



Schedule B/R Beneficiary/Remaindermen

2009

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

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION NUMBER

MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

CITY/TOWN/POST OFFICE

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Percentage of income

Percentage of taxable income

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"/>