



Estate/Trust Intake Form

Estate/Trust Information:

Estate/Trust Name: _____

Date Created: _____

Estate/Trust Tax ID #: _____ Provide IRS EIN Assignment Letter

Fiduciary Name: _____

Billing / Mailing Address: _____

City State Zip _____

Fiduciary Social Security #: _____

Fiduciary Email: _____

Fiduciary Daytime Phone: _____

Quickbooks Version: _____

Quickbooks Password: _____

For Estates, provide:

Decedent Information: Date of Death _____ SSN _____

Copy of the Will

Copy of the Death Certificate

Letters Testamentary

Attorney contact information _____

For Trusts, provide a copy of Trust document

Beneficiary Information: (Use back for additional beneficiaries)

Beneficiary Name _____

Mailing Address: _____

City State Zip _____

Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____

Beneficiary Name _____

Mailing Address: _____

City State Zip _____

Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____

Beneficiary Name _____

Mailing Address: _____

City State Zip _____

Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____