

Arthur Langer CPA PC  
18 Blanche St  
Plainview, NY 11803-4607

**CLAUDE SIMON**  
**71 TONJES RD**  
**CALLICOON, NY 12723**  
**|||||**

**Arthur Langer CPA PC  
18 Blanche St  
Plainview, NY 11803-4607  
516-702-3002**

September 28, 2020

**CONFIDENTIAL**

CLAUDE SIMON  
ADMINISTRATOR  
71 TONJES RD  
CALLICOON, NY 12723

RE: VICKI CLAIREAUX SIMON ESTATE

Dear CLAUDE SIMON:

We have prepared the following returns from information provided by you without verification or audit.

U.S. Income Tax Return for Estates and Trusts (Form 1041)  
New York Fiduciary Income Tax Return (Form IT-205)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Arthur Langer CPA PC

**Arthur Langer CPA PC**  
**18 Blanche St**  
**Plainview, NY 11803-4607**  
**516-702-3002**

September 28, 2020

**CONFIDENTIAL**

VICKI CLAIREAUX SIMON ESTATE  
CLAUDE SIMON  
71 TONJES RD  
CALLICOON, NY 12723

For professional services rendered in connection with the preparation of your fiduciary tax forms  
for the tax year ending 12/31/19.

|            |                  |
|------------|------------------|
| Amount due | \$ <u>500.00</u> |
|------------|------------------|

## **Filing Instructions**

**VICKI CLAIREAUX SIMON ESTATE**

### **Fiduciary Tax Return**

**Taxable Year Ended December 31, 2019**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** **Form 1041, U.S. Income Tax Return for Estates and Trusts**  
None is required. Your Form 1041 for the tax year ended 12/31/19 shows no balance due.

**Signature:** You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-F, IRS e-file Signature Authorization, should be signed and dated by the fiduciary or by an officer representing the fiduciary and returned to:

Arthur Langer CPA PC  
18 Blanche St  
Plainview, NY 11803-4607

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1041 to the IRS it will delay processing your return.

Form **8879-F**Department of the Treasury  
Internal Revenue Service

Name of estate or trust

**IRS e-file Signature Authorization for Form 1041**

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, ending \_\_\_\_\_

► **Don't send to the IRS. Keep for your records.**► **Go to [www.irs.gov/Form8879F](http://www.irs.gov/Form8879F) for the latest information.**

OMB No. 1545-0967

**2019**

Employer identification number

**VICKI CLAIREAUX SIMON ESTATE****84-6656649**

Name and title of fiduciary

**CLAUDE SIMON  
ADMINISTRATOR****Part I Tax Return Information (Whole Dollars Only)**

|          |                                                    |          |               |
|----------|----------------------------------------------------|----------|---------------|
| <b>1</b> | Total income (Form 1041, line 9)                   | <b>1</b> | <b>14,116</b> |
| <b>2</b> | Income distribution deduction (Form 1041, line 18) | <b>2</b> |               |
| <b>3</b> | Taxable income (Form 1041, line 23)                | <b>3</b> | <b>-1,293</b> |
| <b>4</b> | Total tax (Form 1041, line 24)                     | <b>4</b> |               |
| <b>5</b> | Tax due or overpayment (Form 1041, line 28 or 29)  | <b>5</b> |               |

**Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)**

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2019 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

**Fiduciary's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN  as my signature  
ERO firm name **Don't enter all zeros**  
on the estate's or trust's 2019 electronically filed income tax return.

☒ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2019 electronically filed income tax return.

Signature of  
fiduciary or officer  
representing  
the fiduciary ►**CLAUDE SIMON**Date ► **09/28/20****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN **12076312345**  
**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, *IRS e-file Application and Participation*; and Pub. 4164, *Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2020*.

ERO's signature ► **Arthur Langer CPA**Date ► **09/28/20****ERO Must Retain This Form — See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-F** (2019)

Department of the Treasury—Internal Revenue Service

**Form 1041 U.S. Income Tax Return for Estates and Trusts**  
 Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.
**2019**

OMB No. 1545-0092

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                 |  |                                                                                                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A</b> Check all that apply:                                                                                                                                                                                                                                                                                                                                                                                                                           |  | For calendar year 2019 or fiscal year beginning _____, and ending _____                                         |  | <b>C</b> Employer identification number<br><b>84-6656649</b>                                                                                                                                                                                                                            |  |
| <input checked="" type="checkbox"/> Decedent's estate<br><input type="checkbox"/> Simple trust<br><input type="checkbox"/> Complex trust<br><input type="checkbox"/> Qualified disability trust<br><input type="checkbox"/> ESBT (S portion only)<br><input type="checkbox"/> Grantor type trust<br><input type="checkbox"/> Bankruptcy estate—Ch. 7<br><input type="checkbox"/> Bankruptcy estate—Ch. 11<br><input type="checkbox"/> Pooled income fund |  | Name of estate or trust (If a grantor type trust, see the instructions.)<br><b>VICKI CLAIREAUX SIMON ESTATE</b> |  | <b>D</b> Date entity created<br><b>09/30/2018</b>                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Name and title of fiduciary<br><b>CLAUDE SIMON, ADMINISTRATOR</b>                                               |  | <b>E</b> Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.<br><input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation <input type="checkbox"/><br><input type="checkbox"/> Described in sec. 4947(a)(2) |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Number, street, and room or suite no. (If a P.O. box, see the instructions.)<br><b>71 TONJES RD</b>             |  |                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City or town, state or province, country, and ZIP or foreign postal code<br><b>CALLICOON NY 12723</b>           |  |                                                                                                                                                                                                                                                                                         |  |
| <b>B</b> Number of Schedules K-1 attached (see instructions) ▶                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>F</b> Check applicable boxes:                                                                                |  | <b>Net operating loss carryback</b>                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Change in trust's name           |  | <input type="checkbox"/> Final return<br><input type="checkbox"/> Change in fiduciary<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> 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 ▶

|                   |                         |                                                                                                                          |                                                                 |        |
|-------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------|
| <b>Income</b>     | 1                       | Interest income                                                                                                          | 1                                                               | 87     |
|                   | 2a                      | Total ordinary dividends                                                                                                 | 2a                                                              | 13,472 |
|                   | b                       | Qualified dividends allocable to (1) Beneficiaries (2) Estate or trust                                                   | b                                                               | 1,620  |
|                   | 3                       | Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR)                                                      | 3                                                               |        |
|                   | 4                       | Capital gain or (loss). Attach Schedule D (Form 1041)                                                                    | 4                                                               | 557    |
|                   | 5                       | Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040 or 1040-SR)                  | 5                                                               |        |
|                   | 6                       | Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR)                                                          | 6                                                               |        |
|                   | 7                       | Ordinary gain or (loss). Attach Form 4797                                                                                | 7                                                               |        |
|                   | 8                       | Other income. List type and amount                                                                                       | 8                                                               |        |
|                   | 9                       | <b>Total income.</b> Combine lines 1, 2a, and 3 through 8                                                                | 9                                                               | 14,116 |
| <b>Deductions</b> | 10                      | Interest. Check if Form 4952 is attached <input type="checkbox"/>                                                        | 10                                                              |        |
|                   | 11                      | Taxes                                                                                                                    | 11                                                              | 10,000 |
|                   | 12                      | Fiduciary fees. If only a portion is deductible under section 67(e), see instructions                                    | 12                                                              |        |
|                   | 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    | 14                                                              | 290    |
|                   | 15a                     | Other deductions (attach schedule). See instructions for deductions allowable under section 67(e) <b>See Statement 1</b> | 15a                                                             | 4,519  |
|                   | b                       | Net operating loss deduction. See instructions                                                                           | 15b                                                             |        |
|                   | 16                      | Add lines 10 through 15b                                                                                                 | 16                                                              | 14,809 |
|                   | 17                      | Adjusted total income or (loss). Subtract line 16 from line 9                                                            | 17                                                              | -693   |
|                   | 18                      | Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)                                   | 18                                                              |        |
|                   | 19                      | Estate tax deduction including certain generation-skipping taxes (attach computation)                                    | 19                                                              |        |
|                   | <b>Tax and Payments</b> | 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                                                              | -1,293 |
| 24                |                         | <b>Total tax</b> (from Schedule G, Part I, line 9)                                                                       | 24                                                              | 0      |
| 25                |                         | 2019 net 965 tax liability paid from Form 965-A, Part II, column (k), line 3                                             | 25                                                              |        |
| 26                |                         | <b>Total payments</b> (from Schedule G, Part II, line 17)                                                                | 26                                                              |        |
| 27                |                         | Estimated tax penalty. See instructions                                                                                  | 27                                                              |        |
| 28                |                         | <b>Tax due.</b> If line 26 is smaller than the total of lines 24, 25, and 27, enter amount owed                          | 28                                                              |        |
| 29                |                         | <b>Overpayment.</b> 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 <b>Credited to 2020</b> ; b <b>Refunded</b>                                                   | 30                                                              |        |

|                          |                                                                                                                                                                                                                                                                                                                        |  |                                                  |                                             |                                                                           |                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------|--------------------------|
| <b>Sign Here</b>         | 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. |  |                                                  |                                             | May the IRS discuss this return with the preparer shown below? See Instr. |                          |
|                          | Signature of fiduciary or officer representing fiduciary                                                                                                                                                                                                                                                               |  | Date                                             | EIN of fiduciary if a financial institution | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |                          |
|                          | Print/Type preparer's name<br><b>Arthur Langer CPA</b>                                                                                                                                                                                                                                                                 |  | Preparer's signature<br><b>Arthur Langer CPA</b> | Date<br><b>09/28/20</b>                     | Check <input checked="" type="checkbox"/> if self-employed                | PTIN<br><b>P01396073</b> |
| <b>Preparer Use Only</b> | Firm's name ▶ <b>Arthur Langer CPA PC</b>                                                                                                                                                                                                                                                                              |  |                                                  |                                             | Firm's EIN ▶ <b>81-4277329</b>                                            |                          |
|                          | Firm's address ▶ <b>18 Blanche St Plainview, NY 11803-4607</b>                                                                                                                                                                                                                                                         |  |                                                  |                                             | Phone no. <b>516-702-3002</b>                                             |                          |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **1041** (2019)

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

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

**Schedule B Income Distribution Deduction**

|           |                                                                                                                                    |           |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b>  | Adjusted total income. See instructions                                                                                            | <b>1</b>  |  |
| <b>2</b>  | Adjusted tax-exempt interest                                                                                                       | <b>2</b>  |  |
| <b>3</b>  | Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions                                                  | <b>3</b>  |  |
| <b>4</b>  | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)                                                  | <b>4</b>  |  |
| <b>5</b>  | Capital gains for the tax year included on Schedule A, line 1. See instructions                                                    | <b>5</b>  |  |
| <b>6</b>  | 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        | <b>6</b>  |  |
| <b>7</b>  | <b>Distributable net income.</b> Combine lines 1-6. If zero or less, enter -0-                                                     | <b>7</b>  |  |
| <b>8</b>  | If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law | <b>8</b>  |  |
| <b>9</b>  | Income required to be distributed currently                                                                                        | <b>9</b>  |  |
| <b>10</b> | Other amounts paid, credited, or otherwise required to be distributed                                                              | <b>10</b> |  |
| <b>11</b> | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions                                                  | <b>11</b> |  |
| <b>12</b> | Enter the amount of tax-exempt income included on line 11                                                                          | <b>12</b> |  |
| <b>13</b> | Tentative income distribution deduction. Subtract line 12 from line 11                                                             | <b>13</b> |  |
| <b>14</b> | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-                                   | <b>14</b> |  |
| <b>15</b> | <b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on page 1, line 18                          | <b>15</b> |  |

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

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

**Part II — Payments**

|           |                                                                                               |            |          |
|-----------|-----------------------------------------------------------------------------------------------|------------|----------|
| <b>10</b> | 2019 estimated tax payments and amount applied from 2018 return                               | <b>10</b>  |          |
| <b>11</b> | Estimated tax payments allocated to beneficiaries (from Form 1041-T)                          | <b>11</b>  |          |
| <b>12</b> | Subtract line 11 from line 10                                                                 | <b>12</b>  |          |
| <b>13</b> | Tax paid with Form 7004. See instructions                                                     | <b>13</b>  | <b>0</b> |
| <b>14</b> | Federal income tax withheld. If any is from Form(s) 1099, check here <input type="checkbox"/> | <b>14</b>  |          |
| <b>15</b> | 2019 net 965 tax liability from Form 965-A, Part I, column (f), line 3                        | <b>15</b>  |          |
| <b>16</b> | Other payments: <b>a</b> Form 2439 ; <b>b</b> Form 4136 ; <b>Total</b>                        | <b>16c</b> |          |
| <b>17</b> | <b>Total payments.</b> Add lines 12 through 15 and 16c. Enter here and on page 1, line 26     | <b>17</b>  |          |

**Other Information**

|                                                                                                                                                                                                                                                                                                                                          | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. <b>See Exempt Inc wk 9,787 See Stmt 2</b>                                                                                                                                                                      | <input checked="" type="checkbox"/> |                                     |
| Enter the amount of tax-exempt interest income and exempt-interest dividends                                                                                                                                                                                                                                                             |                                     |                                     |
| <b>2</b> 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?                                                                                                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>3</b> At any time during calendar year 2019, 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 |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> 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                                                                                                               |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> 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                                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> If this is an estate or a complex trust making the section 663(b) election, check here. See instructions                                                                                                                                                                                                                        | <input type="checkbox"/>            |                                     |
| <b>7</b> To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions                                                                                                                                                                                                                           | <input type="checkbox"/>            |                                     |
| <b>8</b> 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"/>            |                                     |
| <b>9</b> Are any present or future trust beneficiaries skip persons? See instructions                                                                                                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>10</b> Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?                                                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>11a</b> Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?                                                                                                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions                                                                                                                                                                                                                 |                                     |                                     |
| <b>12</b> 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                                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |
| <b>13 ESBTs only.</b> Does the ESBT have a nonresident alien grantor? If "Yes," see instructions                                                                                                                                                                                                                                         |                                     |                                     |
| <b>14 ESBTs only.</b> Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions                                                                                                                                                                                                             |                                     |                                     |

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service

Name of estate or trust

**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](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2019****VICKI CLAIREAUX SIMON ESTATE**

Employer identification number

**84-6656649**

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .                                                                                                                                                                                                        |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                                                                                                                                                                   |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet . . . . .                                                                                                                                                          |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶                                                                                                                                           |                                  |                                 |                                                                                           | <b>7</b>                                                                                                  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                               |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                               | <b>39</b>                        | <b>42</b>                       | <b>2</b>                                                                                   | <b>-1</b>                                                                                                 |
| <b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                                                                                                                                                                  |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions <b>See Statement 3</b> . . . . .                                                                                                                                                                                                                            |                                  |                                 |                                                                                            | <b>13</b> <b>558</b>                                                                                      |
| <b>14</b> Gain from Form 4797, Part I . . . . .                                                                                                                                                                                                                                                  |                                  |                                 |                                                                                            | <b>14</b>                                                                                                 |
| <b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet . . . . .                                                                                                                                                        |                                  |                                 |                                                                                            | <b>15</b> ( )                                                                                             |
| <b>16 Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶                                                                                                                                        |                                  |                                 |                                                                                            | <b>16</b> <b>557</b>                                                                                      |

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

Schedule D (Form 1041) 2019

| <b>Part III Summary of Parts I and II</b>                                 |                                                                | (1) Beneficiaries'<br>(see instr.) | (2) Estate's<br>or trust's | (3) Total  |
|---------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|----------------------------|------------|
| <b>Caution:</b> Read the instructions <i>before</i> completing this part. |                                                                |                                    |                            |            |
| <b>17</b>                                                                 | <b>Net short-term gain or (loss)</b> .....                     | <b>17</b>                          |                            |            |
| <b>18</b>                                                                 | <b>Net long-term gain or (loss):</b>                           |                                    |                            |            |
| <b>a</b>                                                                  | Total for year .....                                           | <b>18a</b>                         | <b>557</b>                 | <b>557</b> |
| <b>b</b>                                                                  | Unrecaptured section 1250 gain (see line 18 of the worksheet.) | <b>18b</b>                         |                            |            |
| <b>c</b>                                                                  | 28% rate gain .....                                            | <b>18c</b>                         |                            |            |
| <b>19</b>                                                                 | <b>Total net gain or (loss).</b> Combine lines 17 and 18a ▶    | <b>19</b>                          | <b>557</b>                 | <b>557</b> |

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| <b>Part IV Capital Loss Limitation</b> |                                                                                                                            |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>20</b>                              | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: |
| <b>a</b>                               | The loss on line 19, column (3) or <b>b</b> \$3,000                                                                        |
|                                        | <b>20</b> ( )                                                                                                              |

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

| <b>Part V Tax Computation Using Maximum Capital Gains Rates</b>                                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Form 1041 filers.</b> Complete this part <b>only</b> if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.                                                                                                                         |  |
| <b>Caution:</b> Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if:                                                                                                                                                                                                                                                                   |  |
| <ul style="list-style-type: none"> <li>• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or</li> <li>• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.</li> </ul>                                                                                                                                                               |  |
| <b>Form 990-T trusts.</b> Complete this part <b>only</b> if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. |  |

|           |                                                                                                                                                                          |           |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>21</b> | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) .....                                                                                              | <b>21</b> |  |  |
| <b>22</b> | Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero .....                                                                                    | <b>22</b> |  |  |
| <b>23</b> | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) .....         | <b>23</b> |  |  |
| <b>24</b> | Add lines 22 and 23 .....                                                                                                                                                | <b>24</b> |  |  |
| <b>25</b> | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- .....                                                                    | <b>25</b> |  |  |
| <b>26</b> | Subtract line 25 from line 24. If zero or less, enter -0- .....                                                                                                          | <b>26</b> |  |  |
| <b>27</b> | Subtract line 26 from line 21. If zero or less, enter -0- .....                                                                                                          | <b>27</b> |  |  |
| <b>28</b> | Enter the <b>smaller</b> of the amount on line 21 or \$2,650 .....                                                                                                       | <b>28</b> |  |  |
| <b>29</b> | Enter the <b>smaller</b> of the amount on line 27 or line 28 .....                                                                                                       | <b>29</b> |  |  |
| <b>30</b> | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% .....                                                                              | <b>30</b> |  |  |
| <b>31</b> | Enter the <b>smaller</b> of line 21 or line 26 .....                                                                                                                     | <b>31</b> |  |  |
| <b>32</b> | Subtract line 30 from line 26 .....                                                                                                                                      | <b>32</b> |  |  |
| <b>33</b> | Enter the <b>smaller</b> of line 21 or \$12,950 .....                                                                                                                    | <b>33</b> |  |  |
| <b>34</b> | Add lines 27 and 30 .....                                                                                                                                                | <b>34</b> |  |  |
| <b>35</b> | Subtract line 34 from line 33. If zero or less, enter -0- .....                                                                                                          | <b>35</b> |  |  |
| <b>36</b> | Enter the <b>smaller</b> of line 32 or line 35 .....                                                                                                                     | <b>36</b> |  |  |
| <b>37</b> | Multiply line 36 by 15% (0.15) .....                                                                                                                                     | <b>37</b> |  |  |
| <b>38</b> | Enter the amount from line 31 .....                                                                                                                                      | <b>38</b> |  |  |
| <b>39</b> | Add lines 30 and 36 .....                                                                                                                                                | <b>39</b> |  |  |
| <b>40</b> | Subtract line 39 from line 38. If zero or less, enter -0- .....                                                                                                          | <b>40</b> |  |  |
| <b>41</b> | Multiply line 40 by 20% (0.20) .....                                                                                                                                     | <b>41</b> |  |  |
| <b>42</b> | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) ..... | <b>42</b> |  |  |
| <b>43</b> | Add lines 37, 41, and 42 .....                                                                                                                                           | <b>43</b> |  |  |
| <b>44</b> | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) ..... | <b>44</b> |  |  |
| <b>45</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) .....       | <b>45</b> |  |  |

Form **8960****Net Investment Income Tax—  
Individuals, Estates, and Trusts**

OMB No. 1545-2227

**2019**Attachment  
Sequence No. **72**Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN  
**84-6656649****VICKI CLAIREAUX SIMON ESTATE**

|                                                                                     |                                                                                                                                                                                 |                                                                                       |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Part I Investment Income</b>                                                     |                                                                                                                                                                                 | <input type="checkbox"/> Section 6013(g) election (see instructions)                  |
|                                                                                     |                                                                                                                                                                                 | <input type="checkbox"/> Section 6013(h) election (see instructions)                  |
|                                                                                     |                                                                                                                                                                                 | <input type="checkbox"/> Regulations section 1.1411-10(g) election (see instructions) |
| <b>1</b>                                                                            | Taxable interest (see instructions)                                                                                                                                             | <b>1</b> <b>87</b>                                                                    |
| <b>2</b>                                                                            | Ordinary dividends (see instructions)                                                                                                                                           | <b>2</b> <b>13,472</b>                                                                |
| <b>3</b>                                                                            | Annuities (see instructions)                                                                                                                                                    | <b>3</b>                                                                              |
| <b>4a</b>                                                                           | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                                                                    | <b>4a</b>                                                                             |
| <b>b</b>                                                                            | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)                                                     | <b>4b</b>                                                                             |
| <b>c</b>                                                                            | Combine lines 4a and 4b                                                                                                                                                         | <b>4c</b>                                                                             |
| <b>5a</b>                                                                           | Net gain or loss from disposition of property (see instructions)                                                                                                                | <b>5a</b> <b>557</b>                                                                  |
| <b>b</b>                                                                            | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)                                                               | <b>5b</b>                                                                             |
| <b>c</b>                                                                            | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                                                                                   | <b>5c</b>                                                                             |
| <b>d</b>                                                                            | Combine lines 5a through 5c                                                                                                                                                     | <b>5d</b> <b>557</b>                                                                  |
| <b>6</b>                                                                            | Adjustments to investment income for certain CFCs and PFICs (see instructions)                                                                                                  | <b>6</b>                                                                              |
| <b>7</b>                                                                            | Other modifications to investment income (see instructions)                                                                                                                     | <b>7</b>                                                                              |
| <b>8</b>                                                                            | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7                                                                                                                | <b>8</b> <b>14,116</b>                                                                |
| <b>Part II Investment Expenses Allocable to Investment Income and Modifications</b> |                                                                                                                                                                                 |                                                                                       |
| <b>9a</b>                                                                           | Investment interest expenses (see instructions)                                                                                                                                 | <b>9a</b>                                                                             |
| <b>b</b>                                                                            | State, local, and foreign income tax (see instructions)                                                                                                                         | <b>9b</b>                                                                             |
| <b>c</b>                                                                            | Miscellaneous investment expenses (see instructions)                                                                                                                            | <b>9c</b>                                                                             |
| <b>d</b>                                                                            | Add lines 9a, 9b, and 9c                                                                                                                                                        | <b>9d</b>                                                                             |
| <b>10</b>                                                                           | Additional modifications (see instructions)                                                                                                                                     | <b>10</b> <b>14,809</b>                                                               |
| <b>11</b>                                                                           | Total deductions and modifications. Add lines 9d and 10                                                                                                                         | <b>11</b> <b>14,809</b>                                                               |
| <b>Part III Tax Computation</b>                                                     |                                                                                                                                                                                 |                                                                                       |
| <b>12</b>                                                                           | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- | <b>12</b> <b>0</b>                                                                    |
| <b>Individuals:</b>                                                                 |                                                                                                                                                                                 |                                                                                       |
| <b>13</b>                                                                           | Modified adjusted gross income (see instructions)                                                                                                                               | <b>13</b>                                                                             |
| <b>14</b>                                                                           | Threshold based on filing status (see instructions)                                                                                                                             | <b>14</b>                                                                             |
| <b>15</b>                                                                           | Subtract line 14 from line 13. If zero or less, enter -0-                                                                                                                       | <b>15</b>                                                                             |
| <b>16</b>                                                                           | Enter the smaller of line 12 or line 15                                                                                                                                         | <b>16</b>                                                                             |
| <b>17</b>                                                                           | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                       | <b>17</b>                                                                             |
| <b>Estates and Trusts:</b>                                                          |                                                                                                                                                                                 |                                                                                       |
| <b>18a</b>                                                                          | Net investment income (line 12 above)                                                                                                                                           | <b>18a</b>                                                                            |
| <b>b</b>                                                                            | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)                                                                    | <b>18b</b>                                                                            |
| <b>c</b>                                                                            | Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-                                                                  | <b>18c</b>                                                                            |
| <b>19a</b>                                                                          | Adjusted gross income (see instructions)                                                                                                                                        | <b>19a</b> <b>13,226</b>                                                              |
| <b>b</b>                                                                            | Highest tax bracket for estates and trusts for the year (see instructions)                                                                                                      | <b>19b</b> <b>12,750</b>                                                              |
| <b>c</b>                                                                            | Subtract line 19b from line 19a. If zero or less, enter -0-                                                                                                                     | <b>19c</b> <b>476</b>                                                                 |
| <b>20</b>                                                                           | Enter the smaller of line 18c or line 19c                                                                                                                                       | <b>20</b>                                                                             |
| <b>21</b>                                                                           | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                | <b>21</b>                                                                             |

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2019)

Form **1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**2019**Attachment  
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

**VICKI CLAIREAUX SIMON ESTATE****84-6656649**Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** ☐ Section 951A income      **c** ☒ Passive category income      **e** ☐ Section 901(j) income      **g** ☐ Lump-sum distributions  
**b** ☐ Foreign branch income      **d** ☐ General category income      **f** ☐ Certain income re-sourced by treaty

**h** Resident of (name of country) ▶ **United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|                                                                                                                                                                                                                                                      |  | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---|---|-----------------------------------|
|                                                                                                                                                                                                                                                      |  | A                                  | B | C |                                   |
| <b>i</b> Enter the name of the foreign country or U.S. possession ▶ <b>Various</b>                                                                                                                                                                   |  |                                    |   |   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):                                                                                                                                     |  |                                    |   |   |                                   |
| <b>Interest / Dividends</b>                                                                                                                                                                                                                          |  |                                    |   |   |                                   |
| <b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> |  |                                    |   |   |                                   |
|                                                                                                                                                                                                                                                      |  | <b>2,277</b>                       |   |   | <b>1a 2,277</b>                   |
| <b>Deductions and losses (Caution: See instructions.):</b>                                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)                                                                                                                                                              |  |                                    |   |   |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>a</b> Certain itemized deductions or standard deduction (see instructions)                                                                                                                                                                        |  |                                    |   |   |                                   |
| <b>b</b> Other ded. (attach stmt.)                                                                                                                                                                                                                   |  |                                    |   |   |                                   |
| <b>c</b> Add lines 3a and 3b                                                                                                                                                                                                                         |  |                                    |   |   |                                   |
| <b>d</b> Gross foreign source income (see instructions)                                                                                                                                                                                              |  | <b>2,277</b>                       |   |   |                                   |
| <b>e</b> Gross income from all sources (see instructions)                                                                                                                                                                                            |  | <b>14,117</b>                      |   |   |                                   |
| <b>f</b> Divide line 3d by line 3e (see instructions)                                                                                                                                                                                                |  | <b>0.1613</b>                      |   |   |                                   |
| <b>g</b> Multiply line 3c by line 3f                                                                                                                                                                                                                 |  |                                    |   |   |                                   |
| <b>4</b> Pro rata share of interest expense (see instructions):                                                                                                                                                                                      |  |                                    |   |   |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)                                                                                                                                                   |  |                                    |   |   |                                   |
| <b>b</b> Other interest expense                                                                                                                                                                                                                      |  |                                    |   |   |                                   |
| <b>5</b> Losses from foreign sources                                                                                                                                                                                                                 |  |                                    |   |   |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5                                                                                                                                                                                                              |  |                                    |   |   | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶                                                                                                                                                                |  |                                    |   |   | <b>7 2,277</b>                    |

**Part II Foreign Taxes Paid or Accrued** (see instructions)

| Country                                                                                  | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                                         |                              |               |                         |                                         |                                                                     |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------------|------------------------------|---------------|-------------------------|-----------------------------------------|---------------------------------------------------------------------|
|                                                                                          |                                                                                                                                          | In foreign currency           |               |                         |                                         | In U.S. dollars              |               |                         |                                         |                                                                     |
|                                                                                          |                                                                                                                                          | Taxes withheld at source on:  |               |                         | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|                                                                                          |                                                                                                                                          | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties |                                         | (o) Interest                 | (q) Dividends | (r) Rents and royalties |                                         |                                                                     |
| <b>A</b>                                                                                 | <b>Various</b>                                                                                                                           |                               |               |                         |                                         | <b>588</b>                   |               |                         |                                         | <b>588</b>                                                          |
| <b>B</b>                                                                                 |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| <b>C</b>                                                                                 |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| <b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         | <b>8 588</b>                                                        |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2019)

**VICKI CLAIREAUX SIMON ESTATE****84-6656649**

Form 1116 (2019)

Page **2****Part III Figuring the Credit**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |               |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|--|
| <b>9</b>  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....                                                                                                                                                                                                                                                                                           | <b>9</b>  | <b>588</b>    |  |
| <b>10</b> | Carryback or carryover (attach detailed computation) .....<br>(If your income was section 951A income (box a above Part I), leave line 10 blank.)                                                                                                                                                                                                                                                                                | <b>10</b> |               |  |
| <b>11</b> | Add lines 9 and 10 .....                                                                                                                                                                                                                                                                                                                                                                                                         | <b>11</b> | <b>588</b>    |  |
| <b>12</b> | Reduction in foreign taxes (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                              | <b>12</b> | ( )           |  |
| <b>13</b> | Taxes reclassified under high tax kickout (see instructions) .....                                                                                                                                                                                                                                                                                                                                                               | <b>13</b> |               |  |
| <b>14</b> | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....                                                                                                                                                                                                                                                                                                                               | <b>14</b> | <b>588</b>    |  |
| <b>15</b> | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) .....                                                                                                                                                                                                                         | <b>15</b> | <b>2,277</b>  |  |
| <b>16</b> | Adjustments to line 15 (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                                  | <b>16</b> |               |  |
| <b>17</b> | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....                                                                                                      | <b>17</b> | <b>2,277</b>  |  |
| <b>18</b> | <b>Individuals:</b> Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption <b>See Statement 4</b> .....                                                                                                                                                                                                   | <b>18</b> | <b>-693</b>   |  |
| <b>19</b> | <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.<br>Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....                                                                                                                                                                                                                          | <b>19</b> | <b>1.0000</b> |  |
| <b>20</b> | <b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 42 and 44.<br><b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 ..... | <b>20</b> |               |  |
| <b>21</b> | <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions<br>Multiply line 20 by line 19 (maximum amount of credit) .....                                                                                                                                                                                                                                          | <b>21</b> |               |  |
| <b>22</b> | Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) .....                                                                                                                                                                                            | <b>22</b> |               |  |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|           |                                                                                                                                                                                                                           |           |  |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>23</b> | Credit for taxes on section 951A income .....                                                                                                                                                                             | <b>23</b> |  |  |
| <b>24</b> | Credit for taxes on foreign branch income .....                                                                                                                                                                           | <b>24</b> |  |  |
| <b>25</b> | Credit for taxes on passive category income .....                                                                                                                                                                         | <b>25</b> |  |  |
| <b>26</b> | Credit for taxes on general category income .....                                                                                                                                                                         | <b>26</b> |  |  |
| <b>27</b> | Credit for taxes on section 901(j) income .....                                                                                                                                                                           | <b>27</b> |  |  |
| <b>28</b> | Credit for taxes on certain income re-sourced by treaty .....                                                                                                                                                             | <b>28</b> |  |  |
| <b>29</b> | Credit for taxes on lump-sum distributions .....                                                                                                                                                                          | <b>29</b> |  |  |
| <b>30</b> | Add lines 23 through 29 .....                                                                                                                                                                                             | <b>30</b> |  |  |
| <b>31</b> | Enter the <b>smaller</b> of line 20 or line 30 .....                                                                                                                                                                      | <b>31</b> |  |  |
| <b>32</b> | Reduction of credit for international boycott operations. See instructions for line 12 .....                                                                                                                              | <b>32</b> |  |  |
| <b>33</b> | Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a ..... | <b>33</b> |  |  |

## Alt Min Tax

Form **1116**Department of the Treasury  
Internal Revenue Service (99)

## Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

**2019**Attachment  
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

**VICKI CLAIREAUX SIMON ESTATE****84-6656649**Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** ☐ Section 951A income      **c** ☒ Passive category income      **e** ☐ Section 901(j) income      **g** ☐ Lump-sum distributions  
**b** ☐ Foreign branch income      **d** ☐ General category income      **f** ☐ Certain income re-sourced by treaty

**h** Resident of (name of country) ▶ **United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|                                                                                                                                                                                                                                                      |  | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---|---|-----------------------------------|
|                                                                                                                                                                                                                                                      |  | A                                  | B | C |                                   |
| <b>i</b> Enter the name of the foreign country or U.S. possession ▶ <b>Various</b>                                                                                                                                                                   |  |                                    |   |   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):                                                                                                                                     |  |                                    |   |   |                                   |
| <b>Interest / Dividends</b>                                                                                                                                                                                                                          |  |                                    |   |   |                                   |
| <b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> |  |                                    |   |   |                                   |
|                                                                                                                                                                                                                                                      |  | <b>2,277</b>                       |   |   | <b>1a 2,277</b>                   |
| <b>Deductions and losses (Caution: See instructions.):</b>                                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....                                                                                                                                                        |  |                                    |   |   |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>a</b> Certain itemized deductions or standard deduction (see instructions) .....                                                                                                                                                                  |  |                                    |   |   |                                   |
| <b>b</b> Other ded. (attach stmt.) .....                                                                                                                                                                                                             |  |                                    |   |   |                                   |
| <b>c</b> Add lines 3a and 3b .....                                                                                                                                                                                                                   |  |                                    |   |   |                                   |
| <b>d</b> Gross foreign source income (see instructions) .....                                                                                                                                                                                        |  | <b>2,277</b>                       |   |   |                                   |
| <b>e</b> Gross income from all sources (see instructions) .....                                                                                                                                                                                      |  | <b>14,117</b>                      |   |   |                                   |
| <b>f</b> Divide line 3d by line 3e (see instructions) .....                                                                                                                                                                                          |  | <b>0.1613</b>                      |   |   |                                   |
| <b>g</b> Multiply line 3c by line 3f .....                                                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>4</b> Pro rata share of interest expense (see instructions):                                                                                                                                                                                      |  |                                    |   |   |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....                                                                                                                                             |  |                                    |   |   |                                   |
| <b>b</b> Other interest expense .....                                                                                                                                                                                                                |  |                                    |   |   |                                   |
| <b>5</b> Losses from foreign sources .....                                                                                                                                                                                                           |  |                                    |   |   |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5 .....                                                                                                                                                                                                        |  |                                    |   |   | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....                                                                                                                                                            |  |                                    |   |   | <b>7 2,277</b>                    |

**Part II Foreign Taxes Paid or Accrued** (see instructions)

| Country                                                                                      | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                                         |                              |               |                         |                                         |                                                                     |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------------|------------------------------|---------------|-------------------------|-----------------------------------------|---------------------------------------------------------------------|
|                                                                                              |                                                                                                                                          | In foreign currency           |               |                         |                                         | In U.S. dollars              |               |                         |                                         |                                                                     |
|                                                                                              |                                                                                                                                          | Taxes withheld at source on:  |               |                         | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: |               |                         | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|                                                                                              |                                                                                                                                          | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties |                                         | (o) Interest                 | (q) Dividends | (r) Rents and royalties |                                         |                                                                     |
| <b>A</b>                                                                                     | <b>Various</b>                                                                                                                           |                               |               |                         |                                         | <b>588</b>                   |               |                         |                                         | <b>588</b>                                                          |
| <b>B</b>                                                                                     |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| <b>C</b>                                                                                     |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         |                                                                     |
| <b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2 ..... |                                                                                                                                          |                               |               |                         |                                         |                              |               |                         |                                         | <b>8 588</b>                                                        |

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2019)

## Alt Min Tax

VICKI CLAIREAUX SIMON ESTATE

84-6656649

Form 1116 (2019)

Page **2****Part III Figuring the Credit**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |               |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|--|
| <b>9</b>  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....                                                                                                                                                                                                                                                                                           | <b>9</b>  | <b>588</b>    |  |
| <b>10</b> | Carryback or carryover (attach detailed computation) .....<br>(If your income was section 951A income (box a above Part I), leave line 10 blank.)                                                                                                                                                                                                                                                                                | <b>10</b> |               |  |
| <b>11</b> | Add lines 9 and 10 .....                                                                                                                                                                                                                                                                                                                                                                                                         | <b>11</b> | <b>588</b>    |  |
| <b>12</b> | Reduction in foreign taxes (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                              | <b>12</b> | ( )           |  |
| <b>13</b> | Taxes reclassified under high tax kickout (see instructions) .....                                                                                                                                                                                                                                                                                                                                                               | <b>13</b> |               |  |
| <b>14</b> | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....                                                                                                                                                                                                                                                                                                                               | <b>14</b> | <b>588</b>    |  |
| <b>15</b> | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) .....                                                                                                                                                                                                                         | <b>15</b> | <b>2,277</b>  |  |
| <b>16</b> | Adjustments to line 15 (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                                  | <b>16</b> |               |  |
| <b>17</b> | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....                                                                                                      | <b>17</b> | <b>2,277</b>  |  |
| <b>18</b> | <b>Individuals:</b> Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption <b>See Statement 5</b> .....                                                                                                                                                                                                   | <b>18</b> | <b>10,393</b> |  |
| <b>19</b> | <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.<br>Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....                                                                                                                                                                                                                          | <b>19</b> | <b>0.2191</b> |  |
| <b>20</b> | <b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 42 and 44.<br><b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 ..... | <b>20</b> |               |  |
| <b>21</b> | <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions<br>Multiply line 20 by line 19 (maximum amount of credit) .....                                                                                                                                                                                                                                          | <b>21</b> |               |  |
| <b>22</b> | Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) .....                                                                                                                                                                                            | <b>22</b> |               |  |

**Part IV Summary of Credits From Separate Parts III (see instructions)**

|           |                                                                                                                                                                                                                           |           |  |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>23</b> | Credit for taxes on section 951A income .....                                                                                                                                                                             | <b>23</b> |  |  |
| <b>24</b> | Credit for taxes on foreign branch income .....                                                                                                                                                                           | <b>24</b> |  |  |
| <b>25</b> | Credit for taxes on passive category income .....                                                                                                                                                                         | <b>25</b> |  |  |
| <b>26</b> | Credit for taxes on general category income .....                                                                                                                                                                         | <b>26</b> |  |  |
| <b>27</b> | Credit for taxes on section 901(j) income .....                                                                                                                                                                           | <b>27</b> |  |  |
| <b>28</b> | Credit for taxes on certain income re-sourced by treaty .....                                                                                                                                                             | <b>28</b> |  |  |
| <b>29</b> | Credit for taxes on lump-sum distributions .....                                                                                                                                                                          | <b>29</b> |  |  |
| <b>30</b> | Add lines 23 through 29 .....                                                                                                                                                                                             | <b>30</b> |  |  |
| <b>31</b> | Enter the <b>smaller</b> of line 20 or line 30 .....                                                                                                                                                                      | <b>31</b> |  |  |
| <b>32</b> | Reduction of credit for international boycott operations. See instructions for line 12 .....                                                                                                                              | <b>32</b> |  |  |
| <b>33</b> | Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a ..... | <b>33</b> |  |  |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

**VICKI CLAIREAUX SIMON ESTATE****84-6656649**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

| 1        | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)                                                                                                                                                                                                                                                    | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                   | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|          | <b>DUKE ENERGY</b>                                                                                                                                                                                                                                                                                              | <b>Various</b>                          | <b>Various</b>                                        | <b>39</b>                                              | <b>42 W</b>                                                                                                              |                                                                                                                                                       | <b>2</b>                       | <b>-1</b>                                                                                                            |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
|          |                                                                                                                                                                                                                                                                                                                 |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                       |                                |                                                                                                                      |
| <b>2</b> | <b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ► |                                         |                                                       | <b>39</b>                                              | <b>42</b>                                                                                                                |                                                                                                                                                       | <b>2</b>                       | <b>-1</b>                                                                                                            |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

|                                                                       |                                                                   |                                                     |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| Form <b>1041</b>                                                      | <b>Allocation of Deductions for Tax-Exempt Income Worksheet 1</b> | <b>2019</b>                                         |
| For calendar year 2019, or tax year beginning _____, and ending _____ |                                                                   |                                                     |
| Name<br><b>VICKI CLAIREAUX SIMON ESTATE</b>                           |                                                                   | Taxpayer Identification Number<br><b>84-6656649</b> |

**Percentage for Tax-Exempt Income Allocation**

|                                                      |     |              |                |
|------------------------------------------------------|-----|--------------|----------------|
| 1. Tax-exempt income:                                |     |              |                |
| Interest and dividends .....                         | 1a. | <b>9,787</b> |                |
| Other nontaxable .....                               | 1b. |              | <b>9,787</b>   |
| 2. Taxable income <b>See Statement 6</b> .....       |     |              | <b>13,559</b>  |
| 3. Net capital gains .....                           |     |              |                |
| 4. Total income .....                                |     |              | <b>23,346</b>  |
| 5. Allocation percentage for indirect expenses ..... |     |              | <b>41.9215</b> |

**Allocation of Interest Expense - Form 1041, Line 10**

|                                                             | Income | Corpus | Total |
|-------------------------------------------------------------|--------|--------|-------|
| Direct .....                                                |        |        |       |
| Indirect .....                                              |        |        |       |
| Subtotal .....                                              |        |        |       |
| Less expenses allocated to tax-exempt income:               |        |        |       |
| Direct, tax-exempt .....                                    |        |        |       |
| Indirect expenses multiplied by allocation percentage ..... |        |        |       |
| Subtotal .....                                              |        |        |       |
| <b>Net interest expense</b> .....                           |        |        |       |

**Allocation of Tax Expenses - Form 1041, Line 11**

|                                                             | Income        | Corpus | Total         |
|-------------------------------------------------------------|---------------|--------|---------------|
| Direct .....                                                |               |        |               |
| Indirect .....                                              | <b>41,739</b> |        |               |
| Subtotal .....                                              | <b>41,739</b> |        | <b>41,739</b> |
| Subtotal after limitation .....                             | <b>10,000</b> |        | <b>10,000</b> |
| Less expenses allocated to tax-exempt income:               |               |        |               |
| Direct, tax-exempt .....                                    |               |        |               |
| Indirect expenses multiplied by allocation percentage ..... |               |        |               |
| Subtotal .....                                              |               |        |               |
| <b>Net tax expense</b> .....                                | <b>10,000</b> |        | <b>10,000</b> |

**Allocation of Fiduciary Fees - Form 1041, Line 12**

|                                                             | Income | Corpus | Total |
|-------------------------------------------------------------|--------|--------|-------|
| Direct .....                                                |        |        |       |
| Indirect .....                                              |        |        |       |
| Subtotal .....                                              |        |        |       |
| Less expenses allocated to tax-exempt income:               |        |        |       |
| Direct, tax-exempt .....                                    |        |        |       |
| Indirect expenses multiplied by allocation percentage ..... |        |        |       |
| Subtotal .....                                              |        |        |       |
| <b>Net fiduciary fees</b> .....                             |        |        |       |

|                                                                       |                                                                   |                                                     |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| Form <b>1041</b>                                                      | <b>Allocation of Deductions for Tax-Exempt Income Worksheet 2</b> | <b>2019</b>                                         |
| For calendar year 2019, or tax year beginning _____, and ending _____ |                                                                   |                                                     |
| Name<br><b>VICKI CLAIREAUX SIMON ESTATE</b>                           |                                                                   | Taxpayer Identification Number<br><b>84-6656649</b> |

**Percentage for Tax-Exempt Income Allocation**

|                                                      |                  |                   |              |
|------------------------------------------------------|------------------|-------------------|--------------|
| 1. Tax-exempt income:                                |                  |                   |              |
| Interest and dividends .....                         | 1a. <b>9,787</b> |                   |              |
| Other nontaxable .....                               | 1b. _____        |                   | <b>9,787</b> |
| 2. Taxable income .....                              |                  | 2. <b>13,559</b>  |              |
| 3. Net capital gains .....                           |                  | 3. _____          |              |
| 4. Total income .....                                |                  | 4. <b>23,346</b>  |              |
| 5. Allocation percentage for indirect expenses ..... |                  | 5. <b>41.9215</b> |              |

**Allocation of Attorney, Accountant, and Return Preparer Fees - Form 1041, Line 14**

|                                                             | Income     | Corpus | Total      |
|-------------------------------------------------------------|------------|--------|------------|
| Direct .....                                                |            |        |            |
| Indirect .....                                              | <b>500</b> |        |            |
| Subtotal .....                                              | <b>500</b> |        | <b>500</b> |
| Less expenses allocated to tax-exempt income:               |            |        |            |
| Direct, tax-exempt .....                                    |            |        |            |
| Indirect expenses multiplied by allocation percentage ..... | <b>210</b> |        | <b>210</b> |
| Subtotal .....                                              | <b>210</b> |        | <b>210</b> |
| <b>Net attorney, accountant fees</b> .....                  | <b>290</b> |        | <b>290</b> |

**Allocation of Other Deductions - Form 1041, Line 15a**

|                                                             | Income       | Corpus | Total        |
|-------------------------------------------------------------|--------------|--------|--------------|
| Direct .....                                                | <b>4,519</b> |        |              |
| Indirect .....                                              |              |        |              |
| Subtotal .....                                              | <b>4,519</b> |        | <b>4,519</b> |
| Less expenses allocated to tax-exempt income:               |              |        |              |
| Direct, tax-exempt .....                                    |              |        |              |
| Indirect expenses multiplied by allocation percentage ..... |              |        |              |
| Subtotal .....                                              |              |        |              |
| <b>Net other deductions</b> .....                           | <b>4,519</b> |        | <b>4,519</b> |

**Allocation of Miscellaneous Deductions - For Accounting Income**

|                                                             | Income | Corpus | Total |
|-------------------------------------------------------------|--------|--------|-------|
| Direct .....                                                |        |        |       |
| Indirect .....                                              |        |        |       |
| Subtotal .....                                              |        |        |       |
| Less:                                                       |        |        |       |
| Direct, tax-exempt .....                                    |        |        |       |
| Indirect expenses multiplied by allocation percentage ..... |        |        |       |
| Subtotal .....                                              |        |        |       |
| <b>Net miscellaneous deductions</b> .....                   |        |        |       |

Statement 1 - Form 1041, Page 1, Line 15a - Other Deductions

| Description          | Amount   |
|----------------------|----------|
| INVESTMENT EXPENSES  | \$ 4,519 |
| Allowable Deductions | \$ 4,519 |

84-6656649

**Federal Statements**

FYE: 12/31/2019

**Statement 2 - Form 1041, Page 3, Question 1 - Tax Exempt Income**

| <u>Payer</u>   | <u>Other<br/>Tax-Exempt</u> | <u>Private<br/>Activity Bond</u> | <u>Total<br/>Tax-Exempt</u> |
|----------------|-----------------------------|----------------------------------|-----------------------------|
| MORGAN STANLEY | \$ 8,436                    | \$ 1,071                         | \$ 9,507                    |
| TD AMERITRADE  | 241                         | 39                               | 280                         |
| Total          | <u>\$ 8,677</u>             | <u>\$ 1,110</u>                  | <u>\$ 9,787</u>             |

Statement 3 - Schedule D, Part II, Line 13 - Capital Gain Distributions

| Description | Amount |
|-------------|--------|
| DUKE ENERGY | \$ 558 |
| Total       | \$ 558 |

**Federal Statements****Interest / Dividends****Statement 4 - Form 1116, Line 18 - Adjusted Taxable Income**

| Description     | Amount    |
|-----------------|-----------|
| Taxable Income  | \$ -1,293 |
| Plus: Exemption | 600       |
| Total           | \$ -693   |

Interest / Dividends

Statement 5 - Form 1116, Line 18 - Adjusted Taxable Income

| Description    | Amount    |
|----------------|-----------|
| Taxable Income | \$ 10,393 |
| Total          | \$ 10,393 |

Statement 6 - Tax-Exempt Income Worksheet, Line 2 - Taxable Income

| Description         | Amount    |
|---------------------|-----------|
| Interest Income     | \$ 87     |
| Dividends           | 11,852    |
| Qualified Dividends | 1,620     |
| Total               | \$ 13,559 |

## **Filing Instructions**

**VICKI CLAIREAUX SIMON ESTATE**

### **Fiduciary Tax Return**

**Taxable Year Ended December 31, 2019**

**Date Due:** AS SOON AS POSSIBLE

**Remittance: Form IT-205, Fiduciary Income Tax Return**

Your Form IT-205 for the tax year ended 12/31/19 shows a balance due of \$331. Mail Form IT-205-V and a check payable to NY State Income Tax and write "E.I.N. 84-6656649, 2019 Fiduciary Income Tax" on the check.

**Mail To:** NYS Fiduciary Income Tax  
Processing Center  
PO Box 4145  
Binghamton, NY 13902-4145

If a private delivery service is used, mail to:  
JPMorgan Chase  
NYS Tax Processing - Estimated Tax  
33 Lewis Road  
Binghamton, NY 13905-1040

**Signature:** Form TR-579.2-IT, New York Declaration for E-Filing should be signed and dated by the fiduciary or by an officer representing the fiduciary and returned to:

Arthur Langer CPA PC  
18 Blanche St  
Plainview, NY 11803-4607

**Other:** Your return is being filed electronically with the New York State Department of Taxation and Finance and is not required to be mailed. If you mail a copy of Form IT-205 to the New York State Department of Taxation and Finance it will delay processing your return.



Department of Taxation and Finance

# New York State E-File Signature Authorization For Tax Year 2019 for Form IT-205

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Estate or trust name

VICKI CLAIREAUX SIMON ESTATE

846656649

## Purpose

Form TR-579.2-IT must be completed to authorize an ERO to e-file a fiduciary income tax return and to transmit bank account information for the electronic funds withdrawal.

## General instructions

Fiduciaries must complete Part B before the ERO/paid preparer transmits the fiduciary's electronically filed Form IT-205, *Fiduciary Income Tax Return*.

The ERO must complete Part C prior to transmitting electronically filed fiduciary income tax returns (Form IT-205).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370-PF, *Application for Automatic Extension of Time to File for Partnerships and Fiduciaries*. See Form TR-579.3-IT, *New York State Fiduciary Authorization for Electronic Funds Withdrawal for Tax Year 2019 Form IT-370-PF and Tax Year 2020 Form IT-2106*.

## Part A — Tax return information

|   |                                                                |    |       |
|---|----------------------------------------------------------------|----|-------|
| 1 | Federal taxable income of fiduciary (from Form IT-205, line 1) | 1. | -1293 |
| 2 | Refund (from Form IT-205, line 39)                             | 2. |       |
| 3 | Amount you owe (from Form IT-205, line 41)                     | 3. | 331   |
| 4 | Financial institution routing number                           | 4. |       |
| 5 | Financial institution account number                           | 5. |       |

6 Account type: ☐ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

## Part B — Declaration of fiduciary and authorizations for Form IT-205

Under penalty of perjury, I declare that I have examined the information on this 2019 New York State electronic fiduciary income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send this 2019 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579.2-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO submission of this fiduciary income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State fiduciary

income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2019 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

|                     |               |      |
|---------------------|---------------|------|
| Fiduciary signature |               | Date |
| Print your name     | Title         |      |
| CLAUDE SIMON        | ADMINISTRATOR |      |

## Part C — Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic fiduciary income tax return is the information furnished to me by the fiduciary. If the fiduciary furnished me a completed paper 2019 New York State return signed by a paid preparer, I declare that the information contained in the fiduciary's 2019 New York State electronic return is identical to that

contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic fiduciary income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

## Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

|                           |                   |          |
|---------------------------|-------------------|----------|
| ERO's signature           | Print name        | Date     |
| Paid preparer's signature | Print name        | Date     |
| ARTHUR LANGER CPA         | ARTHUR LANGER CPA | 09282020 |



Department of Taxation and Finance

# Instructions for Form IT-205-V

## Payment Voucher for Fiduciary Income Tax Returns

# IT-205-V

(12/19)

### How to use this form

If you are paying New York State tax for a fiduciary return (Form IT-205) by check or money order, you must include Form IT-205-V with your payment.

### Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the estate or trust's employer identification number (EIN), the tax year, and **Income Tax** on it.

### Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the estate or trust's EIN, fiscal year begin date and fiscal year end date if applicable, the name of the estate or trust (exactly as shown on federal Form SS-4), name and title of fiduciary, and address.
- Foreign address - Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-205-V. Instead, just put them loose in the envelope.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your fiduciary income tax return (Form IT-205), or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS FIDUCIARY INCOME TAX  
PROCESSING CENTER  
PO BOX 4145  
BINGHAMTON NY 13902-4145**

#### Paper returns

If you are filing a paper fiduciary income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, see *Private Delivery Services* on the back page.

CUT HERE

Department of Taxation and Finance

## Payment Voucher for Fiduciary Income Tax Returns



# IT-205-V

(12/19)

|                                                                                                     |                    |                                                                                                                                                                                                                     |                                |
|-----------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Tax year (yyyy)<br><b>2019</b>                                                                      |                    | Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> and write the estate or trust's employer identification number (EIN), the tax year, and <b>Income Tax</b> on your payment. |                                |
| Name of estate or trust (as shown on federal Form SS-4)<br><b>VICKI CLAIREAUX SIMON ESTATE</b>      |                    | Estate or trust employer ID number (EIN)<br><b>846656649</b>                                                                                                                                                        | Date fiscal year begins        |
| Name and title of fiduciary<br><b>CLAUDE SIMON</b>                                                  |                    | Date fiscal year ends                                                                                                                                                                                               |                                |
| Mailing address (number and street or PO box; see instructions) of fiduciary<br><b>71 TONJES RD</b> |                    | Apartment number                                                                                                                                                                                                    | Country (if not United States) |
| City, village, or post office<br><b>CALLICOON</b>                                                   | State<br><b>NY</b> | ZIP code<br><b>12723</b>                                                                                                                                                                                            |                                |
| Email:                                                                                              |                    |                                                                                                                                                                                                                     |                                |

045001191022



Payment amount Dollars **331.** Cents **00**

0451191022 846656649 5

For office use only



Department of Taxation and Finance

**Fiduciary Income Tax Return**

New York State • New York City • Yonkers

**IT-205**For the full year Jan. 1, 2019, through Dec. 31, 2019, or fiscal year beginning **19** and ending**See Form IT-205-I, Instructions for Form IT-205, for assistance.**Type of entity  
from Form 1041:

- ☒ 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

Amended return  
(submit explanation) ☐

|                                                                                                |                    |                                                                                                                              |
|------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name of estate or trust (as shown on federal Form SS-4)<br><b>VICKI CLAIREAUX SIMON ESTATE</b> |                    | Date entity created<br><b>09302018</b>                                                                                       |
| Name and title of fiduciary<br><b>CLAUDE SIMON</b>                                             |                    | Identification number of estate or trust<br><b>846656649</b>                                                                 |
| Address of fiduciary (number and street or rural route)<br><b>71 TONJES RD</b>                 |                    | Decedent's Social Security no. (SSN) (see instr)<br><b>067245882</b>                                                         |
| City, village, or post office<br><b>CALLICOON</b>                                              | State<br><b>NY</b> | ZIP code<br><b>12723</b>                                                                                                     |
| Country:                                                                                       |                    | Mark an X in the applicable box:<br>Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> |
| Income distribution deduction (see instructions)                                               |                    | Trust meets conditions of section 605(b)(3)(D) <input type="checkbox"/>                                                      |
| Number of beneficiaries                                                                        |                    | Qualifying special conditions for filing your 2019 tax return (see instructions)                                             |

|                                                                                                                                                                         |            |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|
| <b>A</b> Total income (from page 2, line 51 or Form IT-205-A, line 22, column a)                                                                                        | <b>A</b>   | <b>14116 .00</b> |
| <b>B</b> New York adjusted gross income (from NYAGI worksheet, line 5; see instructions)                                                                                | <b>B</b>   | <b>22803 .00</b> |
| <b>C</b> Amount from Form IT-205-A, Schedule 1, line 10, column a                                                                                                       | <b>C</b>   | <b>0 .00</b>     |
| <b>1</b> Federal taxable income of fiduciary (from page 2, line 62 or Form IT-205-A, line 6, column a)                                                                  | <b>1</b>   | <b>-1293 .00</b> |
| <b>2</b> New York modifications relating to amounts allocated to principal                                                                                              | <b>2</b>   | <b>.00</b>       |
| <b>3</b> Balance (line 1 plus or minus line 2)                                                                                                                          | <b>3</b>   | <b>-1293 .00</b> |
| <b>4</b> Fiduciary's share of New York fiduciary adjustment (from Schedule C, column 5; see instructions)                                                               | <b>4</b>   | <b>9577 .00</b>  |
| <b>5</b> New York taxable income of fiduciary (line 3 plus or minus line 4)                                                                                             | <b>5</b>   | <b>8284 .00</b>  |
| <b>6</b> New York State tax on line 5 amount (full-year resident estate and trust only)                                                                                 | <b>6</b>   | <b>331 .00</b>   |
| <b>7</b> New York State amount from Form IT-230, Part 2, line 2 (resident estate and trust only)                                                                        | <b>7</b>   | <b>.00</b>       |
| <b>8</b> Add lines 6 and 7                                                                                                                                              | <b>8</b>   | <b>331 .00</b>   |
| <b>9</b> Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13)<br>If you completed Form IT-230, Part 2, mark an X in this box <input type="checkbox"/> | <b>9</b>   | <b>.00</b>       |
| <b>10</b> Nonrefundable state credits (submit schedule)                                                                                                                 | <b>10</b>  | <b>.00</b>       |
| <b>11</b> Subtract line 10 from line 8 or line 9                                                                                                                        | <b>11</b>  | <b>331 .00</b>   |
| <b>12</b> State separate tax on lump-sum distributions and other addbacks                                                                                               | <b>12</b>  | <b>.00</b>       |
| <b>13</b> This line intentionally left blank                                                                                                                            | <b>13</b>  |                  |
| <b>14</b> Total New York State tax (add lines 11 and 12; see instructions)                                                                                              | <b>14</b>  | <b>331 .00</b>   |
| <b>15a</b> New York City resident tax on line 5 amount (see instructions)                                                                                               | <b>15a</b> | <b>.00</b>       |
| <b>15b</b> New York City part-year resident tax (see instructions)                                                                                                      | <b>15b</b> | <b>.00</b>       |
| <b>16</b> New York City amount from Form IT-230, Part 2, line 2 (see instructions)                                                                                      | <b>16</b>  | <b>.00</b>       |
| <b>17</b> Add line 15a or 15b to line 16                                                                                                                                | <b>17</b>  | <b>.00</b>       |
| <b>18</b> New York City accumulation distribution credit                                                                                                                | <b>18</b>  | <b>.00</b>       |
| <b>19</b> Subtract line 18 from line 17 (if less than zero, leave blank)                                                                                                | <b>19</b>  | <b>.00</b>       |
| <b>20</b> New York City separate tax on lump-sum distributions (see instructions)                                                                                       | <b>20</b>  | <b>.00</b>       |
| <b>21</b> Add lines 19 and 20                                                                                                                                           | <b>21</b>  | <b>.00</b>       |
| <b>22</b> Other New York City credits (see instructions)                                                                                                                | <b>22</b>  | <b>.00</b>       |
| <b>23</b> Subtract line 22 from line 21 (if less than zero, leave blank)                                                                                                | <b>23</b>  | <b>.00</b>       |
| <b>24</b> This line intentionally left blank                                                                                                                            | <b>24</b>  |                  |
| <b>25</b> Yonkers resident income tax surcharge (from Yonkers worksheet, line e; see instructions)                                                                      | <b>25</b>  | <b>.00</b>       |
| <b>26</b> Yonkers part-year resident income tax surcharge (from Form IT-205-A-I, Worksheet C, line 14)                                                                  | <b>26</b>  | <b>.00</b>       |
| <b>27</b> Yonkers nonresident fiduciary earnings tax (from Form Y-206, line 10)                                                                                         | <b>27</b>  | <b>.00</b>       |
| <b>28</b> Sales or use tax (see instructions)                                                                                                                           | <b>28</b>  | <b>0 .00</b>     |
| <b>29</b> Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions)                                                        | <b>29</b>  | <b>331 .00</b>   |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

205001191022



For office use only

|     |                                                                                                                                                                                                                                                                                                                                                                                                         |     |         |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 30  | Estimated tax paid (including payments made with Form IT-370-PF)                                                                                                                                                                                                                                                                                                                                        | 30  | .00     |
| 31  | Estimated tax payments allocated to beneficiaries (from Form IT-205-T)                                                                                                                                                                                                                                                                                                                                  | 31  | .00     |
| 32  | Subtract line 31 from line 30                                                                                                                                                                                                                                                                                                                                                                           | 32  | .00     |
| 32a | Amount paid with original return, plus additional tax paid after your original return was filed (see instr.)                                                                                                                                                                                                                                                                                            | 32a | .00     |
| 33  | Refundable credits Identify:                                                                                                                                                                                                                                                                                                                                                                            | 33  | .00     |
| 34  | New York State tax withheld                                                                                                                                                                                                                                                                                                                                                                             | 34  | .00     |
| 35  | New York City tax withheld                                                                                                                                                                                                                                                                                                                                                                              | 35  | .00     |
| 36  | Yonkers tax withheld                                                                                                                                                                                                                                                                                                                                                                                    | 36  | .00     |
| 37  | Total payments (add lines 32 through 36; if this is an amended return, see instructions)                                                                                                                                                                                                                                                                                                                | 37  | .00     |
| 38  | Amount <b>overpaid</b> (if line 37 is <b>more than</b> the total of lines 29 and 42, subtract the total of lines 29 and 42 from line 37)                                                                                                                                                                                                                                                                | 38  | .00     |
| 39  | Amount of line 38 to be <b>refunded</b><br>Mark an <b>X</b> in one box: direct deposit (complete line 71) <input type="checkbox"/> - or - paper check <input type="checkbox"/>                                                                                                                                                                                                                          | 39  | 0 .00   |
| 40  | Amount of line 38 that you want applied to your 2020 estimated tax                                                                                                                                                                                                                                                                                                                                      | 40  | .00     |
| 41  | Amount you <b>owe</b> (if line 37 is <b>less than</b> the total of lines 29, 42, and 42a, subtract line 37 from the total of lines 29, 42, and 42a). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 71 and 72. If you pay by check or money order you <b>must</b> complete Form IT-205-V and mail it with your return (see instructions) | 41  | 331 .00 |
| 42  | Estimated tax penalty (see instructions)                                                                                                                                                                                                                                                                                                                                                                | 42  | .00     |
| 42a | Other penalties and interest (see instructions)                                                                                                                                                                                                                                                                                                                                                         | 42a | .00     |

**Schedule A Details of federal taxable income of a fiduciary of a resident estate or trust** – Enter items as reported for federal tax purposes or submit federal Form 1041. Submit a copy of federal Schedule K-1 (Form 1041) for each beneficiary.

|            |                                                                                                       |                                                                                                       |           |           |
|------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|-----------|
| Income     | 43                                                                                                    | Interest income                                                                                       | 43        | 87 .00    |
|            | 44                                                                                                    | Dividends                                                                                             | 44        | 13472 .00 |
|            | 45                                                                                                    | Business income (or loss) (submit copy of federal Schedule C, Form 1040)                              | 45        | .00       |
|            | 46                                                                                                    | Capital gain (or loss) (submit copy of federal Schedule D, Form 1041)                                 | 46        | 557 .00   |
|            | 47                                                                                                    | Rents, royalties, partnerships, other estates & trusts (submit copy of federal Schedule E, Form 1040) | 47        | .00       |
|            | 48                                                                                                    | Farm income (or loss) (submit copy of federal Schedule F, Form 1040)                                  | 48        | .00       |
|            | 49                                                                                                    | Ordinary gain (or loss) (submit copy of federal Form 4797)                                            | 49        | .00       |
| 50         | Other income (state nature of income)                                                                 | 50                                                                                                    | .00       |           |
| 51         | Total income (add lines 43 through 50; enter here and on page 1, line A)                              | 51                                                                                                    | 14116 .00 |           |
| Deductions | 52                                                                                                    | Interest                                                                                              | 52        | .00       |
|            | 53                                                                                                    | Taxes                                                                                                 | 53        | 10000 .00 |
|            | 54                                                                                                    | Fiduciary fees                                                                                        | 54        | .00       |
|            | 55                                                                                                    | Charitable deduction                                                                                  | 55        | .00       |
|            | 56                                                                                                    | Attorney, accountant, and return preparer fees                                                        | 56        | 290 .00   |
|            | 57                                                                                                    | Other deductions (itemize on an additional sheet)                                                     | 57        | 4519 .00  |
|            | 58                                                                                                    | Income distribution deduction (submit copy of federal Schedules K-1, Form 1041, for each beneficiary) | 58        | .00       |
|            | 59                                                                                                    | Estate tax deduction (submit computation)                                                             | 59        | .00       |
|            | 59a                                                                                                   | Qualified business income deduction (submit copy of federal Form 8995 or 8995-A)                      | 59a       | .00       |
|            | 60                                                                                                    | Exemption (federal)                                                                                   | 60        | 600 .00   |
|            | 61                                                                                                    | Total (add lines 52 through 60)                                                                       | 61        | 15409 .00 |
| 62         | Federal taxable income of fiduciary (subtract line 61 from line 51; enter here and on page 1, line 1) | 62                                                                                                    | -1293 .00 |           |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Schedule B – New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust**

|              |                                                                                                                                                   |           |          |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| Additions    | <b>63</b> Interest income on state and local bonds other than New York (gross amount not included in federal income)                              | <b>63</b> | 9787 .00 |
|              | <b>64</b> Income taxes (or general sales tax, if applicable) deducted on federal fiduciary return (see instructions)                              | <b>64</b> | .00      |
|              | <b>65</b> Other (from Form IT-225, line 9; see instructions)                                                                                      | <b>65</b> | .00      |
|              | <b>66</b> Total additions (add lines 63, 64, and 65)                                                                                              | <b>66</b> | 9787 .00 |
| Subtractions | <b>67</b> Interest income on U.S. obligations included in federal income                                                                          | <b>67</b> | .00      |
|              | <b>68</b> Other (from Form IT-225, line 18; see instructions)                                                                                     | <b>68</b> | 210 .00  |
|              | <b>69</b> Total subtractions (add lines 67 and 68)                                                                                                | <b>69</b> | 210 .00  |
|              | <b>70</b> New York fiduciary adjustment (difference between lines 66 and 69; enter here and on total line in Schedule C, column 5, if applicable) | <b>70</b> | 9577 .00 |

**Schedule C – Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust** (Submit additional sheets, if necessary; see instructions)

Beneficiary information – List the beneficiary's name and address here. If the beneficiary is a **nonresident** of NYS or Yonkers, mark an **X** in the applicable box. For each beneficiary, complete columns 2 through 5 on the corresponding lines below.

|          | 1 – Name | 1b – Number and street | City | State | ZIP code | NYS                      | Yonkers                  |
|----------|----------|------------------------|------|-------|----------|--------------------------|--------------------------|
| <b>a</b> |          |                        |      |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> |          |                        |      |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b> |          |                        |      |       |          | <input type="checkbox"/> | <input type="checkbox"/> |

| 2 – Identifying number of beneficiary | Shares of federal distributable net income |             | 5 – Shares of New York fiduciary adjustment |
|---------------------------------------|--------------------------------------------|-------------|---------------------------------------------|
|                                       | 3 – Amount                                 | 4 – Percent |                                             |
| <b>a</b>                              | .00                                        |             | .00                                         |
| <b>b</b>                              | .00                                        |             | .00                                         |
| <b>c</b>                              | .00                                        |             | .00                                         |
| Totals from additional sheets         | .00                                        |             | .00                                         |
| Fiduciary                             | 9020 .00                                   | 100 .00     | 9577 .00                                    |
| Totals                                | 9020 .00                                   | 100%        | 9577 .00                                    |

◀ This total must equal line 70 amount

**Additional estate or trust information**

- A** If inter vivos trust, enter name and address of grantor: \_\_\_\_\_
- B** If revocable trust which changed state or city residence during the year, enter the date of the change of residence (see instr.): \_\_\_\_\_
- C** Resident status — mark an **X** in all boxes that apply:
- |                                                                                |                                                                            |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| (1) <input checked="" type="checkbox"/> NYS full-year resident estate or trust | (5) <input type="checkbox"/> NYC part-year resident trust                  |
| (2) <input type="checkbox"/> NYS part-year resident trust                      | (6) <input type="checkbox"/> Yonkers full-year resident estate or trust    |
| (3) <input type="checkbox"/> NYS full-year nonresident estate or trust         | (7) <input type="checkbox"/> Yonkers part-year resident trust              |
| (4) <input type="checkbox"/> NYC full-year resident estate or trust            | (8) <input type="checkbox"/> Yonkers full-year nonresident estate or trust |
- D** If an estate, indicate last known address of decedent **SEE STATEMENT 2** \_\_\_\_\_
- E** Nonresident estate - indicate state of residency \_\_\_\_\_
- F** Submit a list of executors or trustees with their addresses and identification numbers (SSN or EIN). **SEE STATEMENT 3** \_\_\_\_\_
- G** If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss \_\_\_\_\_
- H** Has the estate or trust (or an entity of which the estate or trust is an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200 or 496, or section 195.20)? Yes ☐ No ☒
- I** Was the estate or trust required to report any nonqualified deferred compensation, as required by IRC § 457A, on its 2019 federal return? (see instructions) Yes ☐ No ☒

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

205003191022



**71 Account information** for direct deposit or electronic funds withdrawal (see instructions).If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see instr.) . . . . ☐**71a** Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings**71b** Routing number  **71c** Account number **72** Electronic funds withdrawal (see instructions) . . . . . Date  Amount  .00

|                                                                                                       |                       |                         |                                      |
|-------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number | Personal identification number (PIN) |
|                                                                                                       | Email:                |                         |                                      |

|                                                                  |  |                                              |                       |    |
|------------------------------------------------------------------|--|----------------------------------------------|-----------------------|----|
| <b>▼ Paid preparer must complete ▼</b><br>(see instructions)     |  | Preparer's NYTPRIN                           | NYTPRIN<br>excl. code | 03 |
| Preparer's signature<br>ARTHUR LANGER CPA                        |  | Preparer's printed name<br>ARTHUR LANGER CPA |                       |    |
| Firm's name (or yours, if self-employed)<br>ARTHUR LANGER CPA PC |  | Preparer's PTIN or SSN<br>P01396073          |                       |    |
| Address<br>18 BLANCHE ST<br>PLAINVIEW, NY 11803-4607             |  | Employer identification number<br>814277329  |                       |    |
| Email:                                                           |  | Date<br>09282020                             |                       |    |

|                                                          |                      |
|----------------------------------------------------------|----------------------|
| <b>▼ Sign return here ▼</b>                              |                      |
| Signature of fiduciary or officer representing fiduciary |                      |
| Printed name of person who signed above<br>CLAUDE SIMON  |                      |
| Date                                                     | Daytime phone number |
| Email:                                                   |                      |

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

205004191022



**Schedule B – New York State subtractions** *(enter whole dollars only)*

**Part 1 – Individuals, partnerships, and estates or trusts**

**10 New York State subtractions**

|     | Number  | A - Total amount | B - NYS allocated amount |
|-----|---------|------------------|--------------------------|
| 10a | s - 203 | 210.00           | .00                      |
| 10b | s -     | .00              | .00                      |
| 10c | s -     | .00              | .00                      |
| 10d | s -     | .00              | .00                      |
| 10e | s -     | .00              | .00                      |
| 10f | s -     | .00              | .00                      |
| 10g | s -     | .00              | .00                      |

|    |                                                                                         |    |        |
|----|-----------------------------------------------------------------------------------------|----|--------|
| 11 | Total (add column A, lines 10a through 10g) .....                                       | 11 | 210.00 |
| 12 | Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any .. | 12 | .00    |
| 13 | Add lines 11 and 12 .....                                                               | 13 | 210.00 |

**Part 2 – Partners, shareholders, and beneficiaries**

**!** Form IT-201 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-205 filers: do not enter ES-125

**14 New York State subtractions**

|     | Number | A - Total amount | B - NYS allocated amount |
|-----|--------|------------------|--------------------------|
| 14a | ES -   | .00              | .00                      |
| 14b | ES -   | .00              | .00                      |
| 14c | ES -   | .00              | .00                      |
| 14d | ES -   | .00              | .00                      |
| 14e | ES -   | .00              | .00                      |
| 14f | ES -   | .00              | .00                      |
| 14g | ES -   | .00              | .00                      |

|    |                                                                                         |    |        |
|----|-----------------------------------------------------------------------------------------|----|--------|
| 15 | Total (add column A, lines 14a through 14g) .....                                       | 15 | .00    |
| 16 | Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any .. | 16 | .00    |
| 17 | Add lines 15 and 16 .....                                                               | 17 | .00    |
| 18 | <b>Total subtractions</b> (add lines 13 and 17; see instructions) .....                 | 18 | 210.00 |

NO HANDWRITTEN ENTRIES ON THIS FORM



**Statement 1 - Form IT-205 / IT-205-A, Page 2 - Federal Other Deductions**

| <u>Description</u>   | <u>Amount</u>          |
|----------------------|------------------------|
| INVESTMENT EXPENSES  | \$ <u>4,519</u>        |
| Allowable Deductions | \$ <u><u>4,519</u></u> |

**Statement 2 - Form IT-205, Schedule C, Line D - Last Known Address of Decedent**

| <u>Name / Address</u>                 |
|---------------------------------------|
| 6 EDWARDS LANE<br>GLEN COVE, NY 11542 |

**New York Statements****Statement 3 - Form IT-205, Schedule C, Line F - List of Executors and Trustees**

| <u>Name</u>  | <u>Street<br/>Address</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> | <u>EIN/SSN</u> |
|--------------|---------------------------|-------------|--------------|-----------------|----------------|
| CLAUDE SIMON | 71 TONJES RD              | CALLICOON   | NY           | 12723           | 106-50-1158    |

**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service

Name of estate or trust

**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](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2019****VICKI CLAIREAUX SIMON ESTATE**

Employer identification number

**84-6656649**

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .                                                                                                                                                                                                        |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                                                                                                                                                                   |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet . . . . .                                                                                                                                                          |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶                                                                                                                                           |                                  |                                 |                                                                                           | <b>7</b>                                                                                                  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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).<br>However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                               |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                               | <b>39</b>                        | <b>42</b>                       | <b>2</b>                                                                                   | <b>-1</b>                                                                                                 |
| <b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                                                                                                                                                                  |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions <b>See Statement 3</b> . . . . .                                                                                                                                                                                                                            |                                  |                                 |                                                                                            | <b>13</b> <b>558</b>                                                                                      |
| <b>14</b> Gain from Form 4797, Part I . . . . .                                                                                                                                                                                                                                                  |                                  |                                 |                                                                                            | <b>14</b>                                                                                                 |
| <b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet . . . . .                                                                                                                                                        |                                  |                                 |                                                                                            | <b>15</b> ( )                                                                                             |
| <b>16 Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶                                                                                                                                        |                                  |                                 |                                                                                            | <b>16</b> <b>557</b>                                                                                      |

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

Schedule D (Form 1041) 2019

| <b>Part III Summary of Parts I and II</b>                                 |                                                                | (1) Beneficiaries'<br>(see instr.) | (2) Estate's<br>or trust's | (3) Total  |
|---------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|----------------------------|------------|
| <b>Caution:</b> Read the instructions <i>before</i> completing this part. |                                                                |                                    |                            |            |
| <b>17</b>                                                                 | <b>Net short-term gain or (loss)</b> .....                     | <b>17</b>                          |                            |            |
| <b>18</b>                                                                 | <b>Net long-term gain or (loss):</b>                           |                                    |                            |            |
| <b>a</b>                                                                  | Total for year .....                                           | <b>18a</b>                         | <b>557</b>                 | <b>557</b> |
| <b>b</b>                                                                  | Unrecaptured section 1250 gain (see line 18 of the worksheet.) | <b>18b</b>                         |                            |            |
| <b>c</b>                                                                  | 28% rate gain .....                                            | <b>18c</b>                         |                            |            |
| <b>19</b>                                                                 | <b>Total net gain or (loss).</b> Combine lines 17 and 18a ▶    | <b>19</b>                          | <b>557</b>                 | <b>557</b> |

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| <b>Part IV Capital Loss Limitation</b> |                                                                                                                            |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>20</b>                              | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: |
| <b>a</b>                               | The loss on line 19, column (3) or <b>b</b> \$3,000                                                                        |
|                                        | <b>20</b> ( )                                                                                                              |

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

| <b>Part V Tax Computation Using Maximum Capital Gains Rates</b>                                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Form 1041 filers.</b> Complete this part <b>only</b> if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.                                                                                                                         |  |
| <b>Caution:</b> Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if:                                                                                                                                                                                                                                                                   |  |
| <ul style="list-style-type: none"> <li>• Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or</li> <li>• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.</li> </ul>                                                                                                                                                               |  |
| <b>Form 990-T trusts.</b> Complete this part <b>only</b> if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. |  |

|           |                                                                                                                                                                          |           |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>21</b> | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) .....                                                                                              | <b>21</b> |  |  |
| <b>22</b> | Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero .....                                                                                    | <b>22</b> |  |  |
| <b>23</b> | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) .....         | <b>23</b> |  |  |
| <b>24</b> | Add lines 22 and 23 .....                                                                                                                                                | <b>24</b> |  |  |
| <b>25</b> | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- .....                                                                    | <b>25</b> |  |  |
| <b>26</b> | Subtract line 25 from line 24. If zero or less, enter -0- .....                                                                                                          | <b>26</b> |  |  |
| <b>27</b> | Subtract line 26 from line 21. If zero or less, enter -0- .....                                                                                                          | <b>27</b> |  |  |
| <b>28</b> | Enter the <b>smaller</b> of the amount on line 21 or \$2,650 .....                                                                                                       | <b>28</b> |  |  |
| <b>29</b> | Enter the <b>smaller</b> of the amount on line 27 or line 28 .....                                                                                                       | <b>29</b> |  |  |
| <b>30</b> | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% .....                                                                              | <b>30</b> |  |  |
| <b>31</b> | Enter the <b>smaller</b> of line 21 or line 26 .....                                                                                                                     | <b>31</b> |  |  |
| <b>32</b> | Subtract line 30 from line 26 .....                                                                                                                                      | <b>32</b> |  |  |
| <b>33</b> | Enter the <b>smaller</b> of line 21 or \$12,950 .....                                                                                                                    | <b>33</b> |  |  |
| <b>34</b> | Add lines 27 and 30 .....                                                                                                                                                | <b>34</b> |  |  |
| <b>35</b> | Subtract line 34 from line 33. If zero or less, enter -0- .....                                                                                                          | <b>35</b> |  |  |
| <b>36</b> | Enter the <b>smaller</b> of line 32 or line 35 .....                                                                                                                     | <b>36</b> |  |  |
| <b>37</b> | Multiply line 36 by 15% (0.15) .....                                                                                                                                     | <b>37</b> |  |  |
| <b>38</b> | Enter the amount from line 31 .....                                                                                                                                      | <b>38</b> |  |  |
| <b>39</b> | Add lines 30 and 36 .....                                                                                                                                                | <b>39</b> |  |  |
| <b>40</b> | Subtract line 39 from line 38. If zero or less, enter -0- .....                                                                                                          | <b>40</b> |  |  |
| <b>41</b> | Multiply line 40 by 20% (0.20) .....                                                                                                                                     | <b>41</b> |  |  |
| <b>42</b> | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) ..... | <b>42</b> |  |  |
| <b>43</b> | Add lines 37, 41, and 42 .....                                                                                                                                           | <b>43</b> |  |  |
| <b>44</b> | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) ..... | <b>44</b> |  |  |
| <b>45</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) .....       | <b>45</b> |  |  |