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**MARYLAND
FORM
504NBD**

**NONRESIDENT
BENEFICIARY DEDUCTION
SUMMARY SHEET**

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



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. Check applicable box(es):

Name 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. Check applicable box(es):

Name 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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MARYLAND
FORM
504NBD

NONRESIDENT
BENEFICIARY DEDUCTION
SUMMARY SHEET

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



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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