

DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: ALICE WONDERLAND FBO CHESHIRE WONDERLAND
TRUST NUMBER
NAME AND TITLE OF FIDUCIARY: WONDERLAND BANK
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 27 RED QUEEN WAY
CITY: PHILADELPHIA STATE: PA ZIP CODE: 19103

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 2 columns: Description and Amount. Includes items like FEDERAL TAXABLE INCOME OF FIDUCIARY (4489), DELAWARE TAXABLE INCOME (-99), and TOTAL TAX (0).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY

MM|DD|YY DATE

PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER

MM|DD|YY DATE

PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER

CITY

STATE

ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....	810	1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....		3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	810	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....	5	5.
6. OTHER ADJUSTMENTS.....		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....	5	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	805	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1. CHESHIRE WONDERLAND 78 LOOKING GLASS LN BALTIMORE MD 21210	011123456	\$ 2406	100.0000	\$ 805
2.				
3.				
4.				
5.				
6. TOTAL.....		\$ 2406	100%	\$ 805

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
2344	4854	4854	266	4588	1/1/15 - 12/31/15	33 .	1514
2347	4854	4854	266	4588	1/1/15 - 12/31/15	33 .	1514
2348	4861	4861	273	4588	1/1/15 - 12/31/15	34 .	1560
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....						\$	4588

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust ALICE WONDERLAND FBO CHESHIRE WONDERLAND Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 011123456 Employer ID Number

Beneficiary's Name CHESHIRE WONDERLAND
 Beneficiary's Address 78 LOOKING GLASS LN
 City BALTIMORE State MD ZIP Code 21210 -

Amended K-1

Final K-1

Fiduciary's Name WONDERLAND BANK
 Fiduciary's Address 27 RED QUEEN WAY
 City PHILADELPHIA State PA ZIP Code 19103 -

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	2406	
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



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 1 SUSSEX CT
CITY: LEWES STATE: DE ZIP CODE: 19958-8944

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 3 columns: Description, Amount, and Line Number. Includes items like FEDERAL TAXABLE INCOME, DELAWARE TAX, and TOTAL TAX.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY, DATE, PREPARER BUSINESS PHONE, SIGNATURE OF PAID PREPARER, DATE, PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER, STREET ADDRESS OF PREPARER, CITY, STATE, ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....		1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....	809	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	809	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....		7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	809	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1.		\$		\$
2. CHARLES TEST 1 SUSSEX CT LEWES DE 19958-8944	888899901	0	100.0000	809
3.				
4.				
5.				
6. TOTAL.....		\$ 0	100%	\$ 809

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.	
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 888899901 Employer ID Number

Beneficiary's Name CHARLES TEST
 Beneficiary's Address 1 SUSSEX CT
 City LEWES State DE ZIP Code 19958 - 8944

Amended K-1

Final K-1

Non-resident

Fiduciary's Name TEST
 Fiduciary's Address 1 SUSSEX CT
 City LEWES State DE ZIP Code 19958 - 8944

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	0	
2. Beneficiary's share of additions.....	0	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	0	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



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 106 MARKET ST 4TH FLOOR
CITY: PHILADELPHIA STATE: PA ZIP CODE: 19103-4818

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 2 columns: Description and Amount. Includes items like FEDERAL TAXABLE INCOME OF FIDUCIARY (4489), DELAWARE TAX (0), and TOTAL TAX (0).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....	810	1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....		3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	810	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....	5	6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....	5	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	805	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1. TEST 106 MARKET DT 4TH FLOOR PHILADELPHIA PA 19103-4818		\$ 0	100.0000	\$ 805
2.				
3.				
4.				
5.				
6. TOTAL.....		\$ 0	100%	\$ 805

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.	
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 777890123 Employer ID Number

Beneficiary's Name TEST
 Beneficiary's Address 7 FRANKLIN ST
 City ARLINGTON State MA ZIP Code 02474 -

Amended K-1

Final K-1

Fiduciary's Name TEST
 Fiduciary's Address 106 MARKET ST 4TH FLOOR
 City PHILADELPHIA State PA ZIP Code 19103 - 4818

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	2406	
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



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 2 WHITFIELD RD
CITY: NEWARK STATE: DE ZIP CODE: 19711

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 2 columns: Description and Amount. Includes lines for Federal taxable income, Delaware tax, and credits.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY, DATE, PREPARER BUSINESS PHONE, SIGNATURE OF PAID PREPARER, DATE, PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER, STREET ADDRESS OF PREPARER, CITY, STATE, ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....		1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....	891	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	891	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....		7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	891	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1. TEST 2 WHITFIELD RD NEWARK DE 19711		\$ 0	100.0000	\$ 891
2.				
3.				
4.				
5.				
6. TOTAL.....		\$ 0	100%	\$ 891

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F

DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6)..... \$

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 666678901 Employer ID Number

Beneficiary's Name TEST
 Beneficiary's Address 100 SNOW HILL RD
 City SALISBURY State MD ZIP Code 21804 -

Amended K-1

Final K-1

Fiduciary's Name TEST
 Fiduciary's Address 2 WHITFIELD RD
 City NEWARK State DE ZIP Code 19711 - 4810

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	0	
2. Beneficiary's share of additions.....	0	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	0	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



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 2 N CLAIRMONT DR
CITY: SALISBURY STATE: MD ZIP CODE: 21801

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST []
NON-RESIDENT TRUST [X]

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 2 columns: Description and Amount. Includes lines for Federal taxable income, Delaware tax, and credits.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY, DATE, PREPARER BUSINESS PHONE, SIGNATURE OF PAID PREPARER, DATE, PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER, STREET ADDRESS OF PREPARER, CITY, STATE, ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....		1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....	1450	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	1450	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....	24662	6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....	24662	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	-23212	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

1.	NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS	1.
2.	JOANN M GRIER	302577821	33704	75.0000	-17409	2.
3.	MELISSA CUMMINS	302577825	5615	12.4935	-2900	3.
4.	ALEXANDER GRIER	302577827	5620	12.5065	-2903	4.
5.						5.
6.	TOTAL.....		\$ 44939	100%	\$ -23212	6.

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



DF20615029999

IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.	
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 75.0000 %

Beneficiary's ID Number 302577821 Employer ID Number

Beneficiary's Name JOANN M GRIER
 Beneficiary's Address 2 N CLAIRMONT DR
 City SALISBURY State MD ZIP Code 21801 -

Amended K-1

Final K-1

Fiduciary's Name TEST
 Fiduciary's Address 2 N CLAIRMONT DR
 City SALISBURY State MD ZIP Code 21801 -

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	33704	
2. Beneficiary's share of additions.....	1087	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	18496	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.....	1234	Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 12.4935 %

Beneficiary's ID Number 302577825 Employer ID Number

Beneficiary's Name MELISSA CUMMINS
 Beneficiary's Address 1 PARADISE DR
 City HAVRE DE GRACE State MD ZIP Code 21078 -

Amended K-1

Final K-1

Fiduciary's Name TEST
 Fiduciary's Address 2 N CLAIRMONT DR
 City SALISBURY State MD ZIP Code 21801 -

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	5615	
2. Beneficiary's share of additions.....	182	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	3082	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.....	206	Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 12.5065 %

Beneficiary's ID Number 302577827 Employer ID Number

Beneficiary's Name ALEXANDER GRIER
 Beneficiary's Address 2 N CLAIRMONT DR
 City SALISBURY State MD ZIP Code 21801 -

Amended K-1

Final K-1

Fiduciary's Name TEST
 Fiduciary's Address 2 N CLAIRMONT DR
 City SALISBURY State MD ZIP Code 21801 -

Non-resident

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	5620	
2. Beneficiary's share of additions.....	181	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	3084	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.....	206	Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 1 MONTCHANIN RD
CITY: MONTCHANIN STATE: DE ZIP CODE: 19710

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 3 columns: Description, Amount, and Line Number. Includes items like FEDERAL TAXABLE INCOME, DELAWARE TAX, and TOTAL TAX.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....	4346	1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....	300	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	4646	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....	3779	6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....	3779	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	867	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1.		\$		\$
2. TEST 2 MONTCHANIN RD MONTCHANIN DE 19710	123456789	25964	100.0000	867
3.				
4.				
5.				
6. TOTAL.....		\$ 25964	100%	\$ 867

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



DF20615029999

IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.	
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	

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 -

- Amended K-1
- Final K-1
- Non-resident

Fiduciary's Name
 Fiduciary's Address
 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.....	25964	
2. Beneficiary's share of additions.....	4646	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	3779	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



DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



DF20615019999

CHECK APPLICABLE BOX: [X] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE: MT WILSON
TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 2 GREENOCK DR
CITY: GREENVILLE STATE: DE ZIP CODE: 19807

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows and 2 columns. Row 1: FEDERAL TAXABLE INCOME OF FIDUCIARY... 8141. Row 4: COMBINE LINES 1, 2 AND 3... 8141. Row 7: DELAWARE TAXABLE INCOME... 8141. Row 8: DELAWARE TAX... 188. Row 10: TOTAL TAX... 188. Row 18: PAY IN FULL... 188.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....		1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....	160	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....	160	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....		7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....	160	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1.		\$		\$
2. TEST 2 GREENOCK DR GREENVILLE DE 19807	012345678	2733	100.0000	160
3.				
4.				
5.				
6. TOTAL.....		\$ 2733	100%	\$ 160

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% OF AMOUNT OVER \$2,000.	
5,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
10,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
20,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
25,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	

BENEFICIARY'S INFORMATION

Fiscal year beginning MM|DD|YY and ending MM|DD|YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 012345678 Employer ID Number

Beneficiary's Name TEST
 Beneficiary's Address 2 GREENOCK DR
 City GREENVILLE State DE ZIP Code 19807 -

Amended K-1

Final K-1

Non-resident

Fiduciary's Name TEST
 Fiduciary's Address 2 GREENOCK DR
 City GREENVILLE State DE ZIP Code 19807 -

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	2733	
2. Beneficiary's share of additions.....	160	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

