

2021

OMB No. 1545-0092

Exp # 2

For calendar year 2021 or fiscal year beginning **October 1, 2021**, and ending **September 30, 2022**

A Check all that apply:
☒ 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

B Number of Schedules K-1 attached **2**

C Employer identification number **11 2233445**

D Date entity created **10/01/2021**

E Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.
☐ Described in sec. 4947(a)(1).
☐ Check here if not a private foundation ☐
☐ Described in sec. 4947(a)(2)

F Check applicable boxes:
☒ Initial return ☐ Final return ☐ Amended return
☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name
☐ Change in fiduciary's address

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

Name of estate or trust (If a grantor type trust, see the instructions.)
Jack's Estate
 Name and title of fiduciary
child #1 personal representative
 Number, street, and room or suite no. (If a P.O. box, see the instructions.)
1000 Main Street
 City or town, state or province, country, and ZIP or foreign postal code
St. Paul, MN 55104

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15a	15b	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Income	1	Interest income	See Statement 1		1	500.																										
	2a	Total ordinary dividends	See Statement 2		2a	1,500.																										
	b	Qualified dividends allocable to: (1) Beneficiaries	0.	(2) Estate or trust	1,500.																											
	3	Business income or (loss). Attach Schedule C (Form 1040)			3																											
	4	Capital gain or (loss). Attach Schedule D (Form 1041)			4	-3,000.																										
	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	See Statement 4		8	200,000.																										
9	Total income. Combine lines 1, 2a, and 3 through 8			9	199,000.																											
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>			10																											
	11	Taxes	See Statement 5		11	1,200.																										
	12	Fiduciary fees. If only a portion is deductible under section 67(e), see instructions	See Statement 6		12	2,000.																										
	13	Charitable deduction (from Schedule A, line 7)			13																											
	14	Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions	See Statement 7		14	3,600.																										
	15a	Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)			15a																											
	15b	Net operating loss deduction. See instructions			15b																											
	16	Add lines 10 through 15b			16	6,800.																										
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17	192,200.																												
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)			18																											
Tax and Payments	19	Estate tax deduction including certain generation-skipping taxes (attach computation)			19																											
	20	Qualified business income deduction. Attach Form 8995 or 8995-A			20																											
	21	Exemption			21	600.																										
	22	Add lines 18 through 21			22	600.																										
	23	Taxable income. Subtract line 22 from line 17. If a loss, see instructions			23	191,600.																										
	24	Total tax (from Schedule G, Part I, line 9)			24	68,955.																										
	25	Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions)			25																											
	26	Total payments (from Schedule G, Part II, line 19)			26																											
	27	Estimated tax penalty. See instructions			27																											
	28	Tax due. If line 26 is smaller than the total of lines 24, 25, and 27, enter amount owed			28	68,955.																										
	29	Overpayment. If line 26 is larger than the total of lines 24, 25, and 27, enter amount overpaid			29																											
	30	Amount of line 29 to be: a Credited to 2022 b Refunded			30																											

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

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name **Jamison & Jamison, P.A.** Firm's EIN **41-1616805**

Firm's address **509 Tanglewood Dr. Shoreview, MN 55126** Phone no. **651-482-9330**

2-2

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	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	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	192,200.
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	3,000.
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	195,200.
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. If greater than line 8, see instructions	11	0.
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 2 from line 7. If zero or less, enter -0-	14	195,200.
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0.

Schedule G Tax Computation and Payments (see instructions)**Part I - Tax Computation**

1	Tax:		
a	Tax on taxable income. See instructions	1a	68,955.
b	Tax on lump-sum distributions. Attach Form 4972	1b	
c	Alternative minimum tax (from Schedule I (Form 1041), line 54)	1c	
d	Total. Add lines 1a through 1c	1d	68,955.
2a	Foreign tax credit. Attach Form 1116	2a	
b	General business credit. Attach Form 3800	2b	
c	Credit for prior year minimum tax. Attach Form 8801	2c	
d	Bond credits. Attach Form 8912	2d	
e	Total credits. Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1d. If zero or less, enter -0-	3	68,955.
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions	4	
5	Net investment income tax from Form 8960, line 21	5	
6	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	6	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Other taxes and amounts due	8	
9	Total tax. Add lines 3 through 8. Enter here and on page 1, line 24	9	68,955.

Part II - Payments

10	2021 estimated tax payments and amount applied from 2020 return	10	
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11	
12	Subtract line 11 from line 10	12	
13	Tax paid with Form 7004. See instructions	13	
14	Federal income tax withheld. If any is from Form(s) 1099, check here <input type="checkbox"/>	14	
15	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)	15	
16	Other payments: a Form 2439; b Form 4136; Total	16c	
17	Credit for qualified sick and family leave wages for leave taken before April 1, 2021	17	
18	Credit for qualified sick and family leave wages for leave taken after March 31, 2021	18	
19	Total payments. Add lines 12 through 15 and 16c through 18. Enter here and on page 1, line 26	19	

2-3

Other Information

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$		X
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3 At any time during calendar year 2021, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for the required attachment		X
6 If this is an estate or a complex trust making the section 663(b) election, check here. See instructions <i>65 day rule</i> ▶ <input checked="" type="checkbox"/>		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ▶ <input type="checkbox"/>		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ <input type="checkbox"/>		
9 Are any present or future trust beneficiaries skip persons? See instructions		X
10 Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?		X
11a Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?		X
b If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions		
12 Did the estate or trust make a section 965(i) election for S corporation stock held on the last day of the tax year? See instructions		X
13 ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		
14 ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions		

Form 1041 (2021)

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2021

Name of estate or trust

Employer identification number

Jack's Estate

11-2233445

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2020 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3), on page 2				7

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked	496,000.	500,000.		<4,000.>
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	300,000.	300,000.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				12
13 Capital gain distributions				13
14 Gain from Form 4797, Part I				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2020 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3), on page 2				16 <4,000.>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2021

11 2233445

2-7

2021

Capital Loss Carryover Worksheet

Keep for Your Records

Use this worksheet to figure the estate's or trust's capital loss carryovers from 2021 to 2022 if Schedule D, line 20 is a loss and (a) the loss on Schedule D, line 19, col. (3) is more than \$3,000 or (b) Form 1041, page 1, line 23 is a loss.

1. Enter taxable income or (loss) from Form 1041, line 23	1.	191,600.
2. Enter the loss from line 20 of Schedule D as a positive amount	2.	3,000.
3. Enter amount from Form 1041, line 21	3.	600.
4. Adjusted taxable income. Combine lines 1, 2, and 3. If zero or less, enter -0-	4.	195,200.
5. Enter the smaller of line 2 or line 4	5.	3,000.
Note: If line 7 of Schedule D is a loss, go to line 6; otherwise, enter -0- on line 6 and go to line 10.		
6. Enter loss from Schedule D, line 7 as a positive amount	6.	0.
7. Enter gain, if any, from Schedule D, line 16. If that line is blank or shows a loss, enter -0-	7.	0.
8. Add lines 5 and 7	8.	
9. Short-term capital loss carryover to 2022. Subtract line 8 from line 6. If zero or less, enter -0-. If this is the final return of the estate or trust, also enter on Schedule K-1 (Form 1041), box 11, using code C	9.	0.
Note: If line 16 of Schedule D is a loss, go to line 10; otherwise, skip lines 10 through 14.		
10. Enter loss from Schedule D, line 16, as a positive amount	10.	4,000.
11. Enter gain, if any, from Schedule D, line 7. If that line is blank or shows a loss, enter -0-	11.	0.
12. Subtract line 6 from line 5. If zero or less, enter -0-	12.	3,000.
13. Add lines 11 and 12	13.	3,000.
14. Long-term capital loss carryover to 2022. Subtract line 13 from line 10. If zero or less, enter -0-. If this is the final return of the estate or trust, also enter on Schedule K-1 (Form 1041), box 11, using code D	14.	1,000.

2-8

661117

Schedule K-1 No Reportable Income
(Form 1041)

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year

beginning October 1, 2021ending September 30, 2022Beneficiary's Share of Income, Deductions,
Credits, etc.

▶ See page 2 and instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0092

Part III Beneficiary's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative min tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction		

*See attached statement for additional information.

Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

11-2233445

B Estate's or trust's name

Jack's Estate

C Fiduciary's name, address, city, state, and ZIP code

child #1
personal representative
1000 Main Street
St. Paul, MN 55104

D ☐ Check if Form 1041-T was filed and enter the date it was filedE ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

345-67-8901

G Beneficiary's name, address, city, state, and ZIP code

child #1

St. Paul, MN

H ☒ Domestic beneficiary☐ Foreign beneficiary

Form 1041	Interest Income	Statement	1
Description	U.S. Interest	Other Taxable Interest	
W/F Bank - interest income		500.	
Subtotals		500.	
Total to Form 1041, Line 1		500.	

Form 1041	Dividend Income	Statement	2
Description	U.S. Interest	Qualifying Dividends	Ordinary Dividends
3M stock dividends		1,500.	
Subtotals		1,500.	
Total to Form 1041, Line 2a			1,500.

Form 1041	Qualifying Dividends	Statement	3
	Beneficiary	Fiduciary	
1. Total Qualifying Dividends		1,500.	
2. Portion Specifically Allocated			
3. Qualified Dividends Subtotal		1,500.	
4. Multiplied by Ordinary Income Percentage		1.0000000	
5. Total Qualified Dividends Including Attributable Estate Tax	0.	1,500.	
6. Less Attributable Estate Tax (Fiduciary only)			
Total Qualifying Dividends		1,500.	

Form 1041	Other Income	Statement	4
Description		Amount	
IRA collected by estate		200,000.	
Total to Form 1041, Line 8		200,000.	

Form 1041	Taxes	Statement	5
Description	Indirect	Direct	
Real Estate Property Tax	1,200.		
Total to Form 1041, Line 11		1,200.	

Form 1041	Fiduciary Fees	Statement	6
Description	Direct Amount	Indirect Amount	
PR fee		2,000.	
Total to Form 1041, Line 12		2,000.	

Form 1041	Attorney, Accountant and Preparers Fees	Statement	7
-----------	---	-----------	---

Description	Indirect	Direct
attorney fees and court costs	3,000.	
Tax Return Preparer Fees	600.	
Total to Form 1041, Line 14		3,600.

(2-12)

Form 8960	Additional Modifications	Statement	8
PR fee		2,000.	
attorney fees and court costs		3,000.	
Tax Return Preparer Fees		600.	
Amount to Form 8960, line 10		5,600.	

2-13



2021 Form M2, Income Tax Return for Estates and Trusts

Tax year beginning (MM/DD/YYYY) 10/01/2021, ending (MM/DD/YYYY) 09/30/2022

JACK'S ESTATE

Name of Estate or Trust ☐ Check if name has changed:
CHILD #1 PERSONAL REPRESENTATIVE
 Name and title of fiduciary ☐ Check if address has changed:
1000 MAIN STREET
 Current address of fiduciary

112233445
 Federal ID Number
234567890
 Decedent's Social Security Number
ST. PAUL
 Fiduciary City

2
 Minnesota ID Number
10/01/2021
 Date of Death
MN
 Fiduciary State
2
 Number of Schedules KF
2
 Number of Beneficiaries
55104
 Fiduciary ZIP Code

Decedent's last address or grantor's address when trust became irrevocable

Decedent or Grantor City

Decedent or Grantor State Decedent or Grantor ZIP

Check all that apply:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Initial Return | <input type="checkbox"/> Final Return | <input type="checkbox"/> Installment sale of pass-through assets or interests |
| <input type="checkbox"/> Grantor Trust | <input checked="" type="checkbox"/> Statutory Resident | <input type="checkbox"/> Section 645 Election |
| <input type="checkbox"/> Irrevocable Trust - Date trust became irrevocable _____ | <input type="checkbox"/> Statutory Nonresident | <input type="checkbox"/> ESBT |
| <input checked="" type="checkbox"/> Decedent's Estate - Gross value of estate _____ | <input type="checkbox"/> Due Process Nonresident (see Schedule M2RT) | <input type="checkbox"/> QSST |
| <input type="checkbox"/> Form M706 Filed | <input type="checkbox"/> Composite Income Tax | <input type="checkbox"/> Trust/Estate Owns or Operates a Business - FEIN _____ |
| <input type="checkbox"/> Bankruptcy Estate - Debtor Social Security Number (SSN) _____
If filing jointly, second debtor SSN _____ | | |

- | | |
|--|--------------------------|
| 1 Federal taxable income (from line 23 of federal Form 1041) | 1 ■ <u>191600</u> |
| 2 Fiduciary's deductions and losses not allowed by Minnesota (see instructions, pages 4 and 5) | 2 ■ _____ |
| 3 Capital gain amount of lump-sum distribution (enclose federal Form 4972) | 3 ■ _____ |
| 4 Additions (from line 71, column E, on page 5 of this form) | 4 ■ _____ |
| 5 Add lines 1 through 4 | 5 ■ <u>191600</u> |
| 6 Subtractions (from line 71, column E, on page 5 of this form) | 6 ■ _____ |
| 7 Fiduciary's income from non-Minnesota sources (see instructions, page 5) | 7 ■ _____ |
| 8 Add lines 6 and 7 | 8 ■ _____ |
| 9 Minnesota taxable net income. Subtract line 8 from line 5 | 9 ■ <u>191600</u> |
| 10 Tax from table in Form M2 instructions | 10 ■ <u>14992</u> |
| 11 Tax from S portion of an Electing Small Business Trust (enclose Schedule M2SB) | 11 ■ _____ |
| 12 Total of tax from (enclose appropriate schedules): <input type="checkbox"/> a. Schedule M1LS <input type="checkbox"/> b. Schedule M2MT | 12 ■ _____ |
| 13 Composite income tax for nonresident beneficiaries (enclose Schedules KF) | 13 ■ _____ |
| 14 Total 2021 income tax. Add lines 10 through 13 | 14 ■ <u>14992</u> |

