2019 Fiduciary General Information

1-1

Name and Address Information Employer ID number	
Estate/trust name	
In-care-of name	
Street address 4	Suite # ⁵
City ⁶	
U.S. ONLY State, ZIP, County 7 8 9	
Foreign ONLY Province/State, Country, Postal Code	11 12 Entity name control 13
Fiduciary Information First name Last name	
If an individual 14 15	
If a business	
Fiduciary title 17 Trustee 18 Executor 19 Executrix	Other 20
Fiduciary SSN/FIN 21 Fiduciary is	a financial institution that submitted estimated tax payments for trusts for
Phone number 23 which it is the trustee	
General Information	If not a calendar year
A Type of entity - Mark all that apply	Fiscal begin 53
Decedent's estate	Fiscal end 54
SSN 25 Date of death 26	
Name: First 27	Other Information
Last ²⁸	Distribute all income 55
Simple trust 30 Complex trust	Distribute NET capital gain
Qualified disability 32 ESBT (S only)	Carry the applicable amount of depreciation, depletion, and amortization to Schedules C, E, or F instead of line 9 of the
Full Grantor Partial Grantor	beneficiary's Schedule K-1. Resident state
Bankruptcy estate - Chapter 7 Bankruptcy estate - Chapter 11	Firm number 59
Pooled income fund	Preparer number 60
D Date entity created	ERO number
E Nonexempt charitable and split-interest trusts. Mark applicable boxes:	Preparer fee
Described in Section 4947(a)(1)	Date closed/terminated
Not a private foundation	Misc code 1
Described in Section 4947(a)(2)	Misc code 2
F Mark applicable boxes:	Invoice number
Initial retum 43 Final retum	2210 Information
44 Amended return	2018 federal tax
NOL carryback	2018 state tax 68
Change in trust's name 48 Change in fiduciary	2010 State tax
49	
Change in fiduciary's name Change in fiduciary's address	
G Estate or filing trust made a section 645 election	
Trust EIN if 645 election Client information (for client reports only)	
Email ⁶⁹	
70 Fax 71	