

**MARYLAND
FORM
504
SCHEDULE A**

**FIDUCIARY INCOME
TAX RETURN
SCHEDULE A**



23504A049

2023

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

Name _____

FEIN _____

FIDUCIARY'S SHARE OF MARYLAND MODIFICATIONS (See Fiduciary Tax Return Instructions)

- (a) If the fiduciary distributes all of the income for the tax year, then the fiduciary is not required to complete lines 1 through 10g. See instructions.
- (b) If the fiduciary retains 100% of the income for the tax year, complete lines 1 through 8 and enter the result on line 5 of Form 504.
- (c) If the fiduciary makes a partial distribution of income during the tax year, complete lines 1 through 8, and **lines 9a through 9d or 10a through 10g**. Enter the result on line 5 of Form 504 as a positive or negative number accordingly. Write a minus sign (-) in front of any negative numbers.

Additions

1. Interest on state and local obligations other than Maryland	1.	_____	00
2. Income taxes deducted on federal return	2.	_____	00
3. Other additions to income (Specify)	3.	_____	00
4. Total additions (Add lines 1 through 3.)	4.	_____	00

Subtractions

5. Income from U.S. obligations	5.	_____	00
6. Other subtractions (Specify.) (Do not include non-MD source income as a subtraction.)	6.	_____	00
7. Total subtractions (Add lines 5 and 6.)	7.	_____	00
8. Net Maryland modifications (Subtract line 7 from line 4; enter on line 5 of 504.)	8.	_____	00

FIDUCIARY'S SHARE OF NET MARYLAND MODIFICATIONS

(You may choose to allocate your modifications based upon the formula method or alternative method below. You may not use both methods.)

Formula Method

9a. Federal Distributable Net Income (DNI from federal schedule B, Form 1041)	9a.	_____	00
9b. Fiduciary's share of the federal DNI	9b.	_____	00
9c. Fiduciary's percentage of federal DNI (Divide 9b by 9a.)	9c.	_____	
9d. Fiduciary's share of net Maryland modification (Multiply line 8 by line 9c; enter here and on line 5 of Form 504.)	9d.	_____	00

Alternative Method

In the alternative, net Maryland modifications may be allocated based on how the fiduciary has allocated all of its income.

(A) Name of Beneficiary	(B) Social Security Number & Domicile state code	(C) Share of Net MD Modifications
If there are more than 4 beneficiaries, use and attach a separate statement.		
Example: Beneficiary Name	999-99-4321 MD	\$
10a.		\$
10b.		\$
10c.		\$
10d.		\$
10e. Beneficiaries total (including from additional attached statement, if any)		\$
10f. Fiduciary (Enter here and on line 5 of Form 504.)		\$
10g. Total: (add line 10e and 10f)	Total:	\$

NONRESIDENT BENEFICIARY DEDUCTION

Complete this area only if any beneficiaries are nonresidents of Maryland. See Instruction 8 for required supporting documents to submit with Form 504. Attach Maryland Schedule K-1 (504) for each beneficiary.

11. Income from intangible personal property accumulated for a nonresident. See Instruction 8.	11.	_____	00
12. Related expenses	12.	_____	00
13. Nonresident beneficiary deduction (Subtract line 12 from line 11; if less than zero, enter zero.) Enter here and on line 7 of Form 504	13.	_____	00