DELAWARE
DE 400
SCHEDULE K-1

Tax Year

2011

BENEFICIARY'S INFORMATION

Fiscal year
beginning _____, _____ and ending _____, _____

Name of Estate or Trust	Percentage of Distributive Share %	☐ Amended K-1 ☐ Final K-1 ☐ Non-resident
Beneficiary's ID Number	Employer ID Number	
Name and Address of Beneficiary	Fiduciary's Name and Address	

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....		Form 200-01, Line 31 or 200-02 Line 19
2. Beneficiary's share of additions.....		Form 200-01, Line 36 or 200-2 Line 25
3. Beneficiary's share of subtractions.....		

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