DROP OFF SHEET – TRUST RETURNS

Date of Drop Off ____________ New Client Y or N (circle)

Contact:_________________________________

Address of Trustee or Administrator___________________________

Phone:_________________

Secondary Phone Number____________

Email_____________________________

If a NEW client attach letter from IRS showing the Federal ID Number assigned to the Trust or Estate

Is this the first or final year of return? First year __________________

Final year ___________________________

Names, addresses, Social Security numbers for all beneficiaries who will receive income from the Trust or Estate and percentages for each person

Name__________________________ Address_________________________

Social Security Number _______________ ___ Percentage___________

Name______________________ Address____________________

Social Security Number______________________ Percentage________

Attach as many as necessary

Attach any and all documents for Trust or Estate. Interest statements, dividend income, royalties, retirements, etc.