2024 Fiduciary General Information

1-1

Name and Address Information Employer ID number	
Estate / trust name	
In care of name	
Street address	Suite # ⁵
City 6	Suite #
7 8 9	
U.S. ONLY State, ZIP, County Province/State, Country 10	11
Foreign ONLY Province/State, Country, Postal Code 11 12 Entity name control 13	
Fiduciary Information First name Last name	
If an individual	
If a business	
Fiduciary title Trustee Executor Executrix	Other
Fiduciary SSN/EIN 21 Fiduciary is a financial institution that submitted estimated tax payments for trusts for which it is the trustee	
Phone number 23	
General Information	If NOT Calendar Year
A Type of entity - Mark all that apply	Fiscal begin 54
Decedent's estate	Fiscal end
SSN Date of death	
Name: First 28	Other Information
Last [30]	Distribute NET capital gain Carry the applicable amount of depreciation, depletion, and amortization to Schedules C, E, or F instead of to line 9 of
Simple trust Complex trust	the beneficiary's Schedule K-1.
Qualified disability ESBT (S only)	Resident state 58
Required to distribute all income 34 Full Grantor	Firm number
Partial Grantor 36 Bankruptcy estate - Chapter 7	Preparer number 60
Bankruptcy estate - Chapter 11 38 Pooled income fund	ERO number
D Date entity created	Preparer fee 62
E Nonexempt charitable and split-interest trusts. Mark applicable boxes:	Date closed / terminated 63
Described in Section 4947(a)(1)	Misc code 1
Not a private foundation	Misc code 2
Described in Section 4947(a)(2)	Invoice number 66
F Mark applicable boxes:	
Initial retum 44 Final retum	2210 Information
45 Amended return 46 Superseding	2022 federal tax
NOL carryback	2022 state tax
Change in trust's name Change in fiduciary	
Change in fiduciary's name 51 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	
Cell 70 Fax 71	