1041-N Form

(Rev. December 2016)

U.S. Income Tax Return for Electing Alaska Native Settlement Trusts

OMB No. 1545-1776

Depa Interi	rtment of th	he Treasury e Service	► Information about Form 10)41-N and its separate in	structions	is at <i>www.irs.g</i>	ov/form	n1041n.			
-	calendar		or short year beginning		, 20	, and ending			· ,	20	
	a rt I Name of t		Information				2 E	mplover id	entification n	umber	
•	Name of t	lust								umber	
3a	Name and	d title of trustee	e				4 Na	ime of spons	oring Alaska Na	ative Corp	oration
									-		
3b	Number, s	street, and roo	om or suite no. (If a P.O. box, see the	e instructions.)							
3c	City or tov	wn, state, and	ZIP code				5 W	as Form 10	041 filed in the	e prior ye	ar?
								Yes	N	D	
		cable boxes:		Final return 🗌 Chang	ge in fiducia	ary's name	Ch	ange in fidu	iciary's addre	SS	
Pa	rt II		nputation								
			ome				• •	1a			
ð			t interest. Don't include on li		1b			0-			
Income			ry dividends		2b		• •	2a			
ŏ			()		-			3			
-			ne. List type and amount ►								
			e. Combine lines 1a, 2a, 3,	and 4			. ►	5			
	6 T	Faxes						6			
รเ			3					7			
tior	8 A	Attorney, ac	countant, and return prepa	er fees				8			
nci			ctions not subject to the 2%	· · · · · · · · · · · · · · · · · · ·				9 10			
Deductions			wable miscellaneous itemized deductions subject to the 2% floor								
								11			
			tions. Add lines 6 through 1					12			
			come. Subtract line 12 from a 13 is a (loss), enter -0					13			
ts			box: \square Multiply line 13 by 1					14			
Payments			e instructions). Specify ►	· · · <u> </u>							
ž			e 15 from line 14					16			
		Reserved .						17			
Tax and	18 T	Fotal tax. A	otal tax. Add line 16 and line 17. See instructions								
xa	19 F	Payments. See instructions									
Ta			line 19 is smaller than line 1					20			
			ent. If line 19 is larger than I		erpaid .		• •	21			
D			21 to be: a Credited to next ye	ar's estimated tax		b Refun	nded 🕨	22			
Pa 1	rt III		formation year, did the trust receive a	acata from a apapaarir		Nativa Carpa	ration) If "Voo	" ago tha	Vaa	
1		-	the required attachment .		IY AIASKA		allon	11 165,		Yes	No
2			, did the trust receive a distr	ibution from or was it th	ne granto	r of or the tran	sferor t	o a forei	ian trust?		
3		ny time du		•							
		ncial accour									
		nstructions									
			he name of the foreign cour								
4			specified domestic entity requ								
5	To n		tion 643(e)(3) election, comp							my know	vloder
		and belief,	alties of perjury, I declare that I have it is true, correct, and complete. D	eclaration of preparer (other th	nan trustee)	is based on all info	ormation	of which p	reparer has a	ny know	ledge.
Się	-		r section 646(c)(2) of the Internal F d filing this return will serve as the si								Trust,
Here			-		- ···		5		lay the IRS disc		eturn
		Signat	ture of trustee or officer representin	g trustee	• •	Date		w	ith the prepare		
Ра	id	-	oreparer's name	Preparer's signature		Date			if PTIN		
	e eparer							self-emplo			
	e Only		e 🕨				Firm's	s EIN 🕨			
		Firm's addr	ess 🕨				Phone	e no.			

Schedule D Capital Gains and Losses

Part I-Short-Term Capital Gains and Losses-Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)			(c) Date sold (mo., day, yr.)			(e) Cost or other basis (see instructions)		(f) Gain or (loss) for the entire year (col. (d) less col. (e))	
1									
2	Short-term capital gain or (los	s) from other fo	orms or schedu	ıles			2		
3	Short-term capital loss carryover							()
4	Net short-term capital gain or (loss). Combine lines 1 through 3 in column (f)								

Part II-Long-Term Capital Gains and Losses-Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price		(e) Cost or other bas (see instructions)	sis	(f) Gain or (loss) for the entire year (col. (d) less col. (e))	
5									
6	Long-term capital gain or (loss) from other forms or schedules								
7	Capital gain distributions								
8	Enter gain, if applicable, from Form 4797								
9	Long-term capital loss carryover							()
10	Net long-term capital gain or (loss). Combine lines 5 through 9 in column (f) 10								

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Part	III—Summary of Parts I and II			
11	Combine lines 4 and 10 and enter the result. If a loss, go to line 12. If a gain, also enter the gain on page 1, line 3, and complete page 1 through line 13	11		
Next:	Skip line 12 (below) and complete Part IV (below) if line 13 on page 1 is greater than zero and: a)			+
	b on page 1 is greater than zero; or b) Schedule D, lines 10 and 11, are both greater than zero.			
12	If line 11 is a loss, enter here and on page 1, line 3, the smaller of the loss on line 11 or (\$3,000).			
	Then complete page 1 through line 13	12	()
	If the loss on line 11 is more than (\$3,000), or if page 1, line 13, is less than zero, skip Part IV below			
	complete the Capital Loss Carryover Worksheet in the instructions before completing the rest of			
	1041-N. Otherwise, skip Part IV below and complete the rest of Form 1041-N.			
Part	IV—Tax Computation Using Maximum Capital Gains Rates			
13	Enter the taxable income from page 1, line 13	13		
14	Enter the qualified dividends from page 1, line 2b			
14				
15	Enter the amount from Form 4952, line 4g 15			
16	Enter the amount from Form 4952, line 4e 16			
17	Subtract line 16 from line 15. If zero or less, enter -0			
18	Subtract line 17 from line 14. If zero or less, enter -0	-		
19	Enter the smaller of line 10 or 11 (above) 19			
00	Enter the enterline 15 or line 10			
20	Enter the smaller of line 15 or line 16 20			
21	Subtract line 20 from line 19. If zero or less, enter -0			
22	Add lines 18 and 21			
23	Add line 18 from the Unrecaptured Section 1250			
	Gain Worksheet and line 7 from the 28% Rate			
	Gain Worksheet and enter the amount here . 23			
24	Enter the smaller of line 21 or line 23 24			
25	Subtract line 24 from line 22			
26	Enter the smaller of line 13 or 25	26		<u> </u>
27	Subtract line 26 from line 13	27		
•••				
28	Multiply line 27 by 10% (0.10). Enter here and on page 1, line 14. Also check the Schedule D box on that line	28		
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	outions to Beneficiaries				Page of
(a) Beneficiary's name, street	t address, city, state, and ZIP o	code	(b) Benefi	iciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III dist	ributions	(f) Tier IV distributions	
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