

Partners Tax & Accounting, LLC

Trust/Estate Tax Organizer

Branch Office (Check One): Birmingham _____ Calera _____ Center Point _____ Hwy 280 _____

Attention to (if anyone specific): _____

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: _____