

DELAWARE 2 0 2 3 M PID I SION OF REVENUE FID-BEN



Form PIT-RES, Line 3 or PIT-NON, Line 19

Form PIT-RES, Line 7 or PIT-NON, Line 25

BENEFICIARY'S INFORMATION FORMERLY 400 SCHEDULE K-1

For Fiscal '	Year beginning	and ending	
Name of Trust or Estate		Pe	ercentage 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	

NON-RESIDENT BENEFICIARY INFORMATION

BENEFICIARY'S SHARE OF SUBTRACTIONS

BENEFICIARY'S SHARE OF ADDITIONS

2.

3.

	(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

.00

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