Schedule B/R Beneficiary/Remainderman 2023

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 00
2	Total of beneficiaries' income	2 00
3	Accumulated capital gain	3 00
4	Total remaindermen's income	4 00