

## 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

## Questionnaire

Estate or Trust Name:

EIN:

### Questionnaire

I wish to receive my tax return in the following format(charges are donated to the National Multiple Sclerosis Society):

Portal:\_\_\_\_\_ Paper(\$5.00):\_\_\_\_\_ Memory Stick(supplied by you):\_\_\_\_\_

**Please Note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party - we will no longer provide your information directly to a 3rd party.**

### General Information

**Yes No**

☐ ☐ ☐ Is this the first year the estate or trust is filing a tax return?

**Yes No**

☐ ☐ ☐ If "Yes," has the estate or trust applied for or received a Federal ID number?

☐ ☐ ☐ Did the estate or trust terminate during the tax year or are there plans to terminate soon?

If "Yes," provide details. \_\_\_\_\_

☐ ☐ ☐ Does the estate or trust have a copy of the decedent's will or trust documents?

☐ ☐ ☐ Did the estate or trust receive income from, or own property in, more than one state during the year?

☐ ☐ ☐ Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual?

☐ ☐ ☐ 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.

☐ ☐ ☐ Did the estate or trust have any distributions to beneficiaries during the tax year or with 65 days following the tax year end?

If "Yes," provide details.

☐ ☐ ☐ Did the estate or trust, at any time during the tax year:

a. receive (as a reward, award, or payment for property or services) a digital asset (or a financial interest in a digital asset)?

b. sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

### Beneficiaries

**Yes No**

☐ ☐ ☐ Did the estate or trust have any changes in beneficiary information during the tax year?

If "Yes," provide details.

☐ ☐ ☐ Does the estate or trust have a copy of the beneficiaries identifying documents?

☐ ☐ ☐ Does the estate or trust have any foreign beneficiaries?

### Foreign Tax Information

**Yes No**

☐ ☐ ☐ Did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Please note: Penalties for failure to report foreign source income or ownership of a foreign account start at \$10,000.00 per violation.

☐ ☐ ☐ Did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust at any time during the tax year?

☐ ☐ ☐ Did the estate or trust have any income from, or pay taxes to, a foreign country?

### Miscellaneous Information

**Yes No**

☐ ☐ ☐ Did the estate or trust receive any notices from the IRS or state taxing authority?

If "Yes," explain. \_\_\_\_\_

☐ ☐ ☐ Do you give Davis-Smith Accounting Associates permission to send invoices & statements via email?

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

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 %

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ID Number 

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Country, Postal code

Email