



WHO CAN CLAIM THE DEDUCTION

If you are claiming the nonresident beneficiary deduction on behalf of a current beneficiary or remaindermen, use this summary sheet and attach to Form 504. Include all information requested.

NOTE:

- The deduction can be claimed for income from intangible personal property held in trust for a current nonresident beneficiary or corporation not doing business in Maryland.
- The deduction can be claimed for capital gain income derived from sale of intangible personal property if the proceeds are added to the principal of the trust and all remaindermen are nonresidents or corporations not doing business in Maryland.

NONRESIDENT BENEFICIARY REQUIRED INFORMATION TO CLAIM DEDUCTION.

1. A copy of the Form federal 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 or remainderman's percentage of share _____ %

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

Nonresident beneficiary's or remainderman'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 or remainderman's percentage of share _____ %

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

Nonresident beneficiary's or remainderman's source of intangible income _____

**NONRESIDENT
BENEFICIARY DEDUCTION
SUMMARY SHEET**

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



18504S149

c. _____
Name

Street address or PO Box

City or Town

State

ZIP Code

+4

Social Security Number/Federal Identification Number

Check applicable box(es):

☐ Beneficiary

☐ Remainderman

Nonresident beneficiary's or remainderman's percentage of share %

Nonresident beneficiary's or remainderman's share of intangible income \$.

Nonresident beneficiary's or remainderman's source of intangible income _____

d. _____
Name

Street address or PO Box

City or Town

State

ZIP Code

+4

Social Security Number/Federal Identification Number

Check applicable box(es):

☐ Beneficiary

☐ Remainderman

Nonresident beneficiary's or remainderman's percentage of share %

Nonresident beneficiary's or remainderman's share of intangible income \$.

Nonresident beneficiary's or remainderman's source of intangible income _____

3. Persons with powers of appointment over trust property:

Name

Street address or PO Box

City or Town

State

ZIP Code

+4

Social Security Number/Federal Identification Number

Check applicable box(es):

☐ Beneficiary

☐ Remainderman

☐ Fiduciary