2020 Fiduciary General Information

Name and Address Information							
Employer ID number							
Estate/trust name							
In-care-of name							
Street address 4	Suite # 5						
City ⁶							
U.S. ONLY State, ZIP, County ⁷ 8							
Foreign ONLY Province/State, Country, Postal Code 10	11 12 Entity name control 13						
Fiduciary Information First name Last name							
If an individual							
If a business 16							
Fiduciary title 17 Trustee 18 Executor 19 Executrix	Other 20						
Fiduciary SSN/EIN 21 Fiduciary is which it is t	a financial institution that submitted estimated tax payments for trusts for ne trustee						
Phone number 23							
General Information	If not a calendar year						
A Type of entity - Mark all that apply	Fiscal begin 53						
Decedent's estate	Fiscal end 54						
SSN Date of death							
Name: First 28	Other Information						
Last [30] 30] 30] 30] 30] 30] 30] 30	Distribute all income						
Simple trust Complex trust 31 32	Distribute NET capital gain						
Qualified disability September 2015 Qualified disability September 2015 ESBT (S only) 34	Carry the applicable amount of depreciation, depletion, and amortization to Schedules C, E, or F instead of line 9 of the beneficiary's Schedule K-1.						
Full Grantor Partial Grantor	Resident state						
Bankruptcy estate - Chapter 7 Bankruptcy estate - Chapter 11	Firm number 59						
Pooled income fund	Preparer number 60						
D Date entity created	ERO number						
E Nonexempt charitable and split-interest trusts. Mark applicable boxes:	Preparer fee 62						
Described in Section 4947(a)(1)	Date closed/terminated 63						
Not a private foundation	Misc code 1						
Described in Section 4947(a)(2)	Misc code 2						
F Mark applicable boxes:	Invoice number						
Initial return 43 Final return	2210 Information						
Amended return	2019 federal tax						
NOL carryback	2019 state tax 68						
Change in trust's name Change in fiduciary							
Change in fiduciary's name Change in fiduciary's addres	5						
G 51 Estate or filing trust made a section 645 election							
Trust EIN if 645 election							
Client information (for client reports only)							
Liliali							
Cell 70 Fax 71							

Beneficiary Information						
ID Number		1	² Form ²	1042S 3 Make this I	peneficiary the rour	iding beneficiary
Name		First name		MI 5		
		Last name			Suffix Profe 8	ssional
F-4:4		9				
Entity name (if not individual)		10				21 - 10/
Care of/FBO/DBA		11				Federal %
Address		12				State %
City		13 14		15		Amended K-1
U.S. ONLY State, ZIP			Re	esident State	0	Final K-1
Foreign ONLY Province/Sta country, post	te, al code				ŏ 	Foreign beneficiary
Phone Number		19				
E-mail Address		20				Deliver by Secure File Pro
K1 Overrides	Code	2020 Amount	2019 Amount	_	Code Amo	
1 Interest income		27		11 Final year deductions	45 46	
2a Ordinary dividends		28			47 48	
2b Qualified dividends		29			49 50	
3 Net short-term capital ga	in	30			51 52	
4a Net long-term capital gai	n	31		1	53 54	
4b 28% rate gain		32		1	55 56	
4c Unrecaptured 1250 gain		33		12 Alternative minimum tax adjustment	57 58	
5 Other portfolio income		34		lax adjustinent	59 60	
6 Ordinary business incom	ie	35		1	61 62	
7 Net rental real estate inc		36			63 64	
8 Other rental income		37		1	65 66	
Directly apportioned	38	39		13 Credits and credit recapture	67 68	
deductions	40	41		recapture	69 70	
	42	43		-	71 72	
10 Estate tax deduction		44		_	73 74	
Estate tax deduction				J	75 76	
					77 78	
				14 Other information	79 80	
					81 82	
					83 84	
					85 86	
					05 00	

2020 State General Information

2 15-1

LULU State Scheral IIII	31111411011		
Trust Information			
1 Revocable		Composite for State Purposes	
2 Irrevocable			
3 Testamentary			
4 Inter vivos			
5 Charitable remaind	der		
Method of Accounting			
6 Cash			
7 Accrual			
Other - specify:	8		
Additional or Fiduciary	Information		
Street address	9		
City, state, ZIP	10	11 12	
E-mail	13		

Drake Software - Fiduciary Interview Sheet / Proforma - Copyright 2020

FSTATE.LD