

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

ESTATE/TRUST INTAKE FORM

Trust information

Trust name _____

Trust address _____

City _____ State _____ ZIP _____

Type of trust _____

Date trust created _____ EIN# _____

Fiduciary information

Fiduciary name _____

Fiduciary address _____

City _____ State _____ ZIP _____

Fiduciary social security # _____

Phone number _____ Email address _____

Beneficiary information

Beneficiary name _____

Beneficiary address _____

City _____ State _____ ZIP _____

Beneficiary social security # _____ Allocation percentage (if **not** equal) _____

Bank information Checking Savings

Trust bank name _____

Routing # _____ Account # _____

For a deceased estate, please provide:

Name of deceased _____ Social security # _____

Date of death _____

Last address resided _____ City _____ State _____ ZIP _____