



DELAWARE **2023**
 DIVISION OF REVENUE F O R M
 FID-BEN

**BENEFICIARY'S INFORMATION
 FORMERLY 400 SCHEDULE K-1**

For Fiscal Year beginning _____ and ending _____

Name of Trust or Estate _____ Percentage of Distributive Share _____

✓ Check Applicable Box(es): Amended FID-BEN Final FID-BEN Non-resident

Beneficiary's Taxpayer ID _____ Taxpayer ID _____

Beneficiary's Name _____ Fiduciary's Name _____

Beneficiary's Address _____ Fiduciary's Address _____

City _____ State _____ Zip Code _____ 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	.00	
2. BENEFICIARY'S SHARE OF ADDITIONS	.00	Form PIT-RES, Line 3 or PIT-NON, Line 19
3. BENEFICIARY'S SHARE OF SUBTRACTIONS	.00	Form PIT-RES, Line 7 or PIT-NON, Line 25

NON-RESIDENT BENEFICIARY INFORMATION		
(A) ALLOCABLE SHARE ITEM	(B) AMOUNT	(C) ENTER THE AMOUNTS IN COLUMN (B) ON
4. NET BUSINESS INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 6
5. CAPITAL GAIN (LOSS) ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 7a
6. OTHER GAIN (LOSS) ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 7b
7. NET PARTNERSHIP INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 10
8. NET ESTATE AND TRUST INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 10
9. NET RENT AND ROYALTY INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 10
10. NET S-CORPORATION INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 10
11. NET FARM INCOME ALLOCABLE TO DELAWARE	.00	Form PIT-NON, Line 11