MARYLAND FORM
504NBD

NONRESIDENT BENEFICIARY DEDUCTION SUMMARY SHEET

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

22504S099

2022

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 remaindermen, **ALL** remaindermen **MUST BE** non-Maryland residents. The deduction CANNOT be taken if one remainderman is a Maryland resident.

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/REMAINDERMEN:

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 _____

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22504S199

2022
page 2

c. _____
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 _____

d. _____
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 _____