Schedule B/R Beneficiary/Remainderman   2025

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   [0 0]

2 Total of beneficiaries' income 2   [0 0]

3 Accumulated capital gain 3   [0 0]

4 Total remaindermen's income. 4   [0 0]