Schedule B/R Beneficiary/Remainderman 2024

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

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Legal domicile (state) Select applicable oval: Beneficiary Remainderman

Total income Percentage of income Percentage of taxable income

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BENEFICIARY/REMAINDERMAN'S ID NUMBER

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Legal domicile (state) Select applicable oval: Beneficiary Remainderman

Total income Percentage of income Percentage of taxable income

DRAFT AS OF SEPTEMBER 27, 2024.
SUBJECT TO CHANGE.
DO NOT FILE.
DO NOT FILE.

INCOME SUMMARY

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