

ESTATE / TRUST TAX ORGANIZER

Name Of Trust / Estate

Fiduciary Information: *if same as last year check*

Name

Soc. Sec. #

Address

Phone #

Address Of Trust / Estate

Beneficiaries: *if same as last year check*

Birth

Income & Expense

U.S. Citizen

Dependent of Someone else

Name

Soc. Sec. #

Date

Allocation %

Y/N

Y/N

Ben. 1:

Address:

Ben. 2:

Address

Ben. 3:

Address:

Important Information: *Only needs to be answered once*

- If an estate, what was the decedent's date of death? _____
- If a trust, what kind (simple, complex, grantor, or qualified disability trust)? _____
- What is the trust / estate Employer Identification Number (EIN)? _____
- Are any present or future beneficiaries skip persons (anyone assigned to a generation that is two or more generations below the transferor's assigned generation)? _____

Important Information: *Answer every year*

- Did this trust / estate have financial interest or signature authority over a foreign financial account or have any involvement with a foreign trust during the tax year? _____
- What was the total amount distributed to beneficiaries for the tax year? _____

Income:

Interest Income (Attach Forms 1099-INT):

Dividends (Attach Forms 1099-DIV):

Name of Payer

Amount

Name of Payer/Amts

1a

1b

2a

Sale of Real-Estate, Stocks or Other Property (Attach Forms 1099-B)

Description

Date Purchased

Date Sold

Sales Price

Cost

Other Income:

Deductions: Legal Fees \$

Accounting Fees \$

Fiduciary Fees \$

Other Ded. \$

Estimated Tax & Extension Payment (please list dates & amounts)

Carryforwards of prior year overpayments: Federal \$ _____ State \$ _____

Date Federal Amt. State Amt. Date Federal Amt. State Amt.

Any payments made with extensions? Federal Amt \$ _____ State Amt \$ _____