

Estate Tax Checklist

Mai	ne of the	decedent:				Death (_erti	licate
	Will	ID Number of estate and/or tro	ust		Trust		ents (ary (if applicable) filed by Executor
•		y of assets owned at time of dehicles, cash, homes and other mined.			-			• •
	ation date D. Divide	list of all stocks or other secu e. (Broker can provide this) m ends payable at time of death a	ust sho	ow cu	sip# aı	nd numb	er of	f shares held at
	 □ Date of death value and bank statement support for all accounts in the decedents name or co-owned with another. □ Appraisals of Real estate with legal description and street address. Percentage of ownership of each parcel. □ Appraisals of Business interests and percentage of ownership (# shares owned) 							
	0	Furniture and equipment Vehicles		Jewe Equi	lry pment			Any other assets
	 □ Debts of the decedent paid after death. □ Mortgages, Notes, and Cash balances as of date of death. □ Community Property agreement if applicable □ Attorney, accountant and appraisal fees – indicate whether estimated or final fees paid. □ Estate administration expenses □ Bank statements and check registers for the estate or trust accounting income □ Copies of all Gift tax forms filed by the decedent (Form 709) □ Value of Life insurance for policies owned by deceased 							



Estate Organizer:	Tax Year	
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Estat	e Inforn	nation				
Name of decendent		endent		SSN:		
Fstate	e Name					
Lotate	e ivairie					
Date	of death	l				
Execu	itor/Exe	cutrix:		<u> </u>		
Addr	ess					
Estat	e Quest	ions				
Yes	No	Did the dece	dent have a Will?			
Yes	No	Has the court	t appointed a representative / executor for t	the Estate?		
Yes	No	Have you cor	Have you consulted an attorney for the Estate?			
Yes	No	Has the Estat	Has the Estate been probated?			
How r	many be	neficiaries does	the Estate have?			
Please	e upload	the following do	ocuments			
	Copy	of the decende	nts Will			
Č	Copy of death certificate					
Ī		ers Testamentar				
		ate documents				
		of estate invento				
Г	☐ Acco	ounting records f	or the Estate			

If the Estate is not going to be probated, then please provide a letter from your attorney explaining probate is not required and a list of assets with the inventory value. All other items above are required in order to preapre the estate tax return.

Beneficiary Information (please provide information for all beneficiaries; attach separate page if necessary)						
Beneficiary First and Last Name	Social Security Number	Beneficiary's mailing address Street Address City, State, Zip	Beneficiary's percentage share of Trust	Distributions to Beneficiary during tax year		

Please answer each question below. Feel free to contact us with any questions you may have.	Yes	No
Types of income: Did the Estate receive any income from the following		
W2 wages (applicable if received from decedent)		
Pension, retirement, or annuity income		
Royalty income		
Rental income (please complete the rental worksheet on our website)		
Insurance proceeds		
Interest income		
Dividend income		
Any other investment income (eg sale of stocks, or other property)		
K1s issued to the trust (as a shareholder or partner)		
Income from an installment sale. If yes, provide details		
Any income from Crypto currencies (Bitcoin, Etherium, etc)		
Any other types of income not listed. Please explain		
Estimated tax payments for the year: (provide copies of all payments)		

Income Worksheet

Please list the income received and attach copies of all tax documents, including 1099s, K1s or other statements received for the year.

Income Source Name of bank or other payer	Income Received	Reported on tax form?	Any direct expenses related to receiving this income? If yes, provide details on supplement page.
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Expense WorksheetPlease provide the following information relating to expenses paid by the Estate.

Executor (Executrix) fees	\$ Accounting / Tax Prep	\$
Attorney fees	\$ Other	\$
Other	\$ Other	\$

Supplemental informationPlease provide any additional information or explanation details.

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Taxpayer certification		
	fully and accurately, to the best of my kno	
	es, LLC with all information requested on	
	nd truthfully to all questions and request	
	, , , , , , , , , , , , , , , , , , , ,	
Authorized Signature	Print	Date