



Schedule B/R Beneficiary/Remainderman

2014

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NO.

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

CITY/TOWN/POST OFFICE

STATE ZIP + 4

LEGAL DOMICILE (STATE)

Select applicable oval: Beneficiary Remainderman

Total income

Percentage of income

Percentage of taxable income

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INCOME SUMMARY

1	Accumulated income	1	_____	00
2	Total of beneficiaries' income	2	_____	00
3	Accumulated capital gain	3	_____	00
4	Total remaindermen's income	4	_____	00