

## FIDUCIARY TAX PREPARATION CHECKLIST

| Details   |                    | Be | neficiary               | y Information                      |       |
|---|--------------------|----|-------------------------|------------------------------------|-------|
| ☐ Type of Entity:   |                    |    | Name of Beneficiary #1: |                                    |       |
| ☐ Simple Trust  |                    |    |                         |                                    |       |
| ☐ Complex Trust   |                    |    |                         | Social Security #:                 |       |
| ☐ Decedent's Estate   |                    |    |                         | Mailing Address:                   |       |
| □ Other:  |                    |    |                         |                                    |       |
| □ Name of Entity:   |                    |    |                         | Percentage of Interest in Entity:  | <br>% |
| ☐ Federal Tax ID #:   |                    |    |                         | , <u> </u>                         | _     |
| ☐ State Tax ID # (If Applicable):   |                    |    |                         |                                    |       |
| ☐ Date Entity Est./Date of Death:   |                    |    | Name c                  | of Beneficiary #2:                 |       |
| ☐ Mailing Address of Entity:  |                    |    |                         | Cacial Cocurity #                  |       |
|   |                    |    |                         | Social Security #:                 |       |
|   |                    |    |                         | Mailing Address:                   |       |
| Fiscal Year-End:  | <del></del>        |    |                         |                                    |       |
| Primary Fiduciary Information   |                    |    |                         | Percentage of Interest in Entity:% |       |
| ☐ Primary Fiduciary's Name:   |                    |    | Name c                  | of Beneficiary #3:                 |       |
| ☐ Primary Fiduciary's Phone #:  |                    |    |                         | Social Security #:                 |       |
| ☐ Primary Fiduciary's Email Address:  | <del></del>        |    | П                       | Mailing Address:                   |       |
| - Filliary Fluuciary S Ellian Address.  |                    |    |                         |                                    |       |
| Primary Fiduciary's Address:  |                    |    |                         |                                    |       |
|   |                    |    |                         | Percentage of Interest in Entity:  | _ %   |
|   |                    |    | Nama                    | of Demofician, #4.                 |       |
| Documents  ☐ Copies of past 2 years trust tax retu  | urns (Now Clients) |    | Name C                  | of Beneficiary #4:                 |       |
| <ul><li>Copies of past 2 years trust tax retu</li><li>Original Trust Formation documnen</li></ul> |                    |    |                         | Social Security #:                 |       |
| ☐ Copy of the SS-4 document   |                    |    |                         | Mailing Address:                   |       |
|   |                    |    | Ш                       | ivialiling Address.                |       |
| Income Distributions & Notes (Prov  | ide Details)       |    |                         |                                    |       |
|   |                    |    |                         | Percentage of Interest in Entity:  | %     |
|   |                    |    |                         |                                    |       |