



Schedule B/R Beneficiary/Remainderman

2015

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