

For calendar year 2006 or fiscal year beginning _____, 2006 and ending _____, 2006 and ending _____ OMB No. 1545-0092

- A** Type of entity:
- Decedent's estate
 - Simple trust
 - Complex trust
 - Qualified disability trust
 - ESBT (S portion only)
 - Grantor type trust
 - Bankruptcy estate-Ch. 7
 - Bankruptcy estate-Ch. 11
 - Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)
JACOB BERNSTEIN IRREVOCABLE TRUST

Name and title of fiduciary
STANFORD TRUST COMPANY, TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)
445 NORTH BOULEVARD, 8TH FLOOR EAST

City or town, state, and ZIP code
BATON ROUGE, LA 70802

C Employer identification number
20 7294171

D Date entity created
09/01/2006

E Nonexempt charitable and split-interest trusts, check applicable boxes (see pg 13 of the instr.):

- Described in section 4947(a)(1)
- Not a private foundation
- Described in section 4947(a)(2)

B No. of Sch K-1 attached **0**

F Check applicable boxes:

- Initial return
- Final return
- Amended return
- Change in fiduciary
- Change in fiduciary's name
- Change in fiduciary's address

G Pooled mortgage account (see page 14 of the instructions): Bought Sold Date: _____

Income	1	Interest income	1		
	2	a	Total ordinary dividends	2a	
		b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust _____		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7	Ordinary gain or (loss). Attach Form 4797	7		
	8	Other income. List type and amount _____	8		
9	Total income. Combine lines 1, 2a, and 3 through 8	9			
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		
	11	Taxes	11		
	12	Fiduciary fees	12		
	13	Charitable deduction (from Schedule A, line 7)	13		
	14	Attorney, accountant, and return preparer fees	14		
	15	a	Other deductions not subject to the 2% floor (attach schedule)	15a	
		b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b	16		
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20	Exemption	20	100.		
21	Add lines 18 through 20	21	100.		
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions	22	<100.>	
	23	Total tax (from Schedule G, line 7)	23	6,245.	
	24	a	Payments: a 2006 estimated tax payments and amount applied from 2005 return	24a	
		b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
		c	Subtract line 24b from line 24a	24c	
		d	Tax paid with Form 7004 (see page 20 of the instructions)	24d	
		e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
		f	Credit for federal telephone excise tax paid. Attach Form 8913	24f	
	24i	Other payments: g Form 2439 _____ ; h Form 4136 _____ ; Total	24i		
	25	Total payments. Add lines 24c through 24f, and 24i	25		
26	Estimated tax penalty (see page 20 of the instructions)	26			
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	6,245.		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29	Amount of line 28 to be: a Credited to 2007 estimated tax _____ ; b Refunded _____	29			

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **10/8/07** Check if self-employed Preparer's SSN or PTIN **P00127193**

Firm's name (or yours if self-employed), address, and ZIP code **GOLDSTEIN LEWIN & CO. 1900 N.W. CORPORATE BLVD. STE E-300 BOCA RATON, FL 33431-8502** EIN **59 2147155** Phone no. **(561)994-5050**