

Enclosed is an organizer that	provide to	tax clients in order to assist
them in gathering the informa	ation necessary to prepare their fidu	iciary income tax returns.
on income tax returns. A negl and other reported amounts of	igence penalty may be assessed wh	information returns with amounts reported nere dividends, interest, security sales, to the IRS. Accordingly, information returns this organizer. Forms such as:
1099-G	Schedules K-1	
1099-INT	(Forms 1065, 1120S, 1041)	
1099-DIV	Annual Brokerage Statements	
1099-B	1098 — Mortgage Interest	
1099-MISC	Any other tax information stateme	ents
1099 (any other)	8886 (Reportable transactions)	
you. Please sign the original of envelope. Keep the copy for y To continue providing quality information as soon as possib	your records.  services on a timely basis, le. If information from "pass-throug a you are missing, please send the o	it to in the enclosed
your completed tax organizer	=	In order to meet this filing deadline Should the information filed for this return.
		due with this return must be paid with ine are subject to late payment penalties
look forwar items, please do not hesitate		uld you have any questions regarding any

Trust/estate name(s)		Federal ID No		
Address				
City, town or post office	County	State	ZIP	code
Email				
Telephone number	Telephone number	Fax numbe	r	
Home	Office	Office		
Fiduciary name(s)		Federal ID No		
			N/A	EXPLANATION
If this is the first year we will prepare the				
Will or trust agreement and ar	nendments, if any			
• Tax returns for the prior three	years			
• Depreciation schedules				
Passive loss carryover information	tion			
• Net operating loss carryovers				
Basis computations				
Capital loss carryovers				
If not previously furnished, provide copie	es of:			
<ul> <li>Death certificate of decedent,</li> </ul>	grantor or beneficiaries			
Birth certificates of beneficiarie	es			
Birth certificates of beneficiarie	es			

	YES	NO	COMMENTS OR EXPLANATION
▶ 1) Is the fiduciary a U.S. citizen?			•••••••
2) Has there been a change in fiduciary? If yes, provide name, address and federal ID No.			•••••••
▶ 3) Has there been a change in beneficiaries? If yes, provide details.			
▶ 4) Is this a foreign trust?	• • • • • • • •		
•••••••••••••••••••••••••••••••••••••••	•••••		· · · · · · · · · · · · · · · · · · ·
▶ 5) If a foreign trust, is the grantor or any beneficiary a U.S. person?			
On Did the taxpayer receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If yes, provide details.			
7) Will the address on the current returns be different from that shown on the prior year returns? If yes, provide the new address and date of change.			
▶ 8) Was the taxpayer a resident of, receive income from, or own property in more than one state during the year? If yes, provide a list of activities by state.			
9) Do you want any overpayment of taxes applied to next year's estimated taxes?			
▶ 10) During this tax year, did you have any securities that became worthless or loans that became uncollectible? Provide details.			
▶ 11) If a trust or an estate is in the final year, do you want any estimated tax payments made by the fiduciary treated as being made by the beneficiaries?			

		YES	NO	COMMENTS OR EXPLANATION
<b>▶</b> 12)	Did the taxpayer have foreign income, pay any foreign taxes, or file any foreign information reporting, or tax return forms? Provide details.			
▶ 13)	Did the taxpayer have any interest in, signature, or other authority over a bank, securities, or other financial account in a foreign country? If yes, please provide details.			
<b>▶</b> 14)	Has the IRS or any state or local taxing authority notified you of changes to a prior year's tax return? If yes, provide copies of all notices/correspondence received from any tax authority.			•••••••••••••••••••••••••••••••••••••••
<b>▶</b> 15)	Are you aware of any changes to income, deductions and credits reported on prior year's returns? If yes, please provide details.			
<b>▶</b> 16)	Can the IRS discuss questions about this return with the preparer?			
<b>▶</b> 17)	Were any distributions made to beneficiaries during the tax year or within 65 days following year end? If yes, provide details.			
<b>▶</b> 18)	Did the fiduciary receive any gifts on behalf of the estate or trust? If yes, provide details.			•••••••••••
<b>▶</b> 19)	Did the estate or trust receive all or any part of the earnings (salary, wages, and any other compensation) of any individual by reason of a contract assignment or similar arrangement? If yes, provide details.			•••••••••••••••••••••••••••••••••••••••
<b>▶</b> 20)	Did the estate or trust receive, or pay, any mortgage interest on seller-provided financing? If yes, provide details.			••••••••••••
<b>▶</b> 21)	If a decedent's estate, has the estate been open for more than two years? If yes, provide explanation for the delay in closing the estate.			••••••••••••

(FORM 1041)

### ▶ BENEFICIARIES (Attach additional schedule if needed)

FULL NAME	FEDERAL ID OR SOCIAL SECURITY #	ADDRESS	DATE OF BIRTH	U.S. PERSON

If other than a U.S. citizen, provide details.

### ► ESTIMATED TAX PAYMENTS MADE

	FEDI	ERAL	STA	ATE
PRIOR YEAR OVERPAYMENT APPLIED	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID
1ST QUARTER				
2ND QUARTER				
3RD QUARTER				
4TH QUARTER				
EXTENSION				

(FORM 1041)

► INTEREST INCOME — Enclose Form 1099-INT and/or statements for all interest income, including tax-exempt interest income.

If not available, complete the following:

NAME OF PAYER	BANKS, S&L, ETC.	SELLER FIN. MTG.*	U.S. BONDS, T-BILLS	TAX-EX	XEMPT OUT-OF-STATE
EARLY WITHDRAWAL PENALTIES					

*	Provide	name	SSN/FIN	I. address.

IDUCIARY TAY ORGANIZER (FORM 10/1

(FORM 1041)

▶ DIVIDEND INCOME — Enclose Forms 1099-DIV and/or statements for all dividends, including tax-exempt dividends. *If not available, complete the following:* 

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAIN	NON TAXABLE	FEDERAL TAX WITHHELD	FOREIGN TAX WITHHELD

▶ MISCELLANEOUS INCOME — Enclose related Forms 1099 or other forms/correspondence.

DESCRIPTION	AMOUNT
State and local income tax refund(s)	
Other miscellaneous income (include description):	

INC	OME FROM BUSINESS OR PROFESSION (SCHEDULE C)			
	Principal trade or business			<del></del>
	Business name			
	Business taxpayer identification number			
	Business address			
	Method(s) used to value closing inventory:			<del></del>
	Cost Lower of cost or market Other (describe)			N/A
	Accounting method:			
	Cost Accrual Other (describe)			
INC	OME FROM BUSINESS OR PROFESSION (SCHEDULE C)	YES	NO	COMMENTS OR EXPLANATION
<b>▶</b> 1)	Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.			
<b>▶</b> 2)	Were any assets sold during the year? If yes, list assets sold including date acquired, date sold, sales price, expenses of sale, depreciation schedule (if depreciable), and original cost.			
<b>▶</b> 3)	Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.			
<b>▶</b> 4)	Was the business still in operation at the end of the year?			
<b>▶</b> 5)	List the states in which business was conducted and provide income and expenses by state.			
<b>▶</b> 6)	Provide copies of certification for members of target groups and associated wages paid that qualify for the Work Opportunity Tax Credit.			
<b>▶</b> 7)	Did the fiduciary materially participate in the operation of the business during the year?			
▶ 8)	Was the business registered with the state in which it was doing business?			
<b>▶</b> 9)	Did the business make any payments that would require it to file Form(s) 1099? If yes, did the business file the 1099s?			

(FORM 1041)

INCOME AND EXPENSES (SCHEDULE C) — Attach a financial statement of the business or complete the following worksheet. Include all Forms 1099 received by the business. **Complete a separate schedule for each business.** 

DESCRIPTION	AMOUNT
Part I — INCOME	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount; add schedule if needed)	
Part II — COST OF GOODS SOLD	
Inventory at beginning of year (Should agree to prior year's ending inventory)	
Purchases less cost of items withdrawn for personal use	
Cost of labor	
Materials and supplies	
Other costs (List type and amount; add schedule if needed)	
Inventory at end of year	
Part III — EXPENSES	
Advertising	
Advertising  Bad debts from sales or services (Accrual Basis Taxpayers only)	
Bad debts from sales or services (Accrual Basis Taxpayers only)	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion  Depreciation (Provide depreciation schedules)	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion  Depreciation (Provide depreciation schedules)  a. Health Insurance and other benefits	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion  Depreciation (Provide depreciation schedules)  a. Health Insurance and other benefits  b. Retirement contributions	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion  Depreciation (Provide depreciation schedules)  a. Health Insurance and other benefits  b. Retirement contributions  Insurance (Other than health)	
Bad debts from sales or services (Accrual Basis Taxpayers only)  Car and truck expenses (Provide details on separate sheet)  Commissions and fees  Depletion  Depreciation (Provide depreciation schedules)  a. Health Insurance and other benefits  b. Retirement contributions  Insurance (Other than health)  Interest:	

(FORM 1041)

INCOME AND EXPENSES (SCHEDULE C) — Attach a financial statement of the business or complete the following worksheet. Include all Forms 1099 received by the business. **Complete a separate schedule for each business.** 

DESCRIPTION	AMOUNT
Part III — EXPENSES	
Legal and professional fees	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns)	
State taxes	
Travel, meals and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of forms W3/W2)	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount)	
COMMENTS:	

(FORM 1041)

CAPITAL GAINS AND LOSSES — Enclose all Forms 1099-B, 1099-S and HUD-1 closing statements. Complete the following schedule OR provide brokerage account statements and transaction slips for sales and purchases.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)

Enter any sales **NOT** reported on Forms 1099-B and 1099-S or HUD-1 closing statements.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)

RENTAL AND ROYALTY INCOME (SCHEDULE E) — Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities.	YES	NO	COMMENTS OR EXPLANATION
▶ Description and location of property			
► Did the fiduciary actively participate in the rental activity?			
Residential property?			
Commercial property?			
Personal use?			
If "yes," please complete the information below.			
Number of days the property was occupied by you or a related party not paying rent at the fair market value.			
Number of days the property was not occupied.			

INCOME:	AMOUNT		AMOUNT
RENTS RECEIVED		ROYALTIES RECEIVED	
EXPENSES:			
MORTGAGE INTEREST		LEGAL AND OTHER PROFESSIONAL FEES	
OTHER INTEREST		CLEANING AND MAINTENANCE	
INSURANCE		COMMISSIONS	
REPAIRS		UTILITIES	
AUTO AND TRAVEL		MANAGEMENT FEES	
ADVERTISING		SUPPLIES	
TAXES		OTHER (ITEMIZE)	

(FORM 1041)

RENTAL AND ROYALTY INCOME (SCHEDULE E) — Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities.	DONE N/A	COMMENTS OR EXPLANATION
▶ If this is the first year I am (we are) preparing your return, please provide depreciation records.		
▶ If this is a new property, provide the settlement statement (HUD-1).		
▶ List below any improvements or assets purchased during the year.		
DESCRIPTION	DATE PLACED IN SERVICE	COST

If the property was sold during the year, provide the settlement statement (HUD-1).

(FORM 1041)

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, LLCs OR S CORPORATIONS (SCHEDULE E) — Enclose all Schedules K 1 (both federal and state) forms received to date. **Also list below all K-1 forms not yet received:** 

NAME	SOURCE CODE*	FEDERAL ID #

<sup>\*</sup>Source Code: P = Partnership E = Estate/Trust F = Foreign Trust L = LLC S = S Corporation

(FORM 1041)

Cash contributions allowed by the will or trust document for which you have receipts, canceled checks, etc.  NOTE: You must have written acknowledgment from any charitable organization to which you made individual of \$250 or more during the year. If value was received in exchange for contribution, acknowledgement from chainclude an estimate of such value. You must have receipts or bank records for cash contributions.  DONEE  AMOUNT  DONEE	
of \$250 or more during the year. If value was received in exchange for contribution, acknowledgement from chainclude an estimate of such value. You must have receipts or bank records for cash contributions.	
DONEE AMOUNT DONEE A	
	MOUNT
► Other than cash contributions (enclose receipt(s)):	
ORGANIZATION NAME AND ADDRESS	
DESCRIPTION OF PROPERTY	
DATE ACQUIRED	
HOW ACQUIRED	
COST OR BASIS	
DATE CONTRIBUTED	
FAIR MARKET VALUE (FMV)	

For contributions over \$5,000, include copy of appraisal and confirmation from charity.

HOW FMV DETERMINED

		·					
IN	INTEREST EXPENSE						
<b>&gt;</b>	► Mortgage interest expense (attach Forms 1098).						
	PAYEE*	PROPERTY**	AMOUNT				
	*Include address and Social Security number if pa	yee is an individual. gation, i.e., principal residence, motor home, boat, etc.					
		guion, i.e., principal residence, motor nome, bout, etc.					
<b>&gt;</b>	Unamortized Points, if applicable, please incl	lude copy of refinancing statement and length of mortgage.					
	PAYEE	PURPOSE	AMOUNT				
<b>&gt;</b>	Investment Interest Expense						
	PAYEE	INVESTMENT PURPOSE	AMOUNT				

(FORM 1041)

### **DEDUCTIBLE TAXES**

DESCRIPTION	AMOUNT
STATE AND LOCAL INCOME TAX PAYMENTS MADE THIS YEAR FOR PRIOR YEAR(S):	
4TH QUARTER ESTIMATED PAYMENT MADE IN JANUARY	
EXTENSION PAYMENT	
BALANCE DUE	
SALES TAX ON MAJOR ITEMS (AUTO, BOAT, HOME IMPROVEMENTS, ETC.)	
REAL ESTATE TAXES	
PERSONAL PROPERTY TAXES	
INTANGIBLE TAX	
OTHER TAXES (ITEMIZE)	
FOREIGN TAX WITHHELD (MAY BE USED AS A CREDIT)	



(FORM 1041)

### MISCELLANEOUS DEDUCTIONS

DESCRIPTION	AMOUNT
TAX RETURN PREPARATION FEES	
LEGAL FEES (PROVIDE DETAILS)	
SAFE DEPOSIT BOX RENTAL (IF USED FOR STORAGE OF DOCUMENTS OR ITEMS RELATED TO INCOME-PRODUCING PROPERTY)	
FIDUCIARY FEES	
INVESTMENT FEES	
OTHER MISCELLANEOUS DEDUCTIONS — ITEMIZE	

