



SCHNT_I 2025A 01 VID01

ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT BENEFICIARIES

➤ Attach to Form N-40

Name as shown on tax return		Federal Employer I.D. No. (FEIN)	
1. Total number of nonresident beneficiaries.....		1	
2. Total amount withheld. Report this amount on Form N-40, Schedule G, line 10.....		2	
A	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	A	
B	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	B	
C	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	C	
D	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	D	
E	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	E	
F	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	F	
G	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	G	
H	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	H	
I	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	I	
J	Nonresident Beneficiary's Name	Social Security Number	
	Amount of tax withheld.....	J	

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Name as shown on tax return	Federal Employer I.D. No. (FEIN)
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ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT BENEFICIARIES - continued

K	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	K
L	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	L
M	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	M
N	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	N
O	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	O
P	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	P
Q	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	Q
R	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	R
S	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	S
T	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	T
U	Nonresident Beneficiary's Name	Social Security Number
	Amount of tax withheld.....	U