

BENEFICIARY'S INFORMATION

Fiscal year beginning MM DD YY and ending MM DD YY

Name of Estate or Trust Percentage of Distributive Share %

Beneficiary's ID Number Employer ID Number

Beneficiary's Name
 Beneficiary's Address
 City State ZIP Code -

- Amended K-1
- Final K-1
- Non-resident

Fiduciary's Name
 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 PIT-RES, Line 3 or PIT-NON Line 19
3. Beneficiary's share of subtractions.....		Form PIT-RES, Line 7 or PIT-NON Line 25

NON-RESIDENT BENEFICIARY INFORMATION

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



DF20721019999