SHAFFER & CO. LLC

New Estate/Trust Client Application

Trust/Decedent Name: ____

Type of Trust: ____

Current Address: ____

City, State and Zip: ___________________________ **Fax:** __________________

Name and Title of Fiduciary: ____

Current Address: ____

City, State and Zip: ___________________________ **Phone:** ________________

Email: __________________________ **Cell:** _______________________________

Attorney: ____________________________ **Phone:** ________________________

Location and date the will or trust was created: __________________________

Have you contacted the decedent's accountant? May we contact them?

____

How many accounting firms have you had in the past 3 years? _________________

If you were referred you to our firm, who was the referral?

____

What specific services are you are looking for from us?

____

What time frame do you expect to need our services, and what is the due date for various completed services? ____

PO Box 6255 Sitka, AK 99835 Phone (907) 747-6918 Fax (907) 747-5988 admin@shafferak.com

Are any beneficiaries who are **NOT** US Citizens? ____________________________

What is your rate of compensation as Fiduciary? ____________________________

How often are you available to participate in managing the estate/trust?

____

Note: If we accept your application and move forward, below is a list of the following information that we will be needing from you.

Copy of prior Fiduciary Income Tax Return (Form 1041)

Copy of final 1040

TIN of Estate or Trust

Copy of will and/or trust

Copy of death certificate

Name, address, relationship, date of birth, and TIN of beneficiary(ies)

Forms 1099 issued to decedent

Forms 1099 issued to trust or estate

K1's form partnerships, trusts or estate

Estate's probate inventory filing

Estate's probate account filing(s)

Bank and investment statements

Detail of distributions made to beneficiary(ies)

Statements of any credit card balances (DOD)

Statements of any DOD liabilities not paid

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