

K-18

(Rev. 7/07)

2007

FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE

COPY A
To Be Filed with
Beneficiary's Kansas
Income Tax Return

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR _____

		NAME OF ESTATE OR TRUST
NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECURITY NO.	NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:
STREET ADDRESS OR RURAL ROUTE		Ordinary income.....\$ _____
CITY		Modifications as if Kansas resident.....\$ _____
STATE	ZIP CODE	Amount of tax withheld.....\$ _____ *
		* Enter this amount on the "Kansas Income Tax Withheld" line of the Kansas Individual Income Tax return.

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FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE

COPY B
For Beneficiary's Record

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR _____

		NAME OF ESTATE OR TRUST
NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECURITY NO.	NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:
STREET ADDRESS OR RURAL ROUTE		Ordinary income.....\$ _____
CITY		Modifications as if Kansas resident.....\$ _____
STATE	ZIP CODE	Amount of tax withheld.....\$ _____

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FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE

COPY C
For Fiduciary's Record

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR _____

		NAME OF ESTATE OR TRUST
NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECURITY NO.	NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:
STREET ADDRESS OR RURAL ROUTE		Taxable income.....\$ _____
CITY		Modifications as if Kansas resident.....\$ _____
STATE	ZIP CODE	Amount of tax withheld.....\$ _____