

# DROP-OFF FORM – Trust Returns

Date of Drop-Off: \_\_\_\_\_

If you are a NEW CLIENT, please attach the letter from the IRS showing the Federal ID Number assigned to the Trust or the Estate.

Contact Name: \_\_\_\_\_

Address of Trustee or Administrator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please answer the following questions:

Is this the first year of the return? YES or NO

Is this the final year of the return? YES or NO

On the following page, please list all beneficiaries who receive income from the Trust or Estate. Include full names, addresses, and Social Security numbers for each individual.

Please attach all documents pertaining to the Trust or Estate. This includes interest statements, dividend income, royalties, retirements, etc.

Name:	
Address:	
Social Sec. #:	
Percentage:	

Name:	
Address:	
Social Sec. #:	
Percentage:	

Name:	
Address:	
Social Sec. #:	
Percentage:	

Name:	
Address:	
Social Sec. #:	
Percentage:	