



<b>VT Schedule K-1VT-F</b>	<b>BENEFICIARY INFORMATION for FIDUCIARIES</b>
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For the taxable period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_  
Month Month

**This schedule is REQUIRED.**  
 Attach to Form FIT-161

Estate's or Trust's Name	Federal ID Number
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**HEADER INFORMATION - REQUIRED ENTRIES**

Entity Name			Federal ID Number		
<b>OR</b>	Individual Last Name (Beneficiary)	First Name	MI	<b>OR</b>	Social Security Number
Address			Recipient Type (I, C, S, L, P, X, or T)		
Address, Line 2 (if needed)			Residency Status <input type="checkbox"/> VT Resident <input type="checkbox"/> Nonresident		
City	State	ZIP Code		<input type="checkbox"/> Check here if this is your <b>FINAL</b> return	
Foreign Country (if not United States)		Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.			%

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 1. Beneficiary's Share of Federal Taxable Income .....  1. \_\_\_\_\_.
- 2. Interest / dividends from obligations of other states ..... 2. \_\_\_\_\_.
- 3. Interest / dividends from U.S. obligations ..... 3. \_\_\_\_\_.
- 4. Vermont Source Income for a Nonresident Beneficiary:
  - 4a. Interest income ..... 4a. \_\_\_\_\_.
  - 4b. Dividend income ..... 4b. \_\_\_\_\_.
  - 4c. Business income .....  4c. \_\_\_\_\_.
  - 4d. Capital gain or loss .....  4d. \_\_\_\_\_.
  - 4e. Partnership, S corporation, LLC .....  4e. \_\_\_\_\_.
  - 4f. Rent, royalties, estates, trusts .....  4f. \_\_\_\_\_.
  - 4g. Farm income .....  4g. \_\_\_\_\_.
  - 4h. Other income .....  4h. \_\_\_\_\_.
- 4i. Total nonresident income .....  4i. \_\_\_\_\_.
- 5. Total annual nonresident estimated payments allocated to this beneficiary ..... 5. \_\_\_\_\_.
- 6. Total annual real estate withholding payments allocated to this beneficiary ..... 6. \_\_\_\_\_.

For Department Use Only