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 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 . . . . . $ _____.___

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

_____
Federal Identification Number

Nonresident beneficiary's percentage of share . . . . . _____ %

Nonresident beneficiary's share of intangible income . . . . . $ _____.___

Nonresident beneficiary's source of intangible income _____

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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 percentage of share . . . . . _____ %

Nonresident beneficiary's share of intangible income . . . . . $ _____.___

Nonresident beneficiary'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 percentage of share . . . . . _____ %

Nonresident beneficiary's share of intangible income . . . . . $ _____.___

Nonresident beneficiary's source of intangible income _____