



Schedule B/R Beneficiary/Remainderman

2016

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	<input type="text"/>
2	Total of beneficiaries' income	2	<input type="text"/>
3	Accumulated capital gain	3	<input type="text"/>
4	Total remaindermen's income	4	<input type="text"/>