



# Donovan CPAs

## New Estates & Trusts Client Information

\*Date \_\_\_\_\_

Referred by \_\_\_\_\_ \*EIN # \_\_\_\_\_

**\*Entity Type**

Estate \_\_\_\_\_ Grantor Trust \_\_\_\_\_ Simple Trust \_\_\_\_\_ Complex Trust \_\_\_\_\_ Other \_\_\_\_\_

\*Entity Name: \_\_\_\_\_

\*Fiduciary Name: \_\_\_\_\_

Fiduciary Title: \_\_\_\_\_

Date of Death \_\_\_\_\_

\*Contact / Attention: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

\*County: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Email: \_\_\_\_\_

**Electronic Enhancements**

You may now send/receive your tax documents securely through our Client Portal as well as receive text message notifications when your tax return is ready to be picked up.

\*Would you like to sign up for the Secure Client Portal? Yes \_\_\_\_\_ No \_\_\_\_\_

Email used for the portal \_\_\_\_\_

\*Would you like to receive Text message Notifications? Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Spouse Cell Phone # \_\_\_\_\_

**Additional Information**

Beneficiaries:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN: \_\_\_\_\_

EIN: \_\_\_\_\_

**Please provide our office the following documents:**

- Trust Documents (Relevant Sections)
- Will (Estate)
- Copy of IRS Notification (if available)
- Prior Year Tax Return (if available)

\*In office use only

PIC: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Preparer: \_\_\_\_\_

FYE: \_\_\_\_\_ Due Date: \_\_\_\_\_