



Due to extensive tax law changes and increased due diligence requirements which were imposed by the tax reform, all questions below MUST be answered prior to the start of any tax return preparation. Failure to do so will result in the delay of your tax return preparation.
(if your address did NOT change, please just enter first and last name for reference)

Estate/Trust					
Legal Name					
Employer ID #					
Decedent Name/Grantor					
Social Security #					
Date of birth		Date of death			
Address				Apt/Suite	
City		State		ZIP	
Contact Info					
Name			Title/Relation		
Home phone			Cell Phone		
Email			Please provide YOUR driver's license to the front desk for identification purposes.		

Other Related Parties (Trustees, Heirs, etc.)			
Name	Relationship	Date of Birth	Social Security Number

Questions:

Was there a Will?	Yes	No	Date created: __/__/__	Was it amended:	Yes	No
Was there a Trust?	Yes	No	Date created: __/__/__	Was it amended:	Yes	No
Are any of the trustees, beneficiaries, etc., listed in the current will, trust, etc., no longer living?	Yes	No				
Are there any known issues with asset titles?	Yes	No	Have any assets been distributed?	Yes	No	

Income/Employment/Disability:

Was the decedent working at time of death?	Yes	No	Was the decedent a veteran?	Yes	No
Was a final paycheck and benefits been received?	Yes	No	Did decedent have a 401(k) or IRA account?	Yes	No

Tax Activity:

Are there any unfiled tax returns?	Yes	No	Are there any past due taxes owed?	Yes	No
Was more than \$14,000 to one person?	Yes	No	Have you obtained a Trust ID number yet?	Yes	No
Were there any foreign accounts?	Yes	No			



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~ Please sign below ~

Insurance:

Did taxpayer have health insurance all year? Yes No Was it provided by: Employer Marketplace Other
Did decedent have any life insurance? Yes No

Contact Information for Attorney: Name: Firm Name: Address: Telephone: Email:

We will need the following information/documents:

- One original death certificate, copy of wills, copy of trust agreements and all amendments
Listing of all assets owned or having an interest in (see asset list)
Copies of all current statements before or on date of death
Listing of all debts/expenses owed (see expense list)
Accounting of income/expenses as of date of death must be kept.

Notes:

Signature:

I affirm that the information above and submitted to Uhart Tax & Financial for the preparation of personal and/or fiduciary tax return(s) is true, correct and complete to the best of my knowledge. I further affirm that I have documentation/receipts as needed to support this information, which can be provided upon request.

Responsible Party's Signature: Date:

Print Name:

Title: