

3027 Marina Bay Drive Suite 205 League City, Texas 77573

This organizer is designed to assist you in gathering the information required for preparation of fiduciary tax returns. Please complete it in full and provide details and documentation as requested.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

– 1099-G (government payments)	- Schedules K-1 (Forms 1065, 1120-S, 1041)
- 1099-INT (interest)	– 1098 (mortgage interest)
– 1099-DIV (dividends)	– 8886 (reportable transactions)
– 1099-B (brokerage sales)	- Copies of any tax elections or revocations in effect
- 1099-MISC (rents, etc.)	 Closing Disclosure (real estate sales/purchases)
– 1099 (any other)	 Any other tax information statements
– Annual brokerage statements	
The filing deadline for your income tax re	turn is Your completed tax organizer needs to be received no
later than Any infor	rmation received after that date may require an extension to be filed for this return.
If an extension of time to file is required, a	any tax that may be due with this return must be paid with that extension. Any taxes
not paid by the filing deadline may be sub	oject to late-payment penalties and interest.
We look forward to providing services to contact	you. Should you have questions regarding any items, please do not hesitate to
Email	Phone
If you are uncertain of the appropriate res	sponse for any of the requested items, please consult the contact above.
Certification:	

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by

Trust/estate name(s)		Federal ID no.	
Address			
City, town or post office	County	State	ZIP code
Home/mobile telephone no.		Fax no	
Office telephone no.		Email address	
Fiduciary name(s) and title(s)		Federal ID no	
State of residence of fiduciary f	for 2020		
			Done N/A
		the following from your file(s) or prior	
1. Will or trust agreeme	ent and amendments, if any		
2. Tax returns for the p	rior three years		
Name(s), Social Sec of beneficiaries	urity number(s), state of resid	dence for 2020 and current address(es)
4. Depreciation schedu	ules		
5. Passive loss carryov	ver information		
6. Net operating loss (NOL) carryovers		
7. Basis computations			
8. Capital loss carryov	ers		
9. Name, address and	telephone of attorney		
	ct predecessor preparer for t ted, please provide the predec		
If not previously furnished, provi	ide copies of:		
1. Death certification o	of decedent, grantor or benefic	ciaries	
2. Marriage certificate	s of beneficiaries		
If an estate tax return (Federal F	Form 706 or state form) has be	een filed, please provide a copy.	
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		Yes/ Done	No
▶ 1)	Is the fiduciary a U.S. citizen? If no, provide further details.		
▶ 2)	Has there been a change in fiduciary? If yes, provide name, address and Federal ID number.		
▶ 3)	Has there been a change in beneficiaries (including a name or address change)? If yes, provide details.		
	If this is a trust, has there been any change to the trust document? If yes, provide a copy of the updated document.	· · · · · · · · · · · · · · · · · · ·	
> 5)	Have there been any court filings? If yes, provide copies.		
▶ 6)	Has the trust/estate terminated or are there plans to terminate it soon? If yes, provide details.		
	Did the trust/estate receive income from, or own property in, more than one state during the year? If yes, provide a list of activities by state.	•••••	••••••
	Have there been any changes to the state residency for the fiduciary or any beneficiaries? If yes, provide details.		
▶ 9)	Do you expect any fluctuations in income, deductions or withholding? If yes, provide details.		
▶ 10)	Did the trust/estate receive any funds/loans/grants (local, state, federal or other) related to the COVID-19 pandemic and economic recovery, such as Paycheck Protection Program (PPP) funds or an Economic Injury Disaster Loan (EIDL)? If yes, provide details.	······································	•••••••
▶ 11)	Do you want any overpayment of taxes applied to next year's estimated taxes?	•	
▶ 12)	Do you want a refund deposited directly into your bank account? If yes, enclose a voided check or bank routing and account information.		•••••••••••••••••••••••••••••••••••••••
	1. Do you want any balance due directly withdrawn from this same bank account on the due date?		
	2. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?		
▶ 13)	During this tax year, did you have any securities that became worthless or loans that became uncollectible? If yes, provide details.		
► 14)	Did the trust/estate acquire, use, dispose of or hold any virtual currency (such as bitcoin)? If yes, provide details.	•••••••••••	••••••••
▶ 15)	Do you agree to have your return filed electronically?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

▶ 16) Does the trust/estate have any interest or signature authority over a bank, securities or other financial account in a foreign country? If the aggregate value of all the accounts exceeded U.S. \$10,000 at any time during the year, please complete the following:

Name and address of financial institution	Account type (bank/securities/other)**	Account number	Maximum value during the year*	Currency	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address and U.S. taxpayer identification number (if any)

- * Please provide the highest value at any time during the year in the foreign currency.
- ** Treasury guidance presently (Form 114, Report of Foreign Bank and Financial Accounts) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.
- ▶ 17) Does the trust/estate have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year, or more than \$75,000 at any time during the tax year? If yes, please complete the following schedule (only include assets not previously listed on the above question for FinCEN 114 reporting).

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

Yes/	No
)one	N/A

▶ 18	Did the trust/estate have foreign income, pay any foreign taxes or file any foreign information reporting or tax return forms? If yes, provide details.
▶ 19	Is this a foreign trust? Generally, a trust organized in a foreign country and is subject to that country's laws and courts is a foreign trust.
	If yes, is the grantor or any beneficiary a U.S. person?
▶ 20) Did the trust/estate receive a distribution from, or was it the grantor of or transferor to, a foreign trust? If yes, provide details.
▶ 21	Has the IRS or any state or local taxing authority notified you of changes to a prior year's tax return? If yes, provide copies of all notices/correspondence received from any tax authority.
▶ 22	Are you aware of any changes to income, deductions and credits reported on a prior year's return? If yes, provide details.
▶ 23	Can the IRS discuss questions about this return with the preparer?
▶ 24) Were any distributions made to beneficiaries during the tax year or within 65 days following year end? If yes, provide details including the dates the distributions were made.
▶ 25) Did the trust/estate receive all or any part of the earnings (salary, wages and any other compensation) of any individual, by reason of a contract assignment or similar arrangement? If yes, provide details.
▶ 26	Did the trust/estate receive a distribution from an annuity or retirement account (IRA, KEOGH, SIMPLE or SEP)?
▶ 27) Did the trust/estate receive or pay any mortgage interest on seller-provided financing? If yes, provide details.
▶ 28	If this is a decedent's estate, has the estate been open for more than two years? If yes, provide an
	explanation for the delay in closing the estate.

► Estimated tax payments made

	Federal		State		
Prior year overpayment applied	Date paid	Amount paid	Date paid	Amount paid	
1st quarter					
2nd quarter					
3rd quarter					
4th quarter					
Extension					

► Interest income — Enclose Form 1099-INT and/or statements for all interest income, including tax-exempt interest income. If not available, complete the following:									
	Banks, savings	Seller-financed				Tax-exempt			
Name of payer	and loan (S&L), etc.	mortgage		U.S. bo	onds, T-bills	In-sta	ite		Out-of-state
* Provide name, taxpayer io	dentification numb	er and addre	ess.						
 <u>Dividend income</u> – Enc available, complete the 		DIV and/or s	tatemen	its for a	II dividends, i	includi	ng ta	x-exempt div	idends. If not
Name of payer		Qualified dividends	Capital distribu		Exempt-inte dividends		Fede withh	ral tax neld	Foreign tax paid
► <u>Miscellaneous income</u>	– Enclose related	Forms 1099	or othe	r forms,	/corresponde	ence.			
Description								Amount	
State and local income ta	x refund(s)								
Other miscellaneous inco	me (include descr	iption):							

Incor	me from business or	profession (Schedule C)			
	Principal trade or b	ousiness			
	Business name				
	Business taxpayer	identification number			
	Business address				
	Method(s) used to	o value closing inventory:			
	Cost	Lower of cost or market	Other (describe)	N/A	
	Accounting metho	od:			
	Cash	Accrual	Other (describe)		
				Yes/ Done	No/ N/A
▶ 1)	-	ge in determining quantities, on the control of the	costs or valuations between the opening and closing		······································
▶ 2)	sold, sales price, ex	penses of sale, depreciation s	f yes, list assets sold, including date acquired, date schedule (if depreciable) and original cost.		
▶ 3)	Were any business	assets purchased during the y	year? If yes, list assets acquired. Include date placed include copies of purchase invoices.	in	
▶ 4)	Was the business s	till in operation at the end of tl	he year?		
▶ 5)			ted and provide income and expenses by state.		
▶ 6)		ertification for members of tai	rget groups and associated wages paid that qualify fo		
▶ 7)	Did the fiduciary pa (including hours wo		e business during the year? If yes, provide details		
▶ 8)	Was the business re	egistered with the state in whi	ch it was doing business?		
▶ 9)	Did the business ma	ake any payments that would	require it to file Forms 1099?		
	If yes, did the busin	ess file Forms 1099? (provide	copies)		
	=	rm 1099 will be required to be er situations for which Form 1	issued to each person to whom was paid at least 1099 will be required.		
•••••					

 $\underline{Income\ and\ expenses\ (Schedule\ C)}-Attach\ a\ financial\ statement\ of\ the\ business\ or\ complete\ the\ following\ worksheet.$ Include all Forms 1099 received by the business. Complete a separate schedule for each business.

Description	Amount
Part I — Income	
Gross receipts or sales	
Returns and allowances	
Other income (list type and amount; add schedules if needed)	
Part II — Cost of goods sold	
Inventory at beginning of year (should agree to the prior year's ending inventory)	
Purchases less cost of items withdrawn for personal use	
Cost of labor	
Materials and supplies	
Other costs (list type and amount; add schedules if needed)	
Inventory at end of year	
Part III — Expenses	
Advertising	
Bad debts from sales or services (accrual basis taxpayers only)	
Car and truck expenses (provide details on separate sheet)	
Commissions and fees	
Depletion	
Depreciation (provide depreciation schedules)	
Employee:	
1. Health insurance and other benefits	
2. Retirement contributions	
Insurance (other than health)	
Interest:	
1. Mortgage (paid to banks, etc.)	
2. Other	

Description	Amount
Legal and professional fees	
Office expense	
Rent or lease:	
1. Vehicles, machinery and equipment	
2. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (enclose copies of payroll tax returns)	
State taxes	
Travel, meals and entertainment:	
1. Travel	
2. Business meals	
3. Entertainment expenses	
Utilities	
Wages (enclose copies of Forms W-3/W-2)	
Club dues:	
1. Civic club dues	
2. Social or entertainment club dues	
Other expenses (list type and amount)	

<u> Capital gains and losses</u> — Encl	ose all Forms 1099-B, 1099-S and	l Closing Disclosure(s). If no	t available, complet	e the following schedule
or provide brokerage account st	atements and transaction slips fo	or sales and purchases and	provide any missing	tax basis.

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)	Wash sale adjustment

Enter any sales NOT reported on Forms 1099-B and 1099-S or Closing Disclosure statements.

If yes, did the rental activity file Forms 1099? (provide copies)

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)	Wash sale adjustment

Rental and royalty income (Schedule E) — Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities. Description and location of property Number of days rented at fair market value during the year Residential property Yes No Commercial property Yes No ▶ Did the fiduciary participate in the rental activity? No If yes, provide information related to hours worked. Was there personal use of the rental property? Yes No If yes, complete the information below. Number of days the property was occupied by you, or a related party not paying rent, at the fair market value Number of days the property was not occupied ▶ Did the rental activity make any payments that would require it to file Forms 1099? Yes No

Yes

No

Income	Amount		Amount
Rents received		Royalties received	
Expenses			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs (provide detail for large repairs)		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	
Taxes (provide detail by type)		Other (itemize)	
Depreciation (attach depreciation schedules)			

Income from partnerships, estates, trusts, LLCs or S corporations (Schedule E) — Provide a list of all entities that the trust owns. Enclose all Schedules K-1 (both federal and state) and include basis schedules. If you haven't received a Schedule K-1, please indicate when you expect to receive it. In addition, for each entity, indicate the number of hours the trustee participated in the activity during the year.

Name	Source code*	Federal ID no.	Hours participated

^{*} Source code: P = Partnership E = Estate/trust F = Foreign trust L = LLC S = S corporation

Contributions			
► Cash contributions allowed by the will on Note: You must have written acknowled or more during the year. If a value was rean estimate of such value. You must have	gment from any charitable eceived in exchange for a	e organization to which you mad contribution, acknowledgement	de individual donations of \$250
Donee	Amount	Donee	Amount
➤ Other than cash contributions (enclose	receipts):		
Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV is determined			
For contributions over \$5,000, include a cononcash contributions, if applicable.	opy of the appraisal and co	onfirmation from the charity. E	nclose a signed Form 8283 for
Interest expense			
► Mortgage interest expense (attach Forn	ns 1098)		
Payee*	Property**		Amount
* Include the address and Social Security	number if the payee is an	individual.	

** Describe the property securing the related obligation, e.g., principal residence, motor home, boat, etc.

Payee	Purpose	Amount	
1 dyce	1 ui pose	Amount	
► Investment interest expense			••••
Payee	Investment purpose	Amount	
<u>Deductible taxes</u>			•••
Description		Amount	
State and local income tax payments made	this year for prior year(s):		
4 th quarter 2019 paid in January 2020	0		
Extension payment			
Balance due			
Real estate taxes			
Personal property taxes			
Intangible tax			
Other taxes			
Foreign tax withheld (may be used as a cred	lit) that you have not already included above		

▶ Unamortized points. Include a copy of the refinancing statement and the length of the mortgage.

Deductions associated with the administration of the estate/trust	
Description	Amount
Fiduciary fees or expenses	
Tax preparation fees	
Other legal and professional fees	
Other deductions paid or incurred in the administration of an estate or trust	
Comments/explanations	

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