MARYLAND FORM
504NBD

NONRESIDENT BENEFICIARY DEDUCTION SUMMARY SHEET
Complete and return if there is an entry on Line 7 of Form 504.

18504S099

2018

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 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 504A.

2. BENEFICIARIES/REMAINDERMAN:

a. _____
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 _____

b. _____
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 _____

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18504S199

2018
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 . . . . $ _____ . ___

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 . . . . $ _____ . ___

Nonresident beneficiary's source of intangible income _____