



## Estate/Trust Tax Organizer

*Please fully complete this organizer before your appointment. Please bring a photo ID with you to your appointment or upload it to the portal. Thank You!*

### Estate / Trust Information

Estate/Trust Name	EIN	Date of Creation	Organizing State
Address:	City:	State:	Zip
Authorized Individual Name:	Authorized Individual Title:		
Phone Number:	Email Address:		

#### Entity Type:

Estate of a Decedent

Name of Decedent: \_\_\_\_\_

Social Security number of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Revocable Grantor Trust

Irrevocable Trust

Other Type of Trust: \_\_\_\_\_

<b>Please answer the following:</b>	
➤ Is this the first tax return filed for this estate or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Will this be the final tax return filed for this estate or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust receive any tax-exempt income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust receive any life insurance proceeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust receive any rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust receive any income from a sole-proprietorship or LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust receive income from a partnership, S Corporation, trust, or estate? <i>Please provide copy of Schedule K-1</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Did the estate/trust sell any real estate or other property during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Was there any foreign activity during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Beneficiaries

Name	Address	Phone Number	SSN, EIN, or ITIN And Date of Birth	Allocation Percentage

## Financial Information

*If you have financial statements please attach them and skip this section.*

<b>Gross Revenue</b> (attach any 1099's received)			
<b>Business or Rental Revenue</b>			
<b>Other Revenues</b>			
Fiduciary Fees		Accounting	
Attorney Fees		Tax Preparation	
Expenses for maintaining estate property		Qualified Residence interest paid by estate	
Investment Interest		Investment Advisory Fees	
Safe Deposit Box		Set aside for charity	
Other Expenses:			

## Communications Preferences and Acknowledgement

My preferred method of communication from Reliance Accounting and Tax Services is:

Phone     
  Text     
  Email     
  Mail     
  Use the online portal

How would you like to sign for your return (Form 8879 *Authorization to E-File*)?

In person     
  Electronically

**Would you like a paper copy of your return?**

Yes     No

*(\$15 additional charge if you want a paper return mailed to you)*

Would you like a meeting scheduled during the year for tax planning or to discuss tax liability/estimated payments (Note: cost is not included in cost of the tax return prep)

Yes     No

## Additional Information / Questions

Please list any additional information or any questions:

***Please sign and date below to acknowledge that you are authorized to act on behalf of the entity named on Page 1 and that the information provided is true, correct, and accurate and will be used to prepare your income tax return.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

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