

## 2024 Tax Organizer for Estates and Trusts General and Fiduciary Information

### General Information

<b>Estate or trust name</b>		<b>EIN</b>	
<b>In care of name</b>		<b>Entity name control</b>	
<b>Street address, city, state, and ZIP</b>			

**Yes No**

Does the estate or trust file under a calendar year?  
 If "No," what is the tax year begin date? \_\_\_\_\_ Tax year end date? \_\_\_\_\_

Type of entity (select all that apply):

<input type="checkbox"/> Decedent's estate	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Complex trust
<input type="checkbox"/> Qualified disability trust	<input type="checkbox"/> Electing small business trust (ESBT)	<input type="checkbox"/> Grantor type trust
<input type="checkbox"/> Bankruptcy estate (chapter 7)	<input type="checkbox"/> Bankruptcy estate (chapter 11)	<input type="checkbox"/> Pooled income fund

If the entity is a decedent's estate, provide the following information.

Decedent's name \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of death \_\_\_\_\_

How many beneficiaries did the estate or trust have during the tax year? \_\_\_\_\_  
 Date entity created \_\_\_\_\_

Does the estate or trust's governing instrument require all income to be distributed?  
  Is the entity a nonexempt charitable or split-interest trust?  
  Did the estate or filing trust make a section 645 election?  
 If "Yes," provide the trust's EIN. \_\_\_\_\_

### Fiduciary Information

<b>First and last name (if an individual)</b>			
<b>Business name (if a business)</b>			
<b>Fiduciary ID Number</b>		<b>Phone number</b>	
<b>Cell number</b>		<b>Fax number</b>	
<b>Email</b>			

**Yes No**

Is the fiduciary a financial institution that submitted estimated tax payments for the trust for which it is the trustee?  
 What is the fiduciary's title?  
 Trustee  Executor  Executrix Other \_\_\_\_\_

### Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use This Account for	
			Checking	Savings	Deposits	Withdrawals

### Beneficiary's and Other Information

Estate or Trust Name:

EIN:

#### Beneficiary Information

Foreign beneficiary **Fed %** **State %**

ID Number \_\_\_\_\_ Distributions if any \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/ State, Country, Postal code \_\_\_\_\_

Email \_\_\_\_\_

Foreign beneficiary **Fed %** **State %**

ID Number \_\_\_\_\_ Distributions if any \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/ State, Country, Postal code \_\_\_\_\_

Email \_\_\_\_\_

Foreign beneficiary **Fed %** **State %**

ID Number \_\_\_\_\_ Distributions if any \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/ State, Country, Postal code \_\_\_\_\_

Email \_\_\_\_\_

Foreign beneficiary **Fed %** **State %**

ID Number \_\_\_\_\_ Distributions if any \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/ State, Country, Postal code \_\_\_\_\_

Email \_\_\_\_\_

**Income**

Estate or Trust Name:

EIN:

**Wages & Salaries**

Provide all copies of Form W-2

<b>Employer Name</b>	<b>2024 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Retirement**

Provide all copies of Form 1099-R

<b>Payer Name</b>	<b>2024 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Miscellaneous Income**

Provide all copies of Form 1099's

<b>Payer Name</b>	<b>2024 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____





Schedule E - Income or Loss from Rental Real Estate & Royalties

Estate or Trust Name:

EIN:

General Property Information

Grantor

Property description

Address, city, state, ZIP

Select the property type

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, Other

Number of days property was rented, Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- This property was placed in service during 2024, This property was disposed of during 2024, This property is your main home or second home, This property was owned as a qualified joint venture, Yes No, Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental. If "Yes," did you file Forms 1099 for the individuals?

Income

2024

2024

Rent income, Royalties from oil, gas, mineral, copyright or patent

Expenses

Table with columns: Expense Category, Rental Unit Expenses, Rental and Homeowner Expenses. Rows include Advertising, Auto & travel, Cleaning & maintenance, Commissions, Insurance, Legal & professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depletion, Other expenses.

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.



