



AREA RESERVED FOR 2-D BARCODE

2019 Schedule B/R

XXXXXXXXXXXXX

Beneficiary/Remainderman

NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO
 NAMEOFBENEFICIARYREMAINDERMANXXXXXXX SOCIALSECNO
 MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
 State of legal domicile XX Select applicable items: X Beneficiary X Remainderman
 Total income XXXXXXXXXXXXX Percentage of income X . XXXX Percentage of taxable income X . XXXX

NAMEOFBENEFICIARYREMAINDERMANXXXXXXX SOCIALSECNO
 MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
 State of legal domicile XX Select applicable items: X Beneficiary X Remainderman
 Total income XXXXXXXXXXXXX Percentage of income X . XXXX Percentage of taxable income X . XXXX

NAMEOFBENEFICIARYREMAINDERMANXXXXXXX SOCIALSECNO
 MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
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 Total income XXXXXXXXXXXXX Percentage of income X . XXXX Percentage of taxable income X . XXXX

NAMEOFBENEFICIARYREMAINDERMANXXXXXXX SOCIALSECNO
 MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX
 State of legal domicile XX Select applicable items: X Beneficiary X Remainderman
 Total income XXXXXXXXXXXXX Percentage of income X . XXXX Percentage of taxable income X . XXXX

Income Summary

1.	Accumulated income	1	XXXXXXXXXXXXX
2.	Total of beneficiaries' income	2	XXXXXXXXXXXXX
3.	Accumulated capital gain	3	XXXXXXXXXXXXX
4.	Total remainderman's income	4	XXXXXXXXXXXXX

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