## 2016 Fiduciary General Information

Name and Address Information																	
Employer ID number																	
Estate/trust name						2											
In-care-of name						3											
Street address														Suite #	5		
City						6								1			
U.S. only State, ZIP, County					7	7 8 9											
Foreign only Province/State, Country, Postal Code					10	10				11	12						
Entity name control						13											
Fic	luciary	informatio	n	First na	me			l	.ast name								
If an individual						15											
lf a	a busin	ess	16														
Fiduciary title 17 Trustee 18 I			Exec	utor <sup>19</sup>		cutrix	Oth	Other 20									
Fic	luciary	SSN/EIN	21				22		y is a financi is the trustee	s a financial institution that submitted estimated tax payments for trusts for the trustee							
Phone number 23																	
General information										If not a calendar year							
A Type of entity - Mark all that apply										Fiscal begin					53		
24 Decedent's estate					26				Fiscal end								
						e of death		Other in	Other information								
Name: First 27									Distribute all income 55								
Last 28									Distribute NET capital gain						56		
	29	Simple trust			30	<sup>0</sup> Complex trust			Resi	Resident state						57	
	31	Qualified disability			32	ESBT (S only)			Firm	Firm number					58		
	33	Full Grantor			34	Partial Grantor			Prep	Preparer number					59		
	35	Bankruptcy estate - Chapter 7			36	Bankruptcy estate - Chapter 11			ERO	ERO number					60		
	<sup>37</sup> Pooled income fund							Prep	Preparer fee					61			
D	Date entity created						38			Date closed/terminated					62		
E	<sup>39</sup> Described in Section 4947(a)(1)								Misc	Misc code 1					63		
	40 Not a private foundation								Misc code 2					64			
	<sup>41</sup> Described in Section 4947(a)(2)							Invoi	Invoice number					65			
F	Mark applicable boxes:								2210 In	2210 Information							
	42	Initial retu	Fi	Final return			2015	2015 federal tax					66				
	44	4 Amended return							2015	2015 state tax							
	46	NOL carryback															
	<sup>47</sup> Change in trust's name <sup>48</sup> Change in fiduciary						У										
							iduciar	y's addres	s Client	Client information (for client reports only)							
G	51	Estate or filing trust made a section 645 election							Email	68							
	<sup>52</sup> Trust EIN if 645 election								Cell	69		Fax	70				

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