

TRUST BENEFICIARY INFORMATION RETURN

For the Calendar Year

Form T-BIR

Year: _____

PART I: TRUST DETAILS

Name of Trust:	Trust Tax Identification Number / EIN:
Name and Title of Trustee:	
Mailing Address of Trustee (Street, City, State, ZIP):	

PART II: BENEFICIARY DETAILS

Name of Beneficiary:	Beneficiary Taxpayer Identification Number:	
Mailing Address of Beneficiary (Street, City, State, ZIP):		
Beneficiary Type (Individual/Entity):	Country of Residence:	Percentage of Share:

PART III: ALLOCABLE SHARE OF INCOME, DEDUCTIONS, AND CREDITS

Allocation Category	Amount
Ordinary Income	
Interest Income	
Ordinary Dividends	
Net Short-Term Capital Gain	
Net Long-Term Capital Gain	
Other Income	
Directly Apportioned Deductions	
Foreign Taxes Paid / Accrued	
Total Distributions Paid During the Year	

PART IV: DECLARATION AND SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Trustee or Authorized Representative:

Date:

Title:
