

**Beneficiary's Share of Indiana Adjusted Gross Income,
 Deductions, Modifications, and Credits**

Tax Year Beginning and Ending

Name of Trust or Estate Federal Employer Identification Number

Amended IN K-1 Final IN K-1 Nonresident Beneficiary

Part 1 – Identification and Distribution Information

Provide a copy of this Schedule IN K-1 reflecting the beneficiary's share of income, deductions, and credits to each beneficiary. Enclose a copy of each Schedule IN K-1 with the Form IT-41 return when filing.

1. Beneficiary's Name

2. Beneficiary's FEIN or Social Security Number

3. Beneficiary's Address

4. Beneficiary's City

5. Beneficiary's State 6. Beneficiary's ZIP Code

7. Beneficiary's Federal Pro Rata Percentage

. %

8. Indiana County of Principal Employment 2-digit code

9. Payer's Name

10. Payer's FEIN

11. Pass Through Entity Tax _____

11 .00

12. IN State Tax Withheld _____

12 .00

13. IN County Tax Withheld _____

13 .00

Part 2 – Pro Rata Share of Indiana Pass-through Tax Credits from Trust or Estate

| | Column A IT-41 Federal ID Number if Credit is from IN K-1 | Column B Certification Year | Column C Certification/Project/PIN Number | Column D Tax Credit Code | Column E Amount Claimed |
|----|---|-----------------------------------|---|--------------------------------|----------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |

Trusts and Estates with more than 9 IN K-1s must file electronically



Part 3 – Distributive Share Amount (use the Indiana apportioned figures for the beneficiary)

| | | | |
|--|----|--|-----|
| 1. Interest income _____ | 1 | | .00 |
| 2. Ordinary dividends _____ | 2 | | .00 |
| 3. Net short-term capital gains _____ | 3 | | .00 |
| 4. Net long-term capital gains _____ | 4 | | .00 |
| 5. Other portfolio and nonbusiness income _____ | 5 | | .00 |
| 6. Ordinary business income _____ | 6 | | .00 |
| 7. Net rental real estate income _____ | 7 | | .00 |
| 8. Other rental income _____ | 8 | | .00 |
| 9. Directly apportioned deductions _____ | 9 | | .00 |
| 10. Final year deductions _____ | 10 | | .00 |
| 11. Total pro rata distributions (If lines 1-8 are positive, add them. If lines 1-8 are negative, see instructions. Also see instructions for reporting lines 9 and 10.) _____ | 11 | | .00 |

Part 4 – State Modifications Add or subtract the following. Enter the distributive share amount of each modification for Indiana adjusted gross income. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

| | | | |
|--|---|--|-----|
| 1. State income taxes deducted _____ | 1 | | .00 |
| 2. Net bonus depreciation allowance _____ | 2 | | .00 |
| 3. Excess IRC Section 179 deduction _____ | 3 | | .00 |
| 4. Interest on U.S. obligations _____ | 4 | | .00 |
| 5. Add-back/Deduction _____ Code No. <input type="text"/> | 5 | | .00 |
| 6. Add-back/Deduction _____ Code No. <input type="text"/> | 6 | | .00 |
| 7. Add-back/Deduction _____ Code No. <input type="text"/> | 7 | | .00 |
| 8. Total distributive share of modifications (see instructions) _____ | 8 | | .00 |
| 9. Add Part 3, line 11, to Part 4, line 8. See instructions for reporting on Schedule PTET, Schedule Composite, and/or Schedule Composite-COR _____ Adjusted Gross Income | 9 | | .00 |