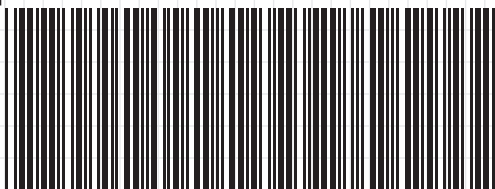


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### 2018 Schedule B/R

XXXXXXXXXXXXXX

Beneficiary/Remaindermen

NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO  
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

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

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

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO  
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

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

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

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO  
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

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

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

NAMEOFBENEFICIARYREMAINDERMENXXXXXXX SOCIALSECNO  
MAILINGADDRESSOFBENEFICI CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

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

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

### Income Summary

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

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