FULLERTON BUSINESS SERVICE

Tax Organizer for Fiduciary Estate and Trust Tax Returns

Estate/Trust: ____________________ ____

EIN Name

Address: ____

Mailing Address City State Zip Code

Fiduciary/Trustee contact name: _______________________________ Email: ________________________

Contact Phones: _____________________ ___________________ ___________________

(Office) (Home) (Mobile)

____

Contact Mailing Address City State Zip Code

This Organizer is provided to help you gather and organize information relating to preparation of your fiduciary income tax return. Where indicated, we have provided additional worksheets and other specialized organizers where you can provide additional important information. Please complete this organizer and provide it with the following information one week prior to your appointment:

- A copy of your prior-year 1041 Fiduciary Tax Return if you are a first-time client of Fullerton Business Service
- A copy of the will and/or trust document
- All 1099s, K1s, and other income statements issued to the estate, trust, or to the decedent in the year of death

Filing Information. Please answer "Yes" or "No" to ALL of the following questions.	Yes	No
Is this tax return for an Estate? If yes, please provide the following information: Decedent's date of death:______________	☐	☐
Is there a change in address or fiduciary name? *If yes, describe:*	☐	☐
Did the estate or trust receive all or any part of the earnings of a person? *If yes, describe.*____	☐	☐
Did the estate or trust receive income from any self-employed small businesses? *If yes, complete the Schedule C Organizer at fullertonbusinessservice.com*	☐	☐
Did the estate or trust receive income from rental real estate? *If yes, complete Schedule E Organizer at fullertonbusinessservice.com*	☐	☐
Did the estate or trust receive income from a partnership, S-corporation, trust, or estate? *If yes, provide K-1 for each entity that issued income.*	☐	☐
Did the estate or trust receive income from an installment sale? *If yes, describe*____	☐	☐
Did the estate or trust receive income from any state other than California? *If yes, name the state and describe the income*_____________________________________	☐	☐

Did the estate or trust receive income from the sale of stocks or bonds? *If yes, attach copies of year-end brokerage statements.*	☐	☐
Did the estate or trust receive income from interest or dividends? *If yes, attach copies of interest and dividend 1099s.*	☐	☐
Did the estate or trust sell property? *If yes, please provide real estate closing statements (and appraisals if obtained). For other property, please provide details.*	☐	☐
Did the estate or trust receive or pay seller-financed mortgage? If yes, describe:	☐	☐
Did a beneficiary live in property owned by the trust/estate? *If yes, please indicate in Beneficiary section below).*	☐	☐

Beneficiary Information First Name–Last Name	**Social Security Number**	**Beneficiary Mailing Address** **Street Address City, State, Zip**	**Beneficiary's share of Income, Deductions etc.**

Distributions of Money or Property to Beneficiaries During the Year	
Please describe the amount and type of distributions made to beneficiaries during the year.	
Income required to be distributed during the year	$
Other amounts paid, credited, or otherwise required to be distributed	$
Use this space to provide additional information about distributions made to beneficiaries.	

Miscellaneous Expenses Not Included in Business or Rental Worksheets

Expenses		Expenses	
Fiduciary fees	$	Attorney fees	$
Accounting	$	Tax preparer	$
Investment interest	$	Investment advisory fees	$
Subscriptions to investment advisory magazines	$	Safe deposit box	$
Amounts permanently set aside for charitable purposes	$	Parking & tolls	$
Other interest *(do not include auto or home loan interest)*	$	Miles driven for estate/trust	
Expenses for Maintaining Property Held By the Estate:			
Insurance	$	Other:	$
Mortgage interest *(paid to banks etc.)*	$		$
Real Estate Taxes	$		$
Repairs and maintenance	$		$
Utilities	$		$

I affirm that the information contained in this tax organizer, submitted to Fullerton Business Service, Inc. for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

________________________________ ____________________________ _____________________ _____________

Signature | Print Name | Title | Date