

**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 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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