

Schedule B/R Beneficiary/Remainderman

2024

NAME OF ESTATE OR TRUST				ESTATE OR T	RUST EMPLO	OYER ID NUM	/IBER	
1. NAME OF BENEFICIARY/REMAINDERMAN				BENEFICIAR	//REMAINDE	RMAN'S ID N	IUMBER	
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	Sī	TATE ZIP +	4				
Legal domicile (state) Select applicable oval: Beneficiary	/ Remainderman							
Total income Percentage of income		Percentage of taxable income						
2. NAME OF BENEFICIARY/REMAINDERMAN				BENEFICIAR	//REMAINDE	RMAN'S ID N	IUMBER	
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	Sī	TATE ZIP +	4				
Legal domicile (state) Select applicable oval: Beneficiary	Remainderman							
Total income Percentage of income		Percentage	of taxable in	ncome				
3. NAME OF BENEFICIARY/REMAINDERMAN				BENEFICIAR	//REMAINDE	RMAN'S ID N	IUMBER	
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	Sī	TATE ZIP +	4				
Legal domicile (state) Select applicable oval: Beneficiary	/ Remainderman							
Total income Percentage of income		Percentage of taxable income						
4. NAME OF BENEFICIARY/REMAINDERMAN				BENEFICIAR	//REMAINDE	RMAN'S ID N	IUMBER	
MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN	CITY/TOWN/POST OFFICE	ST	TATE ZIP +	4				
Legal domicile (state) Select applicable oval: Beneficiary	/ Remainderman							
Total income Percentage of income		Percentage	of taxable in	ncome				
INCOME SUMMARY								
1 Accumulated income			1				0	0
							0	0
2 Total of beneficiaries' income								0
3 Accumulated capital gain			3				Λ-	
4 Total remaindermen's income			4				ĮŪ	0