



VT Schedule K-1VT-F	BENEFICIARY INFORMATION for FIDUCIARIES
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This schedule is REQUIRED.
 Attach to Form FIT-161

For the taxable period beginning _____, 20____ and ending _____, 20____
Month Month

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

Entity Name			Federal ID Number	
OR Individual Last Name (Beneficiary)	First Name	MI	OR 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 FINAL 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.

VERMONT RESIDENT BENEFICIARY

- 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.** _____.

VERMONT 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.** _____.

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary **5.** _____.
- 6. Total annual real estate withholding payments allocated to this beneficiary **6.** _____.
- 7. Other payments allocated to this beneficiary **7.** _____.