

BENEFICIARY'S INFORMATION

	Fiscal year beginning		and ending		
Name of Estate or Trust				Percentage of Distributive Share	%
Beneficiary's ID Number			Employer ID Number		
Beneficiary's Name					
Beneficiary's Address					Amended K-1
City	State		ZIP Code		Final K-1
Fiduciary's Name					Non-resident
Fiduciary's Address					
City	State		Zip Code		

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....		
2. Beneficiary's share of additions.....		Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....		Form 200-01, Line 36 or 200-2 Line 25

NON-RESIDENT BENEFICIARY INFORMATION

4. Net business income allocable to Delaware.....	Form 200-02, Line 6
5. Capital gain (loss) allocable to Delaware.....	Form 200-02, Line 7a
6. Other gain (loss) allocable to Delaware.....	Form 200-02, Line 7b
7. Net partnership income allocable to Delaware.....	Form 200-02, Line 10
8. Net estate and trust income allocable to Delaware.....	Form 200-02, Line 10
9. Net rent and royalty income allocable to Delaware.....	Form 200-02, Line 10
10. Net S-Corporation income allocable to Delaware.....	Form 200-02, Line 10
11. Net farm income allocable to Delaware.....	Form 200-02, Line 11



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