

Complete and return if there is an entry on Line 7 of Form 504.



22504S049

WHO CAN CLAIM THE DEDUCTION

If you have nonresident beneficiaries claiming this deduction, use this summary sheet and attach to Form 504. Include all information requested.

NOTE:

If deductions are being claimed on behalf of remainderman, ALL remainderman MUST BE non-Maryland residents, if ONE remainderman is a Maryland resident the deduction CANNOT be taken.

NONRESIDENT BENEFICIARY REQUIRED INFORMATION TO CLAIM DEDUCTION.

1. A copy of the federal Form 1041 for Estates and Trusts including K-1's and all schedules relating to type(s) and source(s) of income included on Line 11 of Form 504 Schedule A.

2. BENEFICIARIES/REMAINDERMAN:

a. Name

Check applicable box(es):

Beneficiary

Remainderman

Street address or PO Box

City or Town State ZIP Code +4

Social Security Number/Federal Identification Number

Nonresident beneficiary's percentage of share %

Nonresident beneficiary's share of intangible income \$.00

Nonresident beneficiary's source of intangible income _____

b. Name

Check applicable box(es):

Beneficiary

Remainderman

Street address or PO Box

City or Town State ZIP Code +4

Social Security Number/Federal Identification Number

Nonresident beneficiary's percentage of share %

Nonresident beneficiary's share of intangible income \$.00

Nonresident beneficiary's source of intangible income _____

**NONRESIDENT
BENEFICIARY DEDUCTION
SUMMARY SHEET**

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22504S149

c. _____
Name

Street address or PO Box

City or Town

State

ZIP Code

+4

Social Security Number/Federal Identification Number

Nonresident beneficiary's percentage of share _____ %

Nonresident beneficiary's share of intangible income \$ _____ .00

Nonresident beneficiary's source of intangible income _____

Check applicable box(es):

Beneficiary

Remainderman

d. _____
Name

Street address or PO Box

City or Town

State

ZIP Code

+4

Social Security Number/Federal Identification Number

Nonresident beneficiary's percentage of share _____ %

Nonresident beneficiary's share of intangible income \$ _____ .00

Nonresident beneficiary's source of intangible income _____

Check applicable box(es):

Beneficiary

Remainderman