Enter name of estate or trust	FEIN

Schedule BI   Beneficiary information

All estates and trusts must complete this schedule. Complete Columns 1 through 4 for all beneficiaries. Complete Column 5 for a nonresident beneficiary. If applicable, complete Column 6 or Column 7 for a nonresident beneficiary. See instructions for the definition of a "nonresident beneficiary," which includes entities other than individuals.

All Beneficiaries

Bene-ficiary	Column 1 — Name and address of beneficiary (If additional lines are needed, attach additional pages)		Column 2 — Social Security Number/FEIN	Column 3 — Type of entity (See instructions)
A	Name _____ Address _____	State ___ Zip Code ___		
B	Name _____ Address _____	State ___ Zip Code ___		
C	Name _____ Address _____	State ___ Zip Code ___		
D	Name _____ Address _____	State ___ Zip Code ___		

	All Beneficiaries — Complete Column 4 for ALL beneficiaries	Nonresident Beneficiaries Only		

Important: Columns 5 through 7 are for a NONRESIDENT BENEFICIARY only. See instructions for which beneficiaries to include in Columns 5, 6, and 7.

Beneficiary	Column 4 — Federal distributive share of income (loss)	Column 5 — North Dakota distributive share of income (loss)	Column 6 — North Dakota income tax withheld (2.90%)	Form PWA or Form PWE (Attach copy)	Column 7 — North Dakota composite income tax (2.90%)
A				○	
B				○	
C				○	
D				○	
1 Total for **Column 4** 1					
2 Total for **Column 5** 2					
3 Total for **Column 6.** Enter this amount on Form 38, page 1, line 5 3					
4 Total for **Column 7.** Enter this amount on Form 38, page 1, line 6 4					

Schedule CR   Credit for income tax paid to another state or local jurisdiction

1 Fiduciary's share of total income from page 2, Tax Computation Schedule, Part 2, line 11, Column A ▸ **1** _____

2 Portion of amount on line 1 that has its source in the other state *(See instructions)* ▸ **2** _____

3 Credit ratio. Divide line 2 by line 1 and round to the nearest four decimal places **3** _____

4 Tax on fiduciary's North Dakota taxable income from page 1, line 1 **4** _____

5 Multiply line 3 by line 4 ▸ **5** _____

6 Amount of income tax paid to the other state and its local jurisdictions *(See instructions)* ▸ **6** _____

7 Credit for income tax paid to another state or local jurisdiction. Enter lesser of line 5 or line 6. Enter this amount on page 1, line 2 **7** _____

Important: Attach a copy of the income tax return filed with the other state and/or local jurisdiction