



Estate/Trust Intake Form

Estate/Trust Information:

Estate/Trust Name: _____

Date Created: _____

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

Fiduciary Name and Title: _____

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** _____
- **List of Assets at Date of Death (please attach)**

For Trusts, provide a copy of Trust document

Beneficiary Information: (Use additional sheet for more beneficiaries)

Beneficiary Name _____

Mailing Address: _____

City State Zip _____

Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____

Beneficiary Phone # _____ Email _____

Beneficiary Name _____

Mailing Address: _____

City State Zip _____

Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____

Beneficiary Phone # _____ Email _____