06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

AREA RESERVED
FOR 2-D BARCODE

2020 Schedule B/R

XXXXXXXXXXXXX

Beneficiary/Remainderman

NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

NAMEOFBENEFICIARYREMAINDERMANXXXXXXX SOCIALSECNO
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

State of legal domicile XX Select applicable items: X Beneficiary X Remainderman

Total income XXXXXXXXXXXX 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 XXXXXXXXXXXX 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 XXXXXXXXXXXX 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 XXXXXXXXXXXX Percentage of income X.XXXX Percentage of taxable income X.XXXX

Income Summary

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

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80