



**New Trust & Estate  
Client Information Form**

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**NEW TRUST & ESTATE CLIENT INFORMATION****TRUST / ESTATE INFORMATION**

Name: \_\_\_\_\_  
EIN / SSN: \_\_\_\_\_ Date Created: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Numbers: (Mobile): \_\_\_\_\_ (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
Preferred Contact Number:  Cell  Home  Business Email: \_\_\_\_\_

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**TRUSTEE/EXECUTOR INFORMATION**

Name: \_\_\_\_\_  
EIN / SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Numbers: (Mobile): \_\_\_\_\_ (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
Email: \_\_\_\_\_

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**BENEFICIARY INFORMATION**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*(Note additional beneficiaries on second page)*

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**DOCUMENTS PROVIDED**

- |  |  |
|--|--|
| <input type="checkbox"/> SS-4            | <input type="checkbox"/> Prior year Form 1041  |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Attorney contact info |

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**TRUST**

- Trust documents

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**ESTATE**

- |   |   |
|---|---|
| <input type="checkbox"/> Will                 | <input type="checkbox"/> Death certificate      |
| <input type="checkbox"/> Letters testamentary | <input type="checkbox"/> Probate inventory list |

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**EXTENSION**

Y N

- If we can't file your tax return by the original due date, do we have your permission to file an extension?

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**ADDITIONAL BENEFICIARIES INFORMATION**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_