

A Check all that apply:		For calendar year 2024 or fiscal year beginning _____, 2024, and ending _____, 20	
<input type="checkbox"/> Decedent's estate		Name of estate or trust (If a grantor type trust, see the instructions.)	C Employer identification number
<input type="checkbox"/> Simple trust			
<input type="checkbox"/> Complex trust		Name and title of fiduciary	D Date entity created
<input type="checkbox"/> Qualified disability trust			
<input type="checkbox"/> ESBT (S portion only)		Number, street, and room or suite no. (If a P.O. box, see the instructions.)	E Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.
<input type="checkbox"/> Grantor type trust			<input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation . . . <input type="checkbox"/>
<input type="checkbox"/> Bankruptcy estate—Ch. 7		City or town, state or province, country, and ZIP or foreign postal code	<input type="checkbox"/> Described in sec. 4947(a)(2)
<input type="checkbox"/> Bankruptcy estate—Ch. 11			
<input type="checkbox"/> Pooled income fund			
B Number of Schedules K-1 attached (see instructions)	F Check applicable boxes:	<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return
		<input type="checkbox"/> Amended return	<input type="checkbox"/> Net operating loss carryback
		<input type="checkbox"/> Change in trust's name	<input type="checkbox"/> Change in fiduciary
		<input type="checkbox"/> Change in fiduciary's name	<input type="checkbox"/> Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ☐ Trust TIN _____

Income	1	Interest income	1	
	2a	Total ordinary dividends	2a	
	b	Qualified dividends allocable to: (1) Beneficiaries _____ (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	
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	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 _____	8	
	9	Total income. Combine lines 1, 2a, and 3 through 8	9	
10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		