



2020

Basic Information

Estate/Trust Name

Address

City, State, ZIP code

Employer

Identification Number

Trustee/Executor Name

Ordinary Income

Please provide copies of all Form(s) W-2 and 1099 and any nontaxable distribution details.

| Name of Payer | Type* | Taxable Amount | Federal Tax Withheld | 2019 Amount |
|---------------|-------|----------------|----------------------|-------------|
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*Enter:
 "W" for Wages and Salaries
 "P" for Pensions and Annuities
 "L" for Lump-Sum Distribution
 "C" for Copyright or Patent
 "O" for any other type of income



2020

Beneficiary's Information

Did any beneficiaries change? Yes No
 If yes, please designate below.

Please indicate if there were any distributions made to a beneficiary below.
 Distributions may be required, discretionary, or made under the 65-day rule.
 Distributions made on or before March 6, 2021 may be included as a 2020 distribution under the 65-day rule.

Beneficiary's Personal Information

| | | Distributions | 2019 Amount |
|-----------------------|----------------------|---------------|-------------|
| Name | <input type="text"/> | Required | |
| Name (continued) | <input type="text"/> | Discretionary | |
| Address | <input type="text"/> | 65-Day | |
| City, State, ZIP code | <input type="text"/> | | |
| SSN/Tax ID number | <input type="text"/> | | |
| Name | <input type="text"/> | Required | |
| Name (continued) | <input type="text"/> | Discretionary | |
| Address | <input type="text"/> | 65-Day | |
| City, State, ZIP code | <input type="text"/> | | |
| SSN/Tax ID number | <input type="text"/> | | |
| Name | <input type="text"/> | Required | |
| Name (continued) | <input type="text"/> | Discretionary | |
| Address | <input type="text"/> | 65-Day | |
| City, State, ZIP code | <input type="text"/> | | |
| SSN/Tax ID number | <input type="text"/> | | |
| Name | <input type="text"/> | Required | |
| Name (continued) | <input type="text"/> | Discretionary | |
| Address | <input type="text"/> | 65-Day | |
| City, State, ZIP code | <input type="text"/> | | |
| SSN/Tax ID number | <input type="text"/> | | |
| Name | <input type="text"/> | Required | |
| Name (continued) | <input type="text"/> | Discretionary | |
| Address | <input type="text"/> | 65-Day | |
| City, State, ZIP code | <input type="text"/> | | |
| SSN/Tax ID number | <input type="text"/> | | |



- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there a new fiduciary? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 2. Has the trustee or executor changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 3. Has the trustee's/executor's address changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 4. Did you receive correspondence from the IRS or any state taxing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy. | | |
| 5. Do you maintain a bank account for the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you received any foreign income or paid any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is this the initial year for the trust/estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy of the trust document or decedent's will. | | |
| 8. Is this the final year of the trust/estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a listing of expenses incurred but unpaid at the end of the year. | | |
| 9. Was the estate or trust the grantor or transferor to a foreign trust which existed during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. At any time during the tax year, did the estate or trust have an interest in or a signature or other authority over a financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please identify: _____ | | |
| 11. Did you receive any distributions from foreign trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, from whom? _____ | | |
| Amount _____ | | |
| 12. Does the estate or trust have an interest in a partnership, S corporation, or another estate/trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy of the Federal and State Form(s) K-1. Pass-through entities reported on last year's return have been listed on an attached Form 9 for your convenience. | | |
| 13. Did you receive any tax refunds from any state taxing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 14. Did the estate or trust receive any income or contribution not reported on this organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |



Questions (Page 2 of 2)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 15. Has there been a sale, purchase, or exchange of real estate? If yes, please provide a copy of the settlement sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did you purchase any bonds this year? If yes, please provide a copy of the purchase confirmation slip. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did the estate or trust pay any taxes (other than income taxes)? If yes, please provide the amount and details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Did this estate or trust pay any mortgage or investment interest? If yes, please describe the nature and amount. _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Were any fiduciary fees paid? If yes, please describe the nature and amount. _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Were any attorney fees paid? If yes, please describe the nature and amount. _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have there been any contributions made to a charitable organization? If yes, please provide the name of the charity and amount. _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have there been any other disbursements not previously provided? If yes, please describe the nature and amount. _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. May the IRS or other taxing authority discuss the return with the preparer? | <input type="checkbox"/> | <input type="checkbox"/> |



2020

Interest Income

5

Please provide copies of all Form(s) 1099-INT or other documents relating to interest received.

| Name of Payer | Savings & Loans, Bank and Other | U.S. Bonds and Obligations | Tax-Exempt Interest | 2019 Amount |
|---------------|------------------------------------|-------------------------------|------------------------|-------------|
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| Total | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | 2020 Interest Amount | 2019 Interest Amount |
|--|--|-------------------------|-------------------------|
| | | | |

| Address of Individual to Whom Mortgage Interest Was Paid |
|--|
| |



Dividend Income

Please provide copies of all Form(s) 1099-DIV or other documents relating to dividends received.

| Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distributions | 2019 Amount |
|---------------|---------------------------------------|----------------------------------|--|-------------|
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| Total | | | | |



2020

Sale of Stocks, Securities and Other Capital Assets

7

Please provide copies of all Form(s) 1099-A, 1099-B, 1099-S and any other statements documenting cost basis.

| Description or Type of Property | Date Acquired | Date Sold | Sales Price | Cost Basis |
|---------------------------------|---------------|-----------|-------------|------------|
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Rental/Royalty Income and Expenses

Type of Property: _____

Location of Property: _____

If this property was disposed of, please enter date _____

| | |
|-----|----|
| Yes | No |
| | |

Have you prepared or will you prepare all required Forms 1099?

| | 2020 | 2019 |
|--|------|------|
| Ownership percentage if not 100% | % | % |

Income

| | | |
|----------------------|--|--|
| Rental Income | | |
| Royalty Income | | |
| Other Income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

Expenses

| | | |
|---|--|--|
| Advertising | | |
| Auto and travel | | |
| Bad debts | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Management fees | | |
| Mortgage interest paid to financial institutions (please provide form 1098) | | |
| Other mortgage interest | | |
| Other interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Other Expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Total | | |



2020

Tax Payments and Refunds

| Federal Estimated Tax Payments | Amount Due | Date Paid if Not By Date Due (Mo/Da/Yr) | Amount Paid |
|---------------------------------------|-------------------|--|--------------------|
| 2020 1st Quarter Estimate | | | |
| 2020 2nd Quarter Estimate | | | |
| 2020 3rd Quarter Estimate | | | |
| 2020 4th Quarter Estimate | | | |

| State Estimated Tax Payments | Amount Due | Date Paid if Not By Date Due (Mo/Da/Yr) | Amount Paid |
|-------------------------------------|-------------------|--|--------------------|
| 2020 1st Quarter Estimate | | | |
| 2020 2nd Quarter Estimate | | | |
| 2020 3rd Quarter Estimate | | | |
| 2020 4th Quarter Estimate | | | |
| 2019 state extension payment | | | |

| Tax Refunds | Amount |
|--|---------------|
| State and local income tax refunds | |

If you have an overpayment of 2020 taxes, do you want the excess:

| | Yes | No |
|--|--------------------------|--------------------------|
| Refunded | <input type="checkbox"/> | <input type="checkbox"/> |
| Applied to your 2021 estimated tax liability | <input type="checkbox"/> | <input type="checkbox"/> |