SCHE	DULE J
(Form	1041)

## Accumulation Distribution for a Complex Trust

File with Form 1041.See the separate Form 1041 instructions.

19**95** 

Department of the Treasury Internal Revenue Service

Name of trust

Employer identification number

Part IAccumulation Distribution in 1995Note: See the Form 4970 instructions for certain income that minors may exclude and a	special rules for m	ultiple_trus	sts.
1 Other amounts paid, credited, or otherwise required to be distributed for 1995 (from Form 1041, line 12)		1	
<ul> <li>2 Distributable net income for 1995 (from Schedule B of Form 1041, line 9)</li> <li>3 Income required to be distributed currently for 1995 (from Schedule B of Form 1041, line 11)</li></ul>	2		
4 Subtract line 3 from line 2. If zero or less, enter -0		4	
5 Accumulation distribution for 1995. Subtract line 4 from line 1		5	
Part II Ordinary Income Accumulation Distribution (Enter the applicable	throwback years	s below.)	

<b>Note:</b> If the distribution is thrown back to more than five years (starting with the earliest applicable tax year beginning after 1968), attach additional schedules. (If the trust was a simple trust, see Regulations section 1.665(e)-1A(b).)		liest 968), was	Throwback year ending 19				
6	Distributable net income (see page 25 of the instructions) .	6					
7	Distributions (see page 25 of the instructions).	7					
8	Subtract line 7 from line 6 .	8					
9	Enter amount from page 2, line 25 or line 31, as applicable.	9					
10	Undistributed net income Subtract line 9 from line 8.	10					
11	Enter amount of prior accumulation distributions thrown back to any of these years	11					
12	Subtract line 11 from line 10	12					
13	Allocate the amount on line 5 to the earliest applicable year first. Do not allocate an amount greater than line 12 for the same year (see page 25 of the instructions).	13					
14	Divide line 13 by line 10 and multiply result by amount on line 9	14					
15	Add lines 13 and 14	15					
16	Tax-exempt interest included on line 13 (see page 25 of the instructions)	16					
<u>17</u>	Subtract line 16 from line 15	17					

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 1041.

Schedule J (Form 1041) 1995

Cat. No. 11382Z

## Schedule J (Form 1041) 1995

Part III Taxes Imposed on Undistributed Net Income (Enter the applicable throwback years below.) (see page 25 of the instructions) **Note:** If more than five throwback years are involved, attach additional schedules. If the trust received an accumulation distribution from another trust, see Regulations section 1.665(d)-1A.

tax tax <b>SK</b>	he trust elected the alternative on capital gains (repealed for years beginning after 1978), IP lines 18 through 25 and MPLETE lines 26 through 31.	0	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending 19
	Regular tax	18					
19	Trust's share of net short-term gain .	19					
20	Trust's share of net long-term gain .	20					
	Add lines 19 and 20	21 22					
23	Enter percent. Divide line 21 by line 22, but do not enter more than 100%	23	%	%	%	%	%
24	Multiply line 18 by the percentage on line 23.	24					
25	Tax on undistributed net income. Subtract line 24 from line 18. Enter here and on page 1, line 9.	25					
31 alt∉	<b>not</b> complete lines 26 through unless the trust elected the ernative tax on long-term pital gain.						
26	Tax on income other than long-term capital gain	26					
27	Trust's share of net short-term gain	27					
28	Trust's share of taxable income less section 1202 deduction	28					
29	Enter percent. Divide line 27 by line 28, but do not enter more than 100%	29	%	%	%	%	%
30	Multiply line 26 by the percentage on line 29.	30					
31	Tax on undistributed net income. Subtract line 30 from line 26. Enter here and on page 1, line 9	31					
	Allocation to Benefic			on Distriktion (	Tructo		
Note: Be sure to complete Form 4970, Tax on Accumulation Distribution of Trusts. Beneficiary's name					ITUSTS.	Identifying number	
					<b>-</b>		1

Beneficiary's address (number and street including apartment number or P.O. box)	(a) This beneficiary's share of line 13	<b>(b)</b> This beneficiary's share of line 14	(c) This beneficiary's share of line 16	
City, state, and ZIP code				
32 Throwback year 19	. 32			
<b>33</b> Throwback year 19				
<b>34</b> Throwback year 19				
<b>35</b> Throwback year 19				
<b>36</b> Throwback year 19				
<b>37</b> Total. Add lines 32 through 36. Enter here and on the appropria lines of Form 4970.	te			

