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| Enter Name Of Estate Or Trust | Federal Employer Identification Number |
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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 | | | | | |
|-------------------|---|--|--|-----------------------------|---|
| Beneficiary | Column 1 | | | Column 2 | Column 3 |
| | Name and address of beneficiary <i>If additional lines are needed, attach additional pages</i> | | | Social Security Number/FEIN | Type of entity <i>(See instructions)</i> |
| A | Name _____ Address _____ State _____ Zip Code _____ | | | | |
| B | Name _____ Address _____ State _____ Zip Code _____ | | | | |
| C | Name _____ Address _____ State _____ Zip Code _____ | | | | |
| D | Name _____ Address _____ State _____ Zip Code _____ | | | | |

| Beneficiary | All Beneficiaries <i>Complete Column 4 for ALL beneficiaries</i> | Nonresident Beneficiaries Only <i>Important: Columns 5 through 7 are for a NONRESIDENT BENEFICIARY only. See instructions for which beneficiaries to include in Columns 5, 6, and 7.</i> | | | |
|---|---|---|--|--|---|
| | Column 4 | Column 5 | Column 6 | | Column 7 |
| | Federal distributive share of income (loss) | North Dakota distributive share of income (loss) | North Dakota income tax withheld (2.90%) | Form PWA or Form PWE <i>(Attach copy)</i> | North Dakota composite income tax (2.90%) |
| A | | | | <input type="radio"/> | |
| B | | | | <input type="radio"/> | |
| C | | | | <input type="radio"/> | |
| D | | | | <input type="radio"/> | |
| 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

- ▶ Enter the name of the other state in which income tax was paid to the state and/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 and/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