

# Strategic Tax & Accounting, LLC

## Trust/Estate Tax Organizer

Preparation Method:                      Mail In \_\_\_\_\_ Drop Off \_\_\_\_\_                      Waiting \_\_\_\_\_

Tax Year: \_\_\_\_\_

**If you are a new client, please Attach prior year Trust/Estate tax return (Form 1041)**

Trust/Estate Name: \_\_\_\_\_ Employer ID \_\_\_\_\_  
Fiduciary Name: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is any of the above information changed since the prior return? \_\_\_\_\_

Type of Organization (check):

Estate: \_\_\_\_\_ Simple Trust: \_\_\_\_\_ Complex Trust: \_\_\_\_\_

Grantor Trust: \_\_\_\_\_

Date Entity Created: \_\_\_\_\_

**If entity is an Estate:**

Date of death: \_\_\_\_\_ SSN of Deceased: \_\_\_\_\_

**If entity is a Trust:**

Beneficiary Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of Beneficial Interest: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of Beneficial Interest: \_\_\_\_\_

**If more beneficiaries, attach list.**

Income

**Attach all 1099's, Brokerage Statements, or K-1's received by the entity**

Did the entity operate a sole proprietor or single member LLC Business?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete and attach Schedule C below

Did the entity own rental property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete and attach Schedule E below

Any Other Income Not Included Above:

Description	Amount
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Expenses

Tax and Payments

Interest	_____	Estimated Tax Payments	_____
Taxes	_____	Tax Paid on behalf of Beneficiary	_____
Fiduciary Fees	_____	Federal Taxes Withheld	_____
Attorneys	_____		
Accountants	_____		
Tax Preparers	_____		

Any Other Expenses Not Included Above:

Description	Amount
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

**Self Employment Income (Schedule C - for 1099-Misc Non-Employee Comp or Business)**

Profession/Product: \_\_\_\_\_ Business EIN (if any): \_\_\_\_\_  
 Business Name (if any): \_\_\_\_\_  
 Address (if different from personal address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete below OR if you use bookkeeping software or a bookkeeper, attach Profit & Loss Report**

Gross Sales:

Included on 1099-Misc \_\_\_\_\_ Not included on 1099-MISC \_\_\_\_\_

Expenses:

Advertising	_____	Rent	_____
Commissions	_____	Office	_____
Contract Labor	_____	Equipment	_____
Depletion	_____	Other	_____
Depreciation	_____	Repairs/Maintenance	_____
Employee Benefits	_____	Work Supplies	_____
Insurance	_____	Business Taxes/Licenses	_____
Liability	_____	Travel/Seminars	_____
Professional	_____	Meals & Entertainment	_____
E&O	_____	Utilities (not of home)	_____
Property	_____	Employee Wages	_____
Other	_____	Cell Phone	_____
Interest	_____	Internet/Cable Access	_____
Mortgage	_____	Professional Dues/Licenses	_____
Other Debt	_____	Professional Subscriptions	_____
Professional Fees	_____	Other	_____
Office Expenses	_____	Other	_____

Work Car Mileage \_\_\_\_\_ Did you purchase any equipment or machinery  
 Car Yr/Make/Model \_\_\_\_\_ items for use in business with significant cost and  
 Also Personal Use: Yes: \_\_\_\_\_ useful life of over 1 year?  
 No: \_\_\_\_\_ Item: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Did you pay contract labor over \$600?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If Yes, did you send them a 1099? \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you sell goods?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, complete following:  
 Beginning Inventory \_\_\_\_\_  
 Purchases of Inventory \_\_\_\_\_  
 Less: Personally Used \_\_\_\_\_  
 Ending Inventory \_\_\_\_\_  
 Cost of Labor \_\_\_\_\_  
 Materials and Supplies \_\_\_\_\_

Did you pay for Family Healthcare Coverage from your self-employment income?

If yes, amount: \_\_\_\_\_  
 (may have also been listed on Itemized Deductions)

**Rental Income (Schedule E) - print out and complete one for each property**

Property Description: \_\_\_\_\_

Is this rental activity your primary job (no W-2)? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If not, do you make all rental/repair decisions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Property Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Property: Single Family \_\_\_\_\_ Commercial \_\_\_\_\_  
 (chose one) Multi-Family \_\_\_\_\_ Land \_\_\_\_\_  
 Vacation \_\_\_\_\_ Other \_\_\_\_\_

Number of Days Rented at Fair Value: \_\_\_\_\_ Number of Personal Use Days: \_\_\_\_\_

**Complete below OR if you use bookkeeping software or a bookkeeper, attach Profit & Loss Report**

Rental Income: \_\_\_\_\_

Expenses:

Advertising	_____	Interest	_____
Travel	_____	Mortgage	_____
Cleaning & Maintenance	_____	Other Debt	_____
Commissions	_____	Repairs	_____
Insurance	_____	Supplies	_____
P&C	_____	Taxes	_____
Mortgage PMI	_____	Utilities	_____
Legal & Professional	_____	Other	_____
Management Fees	_____	Other	_____

Did you make major improvements to the property beyond normal repairs and maintenance?  
 Or purchase furniture, appliances or other items with a long useful life used at the property?

Improvement or Item: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Improvement or Item: \_\_\_\_\_ Cost: \_\_\_\_\_