Gagliano Associates LLC est. 1987
"Pay only what you legally owe and not a penny more"
Income Tax Preparation Specialists

Jan & Jennie Hrdlicka
12473 W 84th Circle
Arvada, CO 80005
303.423.1454
www.taxpros.tax

Simple Trust/Estate Income and Expenses Worksheet

Fill out this form if you have an irrevocable Trust or Estate that is filed separately from your personal taxes. Make sure you keep receipts to substantiate these expenses for your own records. Do not submit actual receipts to our office unless requested. Fill out one Simple Trust/Estate Income and Expenses Worksheet per each trust/estate.

You will need to fill out and sign an Engagement for Services Agreement for your Trust/Estate in addition to the agreement signed for your personal tax return. The form is located on our website taxpros.tax under Tax Filing > Worksheets, then click on "Engagement for Services Agreement".

Trust/Estate Name: _____

Tax Year: _____ EIN#: _____

	YES/NO
1. Did you have any changes to named beneficiaries or percentage allocation to each? If YES, Fill out the Beneficiaries section under "NEW TRUSTS/ESTATES" section below.	☐☐
2. Did you have any changes to the named Fiduciary? If YES, Fill out the Fiduciary section under "NEW TRUSTS/ESTATES" section below.	☐☐
3. Was the Trust/Estate CLOSED this tax year?	☐☐
4. Were there any other changes to the Trust/Estate not listed above? Or any Questions? If YES, please explain:	☐☐

*NEW CLIENTS ONLY

- ☐ Fill out the entirety of this Worksheet, including all items under the "NEW TRUSTS/ESTATES" section
- ☐ Provide Last Year's Tax Return for the Estate/Trust.

INCOME TOTALS:

☐ Provide the Trust/Estate's tax forms received showing taxable income. Possible forms include, but are not limited to:

- ☐ **1099-Int** Interest Received
- ☐ **1099-Div** Dividends
- ☐ **1099-B** Stock Sales
- ☐ **1099-R** Pension & Annuities (IRA/Retirement Acct)
- ☐ **1099-S** Home Sale Belonging to a Trust/Estate
- ☐ **1099-Misc** Rents, Other Income Collected by Trust/Estate

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Trust/Estate Name: _____

DISTRIBUTION TOTALS:

	ANNUAL TOTALS
☐ Total distributions made during the tax year to beneficiaries ……..	$.....

EXPENSES TOTALS:

	ANNUAL TOTALS
☐ Any taxes paid during the tax year, including for a previous year.	
Federal Taxes Paid	$.....
State Taxes Paid	$.....
☐ Any payments or fees made for trust obligations	
○ Charitable Gifts……..	$.....
○ Bank Fees……...	$.....
○ Lawyer Fees……...	$.....
○ Fiduciary Fees……	$.....
○ Tax Preparation Fees……	$.....
○ Investment Advisor Fees……..	$.....
○ ……	$.....
○ ……	$.....
○ ……	$.....
☐ Other Expenses	
○ ……	$.....
○ ……	$.....
○ ……	$.....
○ ……	$.....

TRUST/ESTATE QUARTERLY ESTIMATED PAYMENTS:

Form 1041ES Federal and 105EP CO State (or other state). Provide amount **prepaid** toward this year's expected tax liability for the Trust/Estate. Do **NOT** list any payments made for previous years taxes owed or payment plan payments.

Due April 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due June 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due Sept 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due Jan 15*	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____

** Last payment due date for previous tax year*

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Trust/Estate Name: _____

NEW TRUSTS/ESTATES:

- ☐ Provide the SS-4 letter from IRS showing the assigned EIN number.
- ☐ Provide a court document showing the appointment of the personal representative or trustee
- ☐ Provide the legal document that was used to create the entity and governs its operation
- ☐ Fiduciary (PR or TTEE) Information

Fiduciary Name (First M.I. Last):_____

Social Security #:_____ Date of Birth (MM/DD/YYYY):_____

Email Address:_____

Cell Phone #:_____ Work Phone #:_____

Home Phone #:_____

Address:_____

City:_____ State:_____ Zip Code:_____

☐ Beneficiary names, addresses and social security numbers, and percentages of allocation for each.
**If you have more beneficiaries than will fit on this form, provide additional details on an additional piece of paper.*

Beneficiary #1 Name (First Middle Last):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Percentage of Allocation:_____% SSN:_____

Beneficiary #2 Name (First Middle Last):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Percentage of Allocation:_____% SSN:_____

Beneficiary #3 Name (First Middle Last):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Percentage of Allocation:_____% SSN:_____

Beneficiary #4 Name (First Middle Last):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Percentage of Allocation:_____% SSN:_____