

Client Information	Trust / Estate	Trustee / Fiduciary
Name		
EIN / SSN		
Date Created		
Address		
City, State, Zip Code		
Home Number		
Business Number		
Mobile Number		
E-mail Address		

*(Please note preferred phone number with *)*

Beneficiary Information	1	2	3
Beneficiary Name			
Address			
City, State, Zip Code			
Social Security Number			
Date of Birth			
Relationship			

(Note additional beneficiaries on reverse side)

Documents Provided			
<input type="checkbox"/> SS-4	<input type="checkbox"/> Prior year Form 1040	<input type="checkbox"/> Bank statements	<input type="checkbox"/> Attorney contact Info
Trust	<input type="checkbox"/> Prior year Form 1041	Estate	
<input type="checkbox"/> Trust document(s)		<input type="checkbox"/> Will	<input type="checkbox"/> Letters testamentary
		<input type="checkbox"/> Death certificate	<input type="checkbox"/> Probate inventory list

If we can't file your tax return by the original due date, do we have your permission to file an extension? Yes No

For Internal Use Only		
Client ID: _____	<input type="checkbox"/> 1040 (final)	<input type="checkbox"/> Calendar vs. Fiscal
Client Group ID: _____	<input type="checkbox"/> 1041	<input type="checkbox"/> Extension
Client Type: _____	<input type="checkbox"/> 1041 State	<input type="checkbox"/> Elections
Name on Bill: _____	<input type="checkbox"/> 1099- DIV	<input type="checkbox"/> 645 Election
Billing Partner: _____	<input type="checkbox"/> 1099- INT	<input type="checkbox"/> Contribution Pull Back
Originating Partner: _____	<input type="checkbox"/> 1099- MISC	<input type="checkbox"/> New EIN Needed
Referred By: _____	<input type="checkbox"/> 1099- Rent	
Start Date: _____	<input type="checkbox"/> Tax Estimate	
Miscellaneous Notes: _____		Asset Value Estimate: _____
Updated (Initial/ Date)	Ltr Comm (Initial/Date)	
I-Time _____	Wlc: _____	
CCH _____	Thk: _____	
Review _____	Fiduciary Tax Engagement: _____	