

# Organizer for Fiduciary Estate and Trust Tax Returns

Estate/Trust: \_\_\_\_\_  
EIN Name of Estate or Trust

Address: \_\_\_\_\_  
Mailing Address Suite # City State Zip Code

Fiduciary contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Fiduciary Phone: \_\_\_\_\_  
(Office) (Home) (Mobile)

\_\_\_\_\_ Fiduciary Mailing Address (if different) Suite # City State Zip Code

<b>Filing Information</b>	<b>Yes</b>	<b>No</b>
<b>Please answer "Yes" or "No" to ALL of the following questions.</b>		
<b>Is this tax return for an Estate?</b> If yes, please provide the following information: Decedent's date of death: _____ Decedent's SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this tax return for a Trust?</b> If yes, please provide the following information: Trust type: Simple <input type="checkbox"/> Complex <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____ Date Trust was created: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>What is the Estate/Trust state of residence?</b>		
Is there a <b>change in address or fiduciary name</b> ? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive <b>tax-exempt income</b> ? If yes, please describe type: _____ and amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive all or any part of the earnings of a person such as <b>wages (W2), commissions (1099 Misc), bonuses, pensions (1099R)</b> etc? If yes, please attach tax documents.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust pay <b>receive life insurance proceeds</b> ? If yes, provide name of insurance company _____ and proceeds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive <b>income from a sole-proprietor small business</b> ? <i>If yes, please attach our Small Business Organizer.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive <b>income from rental real estate</b> ? <i>If yes, please Attach a P&amp;L or our Rental Organizer.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive <b>income from a partnership, S-corporation, trust or estate</b> ? <i>If yes, Provide a copy of the Schedule K-1 for each entity sharing income.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from the <b>sale of stocks or bonds</b> ? <i>If yes, please attach any brokerage forms or 1099-B.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive <b>income from interest or dividends</b> ? <i>If yes, attach any 1099-INT or 1099-DIV from a bank or brokerage account.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust <b>sell real estate</b> ? <i>If yes, please provide description, preparation costs, and closing documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust <b>sell a vehicle, boat, RV or aircraft</b> ? <i>If yes, please complete the Vehicles/Boats/RVs/Aircraft Worksheet found in this Organizer.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust <b>sell personal property or hold an estate sale</b> ? <i>If yes, please complete the Estate Sale Worksheet in this Organizer.</i>	<input type="checkbox"/>	<input type="checkbox"/>

## BENEFICIARY INFORMATION

Please provide the following information for all beneficiaries of the Estate or Trust.

<b>Beneficiary Information</b> <b>First Name–Last Name</b> <i>(Enter information for all Beneficiaries)</i>	<b>Social Security Number</b>	<b>Beneficiary Mailing Address</b> <b>Street Address</b> <b>City, State, Zip</b>	<b>Beneficiary's share of Trust or Estate Income Deductions etc.</b>

**Expense Worksheet**

Please provide the following information relating to expenses paid by the estate or trust.

Expenses paid by Estate/Trust		Expenses paid by Estate/Trust	
Fiduciary fees	\$	Attorney fees	\$
Accounting	\$	Tax preparer	\$
Expenses for maintaining property held by the estate	\$	Qualified residence interest (interest paid by the estate)	\$
Investment interest	\$	Investment advisory fees	\$
Subscriptions to investment advisory magazines	\$	Safe deposit box	\$
Amounts permanently set aside for charitable purposes	\$	Other expenses (Describe)	\$

**Real Estate Sales Worksheet (Property # 1)**

Please provide the following information for any real estate sold by the estate/trust during the year. If more than one property was sold during the year, please complete a separate organizer for each property sold.

Address of Property Sold		
What was the Fair Market Value of the property on the date of death?		\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was the Sales Price of the Property? (Please provide copy of closing papers)		\$
Expenses associated with keeping and maintaining the property after the date of death including:		
Repairs	\$	Improvements
Cleaning	\$	Mortgage Interest
Maintenance	\$	Storage
Utilities	\$	Commissions
Taxes	\$	Fixing-up expenses
Insurance	\$	Title fees and other expenses of sale
Other costs (describe)		\$
Other costs (describe)		\$

**Vehicles/ boats/ RVs/ Aircraft Sales Worksheet (Vehicle #1)**

Please provide the following information relating to the sale of a car, truck, boat, RV or airplane. If more than one vehicle was sold, complete a separate organizer for each.

Description of Property Sold		
What was the Fair Market Value of the property on the date of death?		\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What date was the property sold? _____		What was the selling price?
		\$
Expenses associated with keeping and maintaining the property after the date of death including:		
Repairs	\$	Improvements
Cleaning	\$	Finance charges
Maintenance	\$	Transportation
Storage	\$	Commissions
Taxes	\$	Fixing-up expenses
Insurance	\$	Title fees and other expenses of sale
Other costs (describe)		\$
Other costs (describe)		\$

### Estate Sale Worksheet

If there was an Estate Sale, please provide the following information about the property sold.

Description	Fair Market Value on Date of Death	Sales Price	Description	Fair Market Value on Date of Death	Sales Price
Sofa(s)	\$	\$	Appliances	\$	\$
Coffee Table	\$	\$	Bedding	\$	\$
Dining Table and Chairs	\$	\$	China Ware	\$	\$
Kitchen Table and Chairs	\$	\$	Decorator items	\$	\$
Dresser	\$	\$	Clothing	\$	\$
Bed	\$	\$	Books	\$	\$
Bookshelves	\$	\$	Silver Ware	\$	\$

### Other Personal Property Sold

Description	FMV on Date of Death	Sales Price	Description	FMV on Date of Death	Sales Price
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$

### Expenses incurred for Estate Sale

Advertising	\$	Equipment rental	\$	Other	\$
Commissions	\$	Other	\$	Other	\$