

Schedule K-1: Beneficiary's share of Income, Deductions, Credits, etc.

Estate or Trust Information:

Name: _____

FEIN: _____

Final K-1

Amended K-1

Entity Type. Mark all that apply:

Estate

Grantor Trust

Simple Trust

Complex Trust

Bankruptcy Estate

Burial Trust Fund

Beneficiary Information:

Name: _____

SSN/FEIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Resident Beneficiary Nonresident Beneficiary

Beneficiary Percentage: _____ %

Part I: Iowa Adjustments:

1. Iowa Modifications to Income 1. _____

Part II: Nonresidents Beneficiary share of Iowa source Distributable Net Income:

1. Interest income 1. _____

2. Ordinary dividends 2. _____

3. Business income 3. _____

4. Capital gain or (loss) 4. _____

5. Rents, royalties, partnerships, other estates and trusts, etc. 5. _____

6. Farm income or (loss) 6. _____

7. Ordinary gain or (loss) 7. _____

8. Other income. List type: _____ 8. _____

9. Iowa source amount to the Iowa modifications 9. _____

Part III: Supplemental Information:

1. Iowa withholding passed through to the beneficiary 1. _____

2. Iowa tax credits allocated to the beneficiary 2. _____

Type of Iowa Credit	Certificate Number	Current Year Amount

3. Other information. List type: _____ 3. _____

Part IV: Composite Information:

1. Iowa Composite tax paid on behalf of the beneficiary 1. _____

