ARIZONA FORM
141AZ
Schedule K-1(NR)

Nonresident Beneficiary's Share of Income and Share of Fiduciary Adjustment

2011

	For calendar year 2011, or fiscal year beginning [M,M,D,D,Y,Y,Y,Y] and ending [M,M,D,D,Y,Y,Y,Y].						
Name of Estate or Trust				Estate or Trust Employer Identification No. (EIN)			
Beneficiar	y's Name		Beneficiary's I.D. No.	Fiduciary's Name			
Beneficiar	y's Address - number and stre	eet, or rura	al route	Fiduciary's Address - number and stre	eet, or rura	al route	
Beneficiary's City, Town or Post Office State			Zip Code	Fiduciary's City, Town or Post Office	State	Zip Code	
Beneficiary's Daytime Phone Number – include area code				Fiduciary's Phone Number – include area code			
from Form 141AZ, Schedule D, line D9, column (c)							
	Form 141AZ, 3 4 Amount on line beneficiaries 5 Beneficiary's s • If the amount addition to in • If the amount	Schedule e 3 relate share of the t on line to the toome on t on line to	d to Arizona source inc he amount entered on I 5 is a positive number, of Arizona Form 140NR,	ome allocated to nonresident ine 4 enter this amount as an other page 2, line C20. enter this amount as an other	3 4 5		