

**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



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