

STATE OF HAWAII — DEPARTMENT OF TAXATION
**TRUST ALLOCATION OF AN
ACCUMULATION DISTRIBUTION**

2024



N40SCHJ_I 2024A 01 VID01

File with Form N-40

See federal Instructions for Form 1041, Schedule J and Form N-40 Instructions

For domestic complex trusts with tax year beginning _____ and
ending _____ and which distributed income accumulated in earlier years

Name of trust	Federal Employer I.D. No.
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Part I Accumulation Distribution in 2024	
1. Other amounts paid, credited, or otherwise required to be distributed for 2024 (from Schedule B (Form N-40), line 12)	1
2. Distributable net income for 2024 (from Schedule B (Form N-40), line 9)	2
3. Income required to be distributed currently for 2024 (from Schedule B (Form N-40), line 11)	3
4. Line 2 minus line 3. If line 3 is more than line 2, enter zero	4
5. Accumulation distribution for 2024 (Line 1 minus line 4)	5

Part II Ordinary Income Accumulation Distribution (Enter the applicable throwback years below.)					
<i>If the distribution is thrown back to more than five years (starting with the earliest applicable tax year beginning after 1968), attach additional schedules.</i>	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending
6. Enter Distributable Net Income as determined under the governing instrument (Accounting Income).....	6				
7. Distributions — Enter line 13, Schedule B, Form N-40, and comparable lines for each throwback year	7				
8. Line 6 minus line 7	8				
9. Enter amount from line 25, Part III	9				
10. Undistributed net income — Line 8 minus line 9	10				
11. Enter amount of prior accumulation distributions thrown back to any of these years	11				
12. Line 10 minus line 11	12				
13. Allocate amount on line 5 to earliest applicable year first, but not more than line 12 for the same year	13				
14. Divide line 13 by line 10 and multiply result by amount on line 9	14				
15. Add lines 13 and 14	15				
16. Tax-exempt interest included on line 13 — Divide line 15 by line 6 and multiply result by line 2(c), Schedule B (Form N-40), or equivalent for applicable throwback year	16				
17. Line 15 minus line 16	17				

Part III Taxes Imposed on Undistributed Net Income (Enter the applicable throwback years below.)

If the trust received an accumulation distribution from another trust, see federal Regulations section 1.665(d)-1A.

If more than five throwback years are involved, attach additional schedules.

		Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending
18. Tax — Enter the amount from line 1, Schedule G of Form N-40, and comparable lines for each throwback year	18					
19. Net short term gain — Enter the smaller of the amount from line 15, col. (b), or line 17, col. (b), Schedule D (Form N-40) and comparable lines for each throwback year	19					
20. Net long term gain — Enter the smaller of line 16 or 17, column (b), Schedule D (Form N-40), and comparable lines for each throwback year	20					
21. Total net capital gain — Add lines 19 and 20, if net loss, enter zero	21					
22. Taxable income — Enter the amount from line 22, page 1, of Form N-40, and comparable lines for each throwback year	22					
23. Enter percent — Divide line 21 by line 22, but not more than 100%	23					
24. Multiply amount on line 18 by percentage on line 23	24					
25. Tax on undistributed net income — Line 18 minus line 24. Enter here and on page 1, line 9	25					

Part IV Allocation to Beneficiary — Be sure to complete Form N-405, Tax on Accumulation Distributions of Trusts.

Complete Part IV for each beneficiary. If the accumulation distribution is allocated to more than one beneficiary, attach an additional Schedule J with Part IV completed for each additional beneficiary. If more than five throwback years are involved, attach additional schedules.

Beneficiary's name		Identifying number			
Beneficiary's Mailing Address (number and street; apartment number or rural route)		(a) This beneficiary's share of line 13	(b) This beneficiary's share of line 14	(c) This beneficiary's share of line 16	
City, town, or post office, State, and Postal/ZIP Code					
26. Throwback year ending	26				
27. Throwback year ending	27				
28. Throwback year ending	28				
29. Throwback year ending	29				
30. Throwback year ending	30				
31. Total. (add amounts on lines 26 through 30) Enter here and on the appropriate lines of Form N-405	31				