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Oregon Department of Revenue

00472401010000

Office use only Date received


•	gon Fiduciary Income Tax Return		Payment
			Penalty date
	Submit origi	nal form—do not submit photocopy	renaity date
	Fiscal year Month Day	Year Month Day Year	1
•	Amended • beginning: / /	● Ending: / /	•
_	return	Trust or estate federal employer	er identification number (FEIN)
	● If amending for a net operating loss (NOL), Month Day period end date the NOL was generated:	Year —	Check if new FEIN
● Tru	st or estate name— <b>print clearly or type</b>	New name	Extension to file
	ecutor or trustee name	New name	• Form OR-24 is included
● Tit	e (TTEE or PR)		
• Str	eet address or PO Box	New address	
• Cit	y State	● ZIP code Phone	
		( )	_
	• A. Check <b>only</b> one box:	B. This is: • C. Check one bo	x: D. If exempt organization,
	An estate—date of death:/		check federal form filed:
	Decedent SSN:	A first     An Oregon re	esident
		return	990-T—Specify
	A bankruptcy estate A funeral trust A trus	t	nt your due date:
		• A final	//
	A trust filing as an estate. Include federal Form 8855.	return A part-year tru	ust (use Other-Specify:
	Date of death:/	Schedule OR-	SCH-P
	Decedent SSN:	to compute th	e tax)
	nplete this form by beginning with page 3, So	chedules 1 and 2. Include a copy of	federal Form 1041, Schedule
K-1	s, applicable schedules, 1099s, and W-2s.	Beneficiary column	Fiduciary column
1.	Revised distributable net	Belleficiary column	Fluucial y Column
٠.	income from Form OR-41,		
	Schedule 1, line 4 ● 1.	.00	
2	Distribution deduction (see instructions)		.00
	a. Tax-exempt income		
	deducted in computing		
	line 2 ● 2a.	.00	
	b. Add lines 2 and 2a	. 0 0	
3.	Percentage (line 2b divided by line 1) 3	. (Round to four decimal p	places)
4.	Revised taxable income of fiduciary from Form OR		4.
5.	Fiduciary adjustment from Form OR-41, Schedule		
	line 19 (enter as a positive, whole number).		
	Indicate whether it should be:		
	Added or     Subtracted	• 5.	.00
	a. Beneficiary's share (line 5 × percent on line 3—se	ee	
	instructions)	● 5a.	.00
	b. Fiduciary's share (line 5 minus line 5a)	•	5b
6.	Income to be reported by beneficiaries (Form 1041,		
	Schedule K-1 included—see instructions; total or ne		
	lines 2 and 5a)	• 6.	. 0 0

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7. Oregon taxable income of fiduciary (total or net of lines 4 and 5b)	Estat	e or trust name	FEIN	
Oregon tax         8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11			_	
8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11 ● 8	7.	Oregon taxable income of fiduciary (total or net of lines 4 and 5b)	7.	.00
8. Tax using rate schedule on page 3, or from Schedule OR-SCH-P, line 11 ● 8	Ore	gon tax		
9. Reduced-rate tax amount and qualifying source(s)			• 8.	.00
10. Tax adjustments (see instructions)				
Standard and carryforward credits   12. Total standard credits from Schedule OR-ASC-FID, Section 3		• 9a. NLTCG • 9b. PTE		
Standard and carryforward credits   12. Total standard credits from Schedule OR-ASC-FID, Section 3	10.	Tax adjustments (see instructions)	• 10.	.00
12. Total standard credits from Schedule OR-ASC-FID, Section 3				
12. Total standard credits from Schedule OR-ASC-FID, Section 3	Ctor	adoud and counterwood availte		
13. Tax minus standard credits (line 11 minus line 12; if line 12 is more than line 11, enter 0)			12	. 00
14. Total carryforward credits from Schedule OR-ASC-FID, Section 4				
Payments and refundable credits  16. Oregon income tax withheld (include Forms 1099 or W-2)				
16. Oregon income tax withheld (include Forms 1099 or W-2)				
16. Oregon income tax withheld (include Forms 1099 or W-2)	Pov	ments and refundable eredits		
17. Payments with OR-18-WC or OR-19 (don't include copies of Forms OR-18-WC or OR-19) 17.  18. Payments prior to due date of your return. Include any extension payment made (see instructions)	-		16	. 00
18. Payments prior to due date of your return. Include any extension payment made (see instructions)				
instructions)			- 17.	***
19. Reserved			● 18	. 00
20. Total refundable credits from Schedule OR-ASC-FID, Section 5	19	,		
Tax to pay or refund  22. Tax due. Is line 15 more than line 21? If so, line 15 minus line 21				.00
22. Tax due. Is line 15 more than line 21? If so, line 15 minus line 21				
22. Tax due. Is line 15 more than line 21? If so, line 15 minus line 21		As you as watered		
23. Overpayment. Is line 21 more than line 15? If so, line 21 minus line 15Overpayment  24. Penalty for filing or paying late (see instructions)			22	0.0
24. Penalty for filing or paying late (see instructions) 24. lnterest due with this return (see instructions) 25. Interest due (line 22 plus lines 24 and 25) 7 Total due (line 22 plus lines 24 and 25) 26.				
25. Interest due with this return (see instructions)				
26. <b>Total due</b> (line 22 plus lines 24 and 25)				
		· · · · · · · · · · · · · · · · · · ·		

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Estate or trust name

FEIN

			(Column A) DNI		(Column B) TIF
1.	Distributable net income (see instructions) ●	1.	. 00		
2.	Taxable income of fiduciary (see instructions)			2.	.00
3.	Other changes. Identify:		0.0	_	
	•	3.	. 00	3.	.00
4.	Revised distributable net income (column A,				
	line 1 plus line 3); enter here and on page 1,		0.0		
_	line 1	4	.00	_	0.0
5.	Total taxable income (column B, line 2 plus line 3			5.	.00
6.	Changes included on column A, line 3, that were				.00
7.	Revised taxable income of fiduciary (line 5 minus	6); enter here a	and on page 1, line 4 •	7.	. 0 0
9.	Interest on U.S. obligations included in income of allocable administration and miscellaneous expe			9.	.00
10. 11. 12.	allocable administration and miscellaneous expe Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nses n federal Form <sup>-</sup> -FID, Section 2	1041	10. 11.	.00
10. 11. 12.	allocable administration and miscellaneous expe Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nses n federal Form <sup>2</sup> -FID, Section 2	1041	10. 11. 12.	.00
10. 11. 12. <b>Add</b> 13.	allocable administration and miscellaneous expe Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)  tions Oregon income tax deducted on 2024 federal Fo	nses n federal Form <sup>2</sup> -FID, Section 2	1041	10. 11. 12.	.00
10. 11. 12. <b>Add</b> 13. 14.	allocable administration and miscellaneous experometric Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nsesn federal Form <sup>2</sup> -FID, Section 2	ns	10. 11. 12.	.00
10. 11. 12. <b>Add</b> 13. 14. 15.	allocable administration and miscellaneous experoregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nsesn federal Form <sup>2</sup> -FID, Section 2	ns	10. 11. 12. 13. 14. 15.	.00
10. 11. 12. Add 13. 14. 15. 16.	allocable administration and miscellaneous experoregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nsesn federal FormFID, Section 2  orm 1041  litical subdivisio  not taxable by	ns	10. 11. 12. 13. 14. 15. 16.	.0(
10. 11. 12. Add 13. 14. 15. 16.	allocable administration and miscellaneous experoregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	orm 1041not taxable by D, Section 1	ns	10. 11. 12. 13. 14. 15. 16. 17.	.0(
10. 11. 12. Addd 13. 14. 15. 16. 17.	allocable administration and miscellaneous experometer Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nses	ns	10. 11. 12. 13. 14. 15. 16. 17.	.0(
10. 11. 12. Add 13. 14. 15. 16. 17.	allocable administration and miscellaneous experometer Oregon income tax refund included as income of Total other subtractions from Schedule OR-ASC Total subtractions (add lines 8 through 11)	nses	ns	10. 11. 12. 13. 14. 15. 16. 17.	.00

 2024 rate schedule—compute the tax using the following rates (see instructions)

 If your taxable income is:
 Your tax is:

 Not over \$4,300
 4.75% of taxable income

 Over \$4,300 but not over \$10,750
 \$204 plus 6.75% of the excess over \$4,300

 Over \$10,750 but not over \$125,000
 \$639 plus 8.75% of the excess over \$10,750

 Over \$125,000
 \$10,636 plus 9.9% of the excess over \$125,000

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(11CV. GG 11 Z-7, VCI. G1)			
Estate or trust name			FEIN
			_
Under penalty of false swearing, I declare that the	information in this return and any includ	ed forms or statements is	true, correct, and complete.
Executor or trustee signature	Print name		
X			
Title (if applicable)		Phone	Date
		( ) –	/ /
Check the box to authorize the following	ng individual(s) to receive and provide con	fidential tax information rel	ating to this return.
Preparer name (print)	Title		Preparer license number
Preparer mailing address	City		State ZIP code
Preparer signature		Phone	Date
Y		( ) –	/ /

See instructions for mailing addresses.