ARIZONA FORM
141AZ
Schedule K-1(NR)

Nonresident Beneficiary's Share of Income and Share of Fiduciary Adjustment

2012

	For calendar year 2012, or						
	fiscal year begir	ning (M,M(D,D)	Y,Y,Y,Y) and ending [M,M,D,D,Y,Y,Y	<u>/ , </u>			
Name of Estate or Trust			Estate or Trust Employer Identification Number (EIN)				
Beneficiary's Name			Fiduciary's Name				
Beneficiary's I.D. Number			Fiduciary's Address - number and street, or rural route				
Beneficiary's Address - number and street, or rural route			Fiduciary's City, Town or Post Office	State	Zip Code		
Beneficiary's City, Town or Post Office		State Zip Code	Fiduciary's Phone Number – include area of	Fiduciary's Phone Number – include area code			
Beneficia	ry's Daytime Phone Number - includ	de area code					
2 B	eneficiary's share of the amount	entered on line 1: No., page 2, line B11, "Beneficiary's Sh	Nonresident individual beneficiaries, also 'ARIZONA" column			00	
	let fiduciary adjustment to be allo Schedule C, line C14		mount from Form 141AZ,	. 3		00	
4 A	mount on line 3 related to Arizor	na source income all	ocated to all nonresident beneficiaries	. 4		00	
•	If the amount on line 5 is a posit Arizona Form 140NR, page 2, li	ive number, enter th ne C20.	nis amount as an other addition to income on his amount as an other subtraction from incon			00	
	on Arizona Form 140NR, page 2	2, line D31.					