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 EVERY beneficiary
- Complete Column 5 only if beneficiary is a nonresident individual
- If applicable, complete Column 6 or Column 7 for nonresident individual beneficiary only

Beneficiary	All Beneficiaries			
	Column 1		Column 2	Column 3
	Name and address of beneficiary *If additional lines are needed, attach additional pages*		Social Security Number/FEIN	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		

Beneficiary	All Beneficiaries *Complete this column for ALL beneficiaries*	Nonresident Individual Beneficiaries Only *Important: Columns 5 through 7 are for nonresident individual beneficiaries only.*			
	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 (3.99%)	Form PWA	North Dakota composite income tax (3.99%)
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 (resident estate or trust only)

1 Fiduciary's share of total income. Enter amount from 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 Form 38, page 1, line 1 4 _____

5 Multiply line 3 by line 4 ▶ 5 _____

6 Amount of income tax paid to the other state *(See instructions)* ▶ 6 _____

7 Credit for income tax paid to another state. 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