

Schedule B/R Beneficiary/Remainderman

2021

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 Z	7IP + 4
Legal domicile (state) Select applicable oval: Beneficiary Remainderman			
Total income Percentage of income		Percentage of taxable inco	ome
2. NAME OF BENEFICIARY/REMAINDERMAN			BENEFICIARY/REMAINDERMAN'S ID NUMBER
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	STATE Z	IP + 4
Legal domicile (state) Select applicable oval: — Beneficiar	y Remaindermar	1	
Total income Percentage of income		Percentage of taxable inco	ome
3. NAME OF BENEFICIARY/REMAINDERMAN BENEFICIARY/REMAINDERMAN'S ID NUMBER			
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	STATE Z	TIP + 4
Legal domicile (state) Select applicable oval: Beneficiary Remainderman			
Total income Percentage of income		Percentage of taxable inco	ome
4. NAME OF BENEFICIARY/REMAINDERMAN		-	BENEFICIARY/REMAINDERMAN'S ID NUMBER
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	STATE Z	TIP + 4
Legal domicile (state) Select applicable oval: Beneficiar	y Remaindermar	1	
Total income Percentage of income		Percentage of taxable inco	ome
INCOME SUMMARY			0.0
1 Accumulated income		1	00
2 Total of beneficiaries' income			
3 Accumulated capital gain		3	00
4 Total remaindermen's income			