

TRUST BENEFICIARY DISTRIBUTION RETURN FORM

Tax Year: _____

SECTION 1: TRUST INFORMATION

Name of Trust:

Trust EIN/TIN:

Name of Trustee(s):

SECTION 2: BENEFICIARY INFORMATION

Beneficiary Full Name:

SSN / TIN:

Mailing Address:

Email Address:

Phone Number:

SECTION 3: DISTRIBUTION DETAILS

Date of Distribution:

Total Distribution Amount (\$):

Character of Distribution (Check all that apply):

Ordinary Income

Short-Term Capital Gains

Long-Term Capital Gains

Tax-Exempt Income

Principal / Corpus Distribution

Other (Specify): _____

SECTION 4: TAX ALLOCATION & WITHHOLDING

Description / Category	Gross Amount Distributed (\$)	Tax Withheld (if any) (\$)	Net Amount Paid (\$)
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Description / Category	Gross Amount Distributed (\$)	Tax Withheld (if any) (\$)	Net Amount Paid (\$)
Total			

SECTION 5: ACKNOWLEDGEMENTS & SIGNATURES

By signing below, the Trustee certifies that the distribution described above has been made in accordance with the terms of the Trust agreement. The Beneficiary acknowledges receipt of the distribution and understands that they are responsible for reporting this distribution on their personal income tax return in accordance with the Schedule K-1 (Form 1041) to be issued.

Signature of Trustee

Date

Signature of Beneficiary

Date