DELAWARE
DE 400,
SCHEDULE K-1

Tax Year
2015

BENEFICIARY'S INFORMATION

Reset

Print Form

Fiscal year beginning M M D D Y Y and ending M M D D Y Y

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 -

Fiduciary's Name
Fiduciary's Address
City State ZIP Code -

☐ Amended K-1

☐ Final K-1

☐ Non-resident

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