

Filing Information	Yes	No
Please answer "Yes" or "No" to ALL of the following questions.		
Is this tax return for an Estate? If yes, please provide the following information: Decedent's date of death: _____ Decedent's SSN: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is this tax return for a Trust? If yes, please provide the following information: Trust type: Simple <input type="checkbox"/> Complex <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____ Date Trust was created: _____	<input type="checkbox"/>	<input type="checkbox"/>
What is the Estate/Trust state of residence?		
Is there a change in address or fiduciary name? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive tax-exempt income ? If yes, please describe type: _____ and amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive all or any part of the earnings of a person such as wages (W2), commissions (1099 Misc), bonuses, pensions (1099R) etc? If yes, describe type: _____ and amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust pay receive life insurance proceeds ? If yes, provide name of insurance company _____ and proceeds \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from a sole-proprietor small business ? If yes, please complete the Self-Employment Organizer found on our website.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from rental real estate ? If yes, please complete the Rental Organizer found on our website.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from a partnership, S-corporation, trust or estate ? If yes, Provide a copy of the Schedule K-1 for each entity sharing income.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from an installment sale ? If yes, provide the name: _____, address _____ and SSN or EIN _____ of the party making payment and the amount of interest and principal received during the year.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from any state other than Wisconsin ? If yes, Name of state _____ and description of income _____	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from the sale of stocks or bonds ? If yes, please complete the Sale of Stock Organizer found on our website.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust receive income from interest or dividends ? If yes, complete the Interest and Dividends Worksheet on Page 4 of this Organizer.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust sell real estate ? If yes, complete the Real Estate Sales Worksheet on Page 4 of this Organizer.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust sell a vehicle, boat, RV or aircraft ? If yes, please complete the Vehicles/Boats/RVs/Aircraft Worksheet found on Page 5 of this Organizer.	<input type="checkbox"/>	<input type="checkbox"/>
Did the estate or trust sell personal property or hold an estate sale ? If yes, please complete the Estate Sale Worksheet on Page 6 of this Organizer.	<input type="checkbox"/>	<input type="checkbox"/>

Has Form 56 been filed with IRS for the decedent?

Has Form 56 been filed with IRS for the estate/trust?

Expense Worksheet

Please provide the following information relating to expenses paid by the estate or trust.

Expenses paid by Estate/Trust		Expenses paid by Estate/Trust	
Fiduciary fees	\$	Attorney fees	\$
Accounting	\$	Tax preparer	\$
Expenses for maintaining property held by the estate	\$	Qualified residence interest (interest paid by the estate)	\$
Investment interest	\$	Investment advisory fees	\$
Subscriptions to investment advisory magazines	\$	Safe deposit box	\$
Amounts permanently set aside for charitable purposes	\$	Other expenses (Describe)	\$

Interest and Dividend Income Worksheet

- Please attach copies of all 1099INT and 1099DIV statements the trust or estate received for the year.
- If the estate or trust received interest payments under a seller financed mortgage, please provide the name, address and SSN of the person making payments.
- For each payer of interest or dividends, enter the total payment received.

Does the estate or trust have money in or ownership over a bank account in a foreign country? Yes No

Interest Income Name of bank or other payer	Interest Received	Dividend Income Name of corporation or other payer	Dividends Received
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Real Estate Sales Worksheet (Property # 1)

Please provide the following information for any real estate sold by the estate/trust during the year. If more than one property was sold during the year, please complete a separate organizer for each property sold.

Address of Property Sold			
What was the Fair Market Value of the property on the date of death?			\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What was the Sales Price of the Property? (Please provide copy of closing papers)			\$
Expenses associated with keeping and maintaining the property after the date of death including:			
Repairs	\$	Improvements	\$
Cleaning	\$	Mortgage Interest	\$
Maintenance	\$	Storage	\$
Utilities	\$	Commissions	\$
Taxes	\$	Fixing-up expenses	\$
Insurance	\$	Title fees and other expenses of sale	\$
Other costs (describe)			\$
Other costs (describe)			\$

Real Estate Sales Worksheet (Property #2)			
Please provide the following information for any real estate sold by the estate/trust during the year. Complete a separate organizer for each property sold.			
Address of Property Sold			
What was the Fair Market Value of the property on the date of death?			\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What was the Sales Price of the Property? (Please provide copy of closing papers)			\$
Expenses associated with keeping and maintaining the property after the date of death including:			
Repairs	\$	Improvements	\$
Cleaning	\$	Mortgage Interest	\$
Maintenance	\$	Storage	\$
Utilities	\$	Commissions	\$
Taxes	\$	Fixing-up expenses	\$
Insurance	\$	Title fees and other expenses of sale	\$
Other costs (describe)			\$
Other costs (describe)			\$

Vehicles/ boats/ RVs/ Aircraft Sales Worksheet (Vehicle #1)			
Please provide the following information relating to the sale of a car, truck, boat, RV or airplane. If more than one vehicle was sold, complete a separate organizer for each.			
Description of Property Sold			
What was the Fair Market Value of the property on the date of death?			\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What date was the property sold? _____ What was the selling price?			\$
Expenses associated with keeping and maintaining the property after the date of death including:			
Repairs	\$	Improvements	\$
Cleaning	\$	Finance charges	\$
Maintenance	\$	Transportation	\$
Storage	\$	Commissions	\$
Taxes	\$	Fixing-up expenses	\$
Insurance	\$	Title fees and other expenses of sale	\$
Other costs (describe)			\$
Other costs (describe)			\$

Vehicles/ Boats/ RVs/ Aircraft Sales Worksheet (Vehicle #2)			
Please provide the following information relating to the sale of a car, truck, boat, RV or airplane. If more than one vehicle was sold, complete a separate organizer for each.			
Description of Property Sold			
What was the Fair Market Value of the property on the date of death?			\$
Was there a professional appraisal of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What date was the property sold? _____ What was the selling price?			\$
Expenses associated with keeping and maintaining the property after the date of death including:			
Repairs	\$	Improvements	\$
Cleaning	\$	Finance charges	\$
Maintenance	\$	Transportation	\$
Storage	\$	Commissions	\$
Taxes	\$	Fixing-up expenses	\$
Insurance	\$	Title fees and other expenses of sale	\$
Other costs (describe)			\$
Other costs (describe)			\$

Estate Sale Worksheet

If there was an Estate Sale, please provide the following information about the property sold.

Description	Fair Market Value on Date of Death	Sales Price	Description	Fair Market Value on Date of Death	Sales Price
Sofa(s)	\$	\$	Appliances	\$	\$
Coffee Table	\$	\$	Bedding	\$	\$
Dining Table and Chairs	\$	\$	China Ware	\$	\$
Kitchen Table and Chairs	\$	\$	Decorator items	\$	\$
Dresser	\$	\$	Clothing	\$	\$
Bed	\$	\$	Books	\$	\$
Bookshelves	\$	\$	Silver Ware	\$	\$

Other Personal Property Sold

Description	FMV on Date of Death	Sales Price	Description	FMV on Date of Death	Sales Price
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$

Expenses incurred for Estate Sale

Advertising	\$	Equipment rental	\$	Other	\$
Commissions	\$	Other	\$	Other	\$