Schedule B/R Beneficiary/Remainderman 2017

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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Percentage of income

Percentage of taxable income

INCOME SUMMARY

1	Accumulated income 1	0 0
2	Total of beneficiaries' income 2	0 0
3	Accumulated capital gain 3	0 0
4	Total remaindermen's income 4	0 0