Schedule B/R Beneficiary/Remaindermen 2010

NAME OF ESTATE OR TRUST

ESTATE OR TRUST EMPLOYER IDENTIFICATION NUMBER

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION 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

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION 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

NAME OF BENEFICIARY/REMAINDERMAN

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MAILING ADDRESS OF BENEFICIARY/REMAINDERMAN

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Select applicable oval: Beneficiary Remainderman

Total income

Percentage of income

Percentage of taxable income

NAME OF BENEFICIARY/REMAINDERMAN

BENEFICIARY'S/REMAINDERMAN'S IDENTIFICATION 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

2 Total of beneficiaries' income 2

3 Accumulated capital gain 3

4 Total remaindermen's income 4