Capital gain or (loss).....	3 ●	●	●	Line 3
4 Business income or (loss).....	4 ●	●	●	Line 4
5a Rents, royalties, partnerships, and S Corporations .....	5a ●	●	●	Line 5a
5b Estates and Trusts.....	5b ●	●	●	Line 5b
6 Farm income or (loss).....	6 ●	●	●	Line 6
7 Ordinary gain or (loss) from Form 4797.....	7 ●	●	●	Line 7
8 Other income .....	8 ●	●	●	Line 8
9 Alabama Income Distribution Deduction  (Sum of lines 1-8 Column A).....	9 ●			
10 Total Nonresident Non-Alabama Source Income  (Sum of lines 1-8 Column B).....		10 ●		
11 Alabama Tax Exempt Income .....			11 ●	Line 11
<b>Directly apportioned deductions/credits:</b>				
12 Depreciation .....			12 ●	Line 12
13 Depletion .....			13 ●	Line 13
14 Amortization.....			14 ●	Line 14
15 Composite Payment/Electing Pass-Through Entity Credit .....			15 ●	Line 15
16 Total Credits allocated to the Beneficiary (Attach Schedule FC) .....			16 ●	Line 16