ORGANIZER

AICPA® Tax Section

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FIDUCIARY TAX ORGANIZER
(FORM 1041)

Greetings

We provide this tax data organizer to assist you in gathering the information necessary for us to prepare your tax returns accurately and efficiently at the lowest tax.

You can use this organizer in the way most convenient for you.

- Use it as a reminder checklist to compile your information on your own worksheets, or
- Input your data directly into this PDF form, save the file to your computer, send to us, and if you want, print a copy, or
- Print the organizer and complete manually.

We need all your tax documents to prepare your returns, even if you listed the information in the organizer. These include 1099s, 1098s, W-2s, 1095s, K-1s, annual brokerage statements, investment gain/loss reports, real estate closing statements, property tax bills, etc. We can prepare your return more accurately and efficiently if we have these documents.

We look forward to preparing your 2015 returns and planning 2016 and future years with you. Should you have questions regarding any items, please do not hesitate to contact us or stop by to see us.

We appreciate being your accountants.

Sincerely

FREIDAG ASSOCIATES

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Trust/estate name(s) ______________________________ Federal ID No. ______________________

Address ____

____
City, town or post office County State ZIP code

Email ____

Telephone number Home ____________________ Telephone number Office ____________________ Fax number Office ____________________

Fiduciary name(s) ______________________________ Federal ID No. ______________________

______________________________ ______________________

	DONE	N/A
If this is the first year we will prepare the tax return(s), provide the following from your file(s) or your prior accountant:		
• Will or trust agreement and amendments, if any	☐	☐
• Tax returns for the prior three years	☐	☐
• Name and current addresses of beneficiaries	☐	☐
• Depreciation schedules	☐	☐
• Passive loss carryover information	☐	☐
• Net operating loss (NOL) carryovers	☐	☐
• Basis computations	☐	☐
• Capital loss carryovers	☐	☐
If not previously furnished, provide copies of:		
• Death certificate of decedent, grantor, or beneficiaries	☐	☐
• Birth certificates of beneficiaries	☐	☐
• Marriage certificates of beneficiaries	☐	☐

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	YES	NO
▶ 1) Is the fiduciary a U.S. citizen?	☐	☐
▶ 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? If yes, provide details.	☐	☐
▶ 4) Is this a foreign trust?	☐	☐
▶ 5) If a foreign trust, is the grantor or any beneficiary a U.S. person?	☐	☐
▶ 6) Did the taxpayer receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If yes, provide details.	☐	☐
▶ 7) Was the taxpayer a resident of, receive income from, or own property in more than one state during the year? If yes, provide a list of activities by state.	☐	☐
▶ 8) Do you want any overpayment of taxes applied to next year's estimated taxes?	☐	☐
▶ 9) During this tax year, did you have any securities that became worthless or loans that became uncollectible? Provide details.	☐	☐
▶ 10) Did the taxpayer have foreign income, pay any foreign taxes, or file any foreign information reporting, or tax return forms? Provide details.	☐	☐
▶ 11) Did the taxpayer have any interest in, signature, or other authority over a bank, securities, or other financial account in a foreign country? If yes, please provide details.	☐	☐

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	YES	NO
▶ 12) 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.	☐	☐
▶ 13) Are you aware of any changes to income, deductions and credits reported on prior year's returns? If yes, please provide details.	☐	☐
▶ 14) Can the IRS discuss questions about this return with the preparer?	☐	☐
▶ 15) Were any distributions made to beneficiaries during the tax year or within 65 days following year end? If yes, provide details.	☐	☐
▶ 16) Did the estate or trust 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.	☐	☐
▶ 17) Did the estate or trust receive, or pay, any mortgage interest on seller-provided financing? If yes, provide details.	☐	☐
▶ 18) If a decedent's estate, has the estate been open for more than two years? If yes, provide explanation for the delay in closing the estate.	☐	☐

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▶ ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE	
PRIOR YEAR OVERPAYMENT APPLIED	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, S&L, ETC.	SELLER FIN. MTG.*	U.S. BONDS, T-BILLS	TAX-EXEMPT IN-STATE	TAX-EXEMPT OUT-OF-STATE
EARLY WITHDRAWAL PENALTIES					

* Provide name, SSN/EIN, address.

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► 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	NON TAXABLE	FEDERAL TAX WITHHELD	FOREIGN TAX WITHHELD

► MISCELLANEOUS INCOME — Enclose related Forms 1099 or other forms/correspondence.

DESCRIPTION	AMOUNT
State and local income tax refund(s)	
Other miscellaneous income (include description):	

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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:

☐ Cost ☐ Accrual ☐ Other (describe) ______________

INCOME FROM BUSINESS OR PROFESSION (SCHEDULE C)	YES	NO
▶ 1) Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.	☐	☐
▶ 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.	☐	☐
▶ 3) Were any business assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.	☐	☐
▶ 4) Was the business still in operation at the end of the year?	☐	☐
▶ 5) List the states in which business was conducted and provide income and expenses by state.	☐	☐
▶ 6) Provide copies of certification for members of target groups and associated wages paid that qualify for the Work Opportunity Tax Credit.	☐	☐
▶ 7) Did the fiduciary materially participate in the operation of the business during the year?	☐	☐
▶ 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 Form(s) 1099? If yes, did the business file the 1099s?	☐	☐

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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
Part I — INCOME	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount; add schedule if needed)	
Part II — COST OF GOODS SOLD	
Inventory at beginning of year **(Should agree to 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 schedule if needed)	
Inventory at end of year	
Part III — EXPENSES	
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)	
a. Health Insurance and other benefits	
b. Retirement contributions	
Insurance (Other than health)	
Interest:	
a. Mortgage (Paid to banks, etc.)	
b. Other	

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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
Part III — EXPENSES	
Legal and professional fees	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns)	
State taxes	
Travel, meals and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of forms W3/W2)	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount)	

COMMENTS: ____

____

____

____

____

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CAPITAL GAINS AND LOSSES — Enclose all Forms 1099-B, 1099-S, and HUD-1 closing statements. 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)

Enter any sales **NOT** reported on Forms 1099-B and 1099-S or HUD-1 closing statements.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST OR BASIS	GAIN (LOSS)

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RENTAL AND ROYALTY INCOME (SCHEDULE E) — Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities.	YES	NO
▶ Description and location of property ______________________________		
▶ Did the fiduciary actively participate in the rental activity?	☐	☐
Residential property?	☐	☐
Commercial property?	☐	☐
Personal use?	☐	☐

If "yes," please 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. ______________

INCOME:	AMOUNT		AMOUNT
RENTS RECEIVED		ROYALTIES RECEIVED	
EXPENSES:			
MORTGAGE INTEREST		LEGAL AND OTHER PROFESSIONAL FEES	
OTHER INTEREST		CLEANING AND MAINTENANCE	
INSURANCE		COMMISSIONS	
REPAIRS		UTILITIES	
AUTO AND TRAVEL		MANAGEMENT FEES	
ADVERTISING		SUPPLIES	
TAXES		OTHER (ITEMIZE)	

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RENTAL AND ROYALTY INCOME (SCHEDULE E) — Complete a separate schedule for each property. Include all Forms 1099 associated with rental and royalty activities.	DONE	N/A
▶ If this is the first year (we are) preparing your return, please provide depreciation records.	☐	☐
▶ If this is a new property, provide the settlement statement (HUD-1).	☐	☐

▶ List below any improvements or assets purchased during the year.

DESCRIPTION	DATE PLACED IN SERVICE	COST

If the property was sold during the year, provide the settlement statement (HUD-1).

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INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, LLCs OR S CORPORATIONS (SCHEDULE E) — Enclose all Schedules K 1 (both federal and state) forms received to date. **Also list below all K-1 forms not yet received:**

NAME	SOURCE CODE*	FEDERAL ID #

*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 value was received in exchange for contribution, acknowledgement from 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 receipt(s)):

ORGANIZATION NAME AND ADDRESS			
DESCRIPTION OF PROPERTY			
DATE ACQUIRED			
HOW ACQUIRED			
COST OR BASIS			
DATE CONTRIBUTED			
FAIR MARKET VALUE (FMV)			
HOW FMV DETERMINED			

For contributions over $5,000, include copy of appraisal and confirmation from charity.

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INTEREST EXPENSE

▶ Mortgage interest expense (attach Forms 1098).

PAYEE*	PROPERTY**	AMOUNT

*Include address and Social Security number if payee is an individual.
**Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

▶ Unamortized Points, if applicable, please include copy of refinancing statement and length of mortgage.

PAYEE	PURPOSE	AMOUNT

▶ Investment Interest Expense

PAYEE	INVESTMENT PURPOSE	AMOUNT

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DEDUCTIBLE TAXES

DESCRIPTION	AMOUNT
STATE AND LOCAL INCOME TAX PAYMENTS MADE THIS YEAR FOR PRIOR YEAR(S):	
4TH QUARTER ESTIMATED PAYMENT MADE IN JANUARY	
EXTENSION PAYMENT	
BALANCE DUE	
REAL ESTATE TAXES	
PERSONAL PROPERTY TAXES	
INTANGIBLE TAX	
OTHER TAXES (ITEMIZE)	
FOREIGN TAX WITHHELD (MAY BE USED AS A CREDIT)	

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MISCELLANEOUS DEDUCTIONS

DESCRIPTION	AMOUNT
TAX RETURN PREPARATION FEES	
LEGAL FEES (PROVIDE DETAILS)	
SAFE DEPOSIT BOX RENTAL (IF USED FOR STORAGE OF DOCUMENTS OR ITEMS RELATED TO INCOME-PRODUCING PROPERTY)	
FIDUCIARY FEES	
INVESTMENT FEES	
OTHER MISCELLANEOUS DEDUCTIONS — ITEMIZE	

COMMENTS OR EXPLANATIONS