AREA RESERVED
FOR 2-D BARCODE

2017 Schedule B/R
XXXXXXXXXXXXX
Beneficiary/Remaindermen

NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

State of legal domicile XX Select applicable items: X Beneficiary X Remaindermen

Total income XXXXXXXXXXXX Percentage of income X.XXXX Percentage of taxable income X.XXXX

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

State of legal domicile XX Select applicable items: X Beneficiary X Remaindermen

Total income XXXXXXXXXXXX Percentage of income X.XXXX Percentage of taxable income X.XXXX

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State of legal domicile XX Select applicable items: X Beneficiary X Remaindermen

Total income XXXXXXXXXXXX Percentage of income X.XXXX Percentage of taxable income X.XXXX

Income Summary

1.	Accumulated income	**1**	XXXXXXXXXXXX
2.	Total of beneficiaries' income	**2**	XXXXXXXXXXXX
3.	Accumulated capital gain	**3**	XXXXXXXXXXXX
4.	Total remaindermen's income	**4**	XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX