storenfinancial new trust information

office use only

date: ______________
client ID: __________
preparer: ___________
all last names:
____
____
____
____
____
____

trust information

federal ID: ________________________

legal trust name: ____

____

date trust created: _______________ date of death, if applicable: _______________

trust mailing address: ____

city: ____ state: ___________ zip: ______________

preferred contact: ____________________________________ phone: ___________________________

attorney name: ____ phone: ___________________________

trustee

trustee name: ____ relationship to grantor: ________________

address (if different) ____

city: ____ state: ____________zip: _____________________

ss# or tax id#: ____________________________________ date of birth: _______________________________

email: ____ phone: _____________________________________

Is the trustee also a beneficiary? ☐ yes ☐ no

Items we may need: (all may not apply)

- ☐legal trust document
- ☐IRS confirmation of tax id
- ☐trustee and beneficiary information
- ☐grantor information
- ☐copy of check register
- ☐income and expense
- ☐balance sheet
- ☐bank statements
- ☐copy of prior tax returns for the past 2 years

notes: ____

____

____

____

____

* please complete section on page 2

all beneficiaries

name: ____________________ dob: ____________
address: ____________________
city: ____________ state: ________ zip: ________
ss# or tax id #: ____________ % of ownership: ____________
☐ individual ☐ llc ☐ s corporation ☐ trust ☐ other

name: ____________________ dob: ____________
address: ____________________
city: ____________ state: ________ zip: ________
ss# or tax id #: ____________ % of ownership: ____________
☐ individual ☐ llc ☐ s corporation ☐ trust ☐ other

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