



25504A049

OR FISCAL YEAR BEGINNING _____ 2025, 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; p 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