DELAWARE FORM 400, SCHEDULE K-1

Tax Year **2019**

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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 _____ - _____

Fiduciary's Name _____
Fiduciary's Address _____
City _____ State _____ Zip Code _____ - _____

☐ Amended K-1

☐ Final K-1

☐ Non-resident

(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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