



# Schedule B/R Beneficiary/Remainderman

# 2020

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER ID NUMBER

1. NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY/REMAINDERMAN'S ID 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

2. NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY/REMAINDERMAN'S ID 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

3. NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY/REMAINDERMAN'S ID 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

4. NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY/REMAINDERMAN'S ID 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

## INCOME SUMMARY

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