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2011 FIDUCIARY TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for the 2011 Fiduciary tax return.

To save you time, selected information from the 2010 tax return has been entered within this organizer. Please line through any information which does not apply to the 2011 tax return.

In some cases, 2010 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2011 FIDUCIARY TAX ORGANIZER

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I have submitted this information for the sole purpose of preparing the fiduciary tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my knowledge.

Trustee - Executor Signature	Date
------------------------------	------

E-mail Address	Telephone Number
Preferred Method of Contact	

Topic Index

	<u>Form</u>
Basic Information	1
Beneficiary's Information	2
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	11A
Dividend Income & Foreign Information	11B
Sales of Stocks, Securities, Capital Assets & Misc. Income	11C
Dividend Income	6
Electronic Filing	14
Estates & Trusts Passthrough Income	9
Interest Income	5
Ordinary Income	1
Partnership Passthrough Income	9
Pensions & Annuities	1
Questions (Page 1 of 2)	3
Questions (Page 2 of 2)	4
Rental/Royalty Income and Expenses	8
Sale of Stocks, Securities and Other Capital Assets	7
S Corporation Passthrough Income	9
Tax Payments and Refunds	10
State of California Information	12
State of New York Information	13

Basic Information

Estate/Trust Name

Address

City, State, ZIP code

Employer

Identification Number

Trustee/Executor Name

Ordinary Income

Please provide copies of all Form(s) W-2 and 1099 and any nontaxable distribution details.

Name of Payer	Type*	Taxable Amount	Federal Tax Withheld	2010 Amount

*Enter:
"W" for Wages and Salaries
"P" for Pensions and Annuities
"L" for Lump-Sum Distribution
"C" for Copyright or Patent
"O" for any other type of income

Beneficiary's Information

Did any beneficiaries change? Yes No
 If yes, please designate below.

Please indicate if there were any distributions made to a beneficiary below.
 Distributions may be required, discretionary, or made under the 65-day rule.
 Distributions made on or before March 6, 2012 may be included as a 2011 distribution under the 65-day rule.

Beneficiary's Personal Information

		Distributions	2010 Amount
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			
Name	Required Discretionary 65-Day		
Name (continued)			
Address			
City, State, ZIP code			
SSN/Tax ID number			

Questions (Page 1 of 2)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there a new fiduciary? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 2. Has the trustee or executor changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 3. Has the trustee's/executor's address changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| _____ | | |
| 4. Did you receive correspondence from the IRS or any state taxing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy. | | |
| 5. Do you maintain a bank account for the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you received any foreign income or paid any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is this the initial year for the trust/estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy of the trust document or decedent's will. | | |
| 8. Is this the final year of the trust/estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a listing of expenses incurred but unpaid at the end of the year. | | |
| 9. Was the estate or trust the grantor or transferor to a foreign trust which existed during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. At any time during the tax year, did the estate or trust have an interest in or a signature or other authority over a financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please identify: _____ | | |
| 11. Did you receive any distributions from foreign trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, from whom? _____ | | |
| Amount _____ | | |
| 12. Does the estate or trust have an interest in a partnership, S corporation, or another estate/trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a copy of the Federal and State Form(s) K-1. Pass-through entities reported on last year's return have been listed on an attached Form 9 for your convenience. | | |
| 13. Did you receive any tax refunds from any state taxing authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 14. Did the estate or trust receive any income or contribution not reported on this organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |

Questions (Page 2 of 2)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 15. Has there been a sale, purchase, or exchange of real estate?
If yes, please provide a copy of the settlement sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did you purchase any bonds this year?
If yes, please provide a copy of the purchase confirmation slip. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did the estate or trust pay any taxes (other than income taxes)?
If yes, please provide the amount and details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Did this estate or trust pay any mortgage or investment interest?
If yes, please describe the nature and amount.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Were any fiduciary fees paid?
If yes, please describe the nature and amount.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Were any attorney fees paid?
If yes, please describe the nature and amount.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have there been any contributions made to a charitable organization?
If yes, please provide the name of the charity and amount.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have there been any other disbursements not previously provided?
If yes, please describe the nature and amount.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. May the IRS or other taxing authority discuss the return with the preparer? | <input type="checkbox"/> | <input type="checkbox"/> |

Rental/Royalty Income and Expenses

Type of Property: _____

Location of Property: _____

If this property was disposed of, please enter date _____

	2011	2010
Ownership percentage if not 100%	%	%
Income		
Rental Income		
Royalty Income		
Other Income:		

Expenses		
Advertising		
Auto and travel		
Bad debts		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to financial institutions (please provide form 1098)		
Other mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other Expenses:		

Total		

Tax Payments and Refunds

Federal Estimated Tax Payments

		Date Paid if Not By Date Due (Mo/Da/Yr)	Amount Paid
2011 1st Quarter Estimate	(Due 4-15-2011)		
2011 2nd Quarter Estimate	(Due 6-16-2011)		
2011 3rd Quarter Estimate	(Due 9-15-2011)		
2011 4th Quarter Estimate	(Due 1-16-2012)		

State Estimated Tax Payments

		Date Paid if Not By Date Due (Mo/Da/Yr)	Amount Paid
2011 1st Quarter Estimate	(Due 4-15-2011)		
2011 2nd Quarter Estimate	(Due 6-16-2011)		
2011 3rd Quarter Estimate	(Due 9-15-2011)		
2011 4th Quarter Estimate	(Due 1-16-2012)		
2010 state extension payment			

Tax Refunds

	Amount
State and local income tax refunds	

If you have an overpayment of 2011 taxes, do you want the excess:

	Yes	No
Refunded	<input type="checkbox"/>	<input type="checkbox"/>
Applied to your 2012 estimated tax liability	<input type="checkbox"/>	<input type="checkbox"/>

California Information

General Information

Number of trustees that are residents of California	
Number of trustees that are non-residents of California	

Trustee Information

If trustee has changed, please indicate:

Date trustee relationship commenced	
Date trustee relationship terminated	

Description of event:

(please indicate if trustee ceased to serve, began serving
the trust during the year, or changed addresses)

Additional Fiduciaries:

Use Tax

	Amount
Total purchases subject to California use tax	
Sales or use tax paid to another state included above	
Sales or use tax rate	%

Voluntary Contributions

	Amount
Alzheimer's disease/related disorders fund	
California fund for senior citizens	
Rare and endangered species preservation program	
State children's trust fund for the prevention of child abuse	
California breast cancer research fund	
California firefighters' memorial fund	
Emergency food for families fund	
California peace office memorial foundation fund	
California military family relief fund	
California sea otter fund	
California ovarian cancer research fund	
Municipal shelter spay-neuter fund	
California cancer research fund	
ALS/Lou Gehrig's disease research fund	

Note: If income tax was withheld for nonresident beneficiaries, please include copies of Form(s) 592-B.

Enter Any Additional Information:
