



# Schedule B/R Beneficiary/Remaindermen

# 2006

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NUMBER

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

<b>1</b>	Accumulated income .....	1
<b>2</b>	Total of beneficiaries' income .....	2
<b>3</b>	Accumulated capital gain .....	3
<b>4</b>	Total remaindermen's income .....	4

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