



This organizer is designed to assist you in gathering the information required for preparation of fiduciary tax returns. Please complete it in full and provide details and documentation as requested.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- 1099-G (government payments)
- 1099-INT (interest)
- 1099-DIV (dividends)
- 1099-B (brokerage sales)
- 1099-MISC (rents, etc.)
- 1099 (any other)
- Annual brokerage statements
- Schedules K-1 (Forms 1065, 1120-S, 1041)
- 1098 (mortgage interest)
- 8886 (reportable transactions)
- Copies of any tax elections or revocations in effect
- Closing Disclosure (real estate sales/purchases)
- Any other tax information statements

An engagement letter explains the services that will be provided to the trust/estate. *(If sending a hard copy)* Please sign a copy of the enclosed engagement letter and return it in the enclosed envelope and maintain the other copy for your records. *(If sending an electronic copy)* You should have received a link to electronically sign and submit the engagement letter. Please electronically sign the agreement as soon as possible.

The filing deadline for your income tax return is April 15, 2022. Your completed tax organizer needs to be received no later than March 15, 2022. Any information received after that date may require an extension to be filed for this return.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies).

If an extension of time to file is required, any tax that may be due with this return must be paid with that extension. Any taxes not paid by the filing deadline may be subject to penalties and interest.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact Mickele Nowden.

Email mickele@mickelenowden CPA.com Phone 510-689-1845

Certification:

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by \_\_\_\_\_

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Trust/estate name(s) \_\_\_\_\_ Federal ID no. \_\_\_\_\_

Address \_\_\_\_\_

City, town or post office \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home/mobile telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Office telephone no. \_\_\_\_\_ Email address \_\_\_\_\_

Fiduciary name(s) and title(s) \_\_\_\_\_ Federal ID no. \_\_\_\_\_

State of residence of fiduciary for 2021 \_\_\_\_\_

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Done N/A

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If this is the first year we will prepare the tax return(s), provide the following from your file(s) or prior accountant:

1. Will or trust agreement and amendments, if any
2. Tax returns for the prior three years
3. Name(s), Social Security number(s), state of residence for 2021 and current address(es) of beneficiaries
4. Depreciation schedules
5. Passive loss carryover information
6. Net operating loss (NOL) carryovers
7. Basis computations
8. Capital loss carryovers
9. Name, address and telephone of attorney
10. Contact information for those who have access to electronically stored information, if different.
11. Permission to contact predecessor preparer for this tax return  
If permission is granted, please provide the predecessor's contact information:  
  
\_\_\_\_\_

If not previously furnished, provide copies of:

1. Death certification of decedent, grantor or beneficiaries
2. Marriage certificates of beneficiaries

Provide a copy of estate tax return (Federal Form 706 or state form).

Provide copy of completed Form 8822-B, *Change of Address or Responsible Party – Business*.

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- ▶ 1) Is the fiduciary a U.S. citizen? If no, provide further details.
- ▶ 2) Has there been a change in fiduciary? If yes, provide name, address and Federal ID number.
- ▶ 3) Has there been a change in beneficiaries (including a name or address change)? If yes, provide details.
- ▶ 4) If this is a trust, has there been any change to the trust document? If yes, provide a copy of the updated document.
- ▶ 5) Have there been any court filings? If yes, provide copies.
- ▶ 6) Has the trust/estate terminated or are there plans to terminate it soon? If yes, provide details.
- ▶ 7) Did the trust/estate receive income from, or own property in, more than one state during the year? If yes, provide a list of activities by state.
- ▶ 8) Have there been any changes to the state residency for the fiduciary or any beneficiaries? If yes, provide details.
- ▶ 9) Do you expect any fluctuations in income, deductions or withholding? If yes, provide details.
- ▶ 10) Did the trust/estate receive any funds/loans/grants (local, state, federal or other) related to the COVID-19 pandemic and economic recovery, such as Paycheck Protection Program (PPP) funds or an Economic Injury Disaster Loan (EIDL)? If yes, provide details.
- ▶ 11) Do you want any overpayment of taxes applied to next year's estimated taxes?
- ▶ 12) Do you want a refund deposited directly into your bank account? If yes, enclose a voided check or bank routing and account information.
  - 1. Do you want any balance due directly withdrawn from this same bank account on the due date?
  - 2. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?
- ▶ 13) During this tax year, did you have any securities that became worthless or loans that became uncollectible? If yes, provide details.
- ▶ 14) Did the trust/estate acquire, use, dispose of or hold any virtual currency (such as Bitcoin)? If yes, provide details.
- ▶ 15) Do you prefer to opt out of electronic filing?

Yes/ No/  
Done N/A

- ▶ 16) Does the trust/estate have any interest or signature authority over a bank, securities or other financial account in a foreign country? If the aggregate value of all the accounts exceeded U.S. \$10,000 at any time during the year and you are engaging our firm to complete your Report of Foreign Bank and Financial Accounts (FBAR) on FinCEN Form 114, please complete the following:

| Name and address of financial institution | Account type (bank/securities/ other)** | Account number | Maximum value during the year* | Currency | Held separately (S) or jointly (J) or signature authority (SA) | Joint owner's name(s), address and U.S. taxpayer identification number (if any) |
|---|---|----------------|--------------------------------|----------|--|---|
|   |   |                |                                |          |  |   |
|   |   |                |                                |          |  |   |
|   |   |                |                                |          |  |   |
|   |   |                |                                |          |  |   |
|   |   |                |                                |          |  |   |

\* Please provide the highest value at any time during the year in the foreign currency.

\*\* Treasury guidance presently (Form 114, *Report of Foreign Bank and Financial Accounts*) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.

- ▶ 17) Does the trust/estate have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year, or more than \$75,000 at any time during the tax year? If yes, please complete the following schedule (only include assets not previously listed on the above question for FinCEN 114 reporting).

| Description of asset | Identifying number | Date asset acquired or disposed of during the year | Maximum value of asset during the tax year | Currency/ exchange rate | If asset is stock of a foreign entity, provide name, type and mailing address | If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address |
|----------------------|--------------------|--|--|-------------------------|---|---|
|                      |                    |  |  |                         |   |   |
|                      |                    |  |  |                         |   |   |
|                      |                    |  |  |                         |   |   |
|                      |                    |  |  |                         |   |   |

Yes/ No/  
Done N/A

▶ 18) Did the trust/estate have foreign income, pay any foreign taxes or file any foreign information reporting or tax return forms? If yes, provide details.

▶ 19) Is this a foreign trust? Generally, a trust organized in a foreign country and is subject to that country's laws and courts is a foreign trust.

If yes, is the grantor or any beneficiary a U.S. person?

▶ 20) Did the trust/estate receive a distribution from, or was it the grantor of or transferor to, a foreign trust? If yes, provide details.

▶ 21) Has the IRS or any state or local taxing authority notified you of changes to a prior year's tax return? If yes, provide copies of all notices/correspondence received from any tax authority.

▶ 22) Are you aware of any changes to income, deductions and credits reported on a prior year's return? If yes, provide details.

▶ 23) Can the IRS discuss questions about this return with the preparer?

▶ 24) Were any distributions made to beneficiaries during the tax year or within 65 days following year end? If yes, provide details including the dates the distributions were made.

▶ 25) Did the trust/estate receive all or any part of the earnings (salary, wages and any other compensation) of any individual, by reason of a contract assignment or similar arrangement? If yes, provide details.

▶ 26) Did the trust/estate receive a distribution from an annuity or retirement account (IRA, KEOGH, SIMPLE or SEP)?

▶ 27) Did the trust/estate receive or pay any mortgage interest on seller-provided financing? If yes, provide details.

▶ 28) If this is a decedent's estate, has the estate been open for more than two years? If yes, provide an explanation for the delay in closing the estate.

▶ Estimated tax payments made

| Prior year overpayment applied | Federal   |             | State     |             |
|--------------------------------|-----------|-------------|-----------|-------------|
|                                | Date paid | Amount paid | Date paid | Amount paid |
| 1st quarter                    |           |             |           |             |
| 2nd quarter                    |           |             |           |             |
| 3rd quarter                    |           |             |           |             |
| 4th quarter                    |           |             |           |             |
| Extension                      |           |             |           |             |

- ▶ **Interest income** – Enclose Form 1099-INT and/or statements for all interest income, including tax-exempt interest income. If not available, complete the following:

| Name of payer | Banks, savings and loan (S&L), etc. | Seller-financed mortgage | U.S. bonds, T-bills | Tax-exempt |              |
|---------------|-------------------------------------|--------------------------|---------------------|------------|--------------|
|               |                                     |                          |                     | In-state   | Out-of-state |
|               |                                     |                          |                     |            |              |
|               |                                     |                          |                     |            |              |
|               |                                     |                          |                     |            |              |
|               |                                     |                          |                     |            |              |

\* Provide name, taxpayer identification number and address.

- ▶ **Dividend income** – Enclose Forms 1099-DIV and/or statements for all dividends, including tax-exempt dividends. If not available, complete the following:

| Name of payer | Ordinary dividends | Qualified dividends | Capital gain distributions | Exempt-interest dividends | Federal tax withheld | Foreign tax paid |
|---------------|--------------------|---------------------|----------------------------|---------------------------|----------------------|------------------|
|               |                    |                     |                            |                           |                      |                  |
|               |                    |                     |                            |                           |                      |                  |
|               |                    |                     |                            |                           |                      |                  |
|               |                    |                     |                            |                           |                      |                  |

- ▶ **Miscellaneous income** – Enclose related Forms 1099 or other forms/correspondence.

| Description                                       | Amount |
|---|--------|
| State and local income tax refund(s)              |        |
| Other miscellaneous income (include description): |        |
|   |        |
|   |        |

Income from business or profession (Schedule C)

Principal trade or business \_\_\_\_\_

Business name \_\_\_\_\_

Business taxpayer identification number \_\_\_\_\_

Business address \_\_\_\_\_

Method(s) used to value closing inventory:

Cost      Lower of cost or market      Other (describe) \_\_\_\_\_      N/A

Accounting method:

Cash      Accrual      Other (describe) \_\_\_\_\_

Yes/  
Done      No/  
N/A

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▶ 1) Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach an explanation.  
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▶ 2) Were any business assets sold during the year? If yes, list assets sold, including date acquired, date sold, sales price, expenses of sale, depreciation schedule (if depreciable) and original cost.  
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▶ 3) Were any business assets purchased during the year? If yes, list assets acquired. Include date placed in service, purchase price and any trade-in values. Include copies of purchase invoices.  
.....

▶ 4) Was the business still in operation at the end of the year?  
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▶ 5) List the states in which the business was conducted and provide income and expenses by state.  
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▶ 6) Provide copies of certification for members of target groups and associated wages paid that qualify for the work opportunity tax credit.  
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▶ 7) Did the fiduciary participate in the operation of the business during the year? If yes, provide details (including hours worked).  
.....

▶ 8) Was the business registered with the state in which it was doing business?  
.....

▶ 9) Did the business make any payments that would require it to file Forms 1099?  
.....

If yes, did the business file Forms 1099? (provide copies)

Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.  
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Income and expenses (Schedule C) – Attach a financial statement of the business or complete the following worksheet. Include all Forms 1099 received by the business. Complete a separate schedule for each business.

| Description  | Amount |
|--|--------|
| <b>Part I – Income</b>   |        |
| Gross receipts or sales  |        |
| Returns and allowances   |        |
| Other income (list type and amount; add schedules if needed)                       |        |
| <b>Part II – Cost of goods sold</b>  |        |
| Inventory at beginning of year (should agree to the prior year’s ending inventory) |        |
| Purchases less cost of items withdrawn for personal use                            |        |
| Cost of labor  |        |
| Materials and supplies   |        |
| Other costs (list type and amount; add schedules if needed)                        |        |
| Inventory at end of year   |        |
| <b>Part III – Expenses</b>   |        |
| Advertising  |        |
| Bad debts from sales or services (accrual basis taxpayers only)                    |        |
| Car and truck expenses (provide details on separate sheet)                         |        |
| Commissions and fees   |        |
| Depletion  |        |
| Depreciation (provide depreciation schedules)                                      |        |
| Employee:  |        |
| 1. Health insurance and other benefits   |        |
| 2. Retirement contributions  |        |
| Insurance (other than health)  |        |
| Interest:  |        |
| 1. Mortgage (paid to banks, etc.)  |        |
| 2. Other   |        |



| Description  | Amount |
|--|--------|
| Legal and professional fees                                |        |
| Office expense   |        |
| Rent or lease:   |        |
| 1. Vehicles, machinery and equipment                       |        |
| 2. Other business property                                 |        |
| Repairs and maintenance                                    |        |
| Supplies   |        |
| Taxes and licenses (enclose copies of payroll tax returns) |        |
| State taxes  |        |
| Travel, meals and entertainment:                           |        |
| 1. Travel  |        |
| 2. Business meals (from a restaurant)                      |        |
| 3. Business meals (other)                                  |        |
| 4. Entertainment expenses                                  |        |
| Utilities  |        |
| Wages (enclose copies of Forms W-3/W-2)                    |        |
| Club dues:   |        |
| 1. Civic club dues   |        |
| 2. Social or entertainment club dues                       |        |
| Other expenses (list type and amount)                      |        |

**Capital gains and losses** – Enclose all Forms 1099-B, 1099-S and Closing Disclosure(s). If not available, complete the following schedule or provide brokerage account statements and transaction slips for sales and purchases and provide any missing tax basis.

| Description | Date acquired | Date sold | Sales proceeds | Cost or basis | Gain (loss) | Wash sale adjustment |
|-------------|---------------|-----------|----------------|---------------|-------------|----------------------|
|             |               |           |                |               |             |                      |
|             |               |           |                |               |             |                      |
|             |               |           |                |               |             |                      |

Enter any sales NOT reported on Forms 1099-B and 1099-S or Closing Disclosure statements.

| Description | Date acquired | Date sold | Sales proceeds | Cost or basis | Gain (loss) | Wash sale adjustment |
|-------------|---------------|-----------|----------------|---------------|-------------|----------------------|
|             |               |           |                |               |             |                      |
|             |               |           |                |               |             |                      |

**Rental and royalty income (Schedule E)** – Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities.

► Description and location of property \_\_\_\_\_

Number of days rented at fair market value during the year \_\_\_\_\_

Residential property      Yes      No

Commercial property      Yes      No

► Did the fiduciary participate in the rental activity?      Yes      No

If yes, provide information related to hours worked. \_\_\_\_\_

► Was there personal use of the rental property?      Yes      No

If yes, complete the information below.

Number of days the property was occupied by you, or a related party not paying rent, at the fair market value \_\_\_\_\_

Number of days the property was not occupied \_\_\_\_\_

► Did the rental activity make any payments that would require it to file Forms 1099?      Yes      No

If yes, did the rental activity file Forms 1099? (provide copies)      Yes      No

| Income                                       | Amount |                                   | Amount |
|--|--------|-----------------------------------|--------|
| Rents received                               |        | Royalties received                |        |
| Expenses                                     |        |                                   |        |
| Mortgage interest                            |        | Legal and other professional fees |        |
| Other interest                               |        | Cleaning and maintenance          |        |
| Insurance                                    |        | Commissions                       |        |
| Repairs (provide detail for large repairs)   |        | Utilities                         |        |
| Auto and travel                              |        | Management fees                   |        |
| Advertising                                  |        | Supplies                          |        |
| Taxes (provide detail by type)               |        | Other (itemize)                   |        |
| Depreciation (attach depreciation schedules) |        |                                   |        |

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**Income from partnerships, estates, trusts, LLCs or S corporations (Schedule E)** – Provide a list of all entities that the trust owns. Enclose all Schedules K-1 (both federal and state) and include basis schedules. If you haven't received a Schedule K-1, please indicate when you expect to receive it. In addition, for each entity, indicate the number of hours the trustee participated in the activity during the year.

| Name | Source code* | Federal ID no. | Hours participated |
|------|--------------|----------------|--------------------|
|      |              |                |                    |
|      |              |                |                    |
|      |              |                |                    |
|      |              |                |                    |
|      |              |                |                    |

\* Source code: P = Partnership   E = Estate/trust   F = Foreign trust   L = LLC   S = S corporation

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Contributions

- Cash contributions allowed by the will or trust document for which you have receipts, canceled checks, etc.

Note: You must have written acknowledgment from any charitable organization to which you made individual donations of \$250 or more during the year. If a value was received in exchange for a contribution, acknowledgement from the charity must include an estimate of such value. You must have receipts or bank records for cash contributions.

| Donee | Amount | Donee | Amount |
|-------|--------|-------|--------|
|       |        |       |        |
|       |        |       |        |

- Other than cash contributions (enclose receipts):

| Organization name and address |  |  |  |
|-------------------------------|--|--|--|
| Description of property       |  |  |  |
| Date acquired                 |  |  |  |
| How acquired                  |  |  |  |
| Cost or basis                 |  |  |  |
| Date contributed              |  |  |  |
| Fair market value (FMV)       |  |  |  |
| How FMV is determined         |  |  |  |

For contributions over \$5,000, include a copy of the appraisal and confirmation from the charity. Enclose a signed Form 8283 for noncash contributions, if applicable.

Interest expense

- Mortgage interest expense (attach Forms 1098)

| Payee* | Property** | Amount |
|--------|------------|--------|
|        |            |        |
|        |            |        |

\* Include the address and Social Security number if the payee is an individual.

\*\* Describe the property securing the related obligation, e.g., principal residence, motor home, boat, etc.

► Unamortized points. Include a copy of the refinancing statement and the length of the mortgage.

| Payee | Purpose | Amount |
|-------|---------|--------|
|       |         |        |
|       |         |        |

► Investment interest expense

| Payee | Investment purpose | Amount |
|-------|--------------------|--------|
|       |                    |        |
|       |                    |        |

Deductible taxes

| Description   | Amount |
|---|--------|
| State and local income tax payments made this year for prior year(s):                   |        |
| 4 <sup>th</sup> quarter 2020 paid in January 2021                                       |        |
| Extension payment   |        |
| Balance due   |        |
| Real estate taxes   |        |
| Personal property taxes   |        |
| Intangible tax  |        |
| Other taxes   |        |
| Foreign tax withheld (may be used as a credit) that you have not already included above |        |
|   |        |
|   |        |

Deductions associated with the administration of the estate/trust

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| Description   | Amount |
|---|--------|
| Fiduciary fees or expenses  |        |
| Tax preparation fees  |        |
| Other legal and professional fees   |        |
| Other deductions paid or incurred in the administration of an estate or trust |        |
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Comments/explanations

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